Agency Mission and Background

Asian Americans for Community Involvement (AACI) is Santa Clara County’s largest community-based organization focused on the Asian community. Our mission is to improve the health, mental health and well-being of individuals, families and the Asian community by:

1. Providing an array of high quality health and human services.

2. Sharing expertise about the Asian community’s needs and best service delivery practices.

3. Providing Asian leadership in advocating on key health and human services issues.

A major goal of our internship program is to meet the need for multiculturally and multilingually competent service providers by training the next generation of behavioral health professionals. In as such, AACI's internship program is integral to AACI's mission because it prepares psychology interns to provide culturally appropriate mental health services, share their expertise about best service delivery practices and advocate for underserved populations. AACI, additionally, is an all-inclusive provider. All clients and patients of any demographic or ethnic group are accepted and welcome.

Our systematic training program integrates evidence-based practices and multicultural competence, and prepares interns and trainees for professional clinical licensure.
Behavioral Health Programs

Client Population:

Trainees/interns will be exposed to diversity in gender, age, ethnicity, religious, sexual orientation, and socio-economic status of clients served by the practice. Recipients of service include children/adolescents and their families, parents, groups, schools, agencies, and other staff, either directly or in consultation. Trainees/interns will gain experience with clients from lower income brackets and with a range of difficulties.

Family and Children Program
Adult and Older Adult Program

Purpose: To provide culturally sensitive and linguistically competent health services that target the needs of Asian Pacific Islander (API) children, adults and seniors

Description: AACI's Behavioral Health Program offers a range of culturally and linguistically competent services that works with the family unit to:

- Decrease clients’ psychiatric symptoms
- Enhance clients’ functioning at home, school and the community
- Link clients with appropriate social services and community resources
- Assist family members or related persons in their understanding of mental illness and in their interactions with their loved one

Services Offered:

- Counseling - providing individual, group and family counseling
- Outpatient clinic - providing psychiatric assessment, medication evaluation and appropriate prescriptions, maintenance, and follow-up
- Case management - linking clients to various community resources and providing translation and transportation when necessary
- CHI Program – addressing wellness needs of clients
- School-Based Counseling - providing services in school-based settings as needed
- ADAPT Program – adolescent substance abuse program
24-hour Emergency Coverage - providing 24-hour emergency support
Community Served: Santa Clara County
Funded by: Santa Clara County Mental Health Department

California Work Opportunity and Responsibility to Kids (CalWORKs)

Purpose: The CalWORKs Program provides a range of behavioral health and social services that are geared toward helping parents achieve self-sufficiency.

Services Offered:
- Intensive Behavioral Health Services – Family-focused counseling for adults with mental health issues
- Transitional Housing Services – Shelter for women and their children who are homeless or in need of a safe place to live while attending outpatient behavioral health services. Families with up to three children can be served.
- Psychiatric Services – Psychiatric evaluation and ongoing medication management.

Center for Survivors of Torture

Purpose: To provide clinical evaluation and/or treatment and social services to survivors of political torture from all countries.

Description: Survivors of torture are severely traumatized and in exile as well, and suffer from a variety of psychological and physical symptoms and social service needs, sometimes well after they arrive in the U.S. Torture also has the effect of isolating the survivor because of lack of trust in others. This program provides the survivor the insight into these effects, and the consistent care to re-establish trust, bring damage under control, and help relieve exile by enabling some mastery of problems in a new country and culture.

Services Offered:
- Psychological and medical evaluations of torture for use in political asylum appeals in INS courts
- Psychotherapy, both brief and long-term, for both individuals and families
- Medical treatment or referral
- Assistance obtaining social services needed for work, food, shelter, school, and other basic survival needs
- Training and consultation with or supervision for local clinicians, lawyers, teachers, county workers, and community organizations working with refugees and immigrants
- Legal referrals

Communities Served:
Santa Clara County, Santa Cruz County, Monterey County, San Benito County
Program Rotations:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Up to 2 case assignments in the Center for Survivors of Torture (CST)</td>
<td>1 year</td>
</tr>
<tr>
<td>Involvement in CHI Program group facilitation and support and/or program development (group initiation and facilitation within the CHI Program). (Only for interns assigned to the Adult/Older Adult (AOA) Program)</td>
<td>3 months</td>
</tr>
<tr>
<td>Involvement in School-based counseling (Only for interns assigned to the Family and Children (F&amp;C) Program)</td>
<td>One client school semester (approx. 6 months)</td>
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<tr>
<td>Peer Supervision: functioning as a supervisor to an assigned staff member, which will be in addition to clinical supervision already in place. Another hour of supervision will be provided each week by a licensed psychologist during this rotation.</td>
<td>3 months</td>
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</tbody>
</table>

Intern Selection:
Interns will be selected according to a number of different factors, including language capacity as it is applicable to the clients whom we serve, as well as their prior experiences serving populations that include the following:
- Severe Mental Illness (SMI)
- Asian/Pacific Islander (API)
- Low Socio-Economic (SES)
- Underserved
- Refugee
- Ethnic, Religious, and Sexual Minorities

Fluency in an Asian language or Spanish is preferred but not required.

Interns will also be selected according to their prior experiences with conducting neuropsychological assessment and integrated psychological reporting.

Prior Doctoral Program Experience:
Interns will be expected to be familiar with evidenced-based practices as they apply to our clients, particularly in the treatment of mood disorders, anxiety disorders, and psychotic disorders. Prior hands-on experience with neuropsychological assessment and integrated psychological reporting is also required.

Non-discrimination Policy
AACI prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, or sexual orientation and any other class of individuals protected from discrimination under state or federal law in any aspect of employment and application for employment.
Training Program Goals

AACI aims to meet the need for multicultural and multilingual competent service providers in a complex and diverse society by training the next generation of behavioral health professionals. Our systematic training program integrates evidence-based practices and multicultural competence, and prepares interns and trainees for professional clinical licensure.

Interns and trainees will learn about, gain experience, and be evaluated in the following areas:

1. Integrating research and theory in clinical practice of assessment and intervention
   a. Read and share literature relevant to clinical practice with populations served
   b. Train in evidence-based practices and implement with clients
   c. Consider role of culture, age, SES, and other factors in applicability of research findings to a specific client and/or situation, and make modifications as necessary to fit the individual circumstances
   d. Gather data and test hypotheses

2. Competence in therapy – individual, group and family
   a. Establish and maintain effective working alliances with clients, including effective interviewing and listening skills, appropriate empathy, genuineness, acceptance, and trust
   b. Implement appropriate clinical interventions, which are formed by an understanding of theoretical concepts, as well as clinical judgment and experience
   c. Integrate relevant data into meaningful and coherent conceptualizations relevant to treatment planning in both verbal and written form (i.e., treatment plans, mental health assessments, case presentations)
   d. Understanding of group and family dynamics and how they affect treatment
3. Cultural competence in therapy
   a. Acquire increased knowledge and skills in working with clients from a variety of cultural, ethnic and socioeconomic backgrounds
   b. Familiarity with and application of relevant cultural theories and models (e.g., LGBT, identity development, acculturation)
   c. Become increasingly aware of how one’s own cultural background, beliefs, values, and attitudes affect therapeutic work with client

4. Clinical/Diagnostic/Psychological Assessment
   a. Develop skills in clinical interviewing, assessment, diagnostic formulation and referral
   b. Refine skills in selecting appropriate assessment measures based on referral questions
   c. Refine, develop or acquire experience with a variety of cognitive, neuropsychological, academic and personality/behavioral measures
   d. Refine skills in interpretation and integration of assessment data
   e. Refine skills in developing appropriate and useful recommendations based on assessment data
   f. For doctoral psychology interns: Complete a minimum of 6 comprehensive psychological assessments

5. Competence in Crisis Assessment and Intervention
   a. Assess psychological emergencies/crisis situations and provide appropriate interventions
   b. Understanding of the criteria for “imminent” danger and the risk of danger to self and danger to others and provide appropriate interventions
   c. Understanding of mandated reports in cases of suspected child abuse and elder/dependent adult abuse and completion of mandated reports
   d. Understanding “duty to warn/protect” mandates in cases of homicidal or violent behavior and completion of mandated reports
   e. Psychiatric evaluation/consultation and make appropriate referrals

6. Knowledge and ability to adhere to legal and ethical guidelines and professional standards for clinical practice
   a. Demonstrate knowledge of and adhere to professional ethics, agency policies, procedures, and standards, and laws regulating the practice of psychology
   b. Act appropriately in the face of ethical dilemmas and seek consultation as needed
   c. Understanding of the limits of their own competence, will appropriately refer clients they do not have the expertise to
counsel, and will seek consultation, training, and supervision as needed.

d. Awareness, knowledge and skills related to multicultural issues and ethical guidelines for treatment.

7. Supervision and professional development
   a. Effectively use supervision (e.g., being prepared, initiating discussion in areas requiring expansion of skills, interacting and sharing ideas, being open to learning)
   b. Openness to feedback as well as the ability to integrate the feedback into their functioning
   c. Give constructive feedback to supervisors and colleagues.

8. Professionalism
   a. Completes work in a timely manner and adheres to deadlines
   b. Maintains work schedule as agreed and is present and on time to meetings, appointments, and supervision
   c. Maintains appropriate professional appearance
   d. Interacts in a professional manner with clients, staff and other providers and follows agency procedures

9. Outreach
   a. Participate in at least two community outreach events
Policies and Procedures

The program adheres to all AACI Policies and Procedures. A complete copy of the most recent AACI Personnel Handbook will be available to you on the company Intranet. In addition, the training program has designed procedures to address issues specific to this program.

Electronic Timesheet System (ETS)
All interns are required to complete timesheets for hours worked at the end of every pay period (the 15th and the end of the month). There are two pay periods per month.

Internship Supervisee Weekly Log of Activities
Interns are required to submit a completed “Internship Supervisee Weekly Log of Activities” form to all supervisors at the end of each month.

- A copy of the completed form should be retained by the primary supervisor.
- This form is for reference only and should not be submitted to the Board of Psychology unless specifically asked to do so.
- Note: Practicum trainees are not required to complete this form.

Time Off Request Policies
The training program time off request policies differ from AACI staff policy in certain aspects. Unlike regular employees, interns and practicum trainees receive an allotment of 10 days off. These days off are to be used for illness, vacation, etc. Interns and trainees may use their days off after approval by the Internship Program Manager. A request to use earned leave must be submitted online via BambooHR and must receive the intern/trainee’s assigned primary supervisor’s approval at least one week prior to use. In the event of urgent leave needs, the intern would make a direct request to the supervisor(s) and receive instruction for how to proceed.
Because trainees/interns provide clinical services, there are certain restrictions on when leave time may be used and for how long. Trainees/interns may be denied leave by a supervisor if the supervisor believes taking leave for a requested time period or for a requested duration would jeopardize clinical services or patient well-being.

Similarly, trainees/interns may not take leave time during the last two weeks of the internship program. This is because the final two weeks are a clinically critical time in the closing and transfer of cases.

**Sick Leave**
If a trainee/intern cannot attend work due to sudden illness, the trainee/intern should notify their primary clinical supervisor, the Internship Program Manager and training/group supervision facilitators (if appropriate). In addition, the trainee/intern should notify any clients scheduled for that day.

In the event of prolonged absences due to illness (e.g. 3 weeks or more), the trainee/intern’s client cases will be transferred to other providers as clinically appropriate.

**Mileage Reimbursement**
Because of the nature of our training program and point of need service delivery models, trainees and interns should expect to travel as part of their training experience. Some automobile mileage is considered a reasonable business expense, for which a trainee/intern may request reimbursement. Other travel is considered travel to work, and would NOT be covered. Your supervisor will clarify any questions you have. Some general guidelines are provided below:

1. When a trainee/intern travels to the agency main office or other work site, that is considered commute to work and is not reimbursed. Similarly, when a trainee/intern leaves the work site at the end of a work day and commutes home, the mileage is not reimbursed.
2. Travel from one work site to another during the course of a day is reimbursable.
3. Travel from a work site to a seminar location is reimbursable. Travel to home, from a seminar site would NOT be reimbursed as it would be considered one’s commute home.

**Mileage and Expense Reimbursement Policies**
In accordance with AACI policy, reimbursement for mileage, travel and authorized out-of-pocket expenses must be submitted through AACI’s online Certify system within 60 days from the date of travel or expenses incurred.

Requests for reimbursement received in Finance after 60 days will be returned to sender and will not be paid.
Stipend
The interns will be paid a stipend of $25,000 for the entire internship year, to be paid at a bi-monthly rate.

Time Off
The intern is provided with eighty hours of time off (2 weeks), as well as with agency holidays. Note: the required holiday shutdown on the last week of December is counted toward the eighty hours of vacation. No other additional time off will be provided without preapproval from the Internship & Training Manager. All leave in excess of a total of eighty hours will be subtracted from the total accrued hours. An extension of internship/training must be preapproved by the Training Manager, and there is no guarantee that an extension will be allowed. Additional leave is available for attending conferences and educational opportunities based on amount of absences accrued and staffing decisions. Conference leave cannot be used toward accrual of SPE unless supervision of clinical hours occurs during this time period.
Phone Instructions

Internal extensions can be dialed directly. Dial 9 for an external line.

All voicemail accounts must have a security code for access. Please create a numeric security code when you set up your voicemail.

Please check your voicemail on the days you are not onsite. To check your voicemail from off-site, dial (408) 975-2750, press “#,” then enter your extension number and security code.

Sample phone voicemail message:

“Hi, you have reached [name], [title] (e.g. Psychology Trainee/Intern, Social Work Intern, ASW, MFT-Trainee, MFT-Intern) at AACI/Asian Americans for Community Involvement. I am in the office on [days you are here]. If this is an emergency, please call 911. If you need immediate assistance on a day that I am not here, please call back and ask for the Supervisor On-Duty. Otherwise please leave me a message and I will return your call as soon as possible. Thank you.”

Repeat the message in 2nd language if needed.
E-mail Instructions

E-mail signature template:
Name
Title (Psychology Trainee/Intern, Social Work Intern, ASW, MFT-Trainee, MFT-Intern)
Asian Americans for Community Involvement (AACI)
2400 Moorpark Ave., Suite 300
San Jose, CA 95128
Phone: (408) 975-2730 ext. ___
Fax: (408) 975-2745

Note: This e-mail message and/or its attachments may contain information that is confidential or restricted. It is intended only for the individuals named as recipients in the message. If you are not an authorized recipient, you are prohibited from using, delivering, distributing, printing, copying, or disclosing the message or content to others and must delete the message from your computer. If you have received this message in error, please notify the sender by return e-mail. Thank you.

To check your AACI e-mail off-site, please login at https://mail.aaci.org/exchange
Your username and password are the same as for logging in to computers on-site.

Instructions for sharing Outlook Calendars:
Click on “Calendar” tab in lower left corner
Click on “Share My Calendar” – make sure Default is set to “Reviewer” – click “ok”
Click on “Open a Shared Calendar”
Type in name of person or calendar (e.g. “Mental Health Clinic Appointments”) – click “ok”
General Performance Requirements

The program is a 40 hour per week placement for full-time interns, and 20-24 hours per week placement for part-time trainees. The entire internship or practicum is completed within 12 months.

Full-time interns exit the program upon completion of at least 2000 hours of training, which includes 4 hours per week of supervision (2 of which are individual supervision), satisfactory completion of 6 psychological testing batteries, and an overall rating of 2 or higher on their evaluations on each item. **Note:** if a score of 1 is provided on any item on the intern performance evaluation at any point in the training year, an intern can still successfully complete internship if the expectations described on a remediation plan are met by the end of internship.

Part-time trainees exit the program upon completion of their agreed upon contracts between AACI and their schools (approximately 920 hours based on a 20 hour per week schedule for 46 weeks of training, which includes 3 hours per week of supervision (1 of which is individual supervision), and an overall rating of 2 or higher on their evaluations on each item. **Note:** if a score of 1 is provided on any item on the intern performance evaluation at any point in the training year, an trainee can still successfully complete practicum if the expectations described on a remediation plan are met by the end of practicum.

Direct service is any clinical service and activities involved with the delivery of direct service other than routine paperwork. This includes face-to-face clinical encounters, crisis consultation by phone, observation sessions, assessment protocols, special report writing, phone contact with other clinicians working on the case, phone contacts with other parties (e.g., follow-up with parents, school departments, etc.), and case conferences and similar meetings. Not included: routine documentation, filing records, time spent drafting case presentation materials, research projects, seminars, and travel time to and from sites.
All trainees/interns are expected to work for the contracted number of hours per week, Monday through Friday. With the exception of scheduled trainings, group supervision, case consultation group and staff meetings, trainees/interns schedule their own appointments.

Trainees/interns are expected to attend all scheduled trainings, group supervision meetings, and staff meetings, or otherwise notify the training/group/meeting facilitator, who has sole discretion to permit or deny absence. Trainees/interns are expected to complete all training and supervision projects or assignments given by a supervisor such as, but not limited to, literature reviews, case presentations, or reports, within the deadlines set by the supervisor.

In addition, trainees/interns are expected to meet all performance requirements of the program, such as maintain a clinical caseload at a productivity level set by their supervisor, deliver assigned clinical services at a level that is suitable for a trainee/intern in clinical psychology, marriage and family therapy or social work (this level is determined by the program faculty and the trainee/intern’s supervisor), and maintain appropriate clinical records.

If a trainee/intern fails to meet these standards, Due Process enables specific remediation procedures to be implemented and places responsibility on both the trainee/intern and training program to correct any difficulties. Due Process protects you in ensuring that additional training is provided and that you are not surprised later with poor evaluation on an error you were not given a chance to remediate. Please refer to the Due Process/Grievance Procedures for more information.

**Caseload Requirement**
Trainees/interns are required to carry a caseload of clients. When possible and clinically appropriate, the supervisor and program manager will work together to provide cases to the intern/trainee that are in line with their clinical interests. The main focus is upon professional growth and training. Interns and trainees will be asked each week to report their capacities for new clients, with regular opportunities to inform the supervisor and program manager about time allocations (e.g., additional responsibilities due to program rotations, assessment report writing, etc.) in order to support the intern/trainee in being professionally communicative.

**Documentation Requirements**
Trainees/interns are expected to complete all documentation in a timely manner. Please refer to the Santa Clara County Department of Mental Health Clinical Record Documentation Manual for Outpatient Mental Health Services for specific requirements.

**Presentations**
Trainees/interns are also required to make regularly scheduled case presentations during group supervision and at least two trainings to the training group involving their dissertation research or other topics of interest. Full-time interns are also required to present at least one Mental Health Staff Training and one Clinical Didactic Training.

**Minimum Levels of Achievement**
The intern performance evaluation contains 9 performance areas that will be assessed during the training year (at minimum, at the mid-point of the training year, and at the end of the training year). The minimum level of achievement on an item of the intern performance evaluation is a score of 3 or above on each item. Please see chapter 9 of the AACI training manual for more information on specific performance areas that will be evaluated, as well as the specific competencies related to these performance areas and the minimum scores required for successful completion of internship/practicum.

**Certificates of Completion**
Upon completion of the training program, interns/trainees will be issued a certificate of completion listing the date of completion. This document will be useful when applying for licensure, board certification, or additional certification.
Supervision

Regularly scheduled face-to-face individual and group supervision is provided by staff supervisors in the agency, who carry clinical responsibility for the cases being supervised. Supervisors are licensed mental health professionals who are in good standing with the California Board of Psychology or the California Board of Behavioral Sciences. Trainees and interns meet with their primary supervisor weekly and following case discussions have their progress notes, mental health assessments, treatment plans, etc. regarding each client co-signed by the appropriate supervisor. Supervisors also meet regularly to review supervision issues and practices.

Supervision includes:
a. At least one regular weekly meeting at which the trainee/intern and supervisor discuss cases, problems, and therapy, etc.

i) For Therapy, the supervisor:
- May observe or co-facilitate therapy sessions
- Has a weekly discussion of treatment plans
- Reviews client response to treatment
- Reads the trainee/intern’s documentation, then co-signs
- Ensures promptness of progress notes, treatment plans and assessments
- Will provide live supervision at least two times per training year for each intern/trainee

ii) For Psychological Testing and Assessment, the supervisor:
- Reviews test protocols
- Reviews diagnostic issues and treatment recommendations
- Reads the trainee/intern’s report, then co-signs
- Ensures the promptness of testing report and feedback to client
- Provides regular face-to-face supervision to the intern/trainee during the assessment process for any given testing referral
b. Supervision will also involve the viewing of sessions directly or through a one way mirror, review of audio-taped or videotaped sessions, or co-therapy.

c. Ethical issues and questions, and relevant legislation and codes/standards of practice are also discussed in supervision as they arise in the interns’ clinical work.

**Title of Trainee or Intern**
Practicum students should use the title “Psychology Trainee,” doctoral internship students should use the title “Psychology Intern,” social work students should use the title “Social Work Intern,” BBS-registered social work interns should use the title “ASW,” Marriage and Family Therapy students should use the title “MFT-Trainee,” and BBS-registered MFT interns should use the title “MFT-Intern.”

All documents should be signed with their first and last name, highest degree earned and the appropriate title.

Trainee/intern documentation is reviewed regularly to ensure the above requirements are being met.

**Peer Supervision**
For a period of 3 months, interns will function as a peer supervisor for an assigned peer staff at the agency and will provide weekly peer supervision. Peer supervision will be in addition to other supervision received by staff. The intern will also receive weekly supervision around this process as they analyze their approach, consider professional boundaries, and hone their growing skill as a supervisor.

**Maintenance of Intern Records**
Both the primary and delegated supervisors of each intern will maintain a chronological record of supervision notes, as well as intern performance evaluations, internship training evaluations from the intern about their own experience of the internship program, as well as all other administrative of supervision-specific forms in a designated locked file cabinet or other container. Supervision records will be destroyed after a period of 7 years.
Didactic Training

The training program provides a minimum of two hours per week in didactic activities such as case conferences, seminars, workshops and in-service training. Doctoral psychology interns are required to participate in a minimum of four hours per week of didactic activities.

A schedule of activities is developed each year in keeping with the trainees/interns’ interests and requirements. Trainees/interns are also expected to attend regularly scheduled administrative and clinical meetings with all other team members. Some examples of training and workshop opportunities available the past several years to interns have included:

Cognitive-Behavioral Therapy
Dual Diagnosis: Mental Health and Addictions
Motivational Interviewing
Family Systems Theories and Family Therapy
Ethics in Clinical Practice
Psychopharmacology
Crisis Intervention
Multicultural Issues in Counseling and Therapy
Dialectical Behavior Therapy
Neuropsychological Assessment
Trauma-informed Care

Interns are required to attend all didactic trainings (practicum students should follow the schedule expectations provided to them by the Internship & Training Manager).

The following is a list of required trainings:

Mondays (2\textsuperscript{nd} 9:15am-10:30am, 4\textsuperscript{th} 9am-10:30am): MH Department Training
Tuesdays (2\textsuperscript{nd} & 4\textsuperscript{th} 9am-11am): Assessment Didactic
Tuesdays (1\textsuperscript{st}, 3\textsuperscript{rd}, and 5\textsuperscript{th} 9am-11am): Clinical Didactic
Psychological Testing and Assessment

Psychology interns will demonstrate competency in planning, administering, scoring, and interpreting full batteries of psychological tests for clients. Psychology practicum students have the option to participate in psychological testing and assessment but are not required to do so.

Testing batteries can consist of between four and six hours of administration time. In order to obtain a valid assessment, clients are often scheduled in two 2-3 hour testing blocks. It will be important to observe for signs of fatigue, waning attention, and lack of effort as these factors will invalidate your results. Some clients may be able to complete 3 hours of testing. Small breaks are acceptable, particularly for children and elderly clients.

Testing kits are extremely expensive and are to be handled with care. If testing kits need to be transported to another location, they should be returned by the following day. Please score tests needing templates and manuals in the office. Testing materials/kits cannot be taken home or otherwise off-site for practice, scoring, or review unless under the direct instruction of the testing and assessment supervisors.

The testing and assessment supervisors will assess competencies and readiness to test and will provide instruction on any unfamiliar tests. Scoring is a critical function and errors are to be avoided with careful attention to instruction manuals and scoring subtleties. Clients’ futures, diagnoses, medication and treatment recommendations, and educational/occupational functioning depend on accurate scoring.

Testing and assessment supervisors will be double-checking scoring and will work with you on any training necessary to help you develop competency in assessment.
Testing and assessment reports and feedback must be completed within 60 days of case opening.

**Testing materials available include:**

- Beck Depression Inventory (BDI-II) Manual
- Behavior Assessment System for Children (BASC-2)
- Child Behavioral CheckList Scoring Kit (CBCL)
- Children’s Apperception Test (CAT)
- Children’s Color Trails Test (CCTT)
- Children’s Depression Inventory (CDI) Manual
- Color Trails Test (CTT)
- Conner’s Rating Scale (CRS-R) Manual
- Delis-Kaplan Executive Function System (D-KEFS)
- Dementia Rating Scale (DRS-2)
- Independent Living Scales (ILS)
- Kaufman Assessment Battery for Children (KABC-II)
- Millon Clinical Multiaxial Inventory (MCMI-III)
- Mini Mental Status Examination (MMSE) Manual
- Minnesota Multiphasic Personality Inventory (MMPI-II) test book & answer sheet
- MMPI scoring x 10
- Multilingual Aphasia Examination (MAE)
- Repeatable Battery Assessment of Neuropsychological Status (RBANS)
- Revised Children’s Manifest Anxiety Scale (RCMAS-2)
- Rorschach Interpretation Assistance Program (RIAP) for scoring Rorschach
- Rorschach Plates
- Stroop Color/Word Test Manual
- Structured Interview of Reported Symptoms (SIRS)
- Test of Non-Verbal Intelligence (TONI-3)
- Test of Variables of Attention (TOVA) (ADHD computerized test)
- Thematic Apperception Test (TAT)
- Trail Making Test, Comprehensive (CTMT)
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist software for both Children & Young Children (TSCC/TSCYC)
- Trauma Symptom Inventory (TSI)
- Wechsler Abbreviated Scale of Intelligence (WASI)
- Wechsler Adult Intelligence Scale (WAIS-IV)
- Wechsler Individual Achievement Test (WIAT-II)
- Wechsler Intelligence Scale for Children (WISC-IV)
- Wechsler Memory Scale (WMS-IV)
- Wide Range Achievement Test (WRAT)
- Wisconsin Card Sorting Test (WCST)
Psychological Exam Kit Request Form

Each kit can be borrowed for two weeks. You can borrow for additional weeks if no one else is in need of kit.

Please return ALL items from kit. You will be held accountable for any missing items from the kits.

Name
Date
Request extended date

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<thead>
<tr>
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<th>Description</th>
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<td>1676</td>
<td>Wechsler Adult Intelligence Scale (WAIS-III)</td>
</tr>
<tr>
<td>1677</td>
<td>Wechsler Individual Achievement Test (WIAT-II)</td>
</tr>
<tr>
<td>1678</td>
<td>Wechsler Memory Scale (WMS-III)</td>
</tr>
<tr>
<td>1679</td>
<td>Wide Range Achievement Test (WRAT)</td>
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<tr>
<td>1680</td>
<td>Wisconsin Card Sorting Test (WCST)</td>
</tr>
<tr>
<td>1681</td>
<td>Child Behavioral CheckList Scoring Kit (CBCL)</td>
</tr>
<tr>
<td>1682</td>
<td>Children’s Apperception Test (CAT)</td>
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<td>1683</td>
<td>Children’s Color Trails Test (CCTT)</td>
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<tr>
<td>1684</td>
<td>Children’s Depression Inventory (CDI) Manual</td>
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<td>1685</td>
<td>Conner’s Rating Scale (CRS-R) Manual</td>
</tr>
<tr>
<td>1686</td>
<td>Kaufman Assessment Battery for Children (KABC-II)</td>
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<tr>
<td>1687</td>
<td>Revised Children’s Manifest Anxiety Scale (RCMAS-2)</td>
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<tr>
<td>1688</td>
<td>Trauma Symptom Checklist for Children (TSCC)</td>
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<tr>
<td>1689</td>
<td>Wechsler Intelligence Scale for Children (WISC-IV)</td>
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Template for Reports

Psychological/Neuropsychological Evaluation

(Keep in mind that NP evals would contain most if not all of the following domains, but mood/personality evals may not have all of the domains listed under #9)

(1. Client data)
Name:
DOB:
Unicare ID:
Handedness:
Examiner:
Testing dates:
Report date:

2. Reason for referral (including referral party’s name/organization)

3. Relevant history
   a. Current functioning/symptoms
   b. Family background
   c. Academic background
   d. Peer/social history
   e. Occupational history
   f. Legal status & history
   g. Medical history
   h. Psychiatric history

4. Review of relevant previous reports

5. Client’s current concerns

6. Report(s) of informants (with appropriate obtained consents)

7. Observations during history taking and testing including motivational level, effort exerted on tasks, behavior when presented with difficult material, etc.

8. Mental status

9. Test results
   a. General intellectual ability
   b. Achievement
   c. Attention/concentration
   d. Learning/memory
   e. Language
   f. Visuospatial ability
   g. Motor functioning
   h. Sensory functioning
   i. Executive functioning
   j. Mood/personality
10. Interpretation of test results and observations
11. Diagnostic summary
12. Recommendations including vocational implications
13. Appendix: tests administered
# Psychological/Neuropsychological Testing Referral Form

## Referrer Information
- **Date:**
- **Referred By:**
- **Organization:**
- **Referred Email:**
- **Referred Phone:**

## Client Information
- **Name:**
- **DOB/Age:**
- **SSN:**
- **Unicare #:**
- **Address:**
- **Phone:**
- **Preferred Language:**
- **MediCal/MediCare #:**

## Testing Information
- **Question to Be Addressed (be specific):**
- **Type of Testing Request:**
  - Evaluation for cognitive/intellectual functioning
  - Evaluation for social/emotional functioning
  - Diagnostic Clarification
  - Other
- **Brief Clinical Information:**
- **Current Diagnoses:**

## Assessment Use Only
- **Assigned To:**
- **Date Assigned:**
- **Assessment Supervised By:**
- **Date Completed:**
Evaluation

The training program conducts formal written evaluations of each trainee/intern’s performance on at least two occasions, at the mid-point and endpoint of the internship, and no less than twice per year. An evaluation form is sent to each supervisor at the mid-point and end point of the internship. Supervisors are to complete and review these evaluations with the trainee/intern prior to returning them to the trainee/intern’s graduate program. A copy of the completed evaluation form will be submitted to the Internship Program Manager.

Expected Competencies:

1. **Research**
   
   **Minimum Level of Achievement:** A score of at least 3 or above for each item on the AACI Intern Performance Evaluation, Section 1: Integrating research and theory in clinical practice of assessment and intervention, Section 2: Competence in therapy – individual, group and family, and Section 4: Clinical/Diagnostic/Psychological Assessment

2. **Ethical and Legal Standards**
   
   **Minimum Level of Achievement:** A score of at least 3 or above for each item on the AACI Intern Performance Evaluation, Section 5: Competence in crisis assessment and intervention, and Section 6: Knowledge and ability to adhere to legal and ethical guidelines and professional standards for clinical practice

3. **Individual and Cultural Diversity**
   
   **Minimum Level of Achievement:** A score of at least 3 or above for each item on the AACI Intern Performance Evaluation, Section 1: Integrating research and theory in clinical practice of assessment and intervention, Section 2: Competence in therapy – individual, group and family, Section 3: Cultural competence in therapy, and Section 6: Knowledge and ability to adhere to legal and ethical guidelines and professional standards for clinical practice

4. **Professional Values, Attitudes, and Behaviors**
   
   **Minimum Level of Achievement:** A score of at least 3 or above for each item on the AACI Intern Performance Evaluation, Section
1: Integrating research and theory in clinical practice of assessment and intervention, Section 2: Competence in therapy – individual, group and family, Section 3: Cultural competence in therapy, Section 4: Clinical/Diagnostic/Psychological Assessment, Section 5: Competence in Crisis Assessment and Intervention, Section 6: Knowledge and ability to adhere to legal and ethical guidelines and professional standards for clinical practice, Section 7: Supervision and professional development, and Section 8: Professionalism

5. Communications and Interpersonal Skills
   Minimum Level of Achievement: A score of at least 3 or above for each item on the AACI Intern Performance Evaluation, Section 2: Competence in therapy – individual, group and family, Section 4: Clinical/Diagnostic/Psychological Assessment, Section 5: Competence in Crisis Assessment and Intervention, Section 7: Supervision and professional development, and Section 9: Outreach

6. Assessment
   Minimum Level of Achievement: A score of at least 3 or above for each item on the AACI Intern Performance Evaluation, Section 4: Clinical/Diagnostic/Psychological Assessment

7. Intervention
   Minimum Level of Achievement: A score of at least 3 or above for each item on the AACI Intern Performance Evaluation, Section 1: Integrating research and theory in clinical practice of assessment and intervention, Section 2: Competence in therapy – individual, group and family, Section 3: Cultural competence in therapy, and Section 4: Clinical/Diagnostic/Psychological Assessment

8. Supervision
   Minimum Level of Achievement: A score of at least 2 or above for each item on the AACI Intern Performance Evaluation, Section 7: Supervision and professional development

9. Consultation and Interpersonal/Interdisciplinary Skills
   Minimum Level of Achievement: A score of at least 2 or above for each item on the AACI Intern Performance Evaluation, Section 4: Clinical/Diagnostic/Psychological Assessment, Section 5: Competence in Crisis Assessment and Intervention, Section 6: Knowledge and ability to adhere to legal and ethical guidelines and professional standards for clinical practice, Section 8: Professionalism, and Section 9: Outreach

Interns receive verbal feedback periodically in individual supervision meetings with supervisors. There will be additional opportunities to evaluate an intern and provide feedback, such as during the training year when they will be required to video record at least 2 client sessions for review in supervision with their primary supervisor.
Asian Americans for Community Involvement (AACI)
Intern/Trainee Performance Evaluation

The Intern Performance Evaluation is a tool used to review an intern’s major areas of responsibility, past performances and to discuss future activities. There are three major steps in reviewing performance:

1. **Performance Planning:**
   - The primary supervisor works with the intern/trainee to identify areas of responsibility. This will be discussed during the first day of internship/practicum during orientation so that each intern/trainee is aware of his/her responsibilities, competency areas, and minimum levels of achievement.
   - Additionally, supervisors discuss performance planning, including how the intern/trainee would like to professionally grow during internship, with intern/trainees during their first supervision meetings. Note: If remediation plan is necessary due to a perceived challenge or due to scores lower than 2 on the intern performance evaluation, additional performance planning will be conducted between the intern/trainee and his/her primary supervisor.

2. **Interim Feedback:**
   - Between performance evaluations, provide periodic feedback to the intern/trainee regarding his/her performance, reinforce effective performance and encourage improvement. (Intern/trainee receive verbal feedback periodically in individual supervision meetings with supervisors throughout the training year)

3. **Performance Evaluation:**
   - Summarize, document and rate the intern/trainee’s overall performance and the results achieved; comment on areas needing further improvement/development. The rating scale established for this evaluation ranges from Level 1 to Level 4. The levels are defined as follow:

<table>
<thead>
<tr>
<th>Unacceptable</th>
<th>Reinforcement</th>
<th>Performs as Expected</th>
<th>Above Expectations</th>
<th>Exceeds Expectations</th>
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- **Level 5 – Exceeds Expectations / Exceptional**
  - Consistently demonstrates performance which exceeds normal expectations. Remarkable, excellent work that is expected from seasoned clinical professionals.

- **Level 4 – Above Expectations / High Average**
  - Periodically demonstrates performance which exceeds normal expectations. Good, solid, consistent performance accomplished in a reliable and professional manner.

- **Level 3 – Performs as Expected / Average**
  - Performance meets requirements of the position in terms of quality and quantity of output. Acceptable work that is the minimum expectation for clinical professionals.

- **Level 2 – Reinforcement / Low Average**
  - Needs to strengthen and develop some areas of responsibilities and skills. The supervisee demonstrates the ability to complete most requirements but performance lacks consistency. The supervisee may need additional coaching to achieve an effective level of performance. A rating at this level on any 3 of the 9 performance domains serves as written notification for need of immediate behavioral performance change and a formal remediation plan to address specific performance in this identified area of professional development will be required. A re-evaluation is required within 30 – 90 days. If performance does not improve during this
Asian Americans for Community Involvement (AACI)
Intern/Trainee Performance Evaluation

...period, further corrective action will be implemented and may include termination of internship/practicum. A rating at this level in 1-2 domains may also warrant a remediation plan, but it will be at the discretion of both the supervisee’s primary supervisor and the Internship & Training Manager.

Level 1 - Unacceptable
Performance is below the minimum level necessary to complete the functions of the job. Must significantly improve and sustain performance within a short period of time if the individual is to remain in the position. A rating at this level on any 1 of the 9 performance domains serves as written notification for need of immediate behavioral performance change and a formal remediation plan to address specific performance in the identified area of professional development will be required. A re-appraisal is required within 30-60 days. If performance does not improve during this period, further corrective action will be implemented and may include termination of internship/practicum.

Specific profession-wide competencies, as indicated by the Commission on Accreditation (CoA) are shaded in the performance domains below. Unshaded items indicate AACI specific competencies. Both of these competencies will be evaluated a minimum of 2 times during the training year.
Asian Americans for Community Involvement (AACI)
Intern Performance Evaluation

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>Department/Program</th>
<th>Date</th>
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<tbody>
<tr>
<td>Job Title</td>
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Methods of Observation:

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<tr>
<th>Audiotape</th>
<th>Direct Observation</th>
<th>Discussion/Student Report</th>
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<tr>
<td>Videotape</td>
<td>Case Presentation</td>
<td>Review of Written Work</td>
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<tr>
<td>Co-therapy</td>
<td>Other Staff Report</td>
<td>Review of Raw Test Data</td>
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<tr>
<td>Other</td>
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<tr>
<th>Unacceptable 1</th>
<th>Reinforcement 2</th>
<th>Performs as Expected 3</th>
<th>Above Expectations 4</th>
<th>Exceeds Expectations 5</th>
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</table>

PERFORMANCE AREAS

1. Integrating research and theory in clinical practice of assessment and intervention

   a. Reads and shares literature relevant to clinical practice with populations served
   
   Comments:
   
   b. Profession-wide competency (Intervention, 1 of 6): Implements evidence-based practices with clients that are specific to their treatment goals
   
   Comments:
   
   c. Considers role of culture, age, SES, and other factors in applicability of research findings to a specific client and/or situation, and makes modifications as necessary to fit the individual circumstances
   
   Comments:
   
   d. Gathers data and tests hypotheses
   
   Comments:
   
   e. Profession-wide competency (Research, 1 of 1): Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level
   
   Comments:
## 2. Competence in therapy – individual, group and family

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<tbody>
<tr>
<td>a. <strong>Profession-wide competency (Intervention, 2 of 6)</strong>: Establishes and maintains effective working alliances with clients, including effective interviewing and listening skills, appropriate empathy, genuineness, acceptance, and trust</td>
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<td>b. <strong>Profession-wide competency (Intervention, 3 of 6)</strong>: Implements appropriate clinical interventions, which are formed by an understanding of theoretical concepts, current scientific literature, assessment findings, and diversity characteristics</td>
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<td>c. <strong>Profession-wide competency (Intervention, 4 of 6)</strong>: Demonstrates the ability to apply the relevant research literature to clinical decision making and coherent conceptualizations relevant to treatment planning in both verbal and written form (i.e., treatment plans, mental health assessments, case presentations, etc.)</td>
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<td>Comments:</td>
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<td>d. Understands group and family dynamics and how they affect treatment</td>
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<td>e. <strong>Profession-wide competency (Intervention, 5 of 6)</strong>: Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking</td>
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<tr>
<td>f. <strong>Profession-wide competency (Intervention, 6 of 6)</strong>: Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation</td>
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### 3. Cultural competence in therapy

| a. Demonstrates sensitivity to cultural factors and able to work with clients from a variety of cultural, ethnic and socioeconomic backgrounds | 1 | 2 | 3 | 4 | 5 | N/A |
| b. Demonstrates familiarity with and applies relevant cultural theories and models (e.g., LGBT, identity development, acculturation) to treatment | 1 | 2 | 3 | 4 | 5 | N/A |
| c. **Profession-wide competency (Individual and Cultural Diversity, 1 of 4):** Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with clients | 1 | 2 | 3 | 4 | 5 | N/A |
| d. **Profession-wide competency (Individual and Cultural Diversity, 2 of 4):** 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 | 1 | 2 | 3 | 4 | 5 | N/A |
| e. **Profession-wide competency (Individual and Cultural Diversity, 3 of 4):** Demonstrates 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. Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. | 1 | 2 | 3 | 4 | 5 | N/A |
| f. **Profession-wide competency (Individual and Cultural Diversity, 4 of 4):** Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the training year. | 1 | 2 | 3 | 4 | 5 | N/A |
## 4. Clinical/Diagnostic/Psychological Assessment

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<tr>
<td><strong>Profession-wide competency (Assessment, 1 of 6):</strong> Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.</td>
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<tr>
<td># of psychological assessment reports completed: 0 (total required by end of internship: 6)</td>
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<tr>
<td><strong>Profession-wide competency (Assessment, 2 of 6):</strong> Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</td>
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<tr>
<td><strong>Profession-wide competency (Assessment, 3 of 6):</strong> Demonstrates familiarity with a variety of cognitive, neuropsychological, academic and personality/behavioral measures</td>
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<tr>
<td><strong>Profession-wide competency (Assessment, 4 of 6):</strong> Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations; while guarding against decision making biases, distinguishing the aspects of assessment that are subjective from those that are objective.</td>
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<tr>
<td><strong>Profession-wide competency (Assessment, 5 of 6):</strong> Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.</td>
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<tr>
<td><strong>Profession-wide competency (Assessment, 6 of 6):</strong> Completes comprehensive written psychological assessment reports</td>
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Asian Americans for Community Involvement (AACI)
Intern Performance Evaluation

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<tr>
<th>g. Profession-wide competency (Assessment, 5 of 6): Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).</th>
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<th>h. Profession-wide competency (Assessment, 6 of 6): Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.</th>
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<th>Exceeds Expectations</th>
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5. Competence in Crisis Assessment and Intervention

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<tr>
<th>a. Assesses psychological emergencies/crisis situations and provides appropriate interventions</th>
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<th>b. Understands the criteria for &quot;imminent&quot; danger and the risk of danger to self and danger to others, and provides appropriate interventions</th>
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<tr>
<th>c. Understands mandatory reporting requirements in cases of suspected child abuse and elder/dependent adult abuse, and completes mandated reports</th>
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<tr>
<th>d. Understands &quot;duty to warn/protect&quot; mandatory reporting requirements in cases of homicidal or violent behavior, and completes mandated reports</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>N/A</th>
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<tr>
<td>Comments:</td>
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<tr>
<th>e. Assesses need for and refers to psychiatric evaluation/consultation appropriately</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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</table>
Asian Americans for Community Involvement (AACI) Intern Performance Evaluation

<table>
<thead>
<tr>
<th>Unacceptable</th>
<th>Reinforcement</th>
<th>Performs as Expected</th>
<th>Above Expectations</th>
<th>Exceeds Expectations</th>
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<tbody>
<tr>
<td>1</td>
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</table>

6. Knowledge and ability to adhere to legal and ethical guidelines and professional standards for clinical practice

| a. Profession-wide competency (Ethical and Legal Standards, 1 of 3): Demonstrates knowledge of and adheres to professional ethics, agency policies, procedures, and standards, and laws regulating the practice of psychology | 1 | 2 | 3 | 4 | 5 | N/A |
| Comments: | |

| b. Profession-wide competency (Ethical and Legal Standards, 2 of 3): Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas | 1 | 2 | 3 | 4 | 5 | N/A |
| Comments: | |

| c. Understands the limits of own competence, appropriately refers clients that they do not have the expertise to counsel, and seeks consultation, training, and supervision as needed | 1 | 2 | 3 | 4 | 5 | N/A |
| Comments: | |

| d. Demonstrates awareness, knowledge and skills related to multicultural issues and ethical guidelines for treatment | 1 | 2 | 3 | 4 | 5 | N/A |
| Comments: | |

| e. Profession-wide competency (Ethical and Legal Standards, 3 of 3): Conduct self in an ethical manner in all professional activities | 1 | 2 | 3 | 4 | 5 | N/A |
| Comments: | |
## Asian Americans for Community Involvement (AACI)
### Intern Performance Evaluation

<table>
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<tr>
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</table>

7. Supervision and professional development

a. Effectively uses supervision (e.g., being prepared, initiating discussion in areas requiring expansion of skills, interacting and sharing ideas, being open to learning)  

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<tr>
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</table>

Comments:

b. *Profession-wide competency (Professional Values and Attitudes, 1 of 4)*: actively seeks and demonstrates openness and responsiveness to feedback and supervision.  

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<th></th>
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Comments:

c. Gives constructive feedback to supervisors and colleagues  

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Comments:

d. *Profession-wide competency (Supervision, 1 of 4)*: Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. (Information for this item can come from supervision role-plays, peer supervision rotation, or other similar method).  

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Comments:
8. Professionalism

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<th>Unacceptable</th>
<th>Reinforcement</th>
<th>Performs as Expected</th>
<th>Above Expectations</th>
<th>Exceeds Expectations</th>
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<tbody>
<tr>
<td>a.</td>
<td>Completes work in a timely manner and adheres to deadlines</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>b.</td>
<td>Maintains work schedule as agreed and is present and on time to meetings, appointments, and supervision</td>
<td>1</td>
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<td>Comments:</td>
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<td>c.</td>
<td>Maintains appropriate professional appearance</td>
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<td>2</td>
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<td>Comments:</td>
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<td>d.</td>
<td>Profession-wide competency (Communication and Interpersonal Skills, 1 of 3): develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and clients.</td>
<td>1</td>
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<td>Comments:</td>
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<td>e.</td>
<td>Profession-wide competency (Professional Values and Attitudes, 2 of 4): conducts oneself in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others</td>
<td>1</td>
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<td>Comments:</td>
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<tr>
<td>f.</td>
<td>Profession-wide competency (Professional Values and Attitudes, 3 of 4): engages in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness</td>
<td>1</td>
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<td>Comments:</td>
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<td>g.</td>
<td>Profession-wide competency (Professional Values and Attitudes, 4 of 4): respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training</td>
<td>1</td>
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<td>Comments:</td>
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## Asian Americans for Community Involvement (AACI)
### Intern Performance Evaluation

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<tr>
<td>h. <strong>Profession-wide competency (Communication and Interpersonal Skills, 2 of 3):</strong> produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.</td>
<td></td>
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<td><strong>Comments:</strong></td>
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<tr>
<td>i. <strong>Profession-wide competency (Communication and Interpersonal Skills, 3 of 3):</strong> demonstrates effective interpersonal skills and the ability to manage difficult communication well.</td>
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<td>N/A</td>
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<td><strong>Comments:</strong></td>
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<tr>
<td>j. <strong>Profession-wide competency (Consultation and Interprofessional / Interdisciplinary Skills, 1 of 2):</strong> Demonstrates knowledge and respect for the roles and perspectives of other professions and operates within their scope of practice.</td>
<td></td>
<td>1</td>
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<td><strong>Comments:</strong></td>
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<tr>
<td>k. <strong>Profession-wide competency (Consultation and Interprofessional / Interdisciplinary Skills, 2 of 2):</strong> Applies knowledge regarding the roles and perspective of other professions in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.</td>
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<td>N/A</td>
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<td><strong>Comments:</strong></td>
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### Unacceptable  Reinforcement  Performs as Expected  Above Expectations  Exceeds Expectations
| 1 | 2 | 3 | 4 | 5 |

### 9. Outreach

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<tr>
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<tbody>
<tr>
<td>a. Participates in community outreach events</td>
<td></td>
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<tr>
<td># of outreach events in which the supervisee participated: 0 (total required by end of internship: 2)</td>
<td></td>
<td>1</td>
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<td><strong>Comments:</strong></td>
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### Overall Performance

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<td><strong>Comments:</strong></td>
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</table>
Asian Americans for Community Involvement (AACI) Intern Performance Evaluation

PERFORMANCE PLANNING

- Summary:

- Goals and Development Plan for the Next Evaluation Period:
  Supervisor and intern to set specific objectives for the next evaluation period. Include suggestions for improvement in problem areas or where further development would be helpful. Describe plans for improvement.

- Intern comments:
  The intern is encouraged to comment on this review and the role that intern's supervisors have played in the growth and development of the intern.

I have reviewed this document and discussed the contents with my supervisor. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with this evaluation.

<table>
<thead>
<tr>
<th>Intern Signature</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Evaluating Supervisor Signature</th>
<th>Date:</th>
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</table>
# Internship Training Evaluation

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date</th>
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1. **Overall experience to date**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

2. **Clinical training(s)**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

3. **Individual supervision**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

4. **Group supervision**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

5. **Administrative supervision**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

6. **Professional growth**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

7. **Professional challenge(s)**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

8. **Culturally relevant training**
   - 1 Poor
   - 2 Average
   - 3 Good
   - 4 Very Good
   - 5 Excellent

*Comments:

<table>
<thead>
<tr>
<th>1. <strong>Workspace accommodations</strong></th>
<th>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. <strong>Schedule(s)</strong></td>
<td>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</td>
</tr>
<tr>
<td>3. <strong>Administrative support</strong></td>
<td>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</td>
</tr>
<tr>
<td>4. <strong>Telecommunication</strong></td>
<td>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</td>
</tr>
</tbody>
</table>

*Comments:

<table>
<thead>
<tr>
<th>1. <strong>Able to give +/- feedback</strong></th>
<th>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. <strong>Support from Int. Coordinator</strong></td>
<td>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</td>
</tr>
<tr>
<td>3. <strong>Support from Administration</strong></td>
<td>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</td>
</tr>
<tr>
<td>4. <strong>Support from Staff</strong></td>
<td>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</td>
</tr>
</tbody>
</table>

*Comments:

<table>
<thead>
<tr>
<th>1. <strong>Internship application process</strong></th>
<th>1 Poor 2 Average 3 Good 4 Very Good 5 Excellent N/A</th>
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<tbody>
<tr>
<td>2. <strong>Recommend to friend</strong></td>
<td>YES                              NO</td>
</tr>
<tr>
<td>3. <strong>Recommend as school placement</strong></td>
<td>YES                              NO</td>
</tr>
</tbody>
</table>

*Comments:

*Attach additional pages as needed.*
AACL Evaluation of Supervision

Please incorporate this form into your supervision meetings periodically. Your primary supervisor will prompt you to use this form. We value the experiences of each of our trainees, interns, and staff, and encourage your candid response in regard to the following areas (please use the numerical scale below). The purpose of this evaluation is for us to provide information to your supervisor and the rest of the training team regarding the clinical needs of the supervisees at AACL and to encourage open collaboration and planning on ways to improve the supervisory process. This form can be used in parallel with the employee evaluation, when appropriate.

<table>
<thead>
<tr>
<th>Reviewer Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Supervisor Name</td>
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<tr>
<th>Type of Supervision (check all that apply)</th>
<th>Individual</th>
<th>Group</th>
<th>Assessment</th>
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- 0 - much more in this area would be helpful
- 1 - somewhat more in this area would be helpful
- 2 - a bit more in this area would be helpful
- 3 - this area has been sufficient/satisfactory

1. Supervision is consistently scheduled.

2. Supervision maintains a clinical focus.

3. Supervision is flexible and responsive to my professional needs.

4. Supervision invites me to discuss my thoughts and feelings about my clinical work.

5. Supervision provides clarity and consultation when legal and ethical issues relevant to my work arise.

6. Supervision encourages me to analyze and process my countertransference reactions toward my clients.

7. Supervision recognizes and works toward my own goals for clinical and professional development.

8. Supervision establishes a safe and accepting environment.

9. Supervision helps me to recognize my professional potential.

10. My supervisor provides constructive feedback about my work and provides clarity on ways in which I can grow as a professional.

11. Supervision encourages the consideration of diversity and cultural issues in my understanding of my clients.

12. Supervision provides specific suggestions, when necessary, to assist me with engaging my clients.

13. Supervision helps me to integrate multiple sources of information for the purpose of case conceptualization and client care.

14. Supervision encourages me to share my own hypotheses about clinical cases and to explore the implications of effectiveness of my interventions.
Please provide any written feedback to your supervisor based on the items on this form:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Areas of Strength:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Areas of Growth:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

THANK YOU FOR YOUR FEEDBACK!!!
Due Process/Grievance Procedures

I. Due Process for Problematic Conduct

a. Performance Evaluations

AACI expects satisfactory performance and behavior from all trainees/interns. At the end of each semester, trainee/intern performance evaluations shall be prepared and conducted by the primary clinical supervisor, with input from other supervisors, and reviewed by the Internship Program Manager. The trainee/intern will also complete a self-evaluation at the end of each semester. The primary clinical supervisor will review the evaluations with the trainee/intern. The trainee/intern can acknowledge the discussion by signing the evaluation. The trainee/intern is entitled to respond to the evaluation in writing; these comments will be attached to the original evaluation and placed in the personnel file. One copy of the completed review is given to the trainee/intern, another will be sent to the trainee/intern’s academic institution, and another is to be placed in the trainee/intern’s personnel file, which is maintained by the Internship Program Manager.

Unresolvable conflicts that arise may be addressed through the grievance due process procedures.

b. Definition of Problematic Conduct

Trainees/interns may be subject to disciplinary action for unsatisfactory work performance or misconduct, including but not limited to:

- Fraud in securing internship
- Possession of an illegal weapon
- Incompetence, inefficiency, or negligence in the performance of duties
- Under the influence of alcohol while on duty or while representing AACI
- Taking, possessing, being under the influence of, or offering for sale any controlled substance while on the job, as defined in the California Health Safety Code, Division 10 and the Uniform Substance Act of 1973
- Addiction to or the use of any controlled substance which affects job performance
- Unauthorized absence for more than three days
- Persistent refusal to carry out policies and procedures
- Insubordination
- Disgraceful personal conduct
- Use of official position for personal advantage
- Conduct reflecting discredit to AACI
- Falsification of records
- Dishonesty
- Conversion of or taking any property for the benefit of or use by any trainee/intern, employee any other person
- Failure to disclose a conflict of interest
- Unlawful harassment

Trainee/intern disciplinary determinations concerning inappropriate or unprofessional conduct will require both notice and a hearing.

c. Notice

If a trainee/intern’s performance is below standard level, or an incident of misconduct occurs, the supervisor will discuss the issues directly and promptly with the trainee/intern. The trainee/intern will receive a verbal warning from their primary clinical supervisor of the concern that has been raised about their conduct.

If concerns about the trainee/intern’s conduct continue to be an issue, the trainee/intern will receive a written warning from their primary clinical supervisor. A copy of this notice will be given to the Internship Program Manager and placed in the trainee/intern’s personnel file. A written warning to the trainee/intern formally acknowledges:

- that the Internship Program Manager is aware of and concerned about the performance rating
- that the concern has been brought to the attention of the trainee/intern
that the primary clinical supervisor and the Internship Program Manager will work with the trainee/intern to rectify the problem or skill deficits

that the behaviors associated with the rating are not significant enough to warrant more serious action

If appropriate, a written action plan with a reasonable timeline for improving performance will be accorded and signed by the trainee/intern. The Internship Program Manager will meet with the trainee/intern and his/her supervisor to develop the written corrective action plan, which will include:

- a description of the trainee/intern’s unsatisfactory performance
- actions needed by the trainee/intern to correct the unsatisfactory behavior
- the timeline for correcting the problem
- what action will be taken if the problem is not corrected
- notification that the trainee/intern has the right to request a review of this action

The written corrective action plan may also include:

1. Schedule Modification – a time-limited, remediation-oriented closely supervised period of training designed to return the trainee/intern to a more fully functioning state. Modifying a trainee/intern’s schedule is an accommodation made to assist the trainee/intern in responding to personal reactions to environmental stress, with the full expectation that the trainee/intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Internship Program Manager. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
   a. increasing the amount of supervision, either with the same or other supervisors
   b. change in the format, emphasis, and/or focus of supervision
   c. recommending personal therapy
   d. reducing the trainee/intern’s clinical or other workload
   e. requiring additional specific training

The length of a schedule modification period will be determined by the Internship Program Manager in consultation with the primary clinical supervisor and the Director of Mental Health Programs. The termination of the schedule modification period will be determined, after discussions with the trainee/intern, by the Internship Program
Manager in consultation with the primary supervisor and the Director of Mental Health Programs.

2. Suspension of Direct Service Activities – If it is determined that the welfare of the trainee/intern’s clients is being jeopardized, direct service activities will be suspended for a specified period as determined by the Internship Program Manager in consultation with the primary clinical supervisor. At the end of the suspension period, the primary clinical supervisor in consultation with the Internship Program Manager will assess the trainee/intern’s capacity for effective functioning and determine when direct service can be resumed.

If the Internship Program Manager determines that there has not been sufficient improvement in the trainee/intern’s behavior to remove the modified schedule or suspension, then the Internship Program Manager will discuss with the primary clinical supervisor and the Director of Mental Health Programs possible courses of action to be taken. The Internship Program Manager will communicate in writing to the trainee/intern that the conditions for revoking the probation or modified schedule have not been met.

This notice will include the course of action the Internship Program Manager has decided to implement. These may include continuation of the remediation efforts for a specified period or implementation of another alternative. Additionally, the Internship Program Manager will communicate to the Director of Mental Health Programs that if the trainee/intern’s behavior does not change, the trainee/intern will not successfully complete the internship.

d. Hearing

If further remediation is required, a hearing will be scheduled within two weeks of the request. The Training Committee, which is composed of the Director of Mental Health Programs, the Internship Program Manager and two (2) Mental Health Clinical Supervisors, will determine further action based upon the trainee/intern’s rectification of the problem or failure to progress.

One of the following decisions will be made after the hearing:

i. A recommendation to lengthen the time the trainee/intern has been given to improve performance or rectify problematic conduct.

ii. A recommendation for Administrative Leave, the temporary withdrawal of all responsibilities and privileges in the agency. If the probation period, suspension of Direct Service Activities, or administrative leave interferes with the successful completion of the training hours needed for
completion of the internship, this will be noted in the trainee/intern’s file and the trainee/intern’s academic program will be informed. The Internship Program Manager will inform the trainee/intern of the effects the administrative leave will have on the trainee/intern’s stipend and benefits.

iii. A recommendation to dismiss the trainee/intern from the program. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges, when specific interventions do not, after a reasonable period, rectify the impairment and the trainee/intern seems unable or unwilling to alter his/her behavior. When a trainee/intern has been dismissed, the Internship Program Manager will communicate to the trainee/intern’s academic department that the trainee/intern has not successfully completed the internship.

Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee/intern is unable to complete the internship due to physical, mental, or emotional illness.

e. Appeal

A trainee/intern may choose to appeal any decision made at the hearing. If the trainee/intern chooses to appeal, it must be presented to the Internship Program Manager no later than ten (10) working days after the hearing. Appeals should address the reasons why the intern thinks the decision was inappropriate and should specify the outcome sought. A second hearing with the Training Committee will then take place within five (5) working days of receipt of the appeal. The trainee/intern reserves the right to present all evidence supporting his/her case, and the Training Committee will review the request for appeal together with any written supporting documents to determine if the appeal presents a substantial question within the scope of review. The scope of review shall be limited to the following:

- **Appropriateness of Termination:** In cases appealing the appropriateness of termination, the appeal board shall uphold termination unless termination is shown to be clearly unreasonable (i.e., that which has been clearly and fully proven to have no sound basis or justification in reason).

- **New Evidence:** In cases appealed on grounds of new evidence, the trainee/intern must show that such evidence
could not have been discovered by due diligence prior to the original hearing.

- **Due Process:** In cases appealed on the grounds of denial of due process, the moving party must show that the adjudicatory process of the initial hearing was not conducted in conformity with properly prescribed procedures.

The Training Committee will decide at the end of the hearing to either uphold or abdicate the original decision. Once a final decision has been made, the trainee/intern and the trainee/intern’s doctoral program will be informed in writing of the decision.

II. **Due Process for Trainee/Intern Grievance of Supervision or Training**

It is the intent of AACI to provide every reasonable opportunity for a trainee/intern to discuss any subject matter with members of management and to provide prompt solutions to work-related problems. Management is to provide the opportunity to discuss a suggestion or problem with a trainee/intern at any reasonable time.

Any trainee/intern who has a work-related concern or problem concerning conditions of the internship should use the following steps toward obtaining an answer, solution or decision to the problem as soon as the problem arises.

a. **Notice**

Trainees/interns will not be disciplined in any way for using the grievance procedure described below:

1. The trainee/intern should first discuss the issue with the immediate supervisor. Every effort should be made to find an acceptable solution.

2. If the trainee/intern is dissatisfied with the outcome, he/she may submit a formal written grievance to the Internship Program Manager within five (5) working days of the last informal meeting. The written notice should specify the basis for the grievance, the results of the informal discussions with the immediate supervisor, and the specific action requested to remedy the grievance. If the Internship Program Manager is the
focus of the complaint, the written notice should be submitted to the Director of Mental Health Programs.

b. Hearing

The Internship Program Manager shall meet with the Grievant and all other individuals named in the grievance, review the issues thoroughly, and respond in writing within five (5) working days after the meeting.

c. Appeal

If the trainee/intern is dissatisfied with the Internship Program Manager's response, he/she may file a Notice of Appeal with the Training Committee within ten (10) working days of receiving the Internship Program Manager's decision. The Training Committee consists of the Director of Mental Health Programs, Internship Program Manager and two (2) Mental Health Clinical Supervisors. If any of these parties is the focus of the complaint, that person shall not participate in the Training Committee's deliberation process.

Within ten (10) working days from receipt of the Notice, the Training Committee shall set a date for a hearing. The Training Committee shall hear the appeal during the hearing, which is open only to the Grievant, the Internship Program Manager, and his/her representative. The Training Committee shall establish procedures that are considered necessary to conduct the hearing. The Training Committee shall review any pertinent written materials, and shall elicit testimony from the Grievant, his/her immediate supervisor, Internship Program Manager, and/or others as appropriate.

The Training Committee has authority to sustain, modify, or rescind a specific personnel action, or require management to take any action deemed appropriate. The Training Committee shall notify the parties of its final decision in writing within ten (10) working days after conclusion of the hearing.

The decision of the Training Committee shall be final and binding on the trainee/intern and the Agency.

All timelines in these Grievance Procedures may be extended by mutual consent in writing of the Grievant and management or the Training Committee.

No trainee/intern shall suffer reprisal or retaliation for filing a grievance.
Verbal Warning Form

Trainee/Intern’s name: ____________________________________________

Date of verbal warning: ____________

Specific rule violation or performance problem:

Specific statement of the expected performance:

Any explanation given by the employee or other significant information:

____________________________________

Supervisor’s Signature

_________________________

Supervisor’s Printed Name

_________________________

Date
Written Warning Form

Trainee/Intern’s name: ________________________________  Date: ________

Specific rule violation or performance problem:

Specific change in the trainee/intern’s performance or behavior that is expected:

Trainee/intern's comments:

Supervisor's comments:

Trainee/Intern’s signature: ____________________________________

Trainee/Intern's signature: ________________________________

Supervisor's signature: ____________________________________

Supervisor's signature: ____________________________________

This agreement is not a contract. It just recognizes the trainee/intern must improve to avoid disciplinary action, including termination.
Plan of Correction

Date: ________________________________

Trainee/Intern: ______________________________

Supervisor: ________________________________

Nature of Concern:

Testing  Client  Staff  Office  Safety  Therapy
Supervision  Policy  Students  Conduct  Other

Type of Meeting: First  Follow-Up  Six-Week  Review  Final Appeal

Explanation of Problem:

Plan for Correction:

Follow-Up Meeting on:  /  /  

Probationary Status:  
Issue Resolved-No further action required
Issue Unresolved-Probationary Status with Remediation

Six-week Review on:  /  /  (probationary status only)

Trainee/Intern Signature: ________________________________

Primary Supervisor Signature: ________________________________

Internship Program Manager Signature: ________________________________
Safety, Emergency and Crisis Procedures

Photo ID Badges
Trainees/interns are required to wear Photo ID badges at all times during regular work hours. Badges also provide electronic keycard access to the AACI Moorpark Avenue and Story Road office suites. Lost badges should be reported immediately to Chief Human Resources Director, Dr. Kelly Chau. ID badges must be returned at the end of the training year.

Emergency Contact
Interns/trainees are required to provide an emergency contact name and phone number to HR and cell phone numbers to the Front Desk in case of emergencies.

Supervisor On-Duty
There is a Supervisor On-Duty every business day. Please contact the Supervisor On-Duty or any other supervisor if your primary clinical supervisor is not available. Please check the Outlook Mental Health Clinic Appointments calendar for the current duty schedule.

After-hours On-Call Coverage
After-hours On-Call Coverage is provided by Mental Health Staff after regular business hours, on weekends and during holidays. Please refer to the On-Call Cell Phone Coverage Guidelines for more information.
Asian Americans for Community Involvement-Mental Health Program
On-Call cell phone coverage guidelines

As a Santa Clara Valley Health & Hospital System-Mental Health Department contracted mental health services provider, AACI is expected to respond to emergencies 24hr/day. Urgent callers can access the *After-hour Mental Health On-Call Clinician* by following the instructions given through the AACI general outgoing message activated by the Auto-Attendant when calling into AACI’s general number (408) 975-2730. This process will occur after business hours, nights and holidays, and/or when there are no receptionists at the front desk and the Auto-Attendant is activated.

**Process to contact the After-hour Mental Health On-Call Clinician:**
A caller calling AACI’s general number after regular business hours, weekends, holiday(s), when no receptionist is available, and/or during the Agency’s shutdown periods during the holiday season(s) will be greeted with a general multilingual message giving him/her instructions in eight (8) different languages. The caller will be given the options to (1) dial the extension of the person s/he is calling directly, (2) leave a general message by dialing “0” and leaving voice mail, and/or (3) directly contact the After-hour Mental Health On-Call Clinician.

If the caller wants to *speak directly* with the On-Call Mental Health Staff, s/he will follow the instructions given in any on these (8) languages that will instruct him/her to dial: 333. At this point, the voice mail system’s Auto Attendant will automatically activate and ring the AACI Mental Health On-call cell phone.

**Answering the On-Call Mental Health cell phone once it rings:**
The On-Call Mental Health clinician shall answer the On-call cell once it rings. As the clinician speaks into the phone, s/he will activate the Auto Attendant to connect the call and will hear an automated voice state, “*Connected.*” At this time the caller will be able to speak directly to the On-Call Mental Health Clinician.

*If the call is an emergency, please ask the caller to Call 911 and/or go to the nearest Emergency Room.*

If it is not an emergency but asking for a specific program or person, please take a message and forward to that program and/or person the next business day.

**Retrieving voicemail messages from the On-Call M.H. cell phone:**
1. Press ‘Menu’ on the cell phone.
2. Go to ‘New Messages’
3. Press ‘OK’
4. When asked for the pass code, press “51501#” to retrieve new voicemail message.
5. To listen to message, press “1”
6. To save message, press “9”
7. To delete message, press “7”
8. For other functions, please follow voice prompts.

**Emergency Phone:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call center</td>
<td>(800) 704-0900 (24 hours)</td>
</tr>
<tr>
<td>Gateway:</td>
<td>(800) 488-9919 (8pm-5pm)</td>
</tr>
<tr>
<td>EPS:</td>
<td>(408) 885-6100 (24 hours)</td>
</tr>
<tr>
<td>EMQ Crisis:</td>
<td>(408) 379-9085 (24 hours for F&amp;C)</td>
</tr>
<tr>
<td>Child Protective Services:</td>
<td>(408) 299-2071</td>
</tr>
<tr>
<td>Adult Protective Services:</td>
<td>(408) 975-4900</td>
</tr>
<tr>
<td>Youth Crisis hotline:</td>
<td>(800) 843-5200</td>
</tr>
<tr>
<td>Suicide &amp; Crisis service:</td>
<td>(855) 278-4204</td>
</tr>
<tr>
<td>Enborg Pharmacy:</td>
<td>(408) 885-4100</td>
</tr>
<tr>
<td>YWCA Rape Crisis Hotline:</td>
<td>(408) 287-3000</td>
</tr>
</tbody>
</table>

I. If the phone is not working properly or having problems (e.g., No vibration, no sounds, showing special messages such as: out of range), please contact Jorge as soon as possible.

II. AACI’s on-call phone system covers the entire Bay Area, from Sacramento to Monterey.

III. AACI’s on-call MH phone number: (408) 750-4085. You can directly call the on-call cell phone carrier without going through the voice mail system.

IV. When you are carrying the on-call MH phone, use the cell-phone for On-Call purposes.

**On-Call Cell phone guidelines**

1. The cell phone is solely used for Urgent calls from the MH Voicemail, NOT personal use.

2. Do not give out the cell phone number to clients, family members, or friends.

3. Clients are expected to call AACI’s main number for urgent message as usual, not directly to the cell phone.

4. Please keep the cell phone, charger, and guideline in a safe place. Pass the whole packet with the cell phone to the next person which includes 1) cell phone, 2) travel charger, 3) 24hr/7dy Pager coverage guidelines, 4) List of phone numbers and contacts, 5) Instruction sheet, 6) paper pad & pen.

5. Please check with On-Call Cell Phone rotation schedule to pass to next staff once finished with your On-Call duties for the week.
5. If you have any questions, please see your supervisor.

6. On-Call Mental Health Cell phone number is (408) 750-4085
Emergency Procedures at AACI
AACI recognizes the importance of emergency planning and preparedness for its employees in the event of a crisis. To help you better understand the emergency procedures at AACI, we have developed the following set of questions and answers.

**How will I know to evacuate the building?**
The fire alarm signal will sound and/or a member of management will instruct you to evacuate the building. Please exit by stairwells only. Do not use elevators. Supervisors are responsible for their areas. Proceed to the rear of the parking lot to Assembly Area #9. Do not return to the building until the all clear approval is given by a member of management.

**Where are the fire extinguishers and fire alarm pull stations located?**
Each floor has at least four (4) fire extinguishers mounted in cabinets in the outside hallways. Fire Alarm pull stations are located on each floor at the end of the hallways.

**Where are the First Aid Kits located?**
A First Aid Kit is located behind the front desk and in Human Resources.

**If a natural disaster (earthquake, influenza pandemic, etc.) occurs, how will I know to come to work?**
Please dial the main number 408-975-2730, and check the following extensions for emergency procedures 103, 217 or 159.

**In the case of a medical emergency, public disturbance or feel my life is in danger, what should I do?**
Call 911

**Does AACI have a Security Guard on site?**
For your safety, a Security Guard is onsite Monday to Friday from 5:30pm to 10:00pm and is usually located in the front of the building or in the lobby areas.

Please review the AACI Disaster Procedure Manual located on the L-drive network.
Emergency Phone Numbers for AACI Staff

- AMR Ambulance Company  (408) 295-1677
- Emergency (Life-threatening; or when on site at AACI)  911
- Emergency (not life-threatening)  311
- Emergency Psychiatric Services (EPS)  
  Phone: (408) 885-6100
  Fax: (408) 885-6117
- EMQ Mobile Crisis Team for Children and Adolescents  (408) 379-9085
- Santa Clara County Social Services Agency (Department of Family and Children Services) – Child Abuse Reporting
  - North County  (650) 493-1186
  - Central/South County  (408) 299-2071
- Santa Clara County Social Services Agency (Adult Protective Services) – Elder/Dependent Adult Abuse Reporting  (408) 975-4900
Emergency Phone Numbers for AACI Clients

- AACI Urgent Call (after hours – follow prompts to page on-duty staff for emergencies)  **(408) 975-2730**

- Emergency (Life-threatening)  **911**

- Emergency (not life-threatening)  **311**

- Emergency Psychiatric Services (EPS)  Phone:  **(408) 885-6100**

- EMQ Mobile Crisis Team for Children and Adolescents  **(408) 379-9085**

- Santa Clara County Mental Health Suicide and Crisis Hotline  **(855) 278-4204**

- Parental Stress Hotline (24 hours)  **(650) 327-3333 or (408) 279-8228**

- Bill Wilson Center Hotlines:
  
  - Crisis Line  **(408) 850-6125**
    A crisis hotline for anyone experiencing depression, anxiety, grief, loneliness, parental stress, or general hard times. Callers receive supportive listening, crisis intervention, information and referral.

  - Jobkeeper Hotline  **(800) 793-5909**
    JOBKEEPER is a free hotline providing supportive listening, information and referrals, crisis intervention, and problem solving for employment retention. Callers may also find out eligibility for benefit programs in Santa Clara County.

  - Anti-Hate Hotline  **(408) 279-0111**
    A service, partnered with the Human Relations Commission, for listening, reporting and follow-up of incidences of discrimination and hate crimes.

  - 24-7 Line for Youth  **(888) 247-7717**
    A free hotline for youth ages 7-24, providing supportive listening, crisis intervention, and information and referrals. Youth may call the line ANYTIME FOR ANY REASON.

  - Centre Cares Hotline  **(408) 850-6179**
    A hotline for people infected or affected by HIV/AIDS. Anyone whose life has been touched by HIV/AIDS can call the line for supportive listening, crisis intervention, and information and referrals.
San Mateo County

- Youth and Family Enrichment Services (YFES) Crisis Intervention and Suicide Prevention Center (24 hours)
  - North County  (650) 579-0350
  - South County  (650) 368-6655
  - Coastside County  (650) 726-6655
  - Teen Hotline  (650) 579-0353  Monday through Thursdays 4-10 p.m.
    Website: www.onyourmind.net

San Francisco

- San Francisco Suicide Prevention
  - Crisis Hotline (24 hours)  (415) 781-0500
  - AIDS/HIV/HCV National Nightline: (415) 434-AIDS or 1-800-273-AIDS
  - Línea Nocturna (Spanish)  (415) 989-5212  or 1-800-303-SIDA  
    (8 p.m. to 12 a.m.)
  - Center for Elderly/Senior
    - Institute on Aging (24 hours)
    - Suicide Prevention and Grief Friendship Line for the Elderly
      - 1-800-971-0016
      - (415) 752-3778

Alameda County

- Crisis Support Services of Alameda County (24 hours)  1-800-309-2131
- Second Chance, Inc. (South County)  (510) 792-HELP (510) 792-4357

USA National Suicide Hotlines (24 hours)

1-800-SUICIDE (1-800-784-2433)
1-800-273-TALK (1-800-273-8225)
NO HARM CONTRACT

I, ____________________________________________, agree to call:

☐ Emergency 911
☐ Suicide and Crisis Hotline (408) 279-3312
☐ EMQ Crisis Team (408) 379-9085
☐ AACI Urgent Call (408) 975-2730
☐ Friends/relatives: _______________________ at _______________

before harming myself or anyone else.

This contract expires ____________________

(date)

__________________________________________
(Client’s signature)

__________________________________________
(Witness)

__________________________________________
(Date)

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Billing and Documentation

Billing
Service Rendered Documents (SRDs) may be submitted by e-mail to mhsrd@aaci.org or to the QA office inbox marked “Inbox for MH SRD only.” SRDs must be submitted by 10 a.m. the next day.

QA After-hours Submission
Charts and documents can be submitted after hours to the QA inbox in the chartroom marked “SRD after 5:30 p.m.”

Chartroom Chart Check-Out System
Each chart has a check-out card in the chart. To check out a chart, write your name and the date on the check-out card and place the card where the chart would normally be located.

Documentation Manual
Please refer to the Santa Clara County Mental Health Department Clinical Record Documentation Manual for Outpatient Mental Health Services.
1. **Client demographics:**
   a. Age, race, gender
   b. Diagnosis
   c. Sexual orientation
   d. Appearance, affect, and mood
   e. Current living arrangements
   f. Present family relationships
   g. Significant family of origin relationships
   h. Marital/significant other relationships (past and current)
   i. Work history
   j. Level of engagement
   k. Medications
   l. Trauma history
   m. Legal history
   n. Religion & spirituality

2. **Presenting Problem(s):**
   a. What is the presenting problem, described in specific behavioral terms, including onset?
   b. What has been tried before, in therapy and/or by client? What has worked, what hasn’t worked?
   c. Currently working with other mental health providers or community agencies?

3. **Assessment/Impressions:**
   a. What is your assessment of safety risks?
      i. Risk to self/others
      ii. Current/past attempts to harm self/others/suicide
      iii. Level of impulsivity
   b. Assessment for substance abuse?
   c. Assessment of relationship/attachment style?
   d. Assessment of client’s current level of functioning?
   e. Assessment of strengths and challenges
   f. Working diagnosis
   g. Therapeutic approach/lens used to understand and work with client
   h. What is it like to be in the room with the client?
   i. If applicable, how does their culture impact their presentation? How does it inform your treatment approach?

4. **What is your primary consultation question/concern?**
Case Consultation Model for Group Supervision

Step 1: PRESENTATION

-the presenter shares their case.

-note demographic and other pertinent information (see handout titled “Case Consultation Format”)

-remind group about highlights from last time case was presented (if applicable)

-talk about new issues that have arisen.

- pose question(s) to the group about your client.

Step 2: QUESTIONS

-everyone (including the supervisor) asks the presenter questions about the case being presented.

-note: there need not be an order to which group members offer their questions (this is more of a spontaneous process).

Step 3: FEEDBACK

-once all questions have been asked, each group members will be given the opportunity to provide their input.

-note: this is to be done constructively, so that the presenter gains a growing sense of understanding about their client.

Step 4: FINAL FEEDBACK

-the presenter offers their own feedback last, so that they can integrate everything their group has said into their feedback.
Chain of Command Flowchart

Director of Behavioral Health

Dr. Miner (Internship & Training Manager)

Clinical Supervisor

Program Manager