NEVADA

Psychology Internship Consortium

2026 – 2027

INTERN HANDBOOK

Welcome to NV-PIC!

Dear Incoming Intern,

The Nevada Psychology Internship Consortium (NV-PIC) was created as a workforce development program by many determined individuals dedicated to creating a high-quality, APA-accredited psychology internship training program across the state of Nevada. We are excited to welcome you as the latest internship cohort of NV-PIC. The NV-PIC faculty has worked diligently to develop an internship program that meets your needs as well as the behavioral health needs of the population of Nevada. The faculty of NV-PIC is excited to support your professional development, and we look forward to a successful training year.

As psychologists-in-training using the resources of NV-PIC, you have an opportunity this year to enhance your skills and gain a depth and breadth of knowledge. The internship training program is designed to build on your current knowledge through your work with your on-site supervisors, other NV-PIC and training faculty, and each other as a cohort. The training year will be challenging and at times will push you beyond your comfort zone, all in service of providing you a rich and rewarding training experience and expanding your competencies as a behavioral health professional. Because this can be a difficult year, NV-PIC will assist you in utilizing a growth mindset- a mindset that embraces challenges, learns from feedback, and focuses on effort. This cultivates resiliency, normalizes feelings of anxiety in learning and instills values of life-long learning.

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

Sincerely,

Shera D. Bradley, Ph.D.
NV-PIC Training Director

NV-PIC Training Committee Contact Information

Training Director: Dr. Shera Bradley (see contact information under SNAMHS below)

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NV-PIC Aims and Competencies

Aims

The aims of the Nevada Psychology Internship Consortium (NV-PIC) are to prepare doctoral psychology interns to 1) provide, with cultural humility, broad psychological services to underserved clients in the Nevada public behavioral health system and 2) retain NV-PIC graduates to continue to serve the people of Nevada.

Program Structure

The Nevada Psychology Internship Consortium (NV-PIC) represents the collaborative effort of two behavioral health agencies within the Nevada Division of Public and Behavioral Health (DPBH) to share resources and faculty to provide a broad and general educational program for doctoral psychology interns. NV-PIC offers one-year, full-time internship positions at treatment centers across Nevada. By the conclusion of the internship year, interns are expected to have demonstrated abilities consistent with expectations for an entry-level independent practice and licensure as a psychologist in the following competencies.

The American Psychological Association (APA)'s Implementing Regulations describe the Minimum Level of Achievement (MLA) for completion of Internship is "Readiness for Entry Level Practice" defined as:

1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision, or consultation.

NV-PIC Training Competencies and Training Elements

Interns are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training. Interns will achieve competence appropriate to their professional developmental level in the areas of…

- Research
  - Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems
  - Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentations, publications)
  - Disseminates research and other scholarly activities (e.g., case conference, presentations, publications) at the local, regional, or national level

- Ethical and Legal Standards
  - Demonstrates knowledge and acts in accordance with each of the following:
    - Current version of the APA Ethical Principles of Psychologists and Code of Conduct;
    - Relevant professional standards and guidelines; and
    - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
  - Recognizes ethical dilemmas as they arise, applies ethical decision-making processes, and seeks supervision and consultation in order to resolve ethical dilemmas
  - Conducts self in an ethical manner in all professional activities

Ψ Individual and Cultural Diversity (including, but not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status)

- Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with people different from them
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- Articulates and applies a framework for working effectively with areas of individual and cultural diversity
- Demonstrates the ability to independently apply knowledge and approaches in working effectively with a range of diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews create conflict with one's own
- Has the ability to integrate and awareness and knowledge of individual and cultural differences in the conduct of professional roles
- Considers relevant cultural issues in case conceptualization, selection of assessment tools, diagnosis, and determination of treatment modality

Ψ Professional Values, Attitudes, and Behaviors

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, cultural humility, and concern for the welfare of others
- Engages in self-reflection regarding one's personal and professional functioning
- Engages in activities to maintain and improve performance, well-being, and professional effectiveness
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision
- Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through internship
- Actively participates in scheduled appointments, training activities, and meetings consistently and on-time
- Maintains appropriate boundaries in professional and clinical relationships
- Completes all required documentation in a timely manner
- Follows proper procedure in protecting client information and case files

Ψ Communication and Interpersonal Skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- Demonstrates effective interpersonal skills and the ability to manage difficult situations well
- Produces, comprehends, and engages in clear, informative, and well-integrated professional written communication
- Produces, comprehends, and engages in clear, informative, and well-integrated professional oral communication
- Is attuned to, incorporates, and responds to clients' verbal and non-verbal communication

Ψ Assessment

- Demonstrates current knowledge of diagnostic classification systems, functional and

dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrates a thorough working knowledge of clinical interviewing techniques and utilizes clinical interviews to collect relevant data leading to appropriate diagnoses/conceptualization
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including the context to the assessment and/or diagnostic process
- Appropriately and accurately selects and applies assessment methods that draws from the empirical literature and that reflects the science of measurement, accurately administers and scores assessment instruments
- Appropriately interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
- Identifies and synthesizes relevant data from multiples sources and methods into a holistic understanding of client and client's treatment needs
- Generates recommendations consistent with assessment questions and assessment findings
- Communicates the findings and implications of the assessment in an accurate and effective manner to a range of audiences

Ψ Intervention
- Establishes and maintains effective professional relationships with clients
- Develops effective treatment plans and implements evidence-based interventions specific to the service delivery goals
- Demonstrates the ability to apply the relevant research literature to clinical decision making
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
- Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation
- States and explains one's theoretical orientation regarding behavior change
- Conceptualizes cases correctly and specifically to case, context, and diversity characteristics
- Appropriately assesses and intervenes with clients who are at risk of harm to self or others
- Demonstrates self-awareness and impact of self on therapeutic relationship
- Terminates treatment appropriately and successfully

Ψ Supervision (includes learning to supervise & receiving supervision)
- Learning to supervise: APA requires this competency. "The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee."
    - ❖ Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals
    - ❖ Applies the supervisory skill of observing in direct or simulated practice

        - ❖ Applies the supervisory skill of evaluating in direct or simulated practice
        - ❖ Applies the supervisory skills of giving guidance and feedback in direct or simulated practice
    - Receiving supervision
        - ❖ Communicates supervision needs and preferences
        - ❖ Seeks supervision to address challenges and barriers in clinical work
        - ❖ Appropriately discusses hypotheses and approaches to clinical work in supervision
        - ❖ Integrates feedback in order to further professional development and enhance clinical skills
        - ❖ Works with supervisor to set training goals and tracks progress toward achieving those goals

Ψ Consultation and Interprofessional/Interdisciplinary Skills

- Demonstrates knowledge and respect for the roles and perspectives of other professions
- Applies knowledge of consultation models and practices with staff across disciplines
- Demonstrates ability to work within a team-based approach to clinical services

Ψ Public Behavioral Health

- Demonstrates understanding of the public behavioral health system
- Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis, and treatment planning
- Demonstrates knowledge of organizational, local, and state policies, regulations, and statutes and their impact on the profession of psychology and the delivery of services
- Demonstrates the ability to critically evaluate the system of care, including strengths, challenges, and impacts on persons served

Evaluation of Competencies

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

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

Please see the NV-PIC Intern Evaluation and Record Maintenance Procedures for more information. Relevant forms include: NV-PIC Intern Evaluation, NV-PIC Supervisor Evaluation, NV-PIC Program Evaluation & NV-PICV Upload Evaluations.

General Competency Rating Descriptions

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

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

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

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

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

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

NV-PIC Intern Evaluation and Record Maintenance Procedures

Successful completion of the internship requires:

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

Supervisor Evaluations of Intern

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

Competencies are formally evaluated by all the intern's supervisors at 3 months into the internship year (approximately November), at 7 months (approximately March), and at the conclusion of internship year (approximately July). A standard rating form includes the supervisors' summative and narrative feedback about the interns' performance regarding NV- PIC's 10 expected training competencies.

Process

Supervisors complete the *NV-PIC Intern Evaluation Form* in Microsoft Forms. At each evaluation period, all the intern's supervisors and the Training Director will review the collated data and will decide on a final rating for each competency element. Then a feedback session will be held with the intern. The intern will receive a copy of the collated ratings, with the final rating. The feedback session provides an opportunity for discussion of the intern's questions and concerns about the feedback. A pdf of the evaluation, with comments by supervisors, will be sent via Docusign for signatures indicating the evaluation was reviewed and an opportunity was provided for questions.

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

Demonstrating Competence

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

Rating Descriptors

N/A Not Applicable for training period/Not Assessed during training experience
1 Needs remediation
2 Entry level/Continued Intensive Supervision Needed
3 Intermediate/routine supervision
4 High Intermediate/Occasional supervised needed/equivalent to entry-level practice
5 Advanced/Exceeds standards expected of an intern

On the first (3-months) and second (7-months) formal evaluations, a rating of Remedial (1) or if any other significant concern is presented by the supervisor about the intern's performance or progress, Due Process will be initiated as described in the *NV-PIC Due Process & Grievance Procedures* policy. The Due Process guidelines can be found in the NV-PIC shared folder and in the Intern Handbook (also on the One Drive).

Feedback to Doctoral Program

Feedback to the intern's home doctoral program is provided at or near the mid-point and at the culmination of the internship year. If successful

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

Evaluations by interns

In addition to the evaluations described above, interns complete the *NV-PIC Intern Evaluation Form* as a self-evaluation three times during the internship year: at the beginning of the internship year, 7 months into internship (March), and at the conclusion of the internship year.

Additionally, interns complete the *NV-PIC Primary Supervisor Evaluation Form*, the *NV-PIC Program Evaluation Form*, and the *NV-PIC Secondary Supervisor Evaluation Form* concurrent with the evaluations done by their supervisors (3 months, 7 months, 11 months) to provide information supporting changes or improvements in the training program. Evaluation forms are completed in Microsoft Forms.

Copies of the forms can be located in NV-PIC shared folder and in the Intern Handbook.

Hours requirement

In addition to demonstrated competence, all NV-PIC interns are expected to complete 2080 hours of training during the internship year. 25% of the hours should be direct hours. Hours will be tracked in Time2Track. Interns should update Time2Track weekly by close of business Monday for the prior week.

Assessment Reports

Interns must complete a minimum of 10 assessment reports during the internship year. For our purposes, an assessment is defined as a multi-source, multi-method approach that reaches a conclusion, leads to a disposition, or answers a referral question.

A minimum of 5 assessments need to contain at least one psychological test. Interns submit their assessments, in report form, already reviewed by their supervisor, to the NV-PIC Training Committee for review and approval for the

assessment to count toward the minimum requirement. Reports must be deidentified using the Safe Harbor Method. You can read more about the Safe Harbor Method by following the QR code below or at https://www.hhs.gov/hipaa/for-professionals/special-topics/de-identification/index.html.

You will also find instructions contained in the Microsoft Forms form, *NV-PIC Checklist for Document Privacy*.

To submit your 10 required assessments, complete the *NV-PIC Checklist for Document Privacy* and deidentification of the report. Next submit the report, upon approval of the supervisor for that report, and the requested information, via the Forms form, *NV-PIC Assessment Coversheet.*

Intern Project

See detail in Intern Handbook section on NV-PIC Intern Project. Interns should submit a proposal, after discussion with primary supervisor, via the *NV-PIC Intern Project Form-Proposal*.

Additionally, interns are required to upload their project PowerPoint file, reference files, and any other related documents before their Proposal and after their Final presentation through the *NV-PIC Project Uploads* form.

Completing Internship

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

Record maintenance procedures

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

General Competency Rating Descriptions

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

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

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

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

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

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

RESEARCH
Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications)
Disseminates research and other scholarly activities (e.g., case conferences, presentations, publications) at the local (including the host institution), regional, or national level
ETHICS
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines
Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
Recognizes ethical dilemmas as they arise, applies ethical decision-making processes, and seeks supervision and consultation in order to resolve ethical dilemmas
Conducts self in an ethical manner in all professional activities
DIVERSITY
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with people different from them
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
Articulates and applies a framework for working effectively with areas of individual and cultural diversity
Demonstrates the ability to independently apply knowledge and approaches in working effectively with a range of diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews create conflict with one's own
Has the ability to integrate and awareness and knowledge of individual and cultural differences in the conduct of professional roles
Considers relevant cultural issues in case conceptualization, selection of assessment tools, diagnosis, and determination of treatment modality

PROFESSIONAL VALUES & ATTITUDES
Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, cultural humility, and concern for the welfare of others
Engages in self-reflection regarding one's own personal and professional functioning
Engages in activities to maintain and improve performance, well-being, and professional effectiveness
Actively seeks and demonstrates openness and responsiveness to feedback and supervision
Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through internship
Actively participates in scheduled appointments, training activities, supervision, and meetings consistently and on-time
Maintains appropriate boundaries in professional and clinical relationships
Completes all required documentation in a timely manner
Follows proper procedure in protecting client information and case files
COMMUNICATION & INTERPERSONAL SKILLS
Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
Demonstrates effective interpersonal skills and the ability to manage difficult situations
Produces, comprehends, and engages in clear, informative, and well-integrated professional written communication
Produces, comprehends, and engages in clear, informative, and well-integrated professional oral communication
Is attuned to, incorporates, and responds to clients' verbal and non-verbal communication

ASSESSMENT
Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
Demonstrates a thorough working knowledge of clinical interviewing techniques and utilizes clinical interviews to collect relevant data leading to appropriate diagnoses/conceptualization
Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including the context to the assessment and/or diagnostic process
Appropriately and accurately selects and applies assessment methods that draws from the empirical literature and that reflects the science of measurement, accurately administers and scores assessment instruments
Appropriately interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
Identifies and synthesizes relevant data from multiple sources and methods into a holistic understanding of client and client's treatment needs
Generates recommendations consistent with assessment questions and assessment findings
Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences
INTERVENTION
Establishes and maintains effective professional relationships with clients
Develops effective treatment plans and implements evidence-based interventions specific to the service delivery goals
Demonstrates the ability to apply the relevant research literature to clinical decision making
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation
States and explains one's theoretical orientation regarding behavior change
Terminates treatment appropriately and successfully
Appropriately assesses and intervenes with clients who are at risk of harm to self or others
Demonstrates self-awareness and impact of self on therapeutic relationship
Terminates treatment appropriately and successfully

SUPERVISION
Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals
Applies the supervisory skill of observing in direct or simulated practice
Applies the supervisory skill of evaluating in direct or simulated practice
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice
Communicates supervision needs and preferences
Seeks supervision to address challenges and barriers in clinical work
Appropriately discusses hypotheses and approaches to clinical work in supervision
Integrates feedback in order to further professional development and enhance clinical skills
Works with supervisor to set training goals and tracks progress toward achieving those goals
CONSULTATION
Demonstrates knowledge and respect for the roles and perspectives of other professions
Applies knowledge of consultation models and practices with staff across disciplines
Demonstrates ability to work within a team-based approach to clinical services
PUBLIC HEALTH
Demonstrates understanding of the public behavioral health system
Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis and treatment planning
Demonstrates knowledge of organizational, local and state policies, regulations and statutes and their impacts on the profession of psychology and the delivery of services
Demonstrates the ability to critically evaluate the system of care, including strengths, challenges and impacts on the persons served

NV-PIC Diversity and Non-Discrimination Policy

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

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

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

State of Nevada Executive Branch
Sex-or-Gender-Based Harassment and Discrimination Policy

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Psychology Internship Consortium

NV-PIC Mandatory Training Activities Attendance Policy

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

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

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

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

didactic. Interns have one week from the time the plan is agreed upon to complete the plan and submit proof of having done so.

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

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Attendance at other meetings

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

Use of cell phones and other media

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

Use of Docusign

Docusign will be used when possible to obtain electronic signatures on various NV-PIC Documents. Interns will attend to Docusign emails and complete forms. Interns are welcome to keep a copy of all documents.

NV-PIC Clinical Supervision Agreement

NEVADA
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Purpose

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

Structure

This supervision agreement pertains to the training year beginning on **August 10, 2026** and concluding on **August 6, 2027**. Interns receive a minimum of 4 hours of supervision per week, at least 2 hours of which will be individual supervision.
The following individuals are involved in the supervision of Doctoral Psychology Intern.

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

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

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

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

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

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

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

Supervisor Responsibilities

1. Comply with the APA Ethical Principles of Psychologists and Code of Conduct, the Association of State and Provincial Psychology Boards (ASPPB) Code of Conduct (2018), Nevada Revised Statutes, Nevada

Administrative Codes, the Nevada Board of Psychological Examiners, and internship site's institutional policies and procedures.[1]

2. Monitor intern's clinical work by direct observation (live observation) and indirect observation (case notes, verbal report, process notes, audio recording, video recording).
3. Provide the intern with ongoing feedback about his or her or their clinical work.
4. Assume liability and legal responsibility for the intern's clinical work with clients.
5. Review, provide feedback about, and cosign intern's written documentation about clients, including progress notes, assessment reports and treatment plans.
6. Be respectful of the intern, model professionalism, and be a helpful mentor. Help to socialize intern into our profession; i.e., to help intern think like a psychologist.
7. Teach clinical skills and assist interns in the development of their professional identity.
8. Employ the skills needed to facilitate a positive learning relationship.
9. Be accessible for urgent matters and client emergencies.
10. Arrange for coverage in the event of the supervisor's absence. Communicate coverage plans to the Training Committee and other staff as indicated. When possible, this should be done as far in advance as possible.
11. Provide ongoing informal evaluation and periodic (i.e., 3-month, 7-month, and conclusion of internship) formal evaluation of intern's work.
12. If, at any time during the training year, the supervisor concludes that the intern is not meeting standards (i.e., the intern scores less than 2 during the first or less than 3 during the second or third evaluation periods on any training element), the supervisor will immediately discuss this with the intern. Together they will develop a plan to strengthen the intern's competence in this area; depending upon whether due process is initiated, the Training Director and/or additional supervisors may be involved in the development of this plan.

[1] Nevada Board of Psychological Examiners added the ASPPB Code of Conduct into the Nevada Administrative Code (NAC 641.250) in 2022. Psychologists (& psychology trainees) in Nevada must follow both the APA Code & the ASPPB Code.

13. Discuss with intern's differences of opinion, power differential issues, and difficulties which may arise in the supervisory relationship.

Intern Responsibilities

1. Comply with the APA Ethical Principles of Psychologists and Code of Conduct, the Association of State and Provincial Psychology Boards (ASPPB) Code of Conduct (2018), Nevada Revised Statutes, Nevada Administrative Codes, the Nevada Board of Psychological Examiners, and internship site's institutional policies and procedures. Work as hard as possible to have a successful training experience.
2. Be curious.
3. Be an avid learner.
4. Be open to feedback.
5. Be prepared for supervision. This may include having completed case notes, having prepared to discuss particular cases, and/or having submitted video or audio recordings to supervisor. Follow up on each supervision task in the agreed upon time frame.
6. Follow all supervisor instructions.
7. Identify to clients one's role as a Doctoral Psychological Intern, the name and contact information of one's supervisor, and the nature of the supervisory structure.
8. Inform supervisors of clinically relevant information, especially factors relating to issues of client risk.
9. Seek immediate supervision on any emergent situations, including (but not limited to) any immediate risk of harm to self or others, child abuse, threat of weapon use, or being under the influence of substances.
10. Maintain adequate and timely documentation of all clinical activities (i.e., treatment notes, treatment plans, and assessment reports) and provide them to the supervisors in a timely manner per agency policy.
11. Maintain adequate and timely documentation to account for all training hours. Keep Time2Track updated weekly. Hours should be updated by Monday for the prior week.
12. Be respectful of one's supervisor.
13. Be willing to discuss with one's supervisor differences of opinion, power differential issues, and difficulties which may arise in the supervisory relationship.

14. Primary supervisors shall be cc'd on all clinical and other relevant emails (e.g., committee work, department projects) unless otherwise notified by the primary supervisor.

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

Intern Liaison

NV-PIC interns have the opportunity to pursue a leadership role in their cohort by participating as a Training Committee Liaison. The term of each Liaison is equally split between all interns. Interns will rotate participation halfway through the internship. Participation includes:

A Liaison is expected to briefly join every other Training Committee meeting and share any intern cohort concerns and/or ask questions to the Training Committee at that time (see schedule below). The expectation is that the designated Liaison will speak to the rest of the intern cohort prior to the meeting they are attending to see if they have any program feedback (positive and constructive), requests, suggestions, and/or questions. Training Committee meetings schedule will be announced at the beginning of each intern year. The designated Liaison will be expected to join the Zoom meeting for ~10 minutes of the meeting.

A Liaison is expected to join each NV-PIC Quarterly Meeting for approximately 15 minutes. The Training Committee will share agenda items, answer the Liaison's program-related questions, and discuss any of the Liaison's program concerns, requests, and/or suggestions.

NV-PIC Training Committee Meeting Schedule and Intern Liaison Rotation:

- August-November 2026: Anisha Patel
- December 2026-March 2027: Ruth Rinaolo
- April-July 2026: Michaela Steiner

Group Supervision

Group Supervision will occur weekly for 1 hour with Dr. Iribarne via Zoom. The purpose of Group Supervision is to help interns become more reflective, competent, and effective clinicians. Our goal is to help deepen and expand interns' clinical practice. Group Supervision will help interns learn how to better identify areas of clinical weakness and strength and to gain confidence in their own abilities and develop a stronger sense of professional identity. Group Supervision will assist interns in dealing with the anxieties and discomforts of doing clinical work. The scope of Group Supervision will include the areas of intervention, consultation, and assessment. Group Supervision will help interns gain a deeper understanding of patients. Learning from peers will be a primary element of the group experience.

Group Supervision provides an opportunity for interns and other trainees to learn from one another. Group supervision will include Fishbowl Supervision exercises to help teach you how to supervise. Interns' feedback to and interaction with the other trainees will be a main component of Group Supervision.

Group Supervision discussion will strive to maintain a safe environment and an atmosphere helpful for learning. This will be an atmosphere where all supervisors and trainees will be expected to be reflective. In this learning environment mistakes will not only be acceptable, but they will also be (dare we say) welcomed. Discussion also will allow questions and topic-focused discussion on theory or practice.

Discussion will allow interns to reflect on and talk about feelings about patients. Since our own experience with and reactions to patients is a major part of doing clinical work, it is expected that we will sift through these reactions. Discussion about our work at times may lead to talking about our own personal beliefs, values, and cultural biases. While we may have sensitive discussion about our feelings, beliefs, biases and personal values, this discussion will only be in the service of learning about our clinical work.

Interns' work and participation in Group Supervision will be evaluated by the Group Supervision supervisor and this evaluation will be provided to interns' primary supervisors. Attendance at Group Supervision will be required for all interns.

Confidentiality and standard limitations of confidentiality will exist in Group Supervision. Interns will be expected to maintain the standards of practice regarding confidentiality. Interns may talk with others outside the group about their own personal experience in the group but may not discuss any information about other trainees, patients, or work with patients. The group supervisor will be expected to maintain the standards of practice regarding supervision confidentiality. Expected limitations of confidentiality for the group supervisor will exist in terms of issues of dangerousness, upholding legal requirements and mandatory reporting. It also will be expected that evaluative information to NV-PIC supervisors and Training Committee members and information regarding patient risk will be disclosed by the group supervisor. Disclosure of information to the NV-PIC Training Committee and intern supervisors, licensing board or graduate program may be possible in the event of gross ethical violation, illegal activity or activity requiring the initiation of Due Process procedures.

Group supervisors will provide evaluative feedback at the three scheduled (3-month, 7-month,

and conclusion of internship) evaluations. Evaluation will be based on the competencies detailed in the NV-PIC document, "Evaluation of Interns." If at any time during the year a group supervisor believes an intern is not meeting expectations, the group supervisor will discuss this with the intern and the intern's primary supervisor. While formal evaluation occurs only three times during the year, feedback about interns' professional development may be provided to all NV-PIC supervisors and Training Committee members throughout the entire training year.

Site-Specific Group Supervision

For 2026-2027 internship year, interns will also participate in Site-specific group supervision that will focus on treatment of long-term patients and will be facilitated by Dr. Akiko Hinds. Dr. Hinds is a Senior Forensic Psychology Postdoctoral Fellow who is supervised by Dr. Bradley. APA requires 4 hours of supervision by licensed psychologists, thus this supervision will be in addition to the 4 scheduled hours (*subject to change upon licensed).

Supervision with Dr. Hinds will be scheduled for 1 ½ hours and will occur in person.

Quick Reference Guide for NV-PIC Minimum Training Requirements

General Requirements

- Demonstrate competence as assessed by supervisors throughout the internship year
- Maintain a training log documenting hours of training during the internship year
- Complete NV-PIC required intern project
- Complete the following evaluations:
  - Self-evaluation: beginning of internship, 7-months, and end of internship year
  - Program evaluation: 3-months, 7-months, and end of internship year
  - Supervisor evaluation: 3-months, 7-months, and end of internship year
  - Secondary Supervisor evaluation: 3-months, 7-months, and end of internship year
  - Didactic evaluations: following each didactic (weekly)

Clinical Requirements

- Complete all site-specific training requirements and associated clinical documentation
- Complete and maintain documentation of 2080 hours of training during the internship year
- Complete and maintain documentation of 520 hours of direct face-to-face service provision
- Complete a minimum of 10 assessment reports (5 must include psychological testing)

Supervision and Training Requirements

- Attend a minimum of 4 hours per week of supervision
  - Attend a minimum of 2-3 hours per week of individual supervision
  - Attend 1 hour per week of group supervision via Zoom
  - Attend a minimum of 1 ½ hours per week of group supervision at site
- Attend a minimum of 2 hours per week (on average) of didactics

NV-PIC Intern Project

The Intern Project is designed to develop and assess each intern's research competencies. Each intern will select (or may be assigned) a topic pertinent to the population served by the intern's NV-PIC site.

Options for the Intern Project can be:

1) A research study (e.g., formulate a scientific, empirical research question pertaining to that topic; conduct a brief review of relevant literature; develop an appropriate method for answering the research question; collect data; analyze the data using appropriate statistical techniques; report the findings; and write a discussion of the research implications and limitations of the findings);
2) a program development project based on the needs of the site; or
3) a program evaluation project.

Interns will work with their primary supervisor (or another faculty member appointed by the primary supervisor) to plan, design, and implement the project. The primary supervisor (or appointed faculty member) has the main responsibility for guiding the intern's development, implementation, and reporting of the project.

The intern project must be proposed to the Training Committee for approval. The intern will complete the Intern Project Form to primary supervisor (see Forms & Policies). A formal presentation of the proposal to the Training Committee is required. The proposal will include a description of the specific topic, relevant literature review, questions the intern is trying to answer with the project, and proposed methods. The proposal presentation should occur no later than the mid-year meeting. Interns are encouraged to complete the proposal earlier.

The Training Committee will provide feedback during the proposal and interns are expected to integrate feedback from all Training Committee members after the project has been proposed. See the Intern Project form for additional information.

At the completion of the project, interns will present their projects twice- first to the Training Committee and then to a larger audience to be determined by the site.

Interns are encouraged, but not required, to present their project at a conference, such as the yearly Nevada Psychological Association conference in May. If a presentation proposal includes data/statistics, it is a requirement that the proposal first be reviewed and approved by DPBH Analytics. Additionally, any research presented outside of DPBH at a conference must also be approved by DPBH Analytics in advance. This process may take weeks, so please plan accordingly.

Note: All data/program development that is used for the intern project, whether it is archival data or collected specifically for the research project, is owned by DPBH and cannot be used or disseminated outside of DPBH without prior permission.

Intern Project Timeline

The following timeline depicts task expectations for the Intern Project. Assigned tasks are expected to be completed monthly with oversight by the primary supervisor (or designee).

Quarter 1	Tasks
September	▪ Select a topic pertinent to the population served by the Intern's NV-PIC site
October	▪ Formulate a scientific, empirical research question that is feasible to examine in the Intern's clinical setting. This question may relate to program development/evaluation/teaching. ▪ Begin review of literature pertaining to the research topic (~3 or more scientific sources)
November	▪ If conducting a research project, create a Methods section, including defining constructs, identifying measures used, describing a feasible data collection method, etc. ▪ Turn in the Intern Project form to your primary supervisor at the 3-month evaluation
Quarter 2	
December/January	▪ Complete Literature Review, Methods, and References sections of proposal presentation
February	▪ PROPOSE the project to the Training Committee at the mid-year meeting for approval/revisions ▪ Formal approval by the Training Committee is required before proceeding with the project ▪ Initiate data collection/collation procedure or implement program development/ evaluation /teaching project
Quarter 3	
March	▪ Research Study: Complete/Close data collection; be prepared to present the data set/findings to the group
April	▪ Research Study: Analyze data using appropriate statistical techniques ▪ Begin Results/Discussion sections
Quarter 4	
May/June	▪ Complete the Results and Discussion sections of the project presentation
July/August	▪ Present the final project to the Training Committee and to a larger audience to be determined by the site

NV-PIC Stipend, Benefits, and Resources

The annual internship stipend across all consortium sites is $40,000. Interns are employed by the Western Interstate Commission for Higher Education (WICHE) WICHE is an intergovernmental organization which has a contract with NV-PIC, through the Division of Public and Behavioral Health, to serve as the fiscal agent for the internship. Health benefits, Paid Time Off, and professional leave are provided for all interns. WICHE offers an Employee Assistance Program (EAP), including WorkLife Services. The EAP program includes up to three face-to-face assessment and counseling sessions per issue. In addition, interns receive 12 paid State of Nevada/Federal holidays. Please see the state Holiday calendar for dates. Questions regarding specific benefits packages can be directed to WICHE's Human Resources department (Email: dcoulter@wiche.edu; Telephone: 303- 541-0292).

NV-PIC interns have access to numerous resources. All interns are provided with office space, a desk, work computer, laptop, office phone, voicemail, printers, software, ID badges, and other basic office supplies. Business cards may be available upon request. Intervention manuals, assessment materials, other training materials, access to the DSM-5-TR and ICD-10, and additional materials as needed and approved are provided at each training site, and additional materials that may be needed may be purchased with Training Committee approval. Software for digital scoring of test batteries is available at each site. Funding for travel within the state of Nevada is provided for interns to complete required training experiences, and interns have access to state vehicles, if needed, for in-state travel. In addition to weekly didactic seminars and other professional trainings, interns have access to a limited number of online academic journals through the Division of Public and Behavioral Health (DPBH) intranet. Each intern has access to administrative and IT support.

Interns are non-exempt employees and will be paid an hourly rate. Interns are expected to complete all training experiences within a 40-hour workweek (typically M-F, 8am-5pm). Prior approval is required for overtime; in almost all circumstances, approval for overtime will not be granted. Interns will submit timesheets to WICHE and the Training Director on a biweekly basis. Leave and holiday hours are to be entered into timesheets as hours taken off and not number of days (e.g., enter 8 hours for 1 day). Please see the Intern Payroll Schedule for more information.

It is to the intern's advantage to work as many days as possible to accumulate the hours of clinical and training experiences that are needed to complete the internship. We do our best to provide resources and opportunities, but it is the intern's responsibility to self-advocate and make sure all requirements are met. PTO days and federal/state holidays count toward total hours.

Interns are not permitted to work remotely unless under extenuating circumstances with approval by the Site Director and Training Director. Requests to attend NV-PIC activities while away for dissertation- related activities, program graduation, etc. will be reviewed on a case-by-case basis.

Time Off

Interns receive 15 days (120 hours) of Paid Time Off (PTO) and 12 paid federal and Nevada state holidays during the internship year. Additionally, interns are eligible for up to 3 days (24 hours) of Professional Development Release Time, which can include conferences, trainings, dissertation time, job interviews, university graduation ceremony, or other, as approved by supervisors. Travel time is not included; if travel is required for professional development opportunities, it is considered PTO.

The maximum total leave granted will be 144 hours over the course of the year.

Requesting Time Off

Interns must submit the **NV-PIC Leave Request form** (see Forms & Policies; training will be provided on site re: completing the request) for PTO or Professional Development Release Time to their primary supervisor at least two weeks in advance of the anticipated leave date for approval using the NV-PIC Leave Request Form. The request then will be communicated to the intern's Site Director and the NV- PIC Training Director. Interns are expected to refrain from making travel arrangements until supervisor approval has been granted for PTO or Professional Development Release Time. Interns are responsible for communicating anticipated absences to all supervisors for whom work will be missed. Opportunities to flex time within the same work week may be available and must be approved, in advance, by the primary supervisor, site director, and Training Director.

Please note that except under extenuating circumstances, leave will not be granted in the first 3 weeks of the internship due to onboarding and training. Additionally, leave requests for the last month of internship requires additional notice (30 days). Supervisors and the Training Director are available for any questions related to time off.

Unexpected Time Off

Sick leave/unexpected emergencies must be communicated to supervisors in the appropriate manner for each site as soon as the intern is physically able to do so. Sick leave/unexpected emergencies are PTO, and a Leave Request form must be completed and submitted as soon as possible, no later than close of business (COB) the day the intern returns to work. NV-PIC requires documentation from a health care provider if an intern is out sick more than 3 consecutive days.

Unpaid Leave

Requests for unpaid leave, after all PTO has been used, will reviewed by the Training Committee, and will be granted on a case-by-case basis in extenuating circumstances only. Any additional time taken off beyond the PTO provided, if necessary, may result in the internship year being extended beyond 12- months.

NV-PIC Medical Leave Policy

NEVADA
Psychology Internship Consortium

Medical Leave

WICHE may provide interns with up to 12 work-weeks of unpaid, job-protected cumulative leave within a 12-month period and provides health benefits during the leave (up to 12 weeks). Unpaid leave may be granted in the following circumstances: their own medically certified health condition, pregnancy-related disability, father's attendance at birth of child, parent's care of newborn, if completed within 12 months following birth of child, placement of a child with intern for adoption or foster care, serious health condition of intern's child under 18 years, or older child if disabled, or serious health condition of intern's spouse or parent. The length of leave granted is dependent on the amount of time the medical certification and/or ADA accommodation requires. According to NV-PIC's Stipends, Benefits, and Resources Policy, interns must use their PTO prior to taking an approved unpaid leave of absence.

Requesting Medical Leave

Whenever possible, interns must notify WICHE Human Resources at least 30 days prior to the leave of absence. Requests for leave should be made in writing to Human Resources, stating the reason for the leave, the starting date, and the planned date for return to work. If an intern wishes to make up any PTO hours, the hours must be made up in the week in which the PTO occurs.

Disability Insurance

During parental leave, interns may be granted up to 6 weeks (for vaginal delivery) or up to 8 weeks (for C-section delivery) of temporary disability insurance payment. This amounts to 60% of average weekly wages during the designated time period. Disability payments for other types of medical leave are also paid at 60% and length of disability payments vary depending on the medical condition and when the doctor releases the patient to return to work. A maximum of 173 days is allowed under the short-term disability insurance plan, per incident. Pay via temporary disability insurance does not begin until identified employees have not been paid for seven (7) days.

Health Insurance

If an intern is currently covered by WICHE's insurance plans, these benefits continue for interns on family or medical leave. WICHE will pay for intern (and any eligible dependents') insurance premiums while on unpaid leave. If the intern is able but does not return to work after the expiration of the leave, the intern will be required to reimburse WICHE for payment of insurance premiums during the leave. Children may be added to the intern's health insurance policy if coverage is elected within 30 days of the birth or adoption. Children also can be added to the intern's health insurance within 30 days of the date of birth or 30 days of another qualifying event such as loss of coverage. Please contact Human Resources for more information.

Return to Work

Interns must contact WICHE Human Resources at least two days before their first day of return from leave. If the leave is for an intern's own serious health condition, the intern must provide medical certification verifying ability to return to work. Failure to return to work on the day after the expiration of leave may result in termination of employment. If the intern is unable to return to work, the intern must provide medical certification no less than two days before the anticipated return date.

Hours Supplementation

Interns are required to complete a 12-month, 2080-hour internship. The number of workdays taken off during a leave of absence may be added as an extension to the training year. The intern should work closely with their site supervisor and the NV-PIC Training Director to develop a plan to complete all required training experiences upon return from leave. The timeline for evaluations will be adjusted on a case-by-case basis; upon return from leave, the NV-PIC Training Director, the site supervisor, and the intern will agree on a timeline for when formal evaluations will occur. Interns who take up to 12-weeks of family/medical leave are still eligible for the full amount of the NV-PIC stipend as long as they complete 2080 hours within the agreed-upon time frame. The intern must complete the full 12 months of training, achieve 2080 training hours, and receive satisfactory ratings on the final Intern Evaluation Form to complete the internship.

For interns who may need parental leave, they are encouraged to read the APPIC document: *APPIC Guidelines for Parental Leave During Internship and*

Postdoctoral Training, updated August 2024, available on the APPIC website https://www.appic.org/Portals/0/Website%20docs/Parental_Leave_Update_August_2024.pdf or by using the QR Code here:

Intern Hours / Activity Log

Interns are required to track their hours each week using the designated form. NV-PIC has switched to using Time2Track to track intern hours, effective Fall 2025. We customized Time2Track to suit our needs as an internship. This allows us to better track how our interns are accruing their hours, the services provided to our patients/clients and to better track the diverse nature of our patients. Hours should be updated at least weekly, to be completed on Monday for the previous week.

Direct Contact hours:

- Individual intervention: intern performs direct intervention with a client(s) such as, individual therapy, individual behavioral intervention (e.g., teaching a DBT skill), crisis intervention, treatment team meetings (if primary encounter is intended as intervention) to name a few
- Group intervention: intern performs direct intervention to a group of clients. Examples include mindfulness group, rational decision-making group, and DBT group.
- Assessment-Psychological Testing: intern administers psychological testing to client
- Assessment-Clinical Interview: intern conducts/participates in clinical interview of client. Could include treatment team meeting if encounter is primarily an assessment of progress for example.
- Consultation/Collaboration: intern perform/provides consultation for the benefit of system/clients. This could include addressing a formal or informal request for consultation by treatment team member(s), explaining a behavioral support plan to staff, among others.
- Provision of Supervision: interns may provide supervision of other trainees at the site(s). This could include supervision during a group activity or meeting individually with a trainee.

Indirect Hours are hours spent on tasks that directly support client work. Examples include:

- Report writing
- Record review
- Test interpretation

Didactics & Professional Development: examples include

- Weekly didactics
- Conferences
- Trainings

Supervision

- Individual supervision: scheduled 1:1 meetings, live supervision, on-the-fly supervision (e.g., directly before/after a client encounter done with supervisor)
- Group supervision: with other trainees, conducted during clinical meeting at site

Absences (see NV-PIC Stipend, Benefits, & Resources for more information)

- Paid Time Off (PTO): this includes any of the 120 hours given by the internship to the intern for sick leave, vacation leave, etc.
- Professional Development leave: this includes any of the 24 hours provided to the intern for professional activities
- Holidays: 8 hours per holiday, 12 holidays per year
- Unpaid leave: leave taken without pay; see NV-PIC Stipend, Benefits, & Resources for more information

American Psychological Association (APA) Annual Report Online (ARO)

The APA created the ARO in 1998 to provide more in-depth information between full programmatic reviews to the APA Commission on Accreditation (CoA). As an APA-accredited internship we are required to provide data to APA about interns, alumni, supervisors, and our program.

Please use the following Microsoft Forms survey as requested by APA.

NEVADA
Psychology Internship Consortium

NV-PIC Due Process and Grievance Procedures

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

Introduction

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

I. Definitions: Provides basic or general definitions of terms and phrases used throughout the document.
II. Procedures for Responding to a Doctoral Psychology Intern's Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Steps for an appeal process are also included.
III. Grievance Procedures: Provides the guidelines through which a doctoral psychology intern can raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by NV-PIC of the doctoral psychology intern.

I. Definitions

Doctoral Psychology Intern

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

Training Director or (TD)

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

Supervisor

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

Due Process

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

Due Process Guidelines

1) During the orientation period, doctoral psychology interns will receive in writing and electronically NV-PIC expectations related to professional functioning. The TD and the interns’ supervisors will discuss these expectations in both group and individual settings.
2) The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals during the training year (3 months, 7 months, end of year).
3) The various procedures and actions involved in decision-making regarding the problem behavior or doctoral psychology intern concerns will be described.
4) NV-PIC will communicate early and often with the doctoral psychology intern and, when needed, the doctoral psychology intern’s home program if any suspected difficulties that are significantly interfering with performance are identified.
5) The TD will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies. If a doctoral psychology

intern wants to institute an appeal process, this document describes the steps of how a doctoral psychology intern may officially appeal the program's action.

6) NV-PIC due process procedures will ensure that doctoral psychology interns have sufficient time to respond to any action taken by the program before the implementation.
7) When evaluating or making decisions about a doctoral psychology intern's performance, NV-PIC training faculty will use input from multiple professional sources.
8) The TD will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

Problematic Behavior

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

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

It is a professional judgment when a doctoral psychology intern's behavior becomes problematic rather than of concern. Doctoral psychology interns may exhibit behaviors, attitudes, or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

See the flow chart on the next page for steps taken prior to due process.

Problematic behavior typically become identified when one or more of the following characteristics exist:

1) The doctoral psychology intern does not acknowledge, understand, address, the problem when it is identified; and as a result, the intern's

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

II. Procedures to Respond to Problematic Behavior

A. Basic Procedures

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

B. Notification Procedures to Address Problematic Behavior or Inadequate Performance

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

1. Verbal Notice to the doctoral psychology intern emphasizes the need to address the area concern under discussion. The primary supervisor will give verbal notice and will document that verbal notice was given

in supervision notes. Verbal notice is given after the basic procedures have been followed (section A).

2. Written Notice to the doctoral psychology intern formally acknowledges:

   a) that the TD is aware of and concerned with the behavior,
   b) that the concern has been brought to the attention of the doctoral psychology intern,
   c) that the TD will work with the doctoral psychology intern to rectify the problem or skill deficits, and
   d) that the behaviors of concern are not significant enough to warrant more serious action.
   e) written notice can occur in a stepwise manner (if the behavior did not change after verbal notice) or it can be the first course of action after the basic procedures have been followed.

3. Second Written Notice to the doctoral psychology intern will Identify Possible Sanction(s) and describe the remediation plan. This letter will contain:
   a) a description of the doctoral psychology intern's behavior that did not change in steps 1 or 2, thus creating the need for a second written notice;
   b) actions needed by the doctoral psychology intern to correct the behavior;
   c) the timeline for correcting the problem/concern;
   d) what sanction(s) may be implemented if the problem is not corrected; and
   e) notification that the doctoral psychology intern has the right to request an appeal of this action (See Appeal Procedures).
   f) If at any time a doctoral psychology intern disagrees with the notices, the doctoral psychology intern can appeal (see Appeal Procedures).

C. Remediation and Sanctions

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

1. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the doctoral psychology intern to a more fully functioning state. Modifying a doctoral psychology intern's schedule is an adjustment made to assist the doctoral psychology intern, with the full expectation that the doctoral psychology intern will complete the doctoral psychology internship. This period will include increased supervision conducted by an intern supervisor in consultation with the TD. Several possible and concurrent courses of action may be included in modifying a schedule. These include:

    a) increasing the amount of supervision, either with the same or additional supervisors;
    b) change in the format, emphasis, and/or focus of supervision;
    c) recommending personal therapy (a list of community practitioners can be provided at the intern's request).
    d) reducing or altering the doctoral psychology intern's clinical or other workload;
    e) requiring specific academic coursework.

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

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

    a) the specific behaviors associated with the concern;
    b) the remediation plan for rectifying the problem;

c) the time frame during which the problem is expected to be ameliorated, and
d) the procedures to ascertain whether the problem has been rectified.

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

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

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

5a. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after reasonable time, rectify the problem behavior or concerns and the doctoral psychology intern seems unable or unwilling to alter her/his/their behavior, the TD will discuss with the Training Committee, Agency Manager, and Deputy Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Ethical Principles of Psychologists and Code of Conduct, or when imminent physical or psychological harm to a client is a major factor, or the doctoral psychology intern is unable to complete the training program due to an egregious behavior. The Training Director will make the final decision about dismissal.

5b. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Ethical Principles of Psychologists and Code of Conduct, or when imminent physical or psychological harm to a client is a major factor, or the doctoral psychology intern is unable to complete the training program due to an egregious behavior. In addition, in the event a doctoral psychology intern compromises the welfare of a client(s) or the agency by an action(s) which generates grave concern from the supervisor(s), the TD may immediately dismiss the doctoral psychology intern from NV- PIC. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a doctoral psychology intern has been dismissed, the TD will communicate to the doctoral psychology intern's academic department that the doctoral psychology intern has not successfully completed the training program. If at any time a doctoral psychology intern disagrees with the sanctions, the doctoral psychology intern can appeal the decision (see Appeal Procedures).

Appeals Process

If the intern wishes to challenge any of the due process decisions made, he/she/they may request an Appeals Hearing before a review panel. This request must be made in writing- an email will suffice- to the Training

Director within 10 working days of notification regarding the decision made in step 3 or 4 above. The appeal request should detail specifically what about the due process is being appealed and why the intern is appealing. The intern will sign a release of information for NV-PIC to share relevant information with the review panel and to provide written consent for audio and/or video recording of the hearing. The appeal request is not considered submitted until the intern submits both documents.

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

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

The review panel will review all written materials prior to the hearing and have an opportunity to interview any of the parties involved or any other individuals with relevant information in advance of, or during the hearing. If the review

panel requests to interview several individuals, this needs to be conducted in advance of the hearing. The TD will arrange the interviews and schedule them via Zoom. The intern and TD can be present for the interviews in advance of the hearing. The review panel will be provided with their charge and a written template to utilize throughout the process.

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

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

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

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

The review panel may uphold the due process decisions made previously or may modify them. If any modifications are made by the review panel, they will need to provide an alternate plan of education for NV- PIC to follow including a timeline and training ideas. If the review panel modifies NV-PIC's decision, the intern would resume training under due process. Each member of the review panel will have one vote for the appeal outcome. Majority rules will be honored.

Each member of the review panel must vote and is not allowed to abstain. The review panel will notify the TD of their final decision within 48 hours of the hearing. The final decision will include information on the vote tallies and the completed written template. The TD will inform the intern and intern's DCT via email as soon as possible after being informed of the final decision, preferably within 12 hours. The review panel has final discretion regarding outcome.

Notifying the Sponsoring Doctoral Program

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

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

III. **Grievance Procedures:** These guidelines are intended to provide a doctoral psychology intern with the means to resolve perceived conflicts (Staff and faculty complaints about NV-PIC should be communicated to the Training Director- see NV-PIC Supervisor Handbook). In the event an intern encounters difficulties and/or problems other than evaluation-related during the internship year (e.g., unavailability of supervisor(s), work-load issues, conflicts with a supervisor, staff, other trainees, etc.), an intern should follow the steps below. Interns who pursue grievances (defined by NAC 284.658 as an act, omission, or occurrence that an employee feels constitutes an injustice relating to any condition arising out of the relationship between an employer and an employee) will not experience any adverse professional consequences.

Informal Review

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

the primary supervisor, the intern should raise the issue as soon as feasible with the Training Director.

Formal Review

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

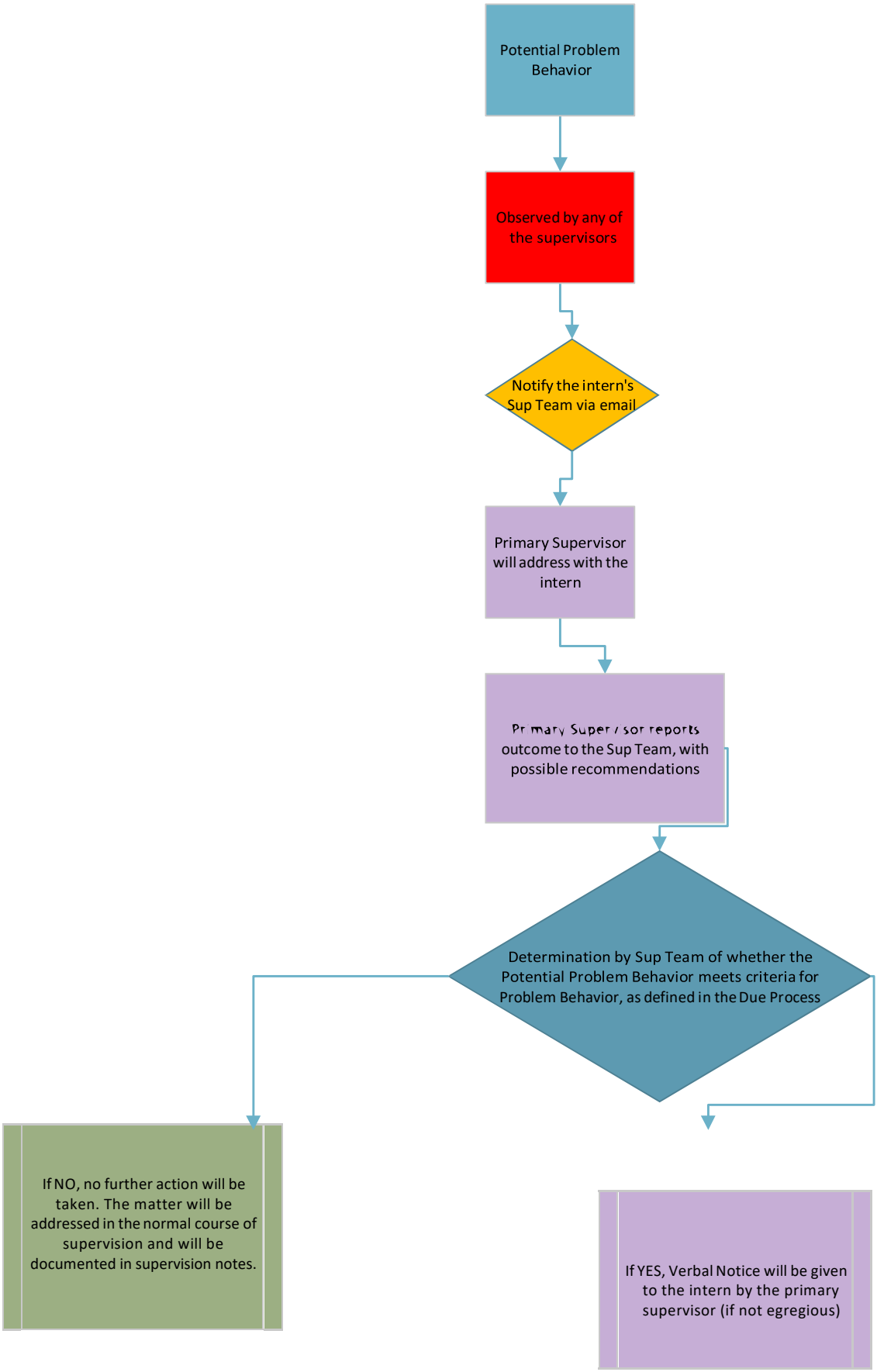
1) the behavior associated with the grievance;
2) the specific steps to rectify the problem; and,
3) procedures designed to ascertain whether the problem has been appropriately rectified.

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

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

hearing, the panel will submit a written report and decision to the Training Director. The review panel has final discretion regarding outcome.

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


Potential Problem Behavior
Observed by any of the supervisors
Notify the intern's Sup Team via email
Primary Supervisor will address with the intern
Primary Supervisor reports outcome to the Sup Team, with possible recommendations
Determination by Sup Team of whether the Potential Problem Behavior meets criteria for Problem Behavior, as defined in the Due Process
If NO, no further action will be taken. The matter will be addressed in the normal course of supervision and will be documented in supervision notes.
If YES, Verbal Notice will be given to the intern by the primary supervisor (if not egregious)

NV-PIC Due Process Appeals Hearing

NEVADA
Psychology Internship Consortium

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

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

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

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

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

_____
Intern Printed Name

_____
Intern Signature Date

NV-PIC Photography Release

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

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

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

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

General Authorization

Printed name: Date:

Signature:

Street address:

City: State: Zip:

Specific Authorization

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

Printed name:

Signature: Date:

NV-PIC Social Media Policy

NEVADA
Psychology Internship Consortium

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

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

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

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

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

NEVADA
Psychology Internship Consortium

NV-PIC Outside Employment Policy

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

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

Providing Therapy in a Client's Native Language

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

Interns and supervisors are encouraged to read:

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

NEVADA
Psychology Internship Consortium

NV-PIC Videoconference Supervision Policy

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

NV-PIC Artificial Intelligence (AI) Policy

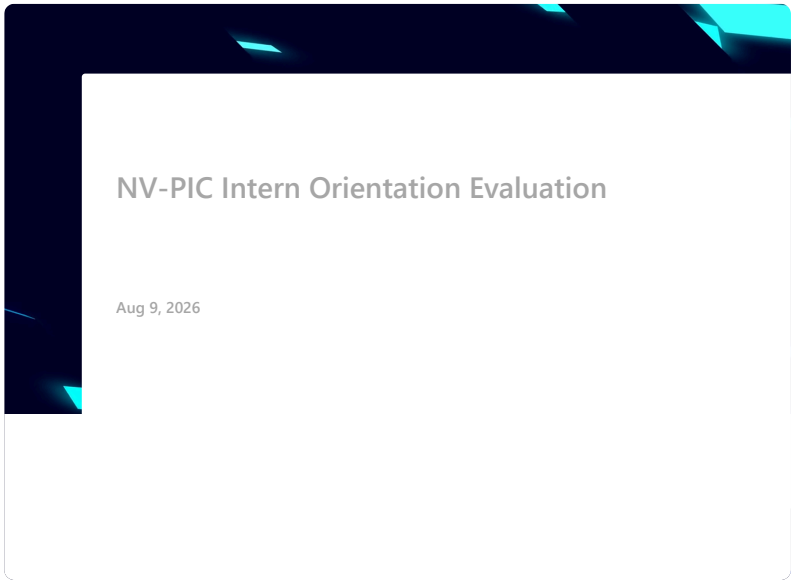
NV-PIC has not fully developed an AI policy yet, but intend to during this internship year. Our State computer software package include Microsoft Copilot. At this time, any use of AI should be approved via your supervisor and/or the Training Director prior to use. After adoption of a more detailed policy, we will publish it for you.

Nevada State Holidays

The holiday schedule for State employees is established by the Legislature. The following are legal holidays.

HOLIDAY	DAY OBSERVED	2026-2027
Labor Day	First Monday in September	9/07/2026
Nevada Day	Last Friday in October	10/30/2026
Veterans' Day	November 11	11/11/2026 (Wednesday)
Thanksgiving Day	Fourth Thursday in November	11/26/2026
Family Day	Friday following the Fourth Thursday in November	11/27/2026
Christmas Day	December 25	12/25/2026 (Friday)
New Year's Day	January 1	01/01/2027 (Friday)
Martin Luther King, Jr.'s Birthday	Third Monday in January	01/18/2027
Presidents' Day	Third Monday in February	02/15/2027
Memorial Day	Last Monday in May	05/31/2027
Juneteenth	June 19	06/18/2027 (Friday)
Independence Day	July 3	07/05/2027 (Monday)
When January 1, June 19, July 4, November 11, or December 25 falls on a Saturday, the preceding Friday is the observed legal holiday. If these days fall on Sunday, the following Monday is the observed holiday.		

MICROSOFT FORMS SURVEY FORMS



* Required

1. Date *

2. Intern cohort year *

- 2023-2024
- 2024-2025
- 2025-2026
- 2026-2027

3. Intern Name *

- Julia Yousif
- Elizabeth Sederburg
- Natalie Anden

4. Intern Name 26-27 *

- Anisha Patel
- Ruth Rinaolo
- Michaela Steiner

5. Please describe the aspects of the orientation that you liked and would suggest continuing in future years. *

6. Please describe any aspects of the orientation that you disliked or would suggest changes to for future years. *

7. Please provide any other feedback that you feel would be useful in planning orientation for future NV-PIC cohorts. *

8. Please provide any other comments you'd like us to know.

Site Orientation

This is separate from NV-PIC orientation and could range from formal, structured classes to more experiential shadowing/onboarding.

9. Tour of the site *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

10. Orientation to psychology services provided at the site. *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

11. Introduction to office space & supplies/equipment *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

12. Introduction to psychology department *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

13. Please provide any other feedback about your Site.

NV-PIC Intern Orientation Evaluation -Site

Aug 9, 2026

* Required

1. Date *

2. Intern cohort year *

- 2023-2024
- 2024-2025
- 2025-2026
- 2026-2027

3. Intern Name *

- Julia Yousif
- Elizabeth Sederburg
- Natalie Anden

4. Intern Name 26-27 *

- Anisha Patel
- Ruth Rinaolo
- Michaela Steiner

5. Which NV-PIC Site? *

- SNAMHS-Las Vegas
- Rural Clinics

Site Orientation

This is separate from NV-PIC orientation and could range from formal, structured classes to more experiential shadowing/onboarding.

6. Tour of the site *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

7. Orientation to psychology services provided at the site. *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

8. Introduction to office space & supplies/equipment *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

9. Introduction to psychology department *

- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Neither helpful nor unhelpful
- ◯ Somewhat unhelpful
- ◯ Very unhelpful

10. Please provide any other feedback about your Site.

NEVADA

NV-PIC Intern Evaluation Form (2026-2027)

Self-evaluation: beginning of internship year, 7 months, end of internship year
Intern supervisors: 3 months, 7 months, end of internship year

* Required

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

Competency Rating Descriptions

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

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

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

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

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

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

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

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

1

Intern Supervisor *

- Dr. Bradley
- Dr. Damas
- Dr. Iribarne
- Dr. Perlotto
- Dr. Hinds
- Dr. Chille
- Other

2

Intern's Name *

- Anisha Patel
- Ruth Rinaolo
- Michaela Steiner

3

Evaluation Period *

- start of year (only for self evaluation)
- 3 months
- 7 months
- 12 months

4

Today's Date *

5

Training year *

- ◯ 2026-2027

6

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

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

7

Competency 1: Research

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

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

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

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

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

	1	2	3	4	5	Not enough information
Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems.	◯	◯	◯	◯	◯	◯
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications)	◯	◯	◯	◯	◯	◯
Disseminates research and other scholarly activities (e.g., case conferences, presentations, publications) at the local (including host institution), regional, or national level	◯	◯	◯	◯	◯	◯

8

Research Competency Strengths & Training Goals *

9

Competency 2: Ethical and Legal Standards

5 = Demonstrates a **superior level of knowledge** of ethical codes, professional standards, and relevant regulations. **Consistently and independently identifies** ethical dilemmas and engages in appropriate ethical decision-making. Is able to conduct self in an ethical manner across professional activities with **considerable skill** and seeks consultation on ethical matters as needed. **Knowledge base is sufficient to teach skills** to others.

4 = Demonstrates a **high level of knowledge** of ethical codes, professional standards, and relevant regulations. **Consistently identifies** ethical dilemmas and effectively engage in ethical decision-making. Is able to conduct self in an **ethical and skillful manner across** professional activities and **independently seeks** out supervisory support or consultation as needed.

3=Exhibits **knowledge of** ethical codes, professional standards, and relevant regulations. Is **generally able to recognize** ethical dilemmas and engage in ethical decision-making with some supervisory support and may occasionally need assistance from others to identify ethical issues. **Seeks out supervisory support or consultation** to help address ethical and legal issues. Demonstrates ability to conduct self in an ethical manner across professional activities.

2 = Exhibits **incomplete knowledge** of ethical codes, professional standards, and relevant regulations. May **require frequent assistance** from supervisors in regard to recognizing ethical dilemmas and engaging in ethical decision-making. May **require occasional support** from supervisors in order to conduct self in an ethical manner across professional activities.

1 = Exhibits **relatively little knowledge** of ethical codes, professional standards, or relevant regulations. Has **marked difficulty recognizing** an ethical dilemma or engaging in ethical decision-making. May **struggle with conducting self** in an ethical manner across professional activities. May willfully and/or repeatedly engage in **unethical, unprofessional, and/or illegal practice**. May exhibit some **defensiveness or disregard** for supervisory input regarding ethics, professional standards, and/or legal issues. *

	1	2	3	4	5	Not enough information/Not observed
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines	◯	◯	◯	◯	◯	◯
Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	Not enough information/Not observed
Recognizes ethical dilemmas as they arise, applies ethical decision-making processes, and seeks supervision and consultation in order to resolve ethical dilemmas.	◯	◯	◯	◯	◯	◯
Conducts self in an ethical manner in all professional activities.	◯	◯	◯	◯	◯	◯

10

Ethics & Legal Competency Strengths & Training Goals *

11

Competency 3: Individual and Cultural Diversity *

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

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

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

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

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

	1	2	3	4	5	Not observed / Not enough info
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with others.	◯	◯	◯	◯	◯	◯
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	Not observed / Not enough info
Articulates and applies a framework for working effectively with areas of individual and cultural diversity.	◯	◯	◯	◯	◯	◯
Demonstrates the ability to independently apply knowledge and approaches in working effectively with a range of diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews create conflict with one's own.	◯	◯	◯	◯	◯	◯
Has the ability to integrate and awareness and knowledge of individual and cultural differences in the conduct of professional roles.	◯	◯	◯	◯	◯	◯
Considers relevant cultural issues in case conceptualization, selection of assessment tools, diagnosis, and determination of treatment modality.	◯	◯	◯	◯	◯	◯

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Individual & Cultural Diversity Strengths & Training Goals: *

13

Competency 4: Professional Values, Attitudes, and Behaviors *

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

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

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

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

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

	1	2	3	4	5	Not enough information
Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, cultural humility, and concern for the welfare of others.	◯	◯	◯	◯	◯	◯
Engages in self-reflection regarding one's own personal and professional functioning.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	Not enough information
Engages in activities to maintain and improve performance, well-being, and professional effectiveness.	◯	◯	◯	◯	◯	◯
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	◯	◯	◯	◯	◯	◯
Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through internship.	◯	◯	◯	◯	◯	◯
Actively participates in scheduled appointments, training activities, supervision, and meetings consistently and on-time.	◯	◯	◯	◯	◯	◯
Maintains appropriate boundaries in professional and clinical relationships.	◯	◯	◯	◯	◯	◯
Completes all required documentation in a timely manner.	◯	◯	◯	◯	◯	◯
Follows proper procedure in protecting client information and case files.	◯	◯	◯	◯	◯	◯

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Professional Values, Attitudes, and Behaviors Strengths & Training Goals: *

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Competency 5: Communication and Interpersonal Skills

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

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

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

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

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

	1	2	3	4	5	not enough information
Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	◯	◯	◯	◯	◯	◯
Demonstrates effective interpersonal skills and the ability to manage difficult situations.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	not enough information
Produces, comprehends, and engages in clear, informative, and well-integrated professional written communication.	◯	◯	◯	◯	◯	◯
Produces, comprehends, and engages in clear, informative, and well-integrated professional oral communication.	◯	◯	◯	◯	◯	◯
Is attuned to, incorporates, and responds to clients' verbal and non-verbal communication.	◯	◯	◯	◯	◯	◯

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Communication and Interpersonal Skills Strengths & Training Goals: *

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Competency 6: Assessment *

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

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

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

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

1 = Demonstrates **significant difficulty** in appropriately selecting and applying assessment methods. May have **littl to no understanding**. Has **occasional errors** in administering and scoring assessments. **Struggles** with interpretatio of assessment results and using them to inform case conceptualizations, classification and recommendations. **Does n autonomously seek** out professional literature to inform assessment practice. **Unable to accurately and effectively** communicate findings to various audiences.

	1	2	3	4	5	Not enough information
Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopatholog y.	◯	◯	◯	◯	◯	◯
Demonstrates a thorough working knowledge of clinical interviewing techniques and utilizes clinical interviews to collect relevant data leading to appropriate diagnoses/conc eptualization.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	Not enough information
Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).	◯	◯	◯	◯	◯	◯
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including the context to the assessment and/or diagnostic process.	◯	◯	◯	◯	◯	◯
Appropriately and accurately selects and applies assessment methods that draws from the empirical literature and that reflects the science of measurement, accurately administers and scores assessment instruments.	◯	◯	◯	◯	◯	◯
Appropriately interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	◯	◯	◯	◯	◯	◯
Identifies and synthesizes relevant data from multiple sources and methods into a holistic understanding of client and client's treatment needs.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	Not enough information
Generates recommendations consistent with assessment questions and assessment findings.	◯	◯	◯	◯	◯	◯
Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	◯	◯	◯	◯	◯	◯

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Assessment Strengths & Training Goals: *

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Competency 7: Intervention

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

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

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

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

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

	1	2	3	4	5	Not enough information
Establishes and maintains effective professional relationships with clients.	◯	◯	◯	◯	◯	◯
Develops effective treatment plans and implements evidence-based interventions specific to the service delivery goals.	◯	◯	◯	◯	◯	◯
Demonstrates the ability to apply the relevant research literature to clinical decision making.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	Not enough information
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	◯	◯	◯	◯	◯	◯
Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	◯	◯	◯	◯	◯	◯
States and explains one's theoretical orientation regarding behavior change.	◯	◯	◯	◯	◯	◯
Conceptualizes cases accurately and specifically to case, context, and diversity characteristics.	◯	◯	◯	◯	◯	◯
Appropriately assesses and intervenes with clients who are at risk of harm to self or others.	◯	◯	◯	◯	◯	◯
Demonstrates self-awareness and impact of self on therapeutic relationship.	◯	◯	◯	◯	◯	◯
Terminates treatment appropriately and successfully.	◯	◯	◯	◯	◯	◯

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Intervention Strengths & Training Goals: *

21

Competency 8: Supervision *

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

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

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

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

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

	1	2	3	4	5	Not enough information
As an intern supervisor...Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.	◯	◯	◯	◯	◯	◯
As an intern supervisor...Applies the supervisory skill of observing in direct or simulated practice.	◯	◯	◯	◯	◯	◯
As an intern supervisor...Applies the supervisory skill of evaluating in direct or simulated practice.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	Not enough information
As an intern supervisor...Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.	◯	◯	◯	◯	◯	◯
Receiving supervision...Seeks supervision to address challenges and barriers in clinical work.	◯	◯	◯	◯	◯	◯
Receiving supervision...Appropriately discusses hypotheses and approaches to clinical work in supervision.	◯	◯	◯	◯	◯	◯
Receiving supervision...Integrates feedback in order to further professional development and enhance clinical skills.	◯	◯	◯	◯	◯	◯
Receiving supervision...Works with supervisor to set training goals and tracks progress toward achieving those goals.	◯	◯	◯	◯	◯	◯
Receiving supervision...Communicates supervision needs and preferences.	◯	◯	◯	◯	◯	◯

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Intern Supervisor Strengths & Training Goals: *

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Receiving Supervision Strengths & Training Goals *

24

Competency 9: Consultation and Interprofessional/Interdisciplinary Collaboration

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

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

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

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

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

	1	2	3	4	5	Not enough information
Demonstrates knowledge and respect for the roles and perspectives of other professions	◯	◯	◯	◯	◯	◯
Applies knowledge of consultation models and practices with staff across disciplines	◯	◯	◯	◯	◯	◯
Demonstrates ability to work within a team-based approach to clinical services.	◯	◯	◯	◯	◯	◯

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Consultation & Interprofessional/Interdisciplinary Collaboration Strengths & Training Goals: *

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Competency 10 (Program Specific): Public Behavioral Health

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

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

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

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

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

	1	2	3	4	5	Not enough information
Demonstrates understanding of the public behavioral health system	◯	◯	◯	◯	◯	◯
Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis, and treatment planning.	◯	◯	◯	◯	◯	◯

	1	2	3	4	5	Not enough information
Demonstrates knowledge of organizational, local, and state policies, regulations, and statutes and their impact on the profession of psychology and the delivery of services	◯	◯	◯	◯	◯	◯
Demonstrates the ability to critically evaluate the system of care, including strengths, challenges, and impacts on persons served.	◯	◯	◯	◯	◯	◯

27

Public Behavioral Health Strengths & Training Goals: *

28

Comments on Intern's overall performance: *

29

Supervisor's Signature (to be obtained via Docusign)

30

Date

31

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

32

Date

33

Training Director Signature

NV-PIC Primary Supervisor Evaluation

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

* Required

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

1. Supervisor Name *

- ◯ Dr. Bradley
- ◯ Dr. Damas
- ◯ Dr. Perlotto
- ◯ Other

2. Intern Name *

- ◯ Anisha Patel
- ◯ Ruth Rinaolo
- ◯ Michaela Steiner

3. Evaluation Month *

- ◯ 3 month
- ◯ 7 month
- ◯ 12 month

4. Dates of Evaluation (date range) *

5. General Characteristics of Supervisor

Scoring Criteria:

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

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

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

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Is accessible for discussion, questions, etc.	◯	◯	◯	◯	◯	◯
Allots sufficient time for supervision and scheduled supervision meetings appropriately.	◯	◯	◯	◯	◯	◯
Keeps sufficiently informed of case(s).	◯	◯	◯	◯	◯	◯
Is interested in and committed to supervision.	◯	◯	◯	◯	◯	◯
Sets clear objectives and responsibilities throughout supervised experience.	◯	◯	◯	◯	◯	◯
Is up to date in understanding of clinical populations and issues.	◯	◯	◯	◯	◯	◯
Presents as a positive role model.	◯	◯	◯	◯	◯	◯
Maintains appropriate interpersonal boundaries with patients and supervisees.	◯	◯	◯	◯	◯	◯

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Provides constructive and timely feedback on supervisee's performance.	◯	◯	◯	◯	◯	◯
Encourages appropriate degree of independence.	◯	◯	◯	◯	◯	◯
Models ethical & professional behaviors.	◯	◯	◯	◯	◯	◯
Communicates effectively with supervisee.	◯	◯	◯	◯	◯	◯
Interacts respectfully with supervisee.	◯	◯	◯	◯	◯	◯
Maintains clear and reasonable expectations for supervisee.	◯	◯	◯	◯	◯	◯
Provides a level of case-based supervision appropriate to supervisee's training needs.	◯	◯	◯	◯	◯	◯
Models ethical and professional behaviors.	◯	◯	◯	◯	◯	◯
Focuses on the implications, consequences, and contingencies of specific behavior in counseling and supervision.	◯	◯	◯	◯	◯	◯
Offers resource information when requested.	◯	◯	◯	◯	◯	◯
Explains criteria for evaluation clearly and in behavioral terms.	◯	◯	◯	◯	◯	◯
Identifies supervisee areas of possible countertransference issues.	◯	◯	◯	◯	◯	◯

6. General Characteristics Comments: *

7. Development of Clinical Skills *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Assists in coherent conceptualization of clinical work.	◯	◯	◯	◯	◯	◯
Assists in translation of conceptualization into techniques and procedures.	◯	◯	◯	◯	◯	◯
Is effective in providing training in behavioral health intervention.	◯	◯	◯	◯	◯	◯
Is effective in providing training in assessment and diagnosis.	◯	◯	◯	◯	◯	◯
Is effective in providing training in systems collaboration and consultation.	◯	◯	◯	◯	◯	◯
Is effective in helping to develop short-term and long-range goals for patients.	◯	◯	◯	◯	◯	◯
Promotes clinical practices in accordance with ethical and legal standards.	◯	◯	◯	◯	◯	◯
Provides supervisee the freedom to develop flexible and effective intervention and assessment skills.	◯	◯	◯	◯	◯	◯
Provides useful suggestions for developing supervisee intervention and assessment skills.	◯	◯	◯	◯	◯	◯

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Invests time and energy in video review and/or direct observation feedback discussions.	◯	◯	◯	◯	◯	◯
Identifies supervisee clinical strengths and growth edges.	◯	◯	◯	◯	◯	◯
Helps supervisee define and achieve specific concrete goals.	◯	◯	◯	◯	◯	◯
Allows supervisee to discuss problems encountered in the internship training.	◯	◯	◯	◯	◯	◯
Encourages supervisee to engage in self-evaluation.	◯	◯	◯	◯	◯	◯
Helps supervisee organize relevant case data in planning goals and strategies with patients.	◯	◯	◯	◯	◯	◯

8. Development of Clinical Skills Comments: *

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

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

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

12. Supervisor's Signature

13. Intern's Signature

14. Date

15. Training Director Signature

NV-PIC Program Evaluation 2026-2027

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

* Required

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

1. Intern Name *

- ◯ Anisha Patel
- ◯ Ruth Rinaolo
- ◯ Michaela Steiner

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

- ☐ Dr. Bradley
- ☐ Dr. Damas
- ☐ Dr. Iribarne
- ☐ Dr. Perlotto
- ☐ Dr. Hinds
- ☐ Dr. Chille
- ☐ Dr. Buchanan
- ☐ Other

3. Date Range of Evaluation *

4. Program evaluation completed at: Choose One *

- ◯ 3 months
- ◯ 7 months
- ◯ Final

Cohort Experience

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

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

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

	1-Poor	2-Fair	3-Good	4-Excellent
Overall quality of didactic lectures	◯	◯	◯	◯
Relevance of didactic lecture topics	◯	◯	◯	◯
Group Supervision	◯	◯	◯	◯
Opportunities for peer support, consultation, and socialization at your site	◯	◯	◯	◯
Opportunities for peer support, consultation, and socialization with NV-PIC cohort	◯	◯	◯	◯

6. Cohort Experience Comments: *

Overall Quality of Training in Major Areas of Professional Functioning

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

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

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

7. Research

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

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

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

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

8. Research Comments: *

9. Ethical and Legal Standards

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

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

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

	1-Poor	2-Fair	3-Good	4-Excellent
Training in ethics code/guidelines / standards	◯	◯	◯	◯
Training in relevant law, regulation, and policy	◯	◯	◯	◯
Training in ethical decision-making	◯	◯	◯	◯

10. Ethics & Legal Standards Comments: *

11. Individual and Cultural Diversity

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

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

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

	1-Poor	2-Fair	3-Good	4-Excellent
Individual and Cultural Diversity	◯	◯	◯	◯
Training and supervision received for individuals who are different from you in terms of diversity factors.	◯	◯	◯	◯
Given NV-PIC's focus on serving the underserved, to what extent has NV-PIC prepared you to be successful in your clinical work with this population?	◯	◯	◯	◯
Please rate the breadth of the experiences you had with diverse clients. Include all aspects of diversity (e.g., country of origin, non-English speaking, ableness, socioeconomic status, legally involved, race/ethnicity, chronically homeless, serious mental illness, sexual orientation, gender identity, education level, and so forth).	◯	◯	◯	◯
Please rate the depth of experience you had with diverse clients.	◯	◯	◯	◯

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

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

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

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

16. Scoring Criteria for the next two items: *

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

17. Diversity Comments: *

Overall Quality of Training in Major Areas of Professional Functioning

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

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

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

18. Training Competencies

	Poor	Fair	Good	Excellent
Professional Values, Attitudes, & Behaviors	◯	◯	◯	◯
Communication & Interpersonal Skills	◯	◯	◯	◯
Assessment	◯	◯	◯	◯
Intervention	◯	◯	◯	◯
Consultation & Interprofessional/ Interdisciplinary Skills	◯	◯	◯	◯
Public Behavioral Health	◯	◯	◯	◯
Supervision (received by you)	◯	◯	◯	◯

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

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

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

20. Overall quality of training *

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Excellent

21. Overall quality of training comments: *

22. Breadth of clinical intervention experience *

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Excellent

23. Breadth of clinical intervention experience comments: *

24. Satisfaction with number of client contacts *

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Excellent

25. Satisfaction with number of client contacts comments: *

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

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Excellent

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

28. Role of intern at the site *

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Excellent

29. Role of intern at the site comments: *

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

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Excellent

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

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

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

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

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

36. What time period are you rating (this will determine the next survey question)? *

- ◯ 3 months
- ◯ 7 months
- ◯ 11 months

Orientation, Socialization

Please answer the following miscellaneous items regarding your internship experience.

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

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

1	2	3	4

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

1	2	3	4

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

1	2	3	4

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

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

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

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

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

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

- ◯ Yes
- ◯ No

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

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

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

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

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

49. Intern signature

50. Primary supervisor signature

NV-PIC Secondary Supervisor Evaluation Form

2026-2027

Please use this form at the 3-month, 7-month, & 11-month evaluation period for all secondary supervisors.

* Required

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

Group Supervision - 1

1. Secondary Supervisor 1 *

- ◯ Dr. Bradley
- ◯ Dr. Buchanan
- ◯ Dr. Chille
- ◯ Dr. Damas
- ◯ Dr. Hinds
- ◯ Dr. Iribarne
- ◯ Dr. Perlotto
- ◯ Other

2. Timeframe of supervision (when did supervision occur with this supervisor) *

3. What tasks/clinical work did this supervisor supervise? *

4. Please rate the supervisor on each item Strongly Disagree = 1, Disagree = 2, Agree = 3, & Strongly Agree = 4. *

	1	2	3	4
The supervisor demonstrates strong clinical, ethical, & legal knowledge consistent with APA competencies.	◯	◯	◯	◯
The supervisor models professional behavior & maintains appropriate boundaries in group supervision.	◯	◯	◯	◯
The supervisor integrates cultural & individual diversity considerations into case discussions & group interactions.	◯	◯	◯	◯
The supervisor enhances my ability to conceptualize cases using evidence-based frameworks.	◯	◯	◯	◯
The supervisor offers guidance that improves my clinical decision-making & intervention planning.	◯	◯	◯	◯
The supervisor facilitates respectful, engaging, & productive discussions among group members.	◯	◯	◯	◯
The supervisor communicates expectations clearly & provides feedback that is constructive & actionable.	◯	◯	◯	◯
Group supervision time is well-structured, goal-oriented, & used efficiently.	◯	◯	◯	◯

	1	2	3	4
The supervisor supports my professional identity development & encourages meaningful self-reflection.	◯	◯	◯	◯
Overall, I am satisfied with the quality & value of group supervision provided.	◯	◯	◯	◯

5. What aspects of this supervisor's approach were most helpful to your learning? *

6. What suggestions do you have for improving group supervision? *

7. Are there specific strategies, discussions, or moments that felt especially impactful? *

Group Supervision - 2

8. Secondary Supervisor 1 *

- Dr. Bradley
- Dr. Buchanan
- Dr. Chille
- Dr. Damas
- Dr. Hinds
- Dr. Iribarne
- Dr. Perlotto
- Other

9. Timeframe of supervision (when did supervision occur with this supervisor) *

10. What tasks/clinical work did this supervisor supervise? *

11. Please rate the supervisor on each item Strongly Disagree = 1, Disagree = 2, Agree = 3, & Strongly Agree = 4. *

	1	2	3	4
The supervisor demonstrates strong clinical, ethical, & legal knowledge consistent with APA competencies.	○	○	○	○
The supervisor models professional behavior & maintains appropriate boundaries in group supervision.	○	○	○	○
The supervisor integrates cultural & individual diversity considerations into case discussions & group interactions.	○	○	○	○
The supervisor enhances my ability to conceptualize cases using evidence-based frameworks.	○	○	○	○
The supervisor offers guidance that improves my clinical decision-making & intervention planning.	○	○	○	○
The supervisor facilitates respectful, engaging, & productive discussions among group members.	○	○	○	○
The supervisor communicates expectations clearly & provides feedback that is constructive & actionable.	○	○	○	○
Group supervision time is well-structured, goal-oriented, & used efficiently.	○	○	○	○

	1	2	3	4
The supervisor supports my professional identity development & encourages meaningful self-reflection.	◯	◯	◯	◯
Overall, I am satisfied with the quality & value of group supervision provided.	◯	◯	◯	◯

12. What aspects of this supervisor's approach were most helpful to your learning? *

13. What suggestions do you have for improving group supervision? *

14. Are there specific strategies, discussions, or moments that felt especially impactful? *

15. Did you have any additional group supervision during this rating period? *

- ◯ Yes
- ◯ No

16. Did you have any individual supervision from a secondary supervisor during this rating period? *

- ◯ yes
- ◯ no

Group Supervision - 3

17. Secondary Supervisor 1 *

- ◯ Dr. Bradley
- ◯ Dr. Buchanan
- ◯ Dr. Chille
- ◯ Dr. Damas
- ◯ Dr. Hinds
- ◯ Dr. Iribarne
- ◯ Dr. Perlotto
- ◯ Other

18. Timeframe of supervision (when did supervision occur with this supervisor) *

19. What tasks/clinical work did this supervisor supervise? *

20. Please rate the supervisor on each item Strongly Disagree = 1, Disagree = 2, Agree = 3, & Strongly Agree = 4. *

	1	2	3	4
The supervisor demonstrates strong clinical, ethical, & legal knowledge consistent with APA competencies.	◯	◯	◯	◯
The supervisor models professional behavior & maintains appropriate boundaries in group supervision.	◯	◯	◯	◯
The supervisor integrates cultural & individual diversity considerations into case discussions & group interactions.	◯	◯	◯	◯
The supervisor enhances my ability to conceptualize cases using evidence-based frameworks.	◯	◯	◯	◯
The supervisor offers guidance that improves my clinical decision-making & intervention planning.	◯	◯	◯	◯
The supervisor facilitates respectful, engaging, & productive discussions among group members.	◯	◯	◯	◯
The supervisor communicates expectations clearly & provides feedback that is constructive & actionable.	◯	◯	◯	◯
Group supervision time is well-structured, goal-oriented, & used efficiently.	◯	◯	◯	◯

	1	2	3	4
The supervisor supports my professional identity development & encourages meaningful self-reflection.	◯	◯	◯	◯
Overall, I am satisfied with the quality & value of group supervision provided.	◯	◯	◯	◯

21. What aspects of this supervisor's approach were most helpful to your learning? *

22. What suggestions do you have for improving group supervision? *

23. Are there specific strategies, discussions, or moments that felt especially impactful? *

24. Did you have any additional group supervision during this rating period? *

- ◯ Yes
- ◯ No

25. Did you have any individual supervision from a secondary supervisor during this rating period? *

- ◯ yes
- ◯ no

Individual Supervision - Secondary Supervisor 1

26. Individual Secondary Supervisor 1 *

- ◯ Dr. Bradley
- ◯ Dr. Buchanan
- ◯ Dr. Chille
- ◯ Dr. Damas
- ◯ Dr. Hinds
- ◯ Dr. Iribarne
- ◯ Dr. Perlotto
- ◯ Other

27. What tasks/clinical work did this supervisor supervise? *

28. Timeframe of supervision (when did supervision occur with this supervisor) *

29. Please rate the individual secondary supervisor on each item Strongly Disagree = 1, Disagree = 2, Agree = 3, & Strongly Agree = 4. *

	1	2	3	4
The supervisor consistently demonstrates professionalism & adheres to ethical & legal standards.	◯	◯	◯	◯
The supervisor effectively supports my understanding & application of APA ethical principles.	◯	◯	◯	◯
The supervisor integrates cultural & individual diversity considerations into supervision discussions.	◯	◯	◯	◯
The supervisor models culturally responsive clinical & supervisory practice.	◯	◯	◯	◯
The supervisor provides guidance that strengthens my case conceptualization skills.	◯	◯	◯	◯
The supervisor helps me make sound, evidence-based clinical decisions.	◯	◯	◯	◯
The supervisor communicates clearly, respectfully, and effectively in supervision.	◯	◯	◯	◯
The supervision fosters a supportive & collaborative supervisory relationship.	◯	◯	◯	◯
The supervisor uses supervision time efficiently & maintains appropriate session structure.	◯	◯	◯	◯

	1	2	3	4
The supervisor supports my professional identity development & encourages thoughtful self-reflection.	◯	◯	◯	◯
Overall, the supervisor has positively contributed to my growth during internship.	◯	◯	◯	◯

30. What aspects of this supervisor's approach were most helpful to your learning? *

31. What suggestions do you have for improving individual supervison? *

32. Are there specific moments or strategies that felt especially impactful? *

33. Did you have any additional secondary individual supervision during this period? *

- ◯ Yes
- ◯ No

Individual Supervision - Secondary Supervisor 2

34. Individual Secondary Supervisor 1 *

- ◯ Dr. Bradley
- ◯ Dr. Buchanan
- ◯ Dr. Chille
- ◯ Dr. Damas
- ◯ Dr. Hinds
- ◯ Dr. Iribarne
- ◯ Dr. Perlotto
- ◯ Other

35. What tasks/clinical work did this supervisor supervise? *

36. Timeframe of supervision (when did supervision occur with this supervisor) *

37. Please rate the individual secondary supervisor on each item Strongly Disagree = 1, Disagree = 2, Agree = 3, & Strongly Agree = 4. *

	1	2	3	4
The supervisor consistently demonstrates professionalism & adheres to ethical & legal standards.	◯	◯	◯	◯
The supervisor effectively supports my understanding & application of APA ethical principles.	◯	◯	◯	◯
The supervisor integrates cultural & individual diversity considerations into supervision discussions.	◯	◯	◯	◯
The supervisor models culturally responsive clinical & supervisory practice.	◯	◯	◯	◯
The supervisor provides guidance that strengthens my case conceptualization skills.	◯	◯	◯	◯
The supervisor helps me make sound, evidence-based clinical decisions.	◯	◯	◯	◯
The supervisor communicates clearly, respectfully, and effectively in supervision.	◯	◯	◯	◯
The supervision fosters a supportive & collaborative supervisory relationship.	◯	◯	◯	◯
The supervisor uses supervision time efficiently & maintains appropriate session structure.	◯	◯	◯	◯

	1	2	3	4
The supervisor supports my professional identity development & encourages thoughtful self-reflection.	◯	◯	◯	◯
Overall, the supervisor has positively contributed to my growth during internship.	◯	◯	◯	◯

38. What aspects of this supervisor's approach were most helpful to your learning? *

39. What suggestions do you have for improving individual supervison? *

40. Are there specific moments or strategies that felt especially impactful? *

41. Did you have any additional secondary individual supervision during this period? *

- ◯ Yes
- ◯ No

Individual Supervision - Secondary Supervisor 3

42. Individual Secondary Supervisor 1 *

- ◯ Dr. Bradley
- ◯ Dr. Buchanan
- ◯ Dr. Chille
- ◯ Dr. Damas
- ◯ Dr. Hinds
- ◯ Dr. Iribarne
- ◯ Dr. Perlotto
- ◯ Other

43. What tasks/clinical work did this supervisor supervise? *

44. Timeframe of supervision (when did supervision occur with this supervisor) *

45. Please rate the individual secondary supervisor on each item Strongly Disagree = 1, Disagree = 2, Agree = 3, & Strongly Agree = 4. *

	1	2	3	4
The supervisor consistently demonstrates professionalism & adheres to ethical & legal standards.	◯	◯	◯	◯
The supervisor effectively supports my understanding & application of APA ethical principles.	◯	◯	◯	◯
The supervisor integrates cultural & individual diversity considerations into supervision discussions.	◯	◯	◯	◯
The supervisor models culturally responsive clinical & supervisory practice.	◯	◯	◯	◯
The supervisor provides guidance that strengthens my case conceptualization skills.	◯	◯	◯	◯
The supervisor helps me make sound, evidence-based clinical decisions.	◯	◯	◯	◯
The supervisor communicates clearly, respectfully, and effectively in supervision.	◯	◯	◯	◯
The supervision fosters a supportive & collaborative supervisory relationship.	◯	◯	◯	◯
The supervisor uses supervision time efficiently & maintains appropriate session structure.	◯	◯	◯	◯

	1	2	3	4
The supervisor supports my professional identity development & encourages thoughtful self-reflection.	◯	◯	◯	◯
Overall, the supervisor has positively contributed to my growth during internship.	◯	◯	◯	◯

46. What aspects of this supervisor's approach were most helpful to your learning? *

47. What suggestions do you have for improving individual supervison? *

48. Are there specific moments or strategies that felt especially impactful? *

* Required

1. Date of Didactic *

2. Your Role *

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

3. Intern *

- Anisha Patel
- Ruth Rinaolo
- Michaela Steiner

4. Please mark attendance *

- Present for didactic
- Absent-preapproved PTO
- Absent-sick

5. Title of Didactic *

6. Didactic Presenter *

- Dr. Bello
- Dr. Bradley
- Dr. Buchanan
- Dr. Chille
- Dr. Damas
- Dr. Fechner
- Dr. Fisher
- Dr. Hinds
- Dr. Iribarne
- Dr. Lech
- Dr. Perlotto
- Dr. Roberts
- Other

7. Didactic Presenter, if more than 1 *

- ◯ Dr. Bello
- ◯ Dr. Bradley
- ◯ Dr. Buchanan
- ◯ Dr. Chille
- ◯ Dr. Damas
- ◯ Dr. Fechner
- ◯ Dr. Fisher
- ◯ Dr. Hinds
- ◯ Dr. Iribarne
- ◯ Dr. Lech
- ◯ Dr. Perlotto
- ◯ Dr. Roberts
- ◯ Other

8. The presenter was well-prepared. *

1	2	3	4

Marginally Very

9. How much did you learn? *

1	2	3	4

Nothing at all A lot

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

1	2	3	4

No, not at all Yes, they were very good

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

1	2	3

No Definitely

12. I was engaged throughout the presentation *

1	2	3	4

Not really Definitely

13. Overall rating of presenter *

Not so good ☆ ☆ ☆ ☆ Rockstar

14. Overall rating of presentation *

Not so good ☆ ☆ ☆ ☆ It was awesome

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

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

16. Suggestions for improving this didactic *

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

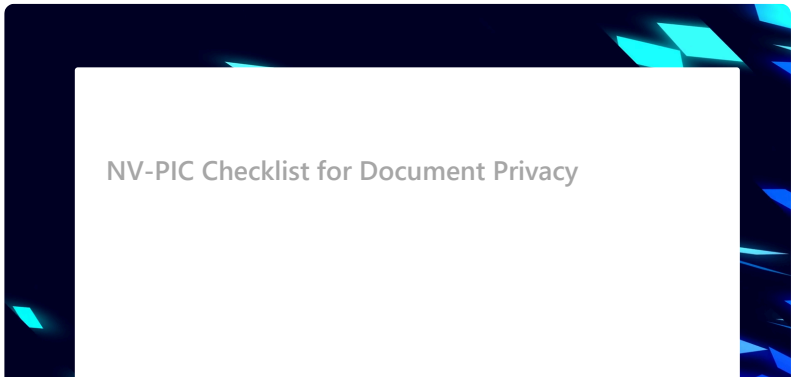
17. Suggestions for improving this didactic as noted on #16. If none, enter N/A. *

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

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

- ◯ Yes
- ◯ No

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



* Required

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

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

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

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

1. Today's Date *

2. Intern Name *

3. Intern Cohort *

- 2025-2026

4. AVATAR Number *

5. Date of report *

6. Assessment # of 10 submitted. *

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

7. Supervisor of Assessment: *

- Dr. Bradley
- Dr. Damas
- Dr. Fyfe
- Dr. Perlotto
- Dr. Buchanan
- Other

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

- [ ] Names
- [ ] Graphic subdivisions smaller than a state, including street address, city, county, precinct, last two ZIP code numbers of client's address
- [ ] All elements of dates (except year) for dates directly related to client, including: Birth Date, Admission Date, Discharge Date, Death Date, all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older. (Number of days for hospitalization or outpatient treatment is acceptable)
- [ ] Telephone numbers (client)
- [ ] Fax numbers (client)
- [ ] Email addresses (client)
- [ ] Social Security Numbers
- [ ] Medical record numbers
- [ ] Health plan beneficiary numbers
- [ ] AVATAR number
- [ ] Potentially identifiable information (e.g., high-profile situations, unique job titles)

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

- ◯ True
- ◯ False

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

- ◯ Yes
- ◯ No

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

- ◯ Yes
- ◯ No

NV-PIC Assessment Coversheet

* Required

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

Instructions

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

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

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

- ◯ Yes
- ◯ No

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

Upload file

File number limit: 5 Single file size limit: 1GB Allowed file types: Word, PDF

3. Intern Name *

4. Intern Cohort Year *

- ◯ 2023-2024
- ◯ 2024-2025
- ◯ 2025-2026
- ◯ 2026-2027

5. AVATAR # *

6. Date of Report *

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

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

8. Which cognitive tests did you use?

9. Which personality tests did you use?

10. Which malingering tests did you use?

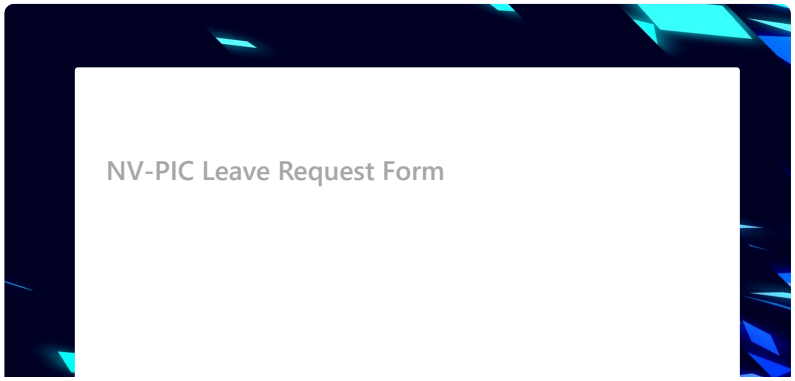
11. Assessment # of 10 submitted. *

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

12. Number of prior assessments approved: *

13. Supervisor of assessment: *

- ◯ Dr. Bradley
- ◯ Dr. Damas
- ◯ Dr. Brouwers
- ◯ Dr. Perlotto
- ◯ Dr. Buchanan
- ◯ Other



* Required

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

Directions

Please complete and submit this form to your primary supervisor at least 2 weeks prior to the anticipated date(s) of leave. Electronic signatures are permissible. If approved, the intern is responsible for communicating absences to all clients and supervisor(s) for whom work will be missed. The primary supervisor is responsible for sharing the completed form with the NV-PIC Training Director who is responsible for sharing the form with the Site Director.

1. Intern Name *

- ◯ Anisha Patel
- ◯ Ruth Rinaolo
- ◯ Michaela Steiner

2. Primary Supervisor *

- ◯ Dr. Bradley
- ◯ Dr. Damas
- ◯ Dr. Perlotto

3. Date Submitted *

4. Site *

- ◯ Southern Nevada Adult Mental Health Services

5. I am requesting: *

- ☐ Paid Time Off (PTO)
- ☐ Professional Development (PD) Release Time
- ☐ PTO + PD

6. Start Date of Requested Leave *

7. End Date of Requested Leave *

8. Number of PTO Hours Available *

9. Number of PTO hours Requesting off (enter zero if none): *

10. Number of PD Hours Available: *

11. Number of PD hours Requesting off (enter zero if none): *

12. Please indicate the reason for leave and include how you will meet internship requirements while you are away or once you return from leave. *

13. On these dates, I will miss: *

- [ ] NV-PIC Didactics
- [ ] Group Supervision
- [ ] Neither

14. This training year, how many times have you missed NV-PIC Didactics? *

15. This training year, how many times have you missed Group Supervision? *

16. Course Information (if requesting PD): Title, Sponsor, Location, Hours of Training/ Scheduled Class Hours

17. Date primary supervisor approved *

18. Primary Supervisor Signature

19. Date received by Training Director

20. Approved/Denied

- ◯ Leave is approved as requested
- ◯ Leave is denied as requested
- ◯ Other

21. Date approved/denied by Training Director

22. Training Director Signature

* Required

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

1. Intern Name *

2. Cohort Year *

- 2024-2025
- 2025-2026
- 2026-2027

3. Supervisor Name *

4. Date *

5. I am interested in the following option: *

- Research project
- Program development
- Program evaluation
- Teaching

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

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

Section Below to Be Completed After Proposal

8. Approval Status

- ◯ Approved to Proceed with project
- ◯ Not approved, significant revisions and/or re-proposal required
- ◯ Approved with the requested changes (noted below)

9. Requested changes

10. NV-PIC Training Director Signature

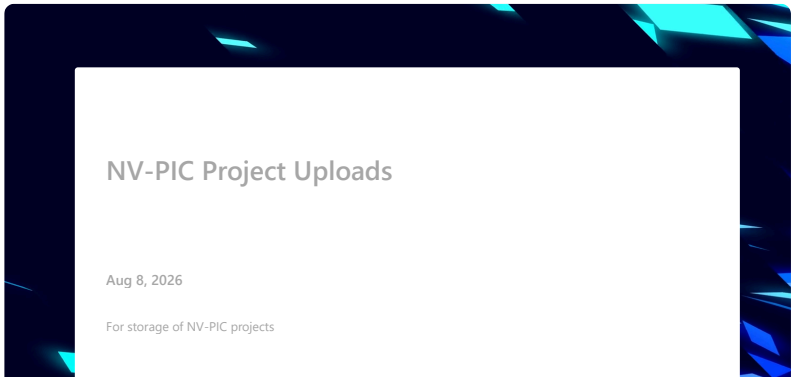
11. Date Signed

12. Primary Supervisor Signature

13. Date Signed

14. Training Committee Member(s) Signature(s)

15. Date Signed



* Required

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

1. Are you uploading for your proposal or your final project? *

- ◯ **Proposal**
- ◯ **Final**

2. Please upload your final **proposal** Powerpoint file.

Upload file

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

3. Upload your reference files (e.g., article pdfs) for your **proposal**.

Upload file

File number limit: 10 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

4. Upload any other documents related to your **proposal.**

Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

5. Upload your **Final** project powerpoint file.

Upload file

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

6. Upload any reference files you haven't already uploaded (e.g., article pdfs) for your **final** project.

Upload file

File number limit: 10 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

7. Upload any other documents (you haven't already uploaded) related to your **final** project**.**

Upload file

File number limit: 10 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

APPENDIX

AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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

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

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

INTRODUCTION AND APPLICABILITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PREAMBLE

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

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

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

GENERAL PRINCIPLES

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

Principle A: Beneficence and Nonmaleficence

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

Principle B: Fidelity and Responsibility

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

Principle C: Integrity

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

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

Principle D: Justice

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

Principle E: Respect for People's Rights and Dignity

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

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

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

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

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

1.03 Conflicts Between Ethics and Organizational Demands

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

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

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

1.06 Cooperating with Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

2. Competence

2.01 Boundaries of Competence

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

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

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

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

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

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

2.02 Providing Services in Emergencies

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

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

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

2.05 Delegation of Work to Others

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

2.06 Personal Problems and Conflicts

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

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

3. Human Relations

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

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

3.03 Other Harassment

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

3.04 Avoiding Harm

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

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

3.05 Multiple Relationships

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

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

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

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

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

3.06 Conflict of Interest

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

3.07 Third-Party Requests for Services

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

3.08 Exploitative Relationships

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

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

3.09 Cooperation with Other Professionals

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

3.10 Informed Consent

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

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

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

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

3.11 Psychological Services Delivered to or Through Organizations

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

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

3.12 Interruption of Psychological Services

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

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

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

4.02 Discussing the Limits of Confidentiality

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

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

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

4.03 Recording

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

4.04 Minimizing Intrusions on Privacy

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

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

4.05 Disclosures

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

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

4.06 Consultations

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

4.07 Use of Confidential Information for Didactic or Other Purposes

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

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

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

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

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

5.02 Statements by Others

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

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

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

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

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

5.04 Media Presentations

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

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

5.05 Testimonials

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

5.06 In-Person Solicitation

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

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

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

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

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

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

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

6.03 Withholding Records for Nonpayment

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

6.04 Fees and Financial Arrangements

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

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

(c) Psychologists do not misrepresent their fees.

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

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

6.05 Barter with Clients/Patients

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

6.06 Accuracy in Reports to Payors and Funding Sources

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

6.07 Referrals and Fees

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

7. Education and Training

7.01 Design of Education and Training Programs

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

7.02 Descriptions of Education and Training Programs

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

7.03 Accuracy in Teaching

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

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

7.04 Student Disclosure of Personal Information

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

7.05 Mandatory Individual or Group Therapy

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

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

7.06 Assessing Student and Supervisee Performance

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

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

7.07 Sexual Relationships with Students and Supervisees

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

8. Research and Publication

8.01 Institutional Approval

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

8.02 Informed Consent to Research

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

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

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

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

8.05 Dispensing with Informed Consent for Research

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

8.06 Offering Inducements for Research Participation

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

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

8.07 Deception in Research

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

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

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

8.08 Debriefing

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

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

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

8.09 Humane Care and Use of Animals in Research

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

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

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

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

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

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

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

8.10 Reporting Research Results

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

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

8.11 Plagiarism

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

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

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

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

8.13 Duplicate Publication of Data

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

8.14 Sharing Research Data for Verification

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

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

8.15 Reviewers

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

9. Assessment

9.01 Bases for Assessments

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

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

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

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

9.02 Use of Assessments

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

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

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

9.03 Informed Consent in Assessments

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

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

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

9.04 Release of Test Data

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

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

9.05 Test Construction

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

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

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

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

9.10 Explaining Assessment Results

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

9.11 Maintaining Test Security

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

10. Therapy

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

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

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies with Current Therapy Clients/Patients

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

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

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

10.07 Therapy with Former Sexual Partners

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

10.08 Sexual Intimacies with Former Therapy Clients/Patients

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

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

10.09 Interruption of Therapy

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

10.10 Terminating Therapy

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

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

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

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

2010 Amendments

Introduction and Applicability

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

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

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

1.03 Conflicts Between Ethics and Organizational Demands

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

2016 Amendment

3.04 Avoiding Harm

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

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

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Code of Conduct

ASPPB

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The Association of State and Provincial Psychology Boards (ASPPB)

Code of Conduct

Introduction

- **PURPOSE.** The rules within this Code of Conduct constitute the standards by which the required professional conduct of a psychologist or psychological associate is measured.

- **SCOPE.** The psychologist or psychological associate shall be governed by this code of conduct whenever providing psychological services in any context. This code shall not supersede state, federal or provincial statutes. This code shall apply to the conduct of all licensees and applicants, including the applicant's conduct during the period of education, training, and employment which is required for licensure. The term "psychologist," as used within this code, shall be interpreted to mean any psychologist, psychological associate, or applicant for licensure.

- **RESPONSIBILITY FOR OWN ACTIONS.** The psychologist shall be responsible for his/her own professional decisions and professional actions.

- **VIOLATIONS.** A violation of this code of conduct constitutes unprofessional conduct and is sufficient grounds for disciplinary action or denial of licensure or reinstatement of licensure.

- **AIDS TO INTERPRETATION.** Ethics codes and standards for providers promulgated by the American Psychological Association, the Canadian Psychological Association, and other relevant professional groups shall be used as an aid in resolving ambiguities which may arise in the interpretation of this code of conduct, except that this code of conduct shall prevail whenever any conflict exists between this code and any other professional association standard.

Definitions

A. Client (also known as patient) is:

1. A direct recipient of psychological services within the context of a professional relationship including a child, adolescent, adult, couple, family, group, organization, community, or other populations, or other entities receiving psychological services;

2. The individual or entity requesting the psychological services and not necessarily the recipient of those services (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, other administrative body or organization or business);

3. An organization, such as a business, corporate entity, community or government that receives services directed primarily to the organization, rather than to the individuals associated with the organization; or

4. An individual who has a legal guardian, including minors and legally incompetent adults; the legal guardian shall be the client for decision making purposes, except that the individual receiving services shall considered to be the client for:

    a. Issues directly affecting the physical or emotional safety of the individual, such as sexual or any other exploitative dual relationships; or

    b. Issues specifically reserved to the individual and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

B. Confidential Information

Information revealed by a client or clients or otherwise obtained by a psychologist, where there is reasonable expectation that because of the relationship between the client(s) and the psychologist, or the circumstances under which the information was revealed or obtained, the information shall not be disclosed by the psychologist without the informed written consent of the client(s).

C. Court Order

The written or oral communication of a member of the judiciary, or other judicial or administrative official, when such authority has been lawfully delegated to such official.

D. Licensed

Having a professional license issued by a board of psychology which is statutorily mandated to grant the authority to its licensees to engage in the practice of psychology as permitted by the act and rules and regulations of the board. The terms “licensed,” “certified,” “registered,” or any other term chosen by a jurisdiction when used in the same capacity as licensed are considered equivalent terms. When any such term identifies a licensee, it denotes that the person’s professional behavior is subject to regulation by the board.

E. Professional Relationship

A mutually agreed upon relationship between a psychologist and a client(s) for the purpose of the client(s) being provided psychological services and/or obtaining the psychologist’s professional expertise.

F. Professional Service

Any action provided by the psychologist in the context of a professional relationship with a client.

G. Supervisee

Any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services.

Rules of Conduct

A. COMPETENCE

1. **LIMITS ON PRACTICE.** The psychologist shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training, and experience.

2. **MAINTAINING COMPETENCY.** The psychologist shall maintain current competency in the areas in which he/she practices, through continuing professional development, consultation, and/or other procedures, in conformance with current standards of scientific and professional knowledge and the rules and regulations of the board.

3. **ACCURATE REPRESENTATION.** A licensee shall accurately represent his/her areas of competence, education, training, experience, and professional affiliations to the board, employers, contractors, the public, and colleagues.

4. **ADDING NEW SERVICES AND TECHNIQUES.** The psychologist, when developing competency in a service or technique that is either new to the psychologist or new to the profession, shall seek appropriate education and training in the new area and engage in ongoing consultation with other psychologists or relevant professionals until such time that competence is established. The psychologist shall inform clients of the innovative nature and the known risks associated with the services, so that the client can exercise freedom of choice concerning such services.

5. **REFERRAL.** The psychologist shall recommend or make referrals to other professional, technical, or administrative resources when such referral is clearly in the best interests of the client.

6. **SUFFICIENT PROFESSIONAL INFORMATION.** A psychologist rendering a formal professional opinion about a person shall not do so without direct and substantial professional contact with or a formal assessment of that person.

7. **MAINTENANCE AND RETENTION OF RECORDS.**

    a. The psychologist rendering professional services to an individual client (or a dependent), or services billed to a third-party payor, shall maintain professional records that include:

i. The name of the client and other pertinent identifying information;

ii. The presenting problem(s) or reason for providing service(s) or diagnosis;

iii. The fee arrangement;

iv. The date and substance of each billed or service-count contractor service;

v. Any test results or other evaluative results obtained and any basic test data from which test results were derived;

vi. Notation and results of formal consults with other providers;

vii. Any communications through any medium;

viii. A copy of all testing or other evaluative reports prepared as part of the professional relationship;

ix. Any releases executed by the client;

x. Any records of the court or any other agency directing services by the psychologist; and

xi. Health insurance portability and accountability act (HIPAA) authorization or documentation.

b. The psychologist shall ensure that all data entries in professional records are maintained for a period of not less than five (5) years after the last date that service was rendered or the records were accessed, whichever is later, or for a longer period if required by law. This includes any releases executed by the client to meet the requirements of this rule.

c. If the psychologist is providing psychological services to minors, the psychologist shall maintain those records at least until the client reaches the age of majority plus five (5) years.

d. The psychologist shall store and dispose of written, electronic or other records, regardless of the format or media in which they are maintained, in such a manner as to ensure their confidentiality. The psychologist must retain documentation of any records that are destroyed. The psychologist shall

maintain the confidentiality of all records in the psychologist's possession or under the psychologist's control except as otherwise provided by law or pursuant to written or signed authorization of a client specifically requesting or authorizing release or disclosure of the client's record.

e. The psychologist shall provide for the confidential disposition of records in compliance with the maintenance and retention of records (as noted in b, c, d above) in the event of the psychologist's withdrawal from practice, incapacity or death.

f. For a period of not less than five (5) years after the last date of supervision, the psychologist shall maintain a record that shall include, among other information, the type, place, and general content of the supervision sessions for each person professionally supervised.

8. **CONTINUING OF CARE.** The psychologist shall make arrangements for another appropriate professional or professionals to be available for the emergency needs of his/her clients, as appropriate, during periods of the psychologist's foreseeable absence from professional availability.

9. **PROVIDING SUPERVISION.** The psychologist shall exercise appropriate supervision over supervisees, as set forth in the rules and regulations of the board.

10. **DELEGATING PROFESSIONAL RESPONSIBILITY.** The psychologist shall not delegate professional responsibilities to a person not appropriately licensed, credentialed or otherwise qualified to provide such services.

B. MULTIPLE RELATIONSHIPS

1. **DEFINITION OF MULTIPLE RELATIONSHIPS**. Psychologists recognize that multiple relationships may occur because of the psychologist's present or previous familial, social, emotional, financial, supervisory, political, administrative, or legal relationship with the client or relevant person associated with or related to the client. Psychologists take reasonable steps to ensure that if such a multiple relationship occurs, it is not exploitative of the client or a relevant person associated with or related to the client.

2. **PROHIBITED MULTIPLE RELATIONSHIPS.**
   a. A multiple relationship that is exploitative of the client or a relevant person associated with or related to the client is prohibited.

   b. Psychologists take all reasonable steps to ensure that any multiple relationships do not impair the psychologist's professional judgment or

objectivity or result in a conflict of interest with the client or a relevant person associated with or related to the client.

c. Multiple relationships that would not reasonably be expected to impair a psychologist's judgment or objectivity or risk harm to the client or relevant person associated with or related to the client are not expressly prohibited.

3. SEXUAL RELATIONSHIPS

a. Psychologists do not engage in sexual intimacies of any kind with current clients.

b. Psychologists do not engage in sexual intimacies of any kind with individuals they know to be close relatives of a current client or guardians of a current client or with anyone else who has a significant relationship with a current client. Psychologists also do not engage in sexual intimacies of any kind with individuals they know to be close relatives of a former clients, guardians of a former client, or anyone else who has had a significant relationship with a former client within the previous 24 months of having provided psychological services including, which include, but are not limited to, performing an assessment or rendering counseling, psychotherapeutic, or other professional psychological services. Psychologists do not terminate the professional relationship to circumvent this standard.

c. Psychologists do not accept as clients persons with whom they have engaged in sexual intimacies of any kind.

d. Psychologists do not engage in sexual intimacies of any kind with former clients to whom the psychologist has at any time within the previous 24 months provided a psychological service including but limited to performing an assessment or rendering counseling, psychotherapeutic, or other professional psychological services.

e. The prohibitions set out in (d) above shall not be limited to the 24-month period but shall extend indefinitely if the client is proven to be clearly vulnerable, by reason of an emotional or cognitive disorder, to exploitative influence by the psychologist.

f. Psychologists do not engage in sexual intimacies of any kind with any student, trainee, intern or resident for whom the psychologist has, or is likely to have, evaluative authority.

C. IMPAIRMENT

IMPAIRED PSYCHOLOGIST. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the board to be, impaired due to mental, emotional, cognitive, psychological, pharmacological, substance abuse or induced conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination, and shall assist the client in obtaining services from another professional.

D. WELFARE OF CLIENT

1. **PROVIDING EXPLANATION OF PROCEDURES.** Prior to providing any psychological services, the psychologist shall obtain informed consent from the client for any psychological services that are provided. The psychologist shall give a truthful, understandable, and appropriate account of the client's condition to the client or to those responsible for the care of the client. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided.

2. **TERMINATION OF SERVICES.** Whenever professional services are terminated, if feasible, the psychologist shall offer to help locate alternative sources of professional services or assistance when indicated. The psychologist shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from the relationship, or if mutually agreed upon goals have been met, and, if feasible, shall prepare the client appropriately for such termination. A psychologist may terminate a professional relationship when threatened or otherwise endangered by the client or another person associated with or related to the client.

3. **STEREOTYPING.** The psychologist shall not impose on the client any stereotypes regarding behavior, values, or roles related to age, gender, religion, race, disability, nationality, sexual orientation, or diagnosis which would interfere with the objective provision of psychological services to the client.

4. **SOLICITATION OF BUSINESS BY CLIENTS.** The psychologist providing services to a client(s) shall not induce, pressure or coerce client(s) to solicit business on behalf of the psychologist.

5. **REFERRALS ON REQUEST.** The psychologist providing services to a client shall, if feasible, make an appropriate referral of the client to another professional when requested to do so by the client.

6. **PRESERVING HUMAN RIGHTS.** The psychologist does not engage in any verbal or physical behavior with client(s) which is seductive, demeaning, harassing, or exploitative in any way.

E. WELFARE OF SUPERVISEES, RESEARCH PARTICIPANTS AND STUDENTS

1. **WELFARE OF SUPERVISEES.** The psychologist shall not engage in any verbal or physical behavior with supervisees which is seductive, demeaning, harassing, or exploitative in any way.

2. **WELFARE OF RESEARCH PARTICIPANTS.** The psychologist shall not engage in any verbal or physical behavior with research participants which is seductive, demeaning, harassing or exploitative in any way. The psychologist shall respect the dignity and protect the welfare of his/her research participants and shall comply with all relevant statutes and administrative rules concerning treatment of research participants.

3. **WELFARE OF STUDENTS.** The psychologist shall not engage in any verbal or physical behavior with students which is seductive, demeaning, harassing or exploitative in any way.

F. PROTECTING CONFIDENTIALITY OF CLIENTS

1. **IN GENERAL.** The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional services. The psychologist shall disclose confidential information to others only with the informed consent of the client unless otherwise required or permitted by the law.

2. **DISCLOSURE WITHOUT INFORMED CONSENT.** The psychologist may disclose confidential information without the informed consent of the client when the psychologist determines that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the client on the client him/herself or on another person. The psychologist shall limit disclosure of the otherwise confidential information to only those persons and only that content which would be permissible under the standards of the profession for addressing such problems. When the client is an organization, business, or similar entity, disclosure shall be made only after the psychologist has made a reasonable but unsuccessful attempt to have any problem arising out of the relationship corrected within the organization.

3. **RELEASE OF CONFIDENTIAL INFORMATION.** The psychologist shall release confidential information to others only with the informed consent of the client unless otherwise required or permitted by law.

4. **SERVICES INVOLVING MORE THAN ONE INTERESTED PARTY.** In a situation in which more than one party has an appropriate interest in the professional services rendered by the psychologist to a client or clients, the psychologist shall, to the extent possible, clarify to all parties involved prior to rendering such services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. Such clarification

is specifically indicated, among other circumstances, when the client is a minor or an organization, business, or other such entity.

5. **MULTIPLE CLIENTS.** When such services are rendered to more than one client during a joint session, the psychologist shall at the beginning of the professional relationship clarify to all parties the manner by which confidentiality will be addressed. All parties shall be given an opportunity to discuss and to accept whatever limitations to confidentiality attach to the professional relationship.

6. **LEGALLY DEPENDENT CLIENTS**. At the beginning of a professional relationship with a legally dependent client the psychologist shall inform the client who is below the age of majority or who has a legal guardian of any limits the law imposes on the right to confidentiality with respect to the client's communications with the psychologist. The psychologist shall provide such information to the extent possible in language that is understandable to the client.

7. **LIMITED ACCESS TO CLIENT RECORDS.** The psychologist shall limit access to client records to preserve their confidentiality and shall ensure that all persons working under the psychologist's authority shall comply with the requirements for confidentiality of any client records.

8. **REPORTING OF ABUSE OF CHILDREN AND VULNERABLE ADULTS.** The psychologist shall comply with any relevant law concerning the reporting of abuse of children and vulnerable adults.

9. **CONSULTATION REGARDING CLIENT INFORMATION AMONG PROFESSIONALS.** When rendering professional services as part of a team or when interacting with other appropriate professional concerning the welfare of the client, the psychologist may share confidential information about the client provided the psychologist takes reasonable steps to ensure that all persons receiving the information are informed about the confidential nature of the information and abide by the rules of confidentiality. Such information shall be disclosed only to the extent necessary to receive the requested consultation.

10. **REDACTING CONFIDENTIAL INFORMATION.** When any information from otherwise confidential records is to be used for teaching, research, professional publication or for any other public or professional purpose the psychologist shall exercise reasonable care to ensure that the disclosed material has been properly redacted to prevent client identification.

11. **OBSERVATION AND ELECTRONIC RECORDING.** The psychologist shall ensure that observation or electronic recording of a client occurs only with the informed written consent of the client.

12. **CONFIDENTIALITY AFTER TERMINATION OF PROFESSIONAL RELATIONSHIP.** The psychologist shall continue to treat any information regarding a client as confidential after the professional relationship between the psychologist and the client is over. Such information shall continue to be confidential following the death of a client.

G. REPRESENTATION OF SERVICES

1. **DISPLAY OF LICENSE.** The psychologist shall display his/her current (name of jurisdiction) license to practice psychology, on the premises of his/her professional practice site.

2. **MISREPRESENTATION OF QUALIFICATIONS.** The psychologist shall not misrepresent directly or by implication his/her professional qualifications such as education, experience, or areas of competence.

3. **MISREPRESENTATION OF AFFILIATIONS.** The psychologist shall not misrepresent directly or by implication his/her affiliations, or the purposes or characteristics of institutions and organizations with which the psychologist is associated.

4. **FALSE OR MISLEADING INFORMATION.** The psychologist shall not include false or misleading information in public statements about professional services offered.

5. **MISREPRESENTATION OF SERVICES OR PRODUCTS.** The psychologist shall not associate with or permit his/her name to be used in connection with any services or products in such a way as to misrepresent (A) the services or products, (B) the degree of his/her responsibility for the services or products, or (C) the nature of his/her association with the services or products.

6. **CORRECTION OF MISREPRESENTATION BY OTHERS.** The psychologist shall correct others who misrepresent the psychologist's professional qualifications or affiliations. The psychologist shall, when he/she becomes aware, make all reasonable attempts to correct any public information about the psychologist, his/her credentials, qualifications, or services displayed in a public medium.

H. FEES AND STATEMENTS

1. **DISCLOSURE OF COST OF SERVICES.** As early as feasible in a professional relationship, the psychologist shall inform the recipient of psychological services of all compensation and billing arrangements. The psychologist shall not mislead or withhold from the client, a prospective client, or third-party payor, information about the cost of his/her professional services.

2. **REASONABLENESS OF FEE.** The psychologist shall not exploit the client or responsible payor by charging a fee that is excessive for the services performed or by entering into an exploitive bartering arrangement in lieu of a fee.

I. ASSESSMENT PROCEDURES

1. **CONFIDENTIAL INFORMATION.** The psychologist shall treat the result or interpretation of any assessment of an individual as confidential information.

2. **COMMUNICATION OF RESULTS.** When communicating the results of any assessment to the client, parents, legal guardians or other agents of the client, the psychologist shall also provide adequate interpretive aids or explanations necessary to permit the party to understand and make decisions based on those results.

3. **RESERVATIONS CONCERNING RESULTS.** The psychologist shall include in his/her report of the results of a formal assessment procedure, for which norms are available, any limitations in the assessment norms for the individual assessed and any relevant reservations or qualifications which affect the validity, reliability, or interpretation of results.

4. **PROTECTION OF INTEGRITY OF ASSESSMENT PROCEDURES.** The psychologist shall not reproduce or describe in publications, lectures, presentations or any other public disclosures any psychological tests or other assessment measures or devices in ways that might compromise their security or violate their copyright.

5. **INFORMATION FOR PROFESSIONAL USERS.** The psychologist offering an assessment procedure or automated interpretation service to other professionals shall accompany such offering by a manual or other printed material that fully describe the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisement for the assessment procedure or interpretive service is factual and descriptive.

J. VIOLATIONS OF LAW

1. **VIOLATION OF APPLICABLE STATUTES.** The psychologist shall not violate any applicable statute or administrative rule regulating the practice of psychology.

2. **USE OF FRAUD, MISREPRESENTATION, OR DECEPTION.** The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in taking a psychology licensing examination, in assisting any other individual to obtain a psychology license or to take a psychology licensing examination, in billing clients or third-party payors, in providing psychological services, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.

K. AIDING UNAUTHORIZED PRACTICE

1. **AIDING UNAUTHORIZED PRACTICE.** The psychologist shall not aid or abet another person in misrepresenting his/her professional credentials or in illegally engaging in the practice of psychology.

2. **DELEGATING PROFESSIONAL RESPONSIBILITY.** The psychologist shall not delegate professional responsibilities to a person not appropriately licensed, credentialed or otherwise qualified to provide such services.

L. REPORTING SUSPECTED VIOLATIONS

1. **REPORTING OF VIOLATIONS TO BOARD.** The psychologist who has reason to believe that there has been a violation of the statutes or rules of the board, that might reasonably be expected to harm a client, may report such a violation to the board, or if required by statute shall report to the board. Unless otherwise required by statute, the client's name may be provided only with the written consent of the client.

2. **PROVIDING INFORMATION TO CLIENT.** When a psychologist learns from a client of a possible violation of the statutes or rules of the board, or when a psychologist receives a request from a client for information on how to file a complaint with the board, the psychologist is obligated to inform the client of the standards of practice of psychology and how to file a complaint with the board.

Specialty Guidelines for Forensic Psychology

American Psychological Association

In the past 50 years forensic psychological practice has expanded dramatically. The American Psychological Association (APA) has a division devoted to matters of law and psychology (APA Division 41, the American Psychology–Law Society), a number of scientific journals devoted to interactions between psychology and the law exist (e.g., *Law and Human Behavior; Psychology, Public Policy, and Law; Behavioral Sciences & the Law*), and a number of key texts have been published and undergone multiple revisions (e.g., Grisso, 1986, 2003; Melton, Petrila, Poythress, & Slobogin, 1987, 1997, 2007; Rogers, 1988, 1997, 2008). In addition, training in forensic psychology is available in predoctoral, internship, and postdoctoral settings, and APA recognized forensic psychology as a specialty in 2001, with subsequent recertification in 2008.

Because the practice of forensic psychology differs in important ways from more traditional practice areas (Monahan, 1980) the "Specialty Guidelines for Forensic Psychologists" were developed and published in 1991 (Committee on Ethical Guidelines for Forensic Psychologists, 1991). Because of continued developments in the field in the ensuing 20 years, forensic practitioners' ongoing need for guidance, and policy requirements of APA, the 1991 "Specialty Guidelines for Forensic Psychologists" were revised, with the intent of benefiting forensic practitioners and recipients of their services alike.

The goals of these Specialty Guidelines for Forensic Psychology ("the Guidelines") are to improve the quality of forensic psychological services; enhance the practice and facilitate the systematic development of forensic psychology; encourage a high level of quality in professional practice; and encourage forensic practitioners to acknowledge and respect the rights of those they serve. These Guidelines are intended for use by psychologists when engaged in the practice of forensic psychology as described below and may also provide guidance on professional conduct to the legal system and other organizations and professions.

For the purposes of these Guidelines, *forensic psychology* refers to professional practice by any psychologist working within any subdiscipline of psychology (e.g., clinical, developmental, social, cognitive) when applying the scientific, technical, or specialized knowledge of psychology to the law to assist in addressing legal, contractual, and administrative matters. Application of the Guidelines does not depend on the practitioner's typical areas of practice or expertise, but rather, on the service provided in the case at hand. These Guidelines apply in all matters in which psychologists provide expertise to judicial, administrative, and educational systems including, but not limited to, examining or treating persons in anticipation of or subsequent to legal, contractual, or administrative proceedings; offering expert opinion about psychological issues in the form of amicus briefs or testimony to judicial, legislative, or administrative bodies; acting in an adjudicative capacity; serving as a trial consultant or otherwise offering expertise to attorneys, the courts, or others; conducting research in connection with, or in the anticipation of, litigation; or involvement in educational activities of a forensic nature.

Psychological practice is not considered forensic solely because the conduct takes place in, or the product is presented in, a tribunal or other judicial, legislative, or administrative forum. For example, when a party (such as a civilly or criminally detained individual) or another individual (such as a child whose parents are involved in divorce proceedings) is ordered into treatment with a practitioner, that treatment is not necessarily the practice of forensic psychology. In addition, psychological testimony that is solely based on the provision of psychotherapy and does not include psycholegal opinions is not ordinarily considered forensic practice.

For the purposes of these Guidelines, *forensic practitioner* refers to a psychologist when engaged in the practice of forensic psychology as described above. Such professional conduct is considered forensic from the time the practitioner reasonably expects to, agrees to, or is legally mandated to provide expertise on an explicitly psycholegal issue.

The provision of forensic services may include a wide variety of psycholegal roles and functions. For example, as

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These Specialty Guidelines for Forensic Psychology were developed by the American Psychology–Law Society (Division 41 of the American Psychological Association [APA]) and the American Academy of Forensic Psychology. They were adopted by the APA Council of Representatives on August 3, 2011.

The previous version of the Guidelines ("Specialty Guidelines for Forensic Psychologists"; Committee on Ethical Guidelines for Forensic Psychologists, 1991) was approved by the American Psychology–Law Society (Division 41 of APA) and the American Academy of Forensic Psychology in 1991. The current revision, now called the "Specialty Guidelines for Forensic Psychology" (referred to as "the Guidelines" throughout this document), replaces the 1991 "Specialty Guidelines for Forensic Psychologists."

These guidelines are scheduled to expire August 3, 2021. After this date, users are encouraged to contact the American Psychological Association Practice Directorate to confirm that this document remains in effect.

Correspondence concerning these guidelines should be addressed to the Practice Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

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researchers, forensic practitioners may participate in the collection and dissemination of data that are relevant to various legal issues. As advisors, forensic practitioners may provide an attorney with an informed understanding of the role that psychology can play in the case at hand. As consultants, forensic practitioners may explain the practical implications of relevant research, examination findings, and the opinions of other psycholegal experts. As examiners, forensic practitioners may assess an individual's functioning and report findings and opinions to the attorney, a legal tribunal, an employer, an insurer, or others (APA, 2010b, 2011a). As treatment providers, forensic practitioners may provide therapeutic services tailored to the issues and context of a legal proceeding. As mediators or negotiators, forensic practitioners may serve in a third-party neutral role and assist parties in resolving disputes. As arbiters, special masters, or case managers with decision-making authority, forensic practitioners may serve parties, attorneys, and the courts (APA, 2011b).

These Guidelines are informed by APA's "Ethical Principles of Psychologists and Code of Conduct" (hereinafter referred to as the EPPCC; APA, 2010a). The term *guidelines* refers to statements that suggest or recommend specific professional behavior, endeavors, or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and facilitate a high level of practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional situation. They are not definitive, and they are not intended to take precedence over the judgment of psychologists.

As such, the Guidelines are advisory in areas in which the forensic practitioner has discretion to exercise professional judgment that is not prohibited or mandated by the EPPCC or applicable law, rules, or regulations. The Guidelines neither add obligations to nor eliminate obligations from the EPPCC but provide additional guidance for psychologists. The modifiers used in the Guidelines (e.g., *reasonably, appropriate, potentially*) are included in recognition of the need for professional judgment on the part of forensic practitioners; ensure applicability across the broad range of activities conducted by forensic practitioners; and reduce the likelihood of enacting an inflexible set of guidelines that might be inapplicable as forensic practice evolves. The use of these modifiers, and the recognition of the role of professional discretion and judgment, also reflects that forensic practitioners are likely to encounter facts and circumstances not anticipated by the Guidelines and they may have to act upon uncertain or incomplete evidence. The Guidelines may provide general or conceptual guidance in such circumstances. The Guidelines do not, however, exhaust the legal, professional, moral, and ethical considerations that inform forensic practitioners, for no complex activity can be completely defined by legal rules, codes of conduct, and aspirational guidelines.

The Guidelines are not intended to serve as a basis for disciplinary action or civil or criminal liability. The standard of care is established by a competent authority, not by the Guidelines. No ethical, licensure, or other administrative action or remedy, nor any other cause of action, should be taken *solely* on the basis of a forensic practitioner acting in a manner consistent or inconsistent with these Guidelines.

In cases in which a competent authority references the Guidelines when formulating standards, the authority should consider that the Guidelines attempt to identify a high level of quality in forensic practice. Competent practice is defined as the conduct of a reasonably prudent forensic practitioner engaged in similar activities in similar circumstances. Professional conduct evolves and may be viewed along a continuum of adequacy, and "minimally competent" and "best possible" are usually different points along that continuum.

The Guidelines are designed to be national in scope and are intended to be consistent with state and federal law. In cases in which a conflict between legal and professional obligations occurs, forensic practitioners make known their commitment to the EPPCC and the Guidelines and take steps to achieve an appropriate resolution consistent with the EPPCC and the Guidelines.

The format of the Guidelines is different from most other practice guidelines developed under the auspices of APA. This reflects the history of the Guidelines as well as the fact that the Guidelines are considerably broader in scope than any other APA-developed guidelines. Indeed, these are the only APA-approved guidelines that address a complete specialty practice area. Despite this difference in format, the Guidelines function as all other APA guideline documents.

This document replaces the 1991 "Specialty Guidelines for Forensic Psychologists," which were approved by the American Psychology–Law Society (Division 41 of APA) and the American Board of Forensic Psychology. The current revision has also been approved by the Council of Representatives of APA. Appendix A includes a discussion of the revision process, enactment, and current status of these Guidelines. Appendix B includes definitions and terminology as used for the purposes of these Guidelines.

1. Responsibilities

Guideline 1.01: Integrity

Forensic practitioners strive for accuracy, honesty, and truthfulness in the science, teaching, and practice of forensic psychology and they strive to resist partisan pressures to provide services in any ways that might tend to be misleading or inaccurate.

Guideline 1.02: Impartiality and Fairness

When offering expert opinion to be relied upon by a decision maker, providing forensic therapeutic services, or teaching or conducting research, forensic practitioners strive for accuracy, impartiality, fairness, and independence (EPPCC Standard 2.01). Forensic practitioners rec-

ognize the adversarial nature of the legal system and strive to treat all participants and weigh all data, opinions, and rival hypotheses impartially.

When conducting forensic examinations, forensic practitioners strive to be unbiased and impartial, and avoid partisan presentation of unrepresentative, incomplete, or inaccurate evidence that might mislead finders of fact. This guideline does not preclude forceful presentation of the data and reasoning upon which a conclusion or professional product is based.

When providing educational services, forensic practitioners seek to represent alternative perspectives, including data, studies, or evidence on both sides of the question, in an accurate, fair and professional manner, and strive to weigh and present all views, facts, or opinions impartially.

When conducting research, forensic practitioners seek to represent results in a fair and impartial manner. Forensic practitioners strive to utilize research designs and scientific methods that adequately and fairly test the questions at hand, and they attempt to resist partisan pressures to develop designs or report results in ways that might be misleading or unfairly bias the results of a test, study, or evaluation.

Guideline 1.03: Avoiding Conflicts of Interest

Forensic practitioners refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to impair their impartiality, competence, or effectiveness, or expose others with whom a professional relationship exists to harm (EPPCC Standard 3.06).

Forensic practitioners are encouraged to identify, make known, and address real or apparent conflicts of interest in an attempt to maintain the public confidence and trust, discharge professional obligations, and maintain responsibility, impartiality, and accountability (EPPCC Standard 3.06). Whenever possible, such conflicts are revealed to all parties as soon as they become known to the psychologist. Forensic practitioners consider whether a prudent and competent forensic practitioner engaged in similar circumstances would determine that the ability to make a proper decision is likely to become impaired under the immediate circumstances.

When a conflict of interest is determined to be manageable, continuing services are provided and documented in a way to manage the conflict, maintain accountability, and preserve the trust of relevant others (also see Guideline 4.02 below).

2. Competence

Guideline 2.01: Scope of Competence

When determining one's competence to provide services in a particular matter, forensic practitioners may consider a variety of factors including the relative complexity and specialized nature of the service, relevant training and experience, the preparation and study they are able to devote to the matter, and the opportunity for consultation with a professional of established competence in the subject matter in question. Even with regard to subjects in which they are expert, forensic practitioners may choose to consult with colleagues.

Guideline 2.02: Gaining and Maintaining Competence

Competence can be acquired through various combinations of education, training, supervised experience, consultation, study, and professional experience. Forensic practitioners planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies that are new to them are encouraged to undertake relevant education, training, supervised experience, consultation, or study.

Forensic practitioners make ongoing efforts to develop and maintain their competencies (EPPCC Standard 2.03). To maintain the requisite knowledge and skill, forensic practitioners keep abreast of developments in the fields of psychology and the law.

Guideline 2.03: Representing Competencies

Consistent with the EPPCC, forensic practitioners adequately and accurately inform all recipients of their services (e.g., attorneys, tribunals) about relevant aspects of the nature and extent of their experience, training, credentials, and qualifications, and how they were obtained (EPPCC Standard 5.01).

Guideline 2.04: Knowledge of the Legal System and the Legal Rights of Individuals

Forensic practitioners recognize the importance of obtaining a fundamental and reasonable level of knowledge and understanding of the legal and professional standards, laws, rules, and precedents that govern their participation in legal proceedings and that guide the impact of their services on service recipients (EPPCC Standard 2.01).

Forensic practitioners aspire to manage their professional conduct in a manner that does not threaten or impair the rights of affected individuals. They may consult with, and refer others to, legal counsel on matters of law. Although they do not provide formal legal advice or opinions, forensic practitioners may provide information about the legal process to others based on their knowledge and experience. They strive to distinguish this from legal opinions, however, and encourage consultation with attorneys as appropriate.

Guideline 2.05: Knowledge of the Scientific Foundation for Opinions and Testimony

Forensic practitioners seek to provide opinions and testimony that are sufficiently based upon adequate scientific foundation, and reliable and valid principles and methods that have been applied appropriately to the facts of the case.

When providing opinions and testimony that are based on novel or emerging principles and methods, forensic practitioners seek to make known the status and limitations of these principles and methods.

Guideline 2.06: Knowledge of the Scientific Foundation for Teaching and Research

Forensic practitioners engage in teaching and research activities in which they have adequate knowledge, experience, and education (EPPCC Standard 2.01), and they acknowledge relevant limitations and caveats inherent in procedures and conclusions (EPPCC Standard 5.01).

Guideline 2.07: Considering the Impact of Personal Beliefs and Experience

Forensic practitioners recognize that their own cultures, attitudes, values, beliefs, opinions, or biases may affect their ability to practice in a competent and impartial manner. When such factors may diminish their ability to practice in a competent and impartial manner, forensic practitioners may take steps to correct or limit such effects, decline participation in the matter, or limit their participation in a manner that is consistent with professional obligations.

Guideline 2.08: Appreciation of Individual and Group Differences

When scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, socioeconomic status, or other relevant individual and cultural differences affects implementation or use of their services or research, forensic practitioners consider the boundaries of their expertise, make an appropriate referral if indicated, or gain the necessary training, experience, consultation, or supervision (EPPCC Standard 2.01; APA, 2003, 2004, 2011c, 2011d, 2011e).

Forensic practitioners strive to understand how factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, socioeconomic status, or other relevant individual and cultural differences may affect and be related to the basis for people's contact and involvement with the legal system.

Forensic practitioners do not engage in unfair discrimination based on such factors or on any basis proscribed by law (EPPCC Standard 3.01). They strive to take steps to correct or limit the effects of such factors on their work, decline participation in the matter, or limit their participation in a manner that is consistent with professional obligations.

Guideline 2.09: Appropriate Use of Services and Products

Forensic practitioners are encouraged to make reasonable efforts to guard against misuse of their services and exercise professional discretion in addressing such misuses.

3. Diligence

Guideline 3.01: Provision of Services

Forensic practitioners are encouraged to seek explicit agreements that define the scope of, time-frame of, and compensation for their services. In the event that a client breaches the contract or acts in a way that would require the practitioner to violate ethical, legal or professional obligations, the forensic practitioner may terminate the relationship.

Forensic practitioners strive to act with reasonable diligence and promptness in providing agreed-upon and reasonably anticipated services. Forensic practitioners are not bound, however, to provide services not reasonably anticipated when retained, nor to provide every possible aspect or variation of service. Instead, forensic practitioners may exercise professional discretion in determining the extent and means by which services are provided and agreements are fulfilled.

Guideline 3.02: Responsiveness

Forensic practitioners seek to manage their workloads so that services can be provided thoroughly, competently, and promptly. They recognize that acting with reasonable promptness, however, does not require the forensic practitioner to acquiesce to service demands not reasonably anticipated at the time the service was requested, nor does it require the forensic practitioner to provide services if the client has not acted in a manner consistent with existing agreements, including payment of fees.

Guideline 3.03: Communication

Forensic practitioners strive to keep their clients reasonably informed about the status of their services, comply with their clients' reasonable requests for information, and consult with their clients about any substantial limitation on their conduct or performance that may arise when they reasonably believe that their clients expect a service that is not consistent with their professional obligations. Forensic practitioners attempt to keep their clients reasonably informed regarding new facts, opinions, or other potential evidence that may be relevant and applicable.

Guideline 3.04: Termination of Services

The forensic practitioner seeks to carry through to conclusion all matters undertaken for a client unless the forensic practitioner–client relationship is terminated. When a forensic practitioner's employment is limited to a specific matter, the relationship may terminate when the matter has been resolved, anticipated services have been completed, or the agreement has been violated.

4. Relationships

Whether a forensic practitioner–client relationship exists depends on the circumstances and is determined by a number of factors which may include the information exchanged between the potential client and the forensic practitioner prior to, or at the initiation of, any contact or service, the nature of the interaction, and the purpose of the interaction.

In their work, forensic practitioners recognize that relationships are established with those who retain their services (e.g., retaining parties, employers, insurers, the

court) and those with whom they interact (e.g., examinees, collateral contacts, research participants, students). Forensic practitioners recognize that associated obligations and duties vary as a function of the nature of the relationship.

Guideline 4.01: Responsibilities to Retaining Parties

Most responsibilities to the retaining party attach only after the retaining party has requested and the forensic practitioner has agreed to render professional services and an agreement regarding compensation has been reached. Forensic practitioners are aware that there are some responsibilities, such as privacy, confidentiality, and privilege, that may attach when the forensic practitioner agrees to consider whether a forensic practitioner–retaining party relationship shall be established. Forensic practitioners, prior to entering into a contract, may direct the potential retaining party not to reveal any confidential or privileged information as a way of protecting the retaining party's interest in case a conflict exists as a result of pre-existing relationships.

At the initiation of any request for service, forensic practitioners seek to clarify the nature of the relationship and the services to be provided including the role of the forensic practitioner (e.g., trial consultant, forensic examiner, treatment provider, expert witness, research consultant); which person or entity is the client; the probable uses of the services provided or information obtained; and any limitations to privacy, confidentiality, or privilege.

Guideline 4.02: Multiple Relationships

A multiple relationship occurs when a forensic practitioner is in a professional role with a person and, at the same time or at a subsequent time, is in a different role with the same person; is involved in a personal, fiscal, or other relationship with an adverse party; at the same time is in a relationship with a person closely associated with or related to the person with whom the forensic practitioner has the professional relationship; or offers or agrees to enter into another relationship in the future with the person or a person closely associated with or related to the person (EPPCC Standard 3.05).

Forensic practitioners strive to recognize the potential conflicts of interest and threats to objectivity inherent in multiple relationships. Forensic practitioners are encouraged to recognize that some personal and professional relationships may interfere with their ability to practice in a competent and impartial manner and they seek to minimize any detrimental effects by avoiding involvement in such matters whenever feasible or limiting their assistance in a manner that is consistent with professional obligations.

Guideline 4.02.01: Therapeutic–Forensic Role Conflicts

Providing forensic and therapeutic psychological services to the same individual or closely related individuals involves multiple relationships that may impair objectivity and/or cause exploitation or other harm. Therefore, when requested or ordered to provide either concurrent or sequential forensic and therapeutic services, forensic practitioners are encouraged to disclose the potential risk and make reasonable efforts to refer the request to another qualified provider. If referral is not possible, the forensic practitioner is encouraged to consider the risks and benefits to all parties and to the legal system or entity likely to be impacted, the possibility of separating each service widely in time, seeking judicial review and direction, and consulting with knowledgeable colleagues. When providing both forensic and therapeutic services, forensic practitioners seek to minimize the potential negative effects of this circumstance (EPPCC Standard 3.05).

Guideline 4.02.02: Expert Testimony by Practitioners Providing Therapeutic Services

Providing expert testimony about a patient who is a participant in a legal matter does not necessarily involve the practice of forensic psychology even when that testimony is relevant to a psycholegal issue before the decision maker. For example, providing testimony on matters such as a patient's reported history or other statements, mental status, diagnosis, progress, prognosis, and treatment would not ordinarily be considered forensic practice even when the testimony is related to a psycholegal issue before the decision maker. In contrast, rendering opinions and providing testimony about a person on psycholegal issues (e.g., criminal responsibility, legal causation, proximate cause, trial competence, testamentary capacity, the relative merits of parenting arrangements) would ordinarily be considered the practice of forensic psychology.

Consistent with their ethical obligations to base their opinions on information and techniques sufficient to substantiate their findings (EPPCC Standards 2.04, 9.01), forensic practitioners are encouraged to provide testimony only on those issues for which they have adequate foundation and only when a reasonable forensic practitioner engaged in similar circumstances would determine that the ability to make a proper decision is unlikely to be impaired. As with testimony regarding forensic examinees, the forensic practitioner strives to identify any substantive limitations that may affect the reliability and validity of the facts or opinions offered, and communicates these to the decision maker.

Guideline 4.02.03: Provision of Forensic Therapeutic Services

Although some therapeutic services can be considered forensic in nature, the fact that therapeutic services are ordered by the court does not necessarily make them forensic.

In determining whether a therapeutic service should be considered the practice of forensic psychology, psychologists are encouraged to consider the potential impact of the legal context on treatment, the potential for treatment to impact the psycholegal issues involved in the case, and whether another reasonable psychologist in a similar position would consider the service to be forensic and these Guidelines to be applicable.

Therapeutic services can have significant effects on current or future legal proceedings. Forensic practitioners

are encouraged to consider these effects and minimize any unintended or negative effects on such proceedings or therapy when they provide therapeutic services in forensic contexts.

Guideline 4.03: Provision of Emergency Mental Health Services to Forensic Examinees

When providing forensic examination services an emergency may arise that requires the practitioner to provide short-term therapeutic services to the examinee in order to prevent imminent harm to the examinee or others. In such cases the forensic practitioner is encouraged to limit disclosure of information and inform the retaining attorney, legal representative, or the court in an appropriate manner. Upon providing emergency treatment to examinees, forensic practitioners consider whether they can continue in a forensic role with that individual so that potential for harm to the recipient of services is avoided (EPPCC Standard 3.04).

5. Fees

Guideline 5.01: Determining Fees

When determining fees forensic practitioners may consider salient factors such as their experience providing the service, the time and labor required, the novelty and difficulty of the questions involved, the skill required to perform the service, the fee customarily charged for similar forensic services, the likelihood that the acceptance of the particularba employment will preclude other employment, the time limitations imposed by the client or circumstances, the nature and length of the professional relationship with the client, the client's ability to pay for the service, and any legal requirements.

Guideline 5.02: Fee Arrangements

Forensic practitioners are encouraged to make clear to the client the likely cost of services whenever it is feasible, and make appropriate provisions in those cases in which the costs of services is greater than anticipated or the client's ability to pay for services changes in some way.

Forensic practitioners seek to avoid undue influence that might result from financial compensation or other gains. Because of the threat to impartiality presented by the acceptance of contingent fees and associated legal prohibitions, forensic practitioners strive to avoid providing professional services on the basis of contingent fees. Letters of protection, financial guarantees, and other security for payment of fees in the future are not considered contingent fees unless payment is dependent on the outcome of the matter.

Guideline 5.03: Pro Bono Services

Forensic psychologists recognize that some persons may have limited access to legal services as a function of financial disadvantage and strive to contribute a portion of their professional time for little or no compensation or personal advantage (EPPCC Principle E).

6. Informed Consent, Notification, and Assent

Because substantial rights, liberties, and properties are often at risk in forensic matters, and because the methods and procedures of forensic practitioners are complex and may not be accurately anticipated by the recipients of forensic services, forensic practitioners strive to inform service recipients about the nature and parameters of the services to be provided (EPPCC Standards 3.04, 3.10).

Guideline 6.01: Timing and Substance

Forensic practitioners strive to inform clients, examinees, and others who are the recipients of forensic services as soon as is feasible about the nature and extent of reasonably anticipated forensic services.

In determining what information to impart, forensic practitioners are encouraged to consider a variety of factors including the person's experience or training in psychological and legal matters of the type involved and whether the person is represented by counsel. When questions or uncertainties remain after they have made the effort to explain the necessary information, forensic practitioners may recommend that the person seek legal advice.

Guideline 6.02: Communication With Those Seeking to Retain a Forensic Practitioner

As part of the initial process of being retained, or as soon thereafter as previously unknown information becomes available, forensic practitioners strive to disclose to the retaining party information that would reasonably be anticipated to affect a decision to retain or continue the services of the forensic practitioner.

This disclosure may include, but is not limited to, the fee structure for anticipated services; prior and current personal or professional activities, obligations, and relationships that would reasonably lead to the fact or the appearance of a conflict of interest; the forensic practitioner's knowledge, skill, experience, and education relevant to the forensic services being considered, including any significant limitations; and the scientific bases and limitations of the methods and procedures which are expected to be employed.

Guideline 6.03: Communication With Forensic Examinees

Forensic practitioners inform examinees about the nature and purpose of the examination (EPPCC Standard 9.03; American Educational Research Association, American Psychological Association, & National Council on Measurement in Education [AERA, APA, & NCME], in press). Such information may include the purpose, nature, and anticipated use of the examination; who will have access to the information; associated limitations on privacy, confidentiality, and privilege including who is authorized to release or access the information contained in the forensic practitioner's records; the voluntary or involuntary nature of participation, including potential consequences of par-

ticipation or nonparticipation, if known; and, if the cost of the service is the responsibility of the examinee, the anticipated cost.

Guideline 6.03.01: Persons Not Ordered or Mandated to Undergo Examination

If the examinee is not ordered by the court to participate in a forensic examination, the forensic practitioner seeks his or her informed consent (EPPCC Standards 3.10, 9.03). If the examinee declines to proceed after being notified of the nature and purpose of the forensic examination, the forensic practitioner may consider postponing the examination, advising the examinee to contact his or her attorney, and notifying the retaining party about the examinee's unwillingness to proceed.

Guideline 6.03.02: Persons Ordered or Mandated to Undergo Examination or Treatment

If the examinee is ordered by the court to participate, the forensic practitioner can conduct the examination over the objection, and without the consent, of the examinee (EPPCC Standards 3.10, 9.03). If the examinee declines to proceed after being notified of the nature and purpose of the forensic examination, the forensic practitioner may consider a variety of options including postponing the examination, advising the examinee to contact his or her attorney, and notifying the retaining party about the examinee's unwillingness to proceed.

When an individual is ordered to undergo treatment but the goals of treatment are determined by a legal authority rather than the individual receiving services, the forensic practitioner informs the service recipient of the nature and purpose of treatment, and any limitations on confidentiality and privilege (EPPCC Standards 3.10, 10.01).

Guideline 6.03.03: Persons Lacking Capacity to Provide Informed Consent

Forensic practitioners appreciate that the very conditions that precipitate psychological examination of individuals involved in legal proceedings can impair their functioning in a variety of important ways, including their ability to understand and consent to the evaluation process.

For examinees adjudicated or presumed by law to lack the capacity to provide informed consent for the anticipated forensic service, the forensic practitioner nevertheless provides an appropriate explanation, seeks the examinee's assent, and obtains appropriate permission from a legally authorized person, as permitted or required by law (EPPCC Standards 3.10, 9.03).

For examinees whom the forensic practitioner has concluded lack capacity to provide informed consent to a proposed, non-court-ordered service, but who have not been adjudicated as lacking such capacity, the forensic practitioner strives to take reasonable steps to protect their rights and welfare (EPPCC Standard 3.10). In such cases, the forensic practitioner may consider suspending the proposed service or notifying the examinee's attorney or the retaining party.

Guideline 6.03.04: Evaluation of Persons Not Represented by Counsel

Because of the significant rights that may be at issue in a legal proceeding, forensic practitioners carefully consider the appropriateness of conducting a forensic evaluation of an individual who is not represented by counsel. Forensic practitioners may consider conducting such evaluations or delaying the evaluation so as to provide the examinee with the opportunity to consult with counsel.

Guideline 6.04: Communication With Collateral Sources of Information

Forensic practitioners disclose to potential collateral sources information that might reasonably be expected to inform their decisions about participating that may include, but may not be limited to, who has retained the forensic practitioner; the nature, purpose, and intended use of the examination or other procedure; the nature of and any limits on privacy, confidentiality, and privilege; and whether their participation is voluntary (EPPCC Standard 3.10).

Guideline 6.05: Communication in Research Contexts

When engaging in research or scholarly activities conducted as a service to a client in a legal proceeding, forensic practitioners attempt to clarify any anticipated use of the research or scholarly product, disclose their role in the resulting research or scholarly products, and obtain whatever consent or agreement is required.

In advance of any scientific study, forensic practitioners seek to negotiate with the client the circumstances under and manner in which the results may be made known to others. Forensic practitioners strive to balance the potentially competing rights and interests of the retaining party with the inappropriateness of suppressing data, for example, by agreeing to report the data without identifying the jurisdiction in which the study took place. Forensic practitioners represent the results of research in an accurate manner (EPPCC Standard 5.01).

7. Conflicts in Practice

In forensic psychology practice, conflicting responsibilities and demands may be encountered. When conflicts occur, forensic practitioners seek to make the conflict known to the relevant parties or agencies, and consider the rights and interests of the relevant parties or agencies in their attempts to resolve the conflict.

Guideline 7.01: Conflicts With Legal Authority

When their responsibilities conflict with law, regulations, or other governing legal authority, forensic practitioners make known their commitment to the EPPCC, and take steps to resolve the conflict. In situations in which the

EPPCC or the Guidelines are in conflict with the law, attempts to resolve the conflict are made in accordance with the EPPCC (EPPCC Standard 1.02).

When the conflict cannot be resolved by such means, forensic practitioners may adhere to the requirements of the law, regulations, or other governing legal authority, but only to the extent required and not in any way that violates a person's human rights (EPPCC Standard 1.03).

Forensic practitioners are encouraged to consider the appropriateness of complying with court orders when such compliance creates potential conflicts with professional standards of practice.

Guideline 7.02: Conflicts With Organizational Demands

When the demands of an organization with which they are affiliated or for whom they are working conflict with their professional responsibilities and obligations, forensic practitioners strive to clarify the nature of the conflict and, to the extent feasible, resolve the conflict in a way consistent with professional obligations and responsibilities (EPPCC Standard 1.03).

Guideline 7.03: Resolving Ethical Issues With Fellow Professionals

When an apparent or potential ethical violation has caused, or is likely to cause, substantial harm, forensic practitioners are encouraged to take action appropriate to the situation and consider a number of factors including the nature and the immediacy of the potential harm; applicable privacy, confidentiality, and privilege; how the rights of the relevant parties may be affected by a particular course of action; and any other legal or ethical obligations (EPPCC Standard 1.04). Steps to resolve perceived ethical conflicts may include, but are not limited to, obtaining the consultation of knowledgeable colleagues, obtaining the advice of independent counsel, and conferring directly with the client.

When forensic practitioners believe there may have been an ethical violation by another professional, an attempt is made to resolve the issue by bringing it to the attention of that individual, if that attempt does not violate any rights or privileges that may be involved, and if an informal resolution appears appropriate (EPPCC Standard 1.04). If this does not result in a satisfactory resolution, the forensic practitioner may have to take further action appropriate to the situation, including making a report to third parties of the perceived ethical violation (EPPCC Standard 1.05). In most instances, in order to minimize unforeseen risks to the party's rights in the legal matter, forensic practitioners consider consulting with the client before attempting to resolve a perceived ethical violation with another professional.

8. Privacy, Confidentiality, and Privilege

Forensic practitioners recognize their ethical obligations to maintain the confidentiality of information relating to a client or retaining party, except insofar as disclosure is consented to by the client or retaining party, or required or permitted by law (EPPCC Standard 4.01).

Guideline 8.01: Release of Information

Forensic practitioners are encouraged to recognize the importance of complying with properly noticed and served subpoenas or court orders directing release of information, or other legally proper consent from duly authorized persons, unless there is a legally valid reason to offer an objection. When in doubt about an appropriate response or course of action, forensic practitioners may seek assistance from the retaining client, retain and seek legal advice from their own attorney, or formally notify the drafter of the subpoena or order of their uncertainty.

Guideline 8.02: Access to Information

If requested, forensic practitioners seek to provide the retaining party access to, and a meaningful explanation of, all information that is in their records for the matter at hand, consistent with the relevant law, applicable codes of ethics and professional standards, and institutional rules and regulations. Forensic examinees typically are not provided access to the forensic practitioner's records without the consent of the retaining party. Access to records by anyone other than the retaining party is governed by legal process, usually subpoena or court order, or by explicit consent of the retaining party. Forensic practitioners may charge a reasonable fee for the costs associated with the storage, reproduction, review, and provision of records.

Guideline 8.03: Acquiring Collateral and Third Party Information

Forensic practitioners strive to access information or records from collateral sources with the consent of the relevant attorney or the relevant party, or when otherwise authorized by law or court order.

Guideline 8.04: Use of Case Materials in Teaching, Continuing Education, and Other Scholarly Activities

Forensic practitioners using case materials for purposes of teaching, training, or research strive to present such information in a fair, balanced, and respectful manner. They attempt to protect the privacy of persons by disguising the confidential, personally identifiable information of all persons and entities who would reasonably claim a privacy interest; using only those aspects of the case available in the public domain; or obtaining consent from the relevant clients, parties, participants, and organizations to use the materials for such purposes (EPPCC Standard 4.07; also see Guidelines 11.06 and 11.07 of these Guidelines).

9. Methods and Procedures

Guideline 9.01: Use of Appropriate Methods

Forensic practitioners strive to utilize appropriate methods and procedures in their work. When performing examinations, treatment, consultation, educational activities, or scholarly investigations, forensic practitioners seek to

maintain integrity by examining the issue or problem at hand from all reasonable perspectives and seek information that will differentially test plausible rival hypotheses.

Guideline 9.02: Use of Multiple Sources of Information

Forensic practitioners ordinarily avoid relying solely on one source of data, and corroborate important data whenever feasible (AERA, APA, & NCME, in press). When relying upon data that have not been corroborated, forensic practitioners seek to make known the uncorroborated status of the data, any associated strengths and limitations, and the reasons for relying upon the data.

Guideline 9.03: Opinions Regarding Persons Not Examined

Forensic practitioners recognize their obligations to only provide written or oral evidence about the psychological characteristics of particular individuals when they have sufficient information or data to form an adequate foundation for those opinions or to substantiate their findings (EPPCC Standard 9.01). Forensic practitioners seek to make reasonable efforts to obtain such information or data, and they document their efforts to obtain it. When it is not possible or feasible to examine individuals about whom they are offering an opinion, forensic practitioners strive to make clear the impact of such limitations on the reliability and validity of their professional products, opinions, or testimony.

When conducting a record review or providing consultation or supervision that does not warrant an individual examination, forensic practitioners seek to identify the sources of information on which they are basing their opinions and recommendations, including any substantial limitations to their opinions and recommendations.

10. Assessment

Guideline 10.01: Focus on Legally Relevant Factors

Forensic examiners seek to assist the trier of fact to understand evidence or determine a fact in issue, and they provide information that is most relevant to the psycholegal issue. In reports and testimony, forensic practitioners typically provide information about examinees' functional abilities, capacities, knowledge, and beliefs, and address their opinions and recommendations to the identified psycholegal issues (American Bar Association & American Psychological Assocation, 2008; Grisso, 1986, 2003; Heilbrun, Marczyk, DeMatteo, & Mack-Allen, 2007).

Forensic practitioners are encouraged to consider the problems that may arise by using a clinical diagnosis in some forensic contexts, and consider and qualify their opinions and testimony appropriately.

Guideline 10.02: Selection and Use of Assessment Procedures

Forensic practitioners use assessment procedures in the manner and for the purposes that are appropriate in light of the research on or evidence of their usefulness and proper application (EPPCC Standard 9.02; AERA, APA, & NCME, in press). This includes assessment techniques, interviews, tests, instruments, and other procedures and their administration, adaptation, scoring, and interpretation, including computerized scoring and interpretation systems.

Forensic practitioners use assessment instruments whose validity and reliability have been established for use with members of the population assessed. When such validity and reliability have not been established, forensic practitioners consider and describe the strengths and limitations of their findings. Forensic practitioners use assessment methods that are appropriate to an examinee's language preference and competence, unless the use of an alternative language is relevant to the assessment issues (EPPCC Standard 9.02).

Assessment in forensic contexts differs from assessment in therapeutic contexts in important ways that forensic practitioners strive to take into account when conducting forensic examinations. Forensic practitioners seek to consider the strengths and limitations of employing traditional assessment procedures in forensic examinations (AERA, APA, & NCME, in press). Given the stakes involved in forensic contexts, forensic practitioners strive to ensure the integrity and security of test materials and results (AERA, APA, & NCME, in press).

When the validity of an assessment technique has not been established in the forensic context or setting in which it is being used, the forensic practitioner seeks to describe the strengths and limitations of any test results and explain the extrapolation of these data to the forensic context. Because of the many differences between forensic and therapeutic contexts, forensic practitioners consider and seek to make known that some examination results may warrant substantially different interpretation when administered in forensic contexts (AERA, APA, & NCME, in press).

Forensic practitioners consider and seek to make known that forensic examination results can be affected by factors unique to, or differentially present in, forensic contexts including response style, voluntariness of participation, and situational stress associated with involvement in forensic or legal matters (AERA, APA, & NCME, in press).

Guideline 10.03: Appreciation of Individual Differences

When interpreting assessment results, forensic practitioners consider the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences that might affect their judgments or reduce the accuracy of their interpretations (EPPCC Standard 9.06). Forensic practitioners strive to identify any significant strengths and limitations of their procedures and interpretations.

Forensic practitioners are encouraged to consider how the assessment process may be impacted by any disability an examinee is experiencing, make accommodations as

possible, and consider such when interpreting and communicating the results of the assessment (APA, 2011d).

Guideline 10.04: Consideration of Assessment Settings

In order to maximize the validity of assessment results, forensic practitioners strive to conduct evaluations in settings that provide adequate comfort, safety, and privacy.

Guideline 10.05: Provision of Assessment Feedback

Forensic practitioners take reasonable steps to explain assessment results to the examinee or a designated representative in language they can understand (EPPCC Standard 9.10). In those circumstances in which communication about assessment results is precluded, the forensic practitioner explains this to the examinee in advance (EPPCC Standard 9.10).

Forensic practitioners seek to provide information about professional work in a manner consistent with professional and legal standards for the disclosure of test data or results, interpretation of data, and the factual bases for conclusions.

Guideline 10.06: Documentation and Compilation of Data Considered

Forensic practitioners are encouraged to recognize the importance of documenting all data they consider with enough detail and quality to allow for reasonable judicial scrutiny and adequate discovery by all parties. This documentation includes, but is not limited to, letters and consultations; notes, recordings, and transcriptions; assessment and test data, scoring reports and interpretations; and all other records in any form or medium that were created or exchanged in connection with a matter.

When contemplating third party observation or audio/video-recording of examinations, forensic practitioners strive to consider any law that may control such matters, the need for transparency and documentation, and the potential impact of observation or recording on the validity of the examination and test security (Committee on Psychological Tests and Assessment, American Psychological Association, 2007).

Guideline 10.07: Provision of Documentation

Pursuant to proper subpoenas or court orders, or other legally proper consent from authorized persons, forensic practitioners seek to make available all documentation described in Guideline 10.05, all financial records related to the matter, and any other records including reports (and draft reports if they have been provided to a party, attorney, or other entity for review), that might reasonably be related to the opinions to be expressed.

Guideline 10.08: Record Keeping

Forensic practitioners establish and maintain a system of record keeping and professional communication (EPPCC Standard 6.01; APA, 2007), and attend to relevant laws and rules. When indicated by the extent of the rights, liberties, and properties that may be at risk, the complexity of the case, the amount and legal significance of unique evidence in the care and control of the forensic practitioner, and the likelihood of future appeal, forensic practitioners strive to inform the retaining party of the limits of record keeping times. If requested to do so, forensic practitioners consider maintaining such records until notified that all appeals in the matter have been exhausted, or sending a copy of any unique components/aspects of the record in their care and control to the retaining party before destruction of the record.

11. Professional and Other Public Communications

Guideline 11.01: Accuracy, Fairness, and Avoidance of Deception

Forensic practitioners make reasonable efforts to ensure that the products of their services, as well as their own public statements and professional reports and testimony, are communicated in ways that promote understanding and avoid deception (EPPCC Standard 5.01).

When in their role as expert to the court or other tribunals, the role of forensic practitioners is to facilitate understanding of the evidence or dispute. Consistent with legal and ethical requirements, forensic practitioners do not distort or withhold relevant evidence or opinion in reports or testimony. When responding to discovery requests and providing sworn testimony, forensic practitioners strive to have readily available for inspection all data which they considered, regardless of whether the data supports their opinion, subject to and consistent with court order, relevant rules of evidence, test security issues, and professional standards (AERA, APA, & NCME, in press; Committee on Legal Issues, American Psychological Association, 2006; Bank & Packer, 2007; Golding, 1990).

When providing reports and other sworn statements or testimony in any form, forensic practitioners strive to present their conclusions, evidence, opinions, or other professional products in a fair manner. Forensic practitioners do not, by either commission or omission, participate in misrepresentation of their evidence, nor do they participate in partisan attempts to avoid, deny, or subvert the presentation of evidence contrary to their own position or opinion (EPPCC Standard 5.01). This does not preclude forensic practitioners from forcefully presenting the data and reasoning upon which a conclusion or professional product is based.

Guideline 11.02: Differentiating Observations, Inferences, and Conclusions

In their communications, forensic practitioners strive to distinguish observations, inferences, and conclusions. Forensic practitioners are encouraged to explain the relationship between their expert opinions and the legal issues and facts of the case at hand.

Guideline 11.03: Disclosing Sources of Information and Bases of Opinions

Forensic practitioners are encouraged to disclose all sources of information obtained in the course of their professional services, and to identify the source of each piece of information that was considered and relied upon in formulating a particular conclusion, opinion, or other professional product.

Guideline 11.04: Comprehensive and Accurate Presentation of Opinions in Reports and Testimony

Consistent with relevant law and rules of evidence, when providing professional reports and other sworn statements or testimony, forensic practitioners strive to offer a complete statement of all relevant opinions that they formed within the scope of their work on the case, the basis and reasoning underlying the opinions, the salient data or other information that was considered in forming the opinions, and an indication of any additional evidence that may be used in support of the opinions to be offered. The specific substance of forensic reports is determined by the type of psycholegal issue at hand as well as relevant laws or rules in the jurisdiction in which the work is completed.

Forensic practitioners are encouraged to limit discussion of background information that does not bear directly upon the legal purpose of the examination or consultation. Forensic practitioners avoid offering information that is irrelevant and that does not provide a substantial basis of support for their opinions, except when required by law (EPPCC Standard 4.04).

Guideline 11.05: Commenting Upon Other Professionals and Participants in Legal Proceedings

When evaluating or commenting upon the work or qualifications of other professionals involved in legal proceedings, forensic practitioners seek to represent their disagreements in a professional and respectful tone, and base them on a fair examination of the data, theories, standards, and opinions of the other expert or party.

When describing or commenting upon clients, examinees, or other participants in legal proceedings, forensic practitioners strive to do so in a fair and impartial manner.

Forensic practitioners strive to report the representations, opinions, and statements of clients, examinees, or other participants in a fair and impartial manner.

Guideline 11.06: Out of Court Statements

Ordinarily, forensic practitioners seek to avoid making detailed public (out-of-court) statements about legal proceedings in which they have been involved. However, sometimes public statements may serve important goals such as educating the public about the role of forensic practitioners in the legal system, the appropriate practice of forensic psychology, and psychological and legal issues that are relevant to the matter at hand. When making public statements, forensic practitioners refrain from releasing private, confidential, or privileged information, and attempt to protect persons from harm, misuse, or misrepresentation as a result of their statements (EPPCC Standard 4.05).

Guideline 11.07: Commenting Upon Legal Proceedings

Forensic practitioners strive to address particular legal proceedings in publications or communications only to the extent that the information relied upon is part of a public record, or when consent for that use has been properly obtained from any party holding any relevant privilege (also see Guideline 8.04).

When offering public statements about specific cases in which they have not been involved, forensic practitioners offer opinions for which there is sufficient information or data and make clear the limitations of their statements and opinions resulting from having had no direct knowledge of or involvement with the case (EPPCC Standard 9.01).

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Appendix A
Revision Process of the Guidelines

This revision of the Guidelines was coordinated by the Committee for the Revision of the Specialty Guidelines for Forensic Psychology ("the Revisions Committee"), which was established by the American Academy of Forensic Psychology and the American Psychology–Law Society (Division 41 of the American Psychological Association [APA]) in 2002 and which operated through 2011. This committee consisted of two representatives from each organization (Solomon Fulero, PhD, JD; Stephen Golding, PhD, ABPP; Lisa Piechowski, PhD, ABPP; Christina Studebaker, PhD), a chairperson (Randy Otto, PhD, ABPP), and a liaison from Division 42 (Psychologists in Independent Practice) of APA (Jeffrey Younggren, PhD, ABPP).

This document was revised in accordance with APA Rule 30.08 and the APA policy document "Criteria for Practice Guideline Development and Evaluation" (APA, 2002). The Revisions Committee posted announcements regarding the revision process to relevant electronic discussion lists and professional publications (i.e., the Psylaw-L e-mail listserv of the American Psychology–Law Society, the American Academy of Forensic Psychology listserv, the American Psychology–Law Society Newsletter). In addition, an electronic discussion list devoted solely to issues concerning revision of the Guidelines was operated between December 2002 and July 2007, followed by establishment of an e-mail address in February 2008 (sgfp@yahoo.com). Individuals were invited to provide input and commentary on the existing Guidelines and proposed revisions via these means. In addition, two public meetings were held throughout the revision process at biennial meetings of the American Psychology–Law Society.

Upon development of a draft that the Revisions Committee deemed suitable, the revised Guidelines were submitted for review to the Executive Committee of the American Psychology–Law Society (Division 41 of APA) and the American Board of Forensic Psychology. Once the revised Guidelines were approved by these two organizations, they were submitted to APA for review, commentary, and acceptance, consistent with APA's "Criteria for Practice Guideline Development and Evaluation" (APA, 2002) and APA Rule 30-8. They were subsequently revised by the Revisions Committee and were adopted by the APA Council of Representatives on August 3, 2011.

(*Appendices continue*)

Appendix B
Definitions and Terminology

For the purposes of these Guidelines:

Appropriate, when used in relation to conduct by a forensic practitioner means that, according to the prevailing professional judgment of competent forensic practitioners, the conduct is apt and pertinent and is considered befitting, suitable, and proper for a particular person, place, condition, or function. ***Inappropriate*** means that, according to the prevailing professional judgment of competent forensic practitioners, the conduct is not suitable, desirable, or properly timed for a particular person, occasion, or purpose; and may also denote improper conduct, improprieties, or conduct that is discrepant for the circumstances.

Agreement refers to the objective and mutual understanding between the forensic practitioner and the person or persons seeking the professional service and/or agreeing to participate in the service. See also Assent, Consent, and Informed Consent.

Assent refers to the agreement, approval, or permission, especially regarding verbal or nonverbal conduct, that is reasonably intended and interpreted as expressing willingness, even in the absence of unmistakable consent. Forensic practitioners attempt to secure assent when consent and informed consent cannot be obtained or when, because of mental state, the examinee may not be able to consent.

Consent refers to agreement, approval, or permission as to some act or purpose.

Client refers to the attorney, law firm, court, agency, entity, party, or other person who has retained, and who has a contractual relationship with, the forensic practitioner to provide services.

Conflict of Interest refers to a situation or circumstance in which the forensic practitioner's objectivity, impartiality, or judgment may be jeopardized due to a relationship, financial, or any other interest that would reasonably be expected to substantially affect a forensic practitioner's professional judgment, impartiality, or decision making.

Decision Maker refers to the person or entity with the authority to make a judicial decision, agency determination, arbitration award, or other contractual determination after consideration of the facts and the law.

Examinee refers to a person who is the subject of a forensic examination for the purpose of informing a decision maker or attorney about the psychological functioning of that examinee.

Forensic Examiner refers to a psychologist who examines the psychological condition of a person whose psychological condition is in controversy or at issue.

Forensic Practice refers to the application of the scientific, technical, or specialized knowledge of psychology to the law and the use of that knowledge to assist in resolving legal, contractual, and administrative disputes.

Forensic Practitioner refers to a psychologist when engaged in forensic practice.

Forensic Psychology refers to all forensic practice by any psychologist working within any subdiscipline of psychology (e.g., clinical, developmental, social, cognitive).

Informed Consent denotes the knowledgeable, voluntary, and competent agreement by a person to a proposed course of conduct after the forensic practitioner has communicated adequate information and explanation about the material risks and benefits of, and reasonably available alternatives to, the proposed course of conduct.

Legal Representative refers to a person who has the legal authority to act on behalf of another.

Party refers to a person or entity named in litigation, or who is involved in, or is witness to, an activity or relationship that may be reasonably anticipated to result in litigation.

Reasonable or ***Reasonably***, when used in relation to conduct by a forensic practitioner, denotes the conduct of a prudent and competent forensic practitioner who is engaged in similar activities in similar circumstances.

Record or ***Written Record*** refers to all notes, records, documents, memorializations, and recordings of considerations and communications, be they in any form or on any media, tangible, electronic, handwritten, or mechanical, that are contained in, or are specifically related to, the forensic matter in question or the forensic service provided.

Retaining Party refers to the attorney, law firm, court, agency, entity, party, or other person who has retained, and who has a contractual relationship with, the forensic practitioner to provide services.

Tribunal denotes a court or an arbitrator in an arbitration proceeding, or a legislative body, administrative agency, or other body acting in an adjudicative capacity. A legislative body, administrative agency, or other body acts in an adjudicative capacity when a neutral official, after the presentation of legal argument or evidence by a party or parties, renders a judgment directly affecting a party's interests in a particular matter.

Trier of Fact refers to a court or an arbitrator in an arbitration proceeding, or a legislative body, administrative agency, or other body acting in an adjudicative capacity. A legislative body, administrative agency, or other body acts in an adjudicative capacity when a neutral official, after the presentation of legal argument or evidence by a party or parties, renders a judgment directly affecting a party's interests in a particular matter.

State of Nevada
Executive Branch

SEX- or GENDER-BASED HARASSMENT AND DISCRIMINATION POLICY

Sex- or gender-based harassment and discrimination based on race (including, but not limited to, hair texture and protective hairstyles), color, national origin, religion, sex, age, disability, pregnancy, sexual orientation, genetic information, gender identity or expression, domestic relations[1] or compensation or wages[2] in any term, condition or privilege of employment violates State and/or federal law.

I. PURPOSE

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

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

II. COVERAGE

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

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[1] NRS 122 and 122A

[2] NRS 613

Revised: 9/2021

III. RESPONSIBILITY

A. Sex- or gender-based harassment and discrimination, whether committed by a supervisor, coworker, or member of the public, is specifically prohibited as unlawful and against State policy. Appointing authorities shall take immediate and corrective action in response to complaints, regardless of whether the specific acts complained of were sanctioned or specifically forbidden. Appointing authorities shall be proactive in preventing sex- or gender-based harassment. Failing to prevent and/or correct harassment may subject appointing authorities to liability, even if they are unaware of the harassment, and when they become aware, regardless of the manner in which the appointing authority becomes aware of the conduct.

B. Appointing authorities shall ensure that each employee is provided with a copy of this Policy informing them that sex- or gender-based harassment and discrimination is prohibited conduct and will not be tolerated or condoned. All employees will acknowledge receipt and understanding of the Policy through a signed statement.

C. All new employees, officers, appointees, board members and volunteers in the executive branch shall complete sex- or gender-based harassment and discrimination prevention training within 30 calendar days of the effective date of their appointment. Thereafter, employees are required to complete sex- or gender-based harassment prevention refresher training once every two years.

D. An appointing authority may not promote a person who has not completed or is not current on the sex- or gender-based harassment training as required in III. C above and as required by NAC 284.496.

E. Managers and supervisors are also required to attend additional training related to managing and preventing sex-or gender-based harassment and discrimination to ensure they have a complete understanding of this Policy within 30 calendar days of initially becoming a manager or supervisor as required by NAC 284.498.

F. Appointing authorities shall advise all employees of the employees' responsibility to report incidents of sex- or gender-based harassment and discrimination.

G. Appointing authorities shall designate employees within each agency to act as coordinators for the reporting of complaints of sex- or gender-based harassment or discrimination and shall notify employees and the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit of the coordinator's name and contact information.

H. Supervisors shall have a complete understanding of this Policy. Supervisors

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

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

IV. STATE EMPLOYEES' RIGHTS AND RESPONSIBILITIES

A. Employees are entitled to work in a workplace free of sex- or gender-based harassment and discrimination.

B. Employees are responsible for ensuring they do not engage in sex- or gender-based harassment or discrimination against any other employee, client, applicant for employment, or other individual(s).

C. Employees are responsible for cooperating in the investigation of any complaint of alleged sex- or gender-based harassment or discrimination. Employees are additionally responsible for cooperating with the efforts of their agency, division, board, or commission to prevent and eliminate sex- or gender-based harassment and discrimination and for maintaining a working environment free from such unlawful conduct. Pursuant to NAC 284.650, failure to participate in any investigation of alleged discrimination, including without limitation, an investigation of sex- or gender-based harassment, is cause for disciplinary action.

V. LEGAL DEFINITIONS AND GUIDELINES

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

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

B. Behavior that is sex- or gender-based harassment includes:

1. Making submission to unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature either explicitly or implicitly a term or condition of a person's employment;

or

2. Making submission to or the rejection of such conduct described in (1) by a person a basis for employment decisions affecting that or any other person; or

3. Engaging in unwelcome harassing verbal or physical behavior that occurs because of the sex or gender expression of any individual(s) and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating or offensive work environment where:

a. Harassing behavior is of a sexual nature;

b. Harassing behavior is not sexual in nature, but is related to sex or gender of the alleged victim or others;

c. Harassing behavior is sex- or gender-neutral in content but occurs because of an individual's sex or gender; or

d. Any combination of the types of behaviors described in 3. a. – c.

C. Equal opportunity with regard to the terms, conditions and privileges of employment is mandated under Title VII of the Civil Rights Acts of 1964, the Americans with Disabilities Act of 2009 as amended, the Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, Genetic Information Nondiscrimination Act of 2008, NRS 631.330, NRS 281.370, and numerous sections of Chapter 284 of the NRS and NAC which address the State's Personnel System.

D. The State of Nevada is an equal opportunity employer and does not discriminate against job applicants or employees based on race (including, but not limited to, hair texture or protected hairstyles), color, religion, sex, national origin, disability, age, pregnancy, sexual orientation, genetic information, gender identity or expression, domestic relations, or compensation or wages.

E. Federal and state law prohibit retaliation against employees who bring sex- or gender-based harassment or discrimination charges or assist with or participate in any investigation of such charges. Any employee making sex- or gender-based harassment or discrimination complaints or assisting in the investigation of such a complaint, or otherwise engaging in protected activity, will not be adversely affected in terms or conditions of employment, nor discriminated against, disciplined, or discharged because of the complaint.

VI. PROCEDURE

A. Employee and/or bystander:

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

2. If the employee or bystander elects not to report the complaint as described in VI.A.1 above, the employee or bystander(s) may report incidents of sex- or gender-based harassment or discrimination as follows:

   (a) to the coordinator within their agency designated to receive such complaints (e.g., the person identified on the "SEXUAL, SEX- OR GENDER-BASSED HARASSMENT HAS NO PLACE IN THE WORKPLACE" flyer posted in your agency or the EEO Officer if your agency has one); or

   (b) by filing a complaint in NEATS on the Home Page, under "Employee" tab, "File a Sex- or Gender-Based Harassment or Discrimination Complaint"; or

   (c) by completing an HR-30 Sex- or Gender-Based Harassment or Discrimination Complaint Form located on the Division of Human Resource Management's website; or

   (d) by calling the Division of Human Resource Management's Harassment/Discrimination Hotline at (800) 767-7381.

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

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

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

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

B. Appointing Authorities

1. After receiving notification of a complaint, the appointing authority shall promptly notify the agency's assigned personnel, Deputy Attorney General, or staff counsel assigned to represent the agency pursuant to State Administrative Manual § 1702 (legal counsel) and the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit. The agency coordinator will complete the complaint form from the employee filing the complaint. The coordinator will forward a copy of the completed intake report to the agency's legal counsel and the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit, along with any supporting documentation. The agency coordinator my also submit the complaint via NEATS.

2. Appointing authorities shall cooperate fully with the investigation.

3. The assigned investigator will begin the investigation as soon as possible.

4. Investigations will be conducted as discreetly and with as little disruption to the workplace as possible. All information gathered in an investigation will be kept confidential to the maximum extent possible, and supervisors, next level authorities, coordinators and/or investigators shall explain to the complainant, the accused, and each witness the confidential nature of the investigative process.

5. The investigator will prepare a written report of findings, which will be submitted to the appointing authority, the agency's legal counsel, and the agency's chief personnel officer. If the accused is a gubernatorial appointee, such as a Director of a department, the written report of findings will be submitted to the Governor's Office. The ultimate decision for remedial action is the responsibility of the appointing authority; however, the investigative staff may suggest mediation services and/or other non-disciplinary remedies, if appropriate.

6. At the conclusion of the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit's investigation, the Division of Human Resource Management will notify the complainant in writing that the investigation was completed and forwarded to their agency for review. The appointing authority shall review the report and determine the appropriate resolution of the complaint. If warranted, the agency, after consultation with their legal counsel, may take disciplinary action up to and including dismissal.

7. The appointing authority shall: (a) Notify the Sex- or Gender-Based Harassment and Discrimination Investigation Unit in writing of its determination regarding the resolution of the complaint within 30 days after the date on which the resolution occurs; and (b) Retain a copy of the written report prepared and written notification of the resolution of the complaint and maintain the confidentiality of such documents.

8. Except as otherwise provided below, a complaint filed pursuant to this policy and any information relating to the complaint, including, without limitation, information that is: (a) Obtained by the investigator in the investigation of a complaint; (b) Contained in a written report of a complaint retained; or (c) Contained in a written resolution of a complaint retained, is confidential and must not be disclosed unless so ordered by the Administrator of the Division of Human Resource Management or his or her designee or a court of competent jurisdiction.. If the Administrator or his or her designee decides to disclose any information that may be used to identify a person who filed a complaint pursuant to this policy, a person who is the subject of such a complaint or a person who claims to have witnessed an employee being harassed or discriminated against based on his or her sex or gender, the Administrator or his or her designee shall notify the person regarding the decision at least 10 days before ordering the disclosure. A person who receives such notice may, within 10 days after receiving the notice, file a written appeal of the decision with the Personnel Commission (Commission). If such an appeal is filed, the Commission shall, in a closed hearing, consider the decision of the Administrator for which the appeal is taken. If the Commission determines that the information must not be disclosed, the Commission shall keep the information confidential. A person or governmental entity identified in a complaint filed pursuant to this policy may disclose the identity of any other person or entity identified in the complaint if such disclosure is necessary to file a claim.

9. An appointing authority shall take any action necessary to protect a complainant whose identity is disclosed pursuant to VI. B. 8. from retaliation for filing the complaint.

C. Complaint Submitted Through the Hotline

1. When an employee transmits a complaint of sex- or gender-based harassment or discrimination through the State hotline, the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Unit will complete the initial intake report and/or submit the complaint in NEATS.

2. The agency coordinator will be notified of the complaint via NEATS.

3. The investigation will then proceed as described for complaints submitted to appointing authorities (*see* Item VI.C.).