



Western Carolina University

Counseling and Psychological Services

Doctoral Psychology Practicum

Training Manual

2023 – 2024

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Michael Jay Manalo, Ph.D., HSP-P, NCC  
He/Him/His  
Associate Director/Training Director/Psychologist

# Counseling and Psychological Services (CAPS) Overview

## ***About CAPS***

Counseling and Psychological Services operates within the Division of Student Affairs and reports to the Assistant Vice Chancellor for Health and Wellness. Counseling and Psychological Services is accredited by the International Association of Counseling Services (IACS) and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Association of Counseling Center Training Agencies (ACCTA), and the Center for Collegiate Mental Health (CCMH).

CAPS provides a range of mental health services to students including quick access appointments, therapeutic intakes, individual counseling, group counseling, and crisis services. CAPS also provides outreach and consultation services to the WCU community.

## ***CAPS Staff***

Staff bios of CAPS staff may be found on the counseling center's website:

<http://caps.wcu.edu>

Affiliate training program staff background and training experience are available upon request.

## ***CAPS Mission***

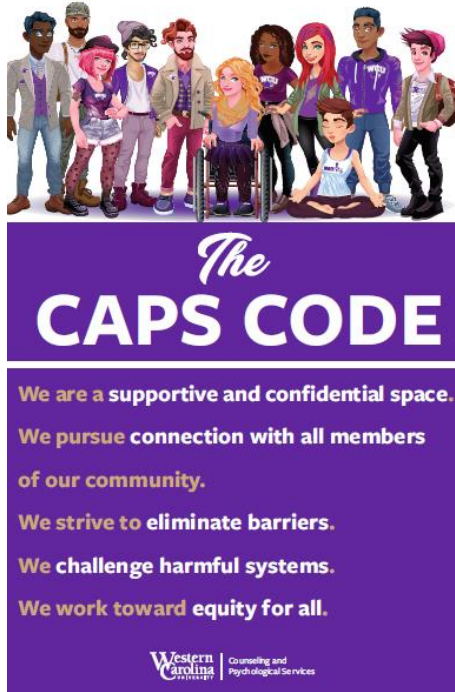
Counseling and Psychological Services (CAPS) empowers students to engage in and be successful in a full range of academic, social, and cultural opportunities through fostering psychological wellness.

## ***CAPS Values***

### **The CAPS CODE**

The CAPS CODE reflects our department's values and is encompassed by the graphic below:

**CONNECTION OPENNESS DIVERSITY EQUITY**



## Trauma Informed Care and Decolonization Principles & Practices

In the 2020 – 2021 academic year, CAPS committed to creating and maintaining a culture that emphasizes trauma informed care principles. We also have committed to reviewing our practices through a decolonization lens. These principles have become a very important part of our value system at CAPS. We are also committed to teaching you about this practice.

**Six Principles of Trauma-Informed Care**

- SAFETY**  
Ensuring physical and emotional safety
- CHOICE**  
Providing choice and control
- COLLABORATION**  
Making decisions together
- TRUSTWORTHINESS**  
Being clear and consistent
- EMPOWERMENT**  
Prioritizing building on strengths
- CULTURAL, HISTORICAL, AND GENDER CONTEXTS**  
Understanding of cultural contexts and leveraging individual and community healing practices

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### **Accommodations for Trainees with Disabilities:**

The training program at CAPS is committed to providing access for all people with disabilities and will provide accommodations for the training experience if notified in advance. Trainees who have any questions regarding their circumstances, life situation, prior experience, or other concerns as it pertains to their candidacy for the training experience are encouraged to contact CAPS' Training Director, the appropriate faculty member of their academic program, or other resources such as the following:

- APPIC's Problem Consultation service for doctoral psychology interns (<http://www.appic.org/Problem-Consultation>)
- WCU's Office of Accessibility Resources (<https://www.wcu.edu/learn/academic-services/disability-services/>)
- WCU's Human Resources (<https://www.wcu.edu/discover/campus-services-and-operations/human-resources-and-payroll/>)

### **From WCU's Office of Equal Opportunity & Diversity Programs:**

<https://www.wcu.edu/discover/diversity/>

At Western Carolina University, we strive to attract and retain a diverse student body, faculty, and staff from all backgrounds, races, ethnicities, genders, sexual orientations, religions, nationalities, abilities, and socio-economic statuses. We recognize that each person brings unique perspectives, experiences, and talents that enrich our learning environment and enhance our collective understanding of the world.

# **Training**

## ***CAPS Training Program Mission***

The training program at CAPS promotes the development of clinical skills and professional identity for the next generation of mental health professionals. This mission is accomplished through the provision of didactic training, clinical supervision, and direct practice experiences within an interdisciplinary, supportive, and collaborative team environment.

## ***Training Program Staff***

The training team consists of all full-time permanent clinical staff. The training team is committed to the training and preparation of psychologists who can function effectively in a clinical setting. This internship training program has been specifically developed by the team for students enrolled in doctoral-level psychology programs who have completed all requirements for the doctoral degree except for internship and dissertation. While all the training team is responsible for some aspect of selection, training, and evaluation of doctoral interns, work groups or committees are established to address specific issues.

Affiliate training program staff provide supervision, training and consultation to further enrich and expand the training experience. When providing clinical supervision, these affiliate training program staff assume primary clinical responsibility consistent with the service component and are available for supervisory consultations as needed.

## ***Training Director***

The Training Director has the following responsibilities:

1. Oversees all aspects of the training programs.
2. Ensures that Training Program components meet professional practice standards and federal/state legal statutes pertaining to graduate training programs for mental health professionals.
3. Provides administration of the APA Doctoral Psychology Internship Program:
  - a. Oversees selection process, updates information in the training manual(s), plans orientation to CAPS, coordinates doctoral psychology intern evaluations, coordinates instructional seminars and other didactic experiences, maintains doctoral intern files, maintains appropriate memberships (e.g., ACCTA, APPIC),



- prepares for APA accreditation reviews, coordinates end of year celebration for doc interns and end of year feedback collection process.
- b. Serves as administrative supervisor for doctoral interns.
4. Provides administration of the Doctoral Psychology Practicum Training program:
    - a. Oversees selection process, updates information in the training manual(s), plans orientation to CAPS, coordinates doctoral practicum trainee evaluations, maintains doctoral practicum trainee files.
    - b. Is responsible for completing offboarding checklist for doctoral interns and doctoral practicum trainees.
  5. TD coordinates with MTC and TD consults with Director on the selection process of master's trainees to manage overall impact of all incoming trainees on available resources.
  6. Provides support and organizes professional development for CAPS clinical staff serving as clinical supervisors within training program.
  7. The TD does not have any supervisory responsibility over other training staff.
  8. Maintains communication with sponsoring graduate program contacts for doctoral interns and doctoral practicum trainees.
  9. When requested by licensing boards, verifies completion of overall training experience with for former trainees (unless licensure board requests this verification directly from Primary Clinical Supervisor).
  10. Provides oversight with regard to quality control and professional practice standards for all trainees.
  11. Ensures information related to training program on CAPS website is current and accurate.

## ***Training Values***

Counseling and Psychological Services (CAPS) upholds the following training values:

1. We provide training in university counseling center work; our training focuses on services for an emerging adult population.
  - a. We train in the practice of brief therapeutic interventions drawing from a variety of theoretical orientations.
  - b. We value intentional treatment. That is, we are thoughtful and directed in our approach to treatment and we encourage thinking through options and alternatives in therapy approaches.
  - c. We encourage trainees to develop their own theoretical approach that is informed by research and practice.
2. We train individuals to be well-rounded generalists, including but not limited to the provision of individual and group counseling, consultation services, conducting assessment, and thoughtful and trauma informed diagnosis.
3. We take an approach of meeting well-developed individuals where they are and helping them to develop or further refine their skills.

4. Our training is both comprehensive in its structure and individualized in its flexibility. We recommend broadly what all our trainees need experience in, and at the same time we work in collaboration with our trainees to help them to advance in what they want and need.
  - a. We encourage trainees to engage in their own learning by providing space for self-direction, independent thinking and judgment in their roles. And we provide consistent support as they do so.
  - b. We work to help trainees build confidence in their skills. This is done with the recognition that trainees will need direction and instruction to build knowledge and skills in the practices that are new to them.
  - c. We provide space and opportunity for trainees to reflect on their own values and encourage them to be self-aware and invested in lifelong learning.
5. We value building our trainees' culturally responsive and reflective counseling skills.
6. We value an environment that is trauma-informed, respectful, supportive, collaborative, and fun.
7. We value knowledge of and engagement in ethical and legal behavior.
8. We value supervision. We believe that supervision involves observing the trainee's work and giving feedback. We believe supervision involves a blend of focus between client care and developing the trainee's identity as a practitioner.
9. We value individual and community wellness.
10. We value attention to practice and connection within the larger systems in which we exist including the Division of Student Affairs, Western Carolina University, and the off-campus community as a whole.

## **Aims, Competencies, and Elements of the Training Program**

### ***Aim of the CAPS Psychology Practicum Training Program***

The overall aim of the CAPS doctoral psychology practicum training program is to give necessary clinical experience required by their doctoral program in preparation for eventual entry into a doctoral internship in psychology. This aim is accomplished by providing training in generalist clinical skills in psychology, diversity, and rural mental health skills, collaborative skills for operating within an interprofessional and interdisciplinary team, and overall professional identity development as a psychologist.

The doctoral psychology practicum training program at CAPS is based on APA's required Profession Wide Competencies for doctoral training programs listed in the Standards of Accreditation for Health Service Psychology (American Psychological Association, Commission on Accreditation, 2015; revised 2022). Each competency is further operationalized by specific elements related to the trainee's performance within each competency. These competencies and their according elements (including elements defined by APA and elements defined by the CAPS training program) are described in further detail below.

# ***Competencies and Elements of the CAPS Psychology Practicum Training Program***

## **Competency 1: Research**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

- Demonstrate the substantially independent ability to conduct research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Critically evaluate and disseminate research or other scholarly activity via professional publication or presentation at the local (including the host institution), regional, or national level.

## **Competency 2: Ethical and Legal Standards**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

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

## **Competency 3: Individual and Cultural Diversity**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service; and
- Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups.
- Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.

## **Competency 4: Professional Values, Attitudes, and Behaviors**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.

## **Competency 5: Communications and Interpersonal Skills**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Manage difficult communication well.

## **Competency 6: Assessment**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

- Demonstrate current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity considerations and contextual influences (e.g., family, social, societal, and cultural) of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

## **Competency 7: Intervention**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop and implement evidence-based intervention plans specific to the service delivery goals informed by the current scientific literature, assessment findings, diversity considerations, and

contextual variables. This includes the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing progress evaluation.

## **Competency 8: Supervision**

*The competency area of supervision is not assessed as part of the CAPS doctoral practicum experience.*

## **Competency 9: Consultation and Interprofessional/Interdisciplinary Skills**

Doctoral students are expected at a minimum to (from APA SoA IR C-8 D):

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Demonstrates knowledge of consultation models and practices.

## ***Required Training/Experiential Activities for Elements***

The above competencies and associated elements are globally accomplished by participation in training and experiential activities including the following:

- Didactic trainings during orientation
- Shadowing of clinical skills with supervisor
- Performing assigned clinical and other service duties (e.g. Quick Access shifts when applicable, therapeutic intakes, individual counseling, group counseling when applicable, outreach when applicable)
- Clinical documentation
- Primary individual supervision
- Review of video recordings
- Staff meetings when applicable
- Consultations with permanent staff and other trainees

# **Evaluations, Due Process, & Grievance Procedures**

## ***Feedback***

The overall goal of the training year is to help you progress towards your next stage of clinical practice. So it will be both a challenging AND supportive experience! As such, you'll be getting a lot of feedback in different ways this year including:

Written feedback on notes

Verbal feedback in individual supervision meetings, in group settings, and in consultations with other staff and peers

Formal written evaluations throughout the year

etc.

We know this can be overwhelming, especially depending on how much and in what ways feedback was provided to you in past training experiences. Please trust that feedback is provided in the spirit of both supporting and challenging you to grow and stretch your potential as a clinician.

## ***Evaluation Process Overview***

Trainees are expected to meet the goals of the training experience and their progress toward these goals is continually evaluated by the Training Director, individual supervisors, and permanent staff. Trainee activity (including number of clinical hours) is monitored by the Training Director and primary clinical supervisor through reports generated by Titanium Schedule. Trainee performance is continually evaluated through individual supervision, case consultations, instructional seminars, meetings, and other activities.

Formal evaluation takes place four times during the year: at mid-fall, end of fall, mid-spring, and at end-of-spring through completion of relevant sections of the evaluation forms (see table of Competencies and Elements above) by individual supervisors, group co-therapists when applicable, and any other clinical staff member working with an intern in an activity.

The primary supervisor serves as the primary author of the doctoral psychology practicum trainee's evaluation forms, although input is solicited from other senior staff and supervisors who have interacted with the practicum trainee.

## **Minimum Levels of Achievement**

The CAPS doctoral psychology practicum evaluation of supervisee competencies form was developed to reflect important elements of the doc practicum trainee's performance according to APA's required [Profession Wide Competencies](#) (APA CoA IR C8-D) for doctoral graduate programs listed in the *Standards of Accreditation for Health Service Psychology* (American Psychological Association, Commission on Accreditation, 2015, revised 2022).

CAPS will utilize WCU's Doctor of Psychology Psy.D. program's separate CBRS-2 form (Competency Benchmark Rating Scale–External Practicum) at the designated evaluation periods as specified by the Psy.D. program. The elements outlined in the CAPS in-house form are the same areas of evaluation used in the CBRS-2 form and aligned with APA's 9 Profession Wide Competencies, but the in-house form will be used to document more qualitative reflection and comments.

This form is to be used quarterly (mid-fall, end of fall, mid-spring, end of spring) to prompt discussion regarding the doctoral psychology practicum trainee's strengths and areas for growth over the course of the training sequence. Minimum levels of achievement (e.g. answering "Yes" to the questions below) are measured relative to where a trainee would be expected to be "at this point in time" (whether a trainee is considered on-track or not in each competency). So developmentally, a trainee is not expected to be at the same level at the beginning of the training sequence as where they would be expected to be at the end of the sequence.

**Minimum Level of Achievement by end of fall semester: Yes ("progressing as expected in this competency at this point in time") on all competencies**

**Minimum Level of Achievement by end of internship: Yes ("progressing as expected in this competency at this point in time") on all competencies**

*From APA CoA C8-D Profession Wide Competencies; definition of MLA's:*

Training in profession-wide competencies (PWCs) at the doctoral level will provide broad and general preparation for internship. For each PWC, **readiness for internship** is generally defined as:

- Demonstrates capacity to integrate and apply PWCs with increasing professional autonomy and effectiveness across a broad and increasingly more complex range of clinical and professional activities in cooperation and collaboration with supervision, consultation, and training.
- Following internship, doctoral programs are also responsible for ensuring that all students achieve readiness for entry level practice on all profession-wide competencies upon graduation (successful completion of an APA accredited internship is sufficient evidence that this has occurred).

*\*Since doctoral psychology practicum trainees at CAPS may or may not be attending internship immediately after completion of the CAPS training sequence, supervisors and supervisees should identify early during the practicum sequence (based on the trainee's goals and progression in their doctoral program) whether or not it is expected that the trainee should be considered "ready for internship" at the end of the CAPS practicum as this may adjust expectations around progress on expected competencies.*



Supervisors will review completed evaluation forms with their supervisees and then submit them to the Training Director. Supervisors also provide feedback reports of intern progress during senior staff supervisors' meetings. The Training Director will review all evaluations, oral feedback, weekly activities, and training agreements to discuss progress toward internship goals with interns after each evaluation period.

In accordance with APA's Standards of Accreditation (SoA), "communication must take place when problems arise with interns" and "the internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion." We will utilize a similar frequency of communication for our doctoral practicum trainees. Letters addressing intern performance and attainment of goals (including copies of the most recent evaluation forms completed) will be sent to academic departments at the end of fall semester and at the end of the spring semester.

### ***Insufficient Professional Competence and Inadequate Performance***

Insufficient professional competence is defined as interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
- An inability to acquire professional skills in order to reach an acceptable level of competency
- An inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions which interfere with professional functioning.

Insufficient professional competence is operationalized by evaluation forms and constitutes a rating of "No" ("not progressing as expected in this competency at this point in time") on any item on CAPS' in-house rating form, a rating of 1 ("needs considerable improvement" on the Psych Department's CBRS-2 form, or documentation of one of the concerns below brought by the individual supervisor to the Training Director or noted on a formal written evaluation form. It typically takes the form of one of the following characteristics:

1. The trainee does not acknowledge, understand, or address a problem when it is identified.
2. A problem is not merely a reflection of a skill deficit which can be rectified by academic, didactic training, or supervision.
3. The quality of services delivered by the trainee is negatively affected to a significant degree.
4. A problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by senior staff is required.

6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
7. A problematic behavior has potential for ethical or legal ramifications, if not addressed.
8. The trainee's behavior negatively impacts the public view of the agency.

Inadequate performance can be differentiated from insufficient professional competence in that it merely reflects a skill deficit, while insufficient professional competence reflects behavior and/or attitudes that prevent an intern from reaching competent practice. Both are addressed by the remediation procedures.

### ***Remediation Procedures***

Remediation procedures are activated when one of the following occurs:

- A trainee earns a rating of 1 on the Psych Department's CBRS-2 form for external practicum ("needs considerable improvement")
- A rating of "No" ("not progressing as expected in this competency at this point in time") on CAPS' in-house rating form for PsyD doctoral practicum trainees
- A supervisor documents a written concern necessitating remediation on a formal evaluation
- Any member of the permanent staff documents a written concern with the Training Director

The latter is likely to happen when a problem or infraction is so serious that it must be reported and addressed prior to the next formal evaluation period. The trainee will receive a copy of any formal complaint that is filed.

Suspension of all activities and dismissal from CAPS may be initiated if it is determined by the Primary Clinical Supervisor and Training Director that imminent harm may occur to the clientele of CAPS if the trainee continues or if remediation is found to be unsuccessful.

Any significant concerns requiring formal remediation or dismissal will need to be communicated with a trainee's academic department as well as noted on any references provided by CAPS staff for future jobs, licensure, or other opportunities outside of CAPS.

The steps below outline how remediation is determined and implemented:

1. The Primary Clinical Supervisor will meet with the Training Director (TD) or Master's Training Coordinator (MTC) to discuss concerns about the trainee. They will discuss options and an initial supportive plan (when appropriate) for addressing the concerns.
  - a. This initial supportive plan is not considered a formal remediation (at this point).
  - b. This plan should be as specific as possible with measurable outcomes to determine success.

- c. Primary Clinical Supervisor and TD/MTC will establish a specific length of time (no longer than 1 month) after which a determination will be made regarding any necessary further action.
- 2. Primary Clinical Supervisor will share and implement the steps in the initial supportive plan with the trainee.
  - a. This supervisor will also give the trainee a verbal warning that formal remediation could occur if the problem persists beyond the determined length of time for the initial supportive plan.
  - b. Primary Clinical Supervisor will oversee the implementation of the supportive plan and will monitor the trainee's growth and response to this initial supportive plan.
  - c. Primary Clinical Supervisor will document the trainee's response in routine supervision notes.
  - d. If necessary, the Primary Clinical Supervisor may determine that an extension of the initial supportive plan may be implemented if the trainee has made significant progress towards the identified goals.
- 3. If the trainee does not achieve the specified goals of the initial supportive plan, the Primary Clinical Supervisor will meet with the TD or MTC to discuss further action necessary. When concerns involve a master's trainee, the MTC will in turn inform the TD of these continued concerns.
- 4. The TD and Primary Clinical Supervisor will meet jointly with the trainee to inform them that a formal remediation plan is being considered and that a remediation committee is being formed to determine whether or not formal remediation is warranted. The remediation committee is comprised of three individuals: the Training Director, a permanent staff member chosen by the trainee, and another permanent staff member. When concerns involve a master's trainee, the committee will also include the MTC as a fourth member.
  - a. The Director will determine the available pool of permanent staff members from which the trainee will select their committee member of choice. The trainee will communicate their choice to the TD.
  - b. If the Training Director or Master's Training Coordinator has a significant conflict of interest or multiple relationship type of concern with the trainee in question and cannot participate in the committee, they will consult with the Director regarding who will serve in their place on the committee.
- 5. The Training Director convenes the remediation committee. The purpose of the committee is to determine whether or not formal remediation is warranted. To achieve this goal, the committee is expected to gather information from both the trainee and the primary clinical supervisor. The committee is expected to come to a determination as quickly as possible.
- 6. If the committee determines no formal remediation is warranted, the TD will inform the Primary Clinical Supervisor; the Primary Clinical Supervisor and TD will subsequently meet with the trainee to inform them of the decision.
  - a. Primary Clinical Supervisor will discuss with the TD to determine what supervision with the trainee will look like moving forward.
- 7. If the committee determines that formal remediation is warranted, the TD, committee, and Primary Clinical Supervisor will discuss and determine the following: goals of remediation, expected measurable outcomes, methods by which those outcomes will be

- achieved, timeline for implementing these activities, and who is responsible for monitoring each step.
- a. The Admin Team and Primary Clinical Supervisor will determine which permanent staff member will be assigned to carry out the remediation.
  - b. The Training Director will create the written remediation plan to give to the trainee.
8. The Training Director and Primary Clinical supervisor will meet with the trainee to share that formal remediation is being implemented and will provide the written plan to the trainee.
- a. The trainee will be requested to sign the plan; signature of the plan indicates that the plan was reviewed with them.
  - b. A copy of the written plan will be shared with the trainee's academic department.
9. At the end of the remediation period, the Training Director will reconvene the remediation committee to review related documentation of trainee's response to the plan. The committee is expected to gather information from the trainee, the Primary Clinical Supervisor, and the permanent staff member who oversaw the remediation plan.
10. After reviewing the materials, the committee makes a recommendation regarding whether or not the trainee achieved the remediation goals successfully. The Training Director will share this recommendation with the Primary Clinical Supervisor.
11. The TD and Primary Clinical Supervisor determine the final outcome of remediation.
- a. If the Primary Clinical Supervisor agrees with the recommendation that the trainee was successful, the remediation is considered to be completed. Training Director will write a Remediation Plan Outcome document accordingly.
  - b. If TD and Primary Clinical Supervisor disagree on the final outcome, the Primary Clinical Supervisor will consult with another clinician (within or outside of CAPS) who holds same credential as Primary Clinical Supervisor. Both the TD and Primary Clinical Supervisor will document the reasons for their disagreement. If disagreement persists after this consultation, the outcome will default to Primary Clinical Supervisor's decision.
  - c. If the outcome is determined to be unsuccessful by the Primary Clinical supervisor, the Primary Clinical Supervisor will communicate that decision to the Training Director of CAPS. The TD will in-turn inform the Director of this decision. The TD and Director will determine the trainee's status for whether or not the trainee will continue their placement at CAPS.
  - d. If the TD and Director determine that suspension and dismissal of the trainee is warranted, the trainee will receive written notice of the dismissal. The academic department will be informed that the trainee has not and will not successfully complete the training placement.
12. The Training Director and Primary Clinical Supervisor will relay this outcome to the trainee.
- a. The Training Director will also notify the trainee's academic program of the outcome.

## **Grievance Procedures**

Grievance Procedures are designed to address trainee grievances against evaluations provided by an individual supervisor or senior staff. Examples of issues with which trainees might have a grievance include poor supervision, unavailability of the supervisor, workload issues, personality clashes, and other staff conflict. Trainees are encouraged to informally resolve grievances with staff by first discussing their concerns directly with that staff member. If this discussion produces insufficient results, the trainee may also discuss the concern with the staff member's Administrative Supervisor, the Training Director, or the CAPS Director, who may offer assistance in resolving the conflict. If the trainee is unsuccessful in resolving the concern informally or if the trainee prefers to address the conflict by formal means, a formal grievance may be filed at any time using the procedures that follow.

### Notice:

The trainee's grievance should be communicated to the Training Director in writing, when possible within 5 working days of the event in question.

### Hearing:

The Training Director will chair a review panel consisting of the Training Director, one permanent staff member chosen by the trainee, and a permanent staff member chosen by the Training Director. If the Training Director is the training staff member against which the grievance is filed, the Director will appoint an alternate staff member to chair the panel and appoint the committee member. The trainee and any supervisors involved may present information relevant to their positions to the panel at a hearing and will have an opportunity to hear all information presented so that they may dispute this information. After hearing all evidence, the panel will determine a recommendation regarding the matter by majority vote. The Training Director will convey this information to the trainee within 5 working days.

### Appeal:

If the trainee wishes to appeal this decision, they may file a written appeal with the Director within 5 working days of being notified of the Director's decision. Within 5 working days the Director will conduct a hearing of evidence from the trainee and other parties involved. An appeal decision will be made by the Director and all parties will be informed in writing of this decision within 5 working days of the hearing. If a trainee continues to be dissatisfied with the Director's decision, they may contact the Associate Vice-Chancellor for Student Affairs for further assistance and action.

If the grievance is regarding the Director, the appeal process will be heard by the Associate Vice-Chancellor for Student Affairs.

Adapted from Intern Manual, Student Counseling Center, Illinois State University

## ***Trainee Evaluation of Supervision and Training***

Trainee feedback regarding supervision and training received is considered to be very valuable and is regularly requested. The training director verbally asks for feedback from trainees during meetings or supervision over the course of the semester. This feedback is then shared with senior staff.

Trainees are asked to complete Clinical Supervisor Feedback forms (at a minimum for their primary supervisors) at mid-fall, end of fall, mid-spring, and end of training experience. These evaluations should be shared with supervisors; supervisors will in-turn review the form with their administrative supervisors.

Trainees are also asked to complete Evaluation of Training forms at internship end. Each trainee is encouraged to provide feedback informally throughout the internship as well.

Trainees may also provide feedback to the Training Director at any point throughout the year in an anonymous manner via the following link:

[https://wcu.az1.qualtrics.com/jfe/form/SV\\_cGSkRdHuWchz17D](https://wcu.az1.qualtrics.com/jfe/form/SV_cGSkRdHuWchz17D)

## **Training Policies and Procedures**

### ***Responsibility for Clients***

Individual supervisors maintain ultimate responsibility for clients seen by trainees. It is the Individual supervisor's responsibility to keep up-to-date on the progress of each of the supervisee's clients. To ensure that individual supervisors and senior staff can maintain responsibility, the following policies should be observed:

1. Quick Access appointments should be recorded if possible with client consent, although this is not mandatory. However, all Therapeutic Intake and ongoing Personal Counseling (individual psychotherapy) sessions conducted by trainees must be video recorded (audio only is not sufficient). Video recording of other therapeutic activities can be negotiated if deemed necessary in coordination with primary supervisor and Training Director.
2. Group therapy sessions are initially not conducted by trainees without the presence of a staff co-therapist. When the staff co-therapist determines that the trainee is capable, the trainee may lead a therapy group alone when the staff co-therapist is absent. When this approval is given, the Training Director should be informed. Psychoeducational or support groups may be lead independently by trainees, on a case by case basis.

3. Any correspondence going to a third party, which requires a release of information form regarding a client to be sent by the intern must be entered into Titanium Schedule, reviewed, approved, and co-signed by the individual supervisor or relevant senior staff member.
4. Trainees must consult with a senior staff member regarding all emergencies that they handle.
5. All notes must be sent to supervisors using Titanium Schedule so they may be reviewed within an appropriate timeframe. The following timeframes apply to documentation completion by trainees (unless otherwise specified or cleared by the trainee's supervisor):
  - At a minimum, risk documentation must be completed by end of day for all notes.
  - Emergency related notes must be completed by the supervisee and sent to the supervisor for further review on the same day of service that the emergency consultation occurred.
  - Quick Access notes must be completed by the supervisee and sent to the supervisor for further review on the same day of service that the Quick Access occurred.
  - For Therapeutic Intakes, the presenting problem, risk assessment, and substance use screening sections must be completed by the end of the day of the service provided. Trainees will work with their supervisor to complete the remainder of the Therapeutic Intake report within the timeframe specified by the supervisor.
  - The trainee's Task List in Titanium should be clear by the end of the work week unless otherwise approved by the trainee's supervisor.
  - Trainees should regularly review their My Clients list and task lists in Titanium; this will help ensure appropriate follow-up with clients as necessary, termination of files when appropriate, and review of notes sent back to the supervisee for further edits.
  - For completion timeframes for other forms of documentation, refer to the Policies and Procedures Manual.
  - Supervisors and supervisees should leave comments in the comment box after the note has been signed in order to document communication regarding edits and reviews of the note.
6. Doctoral Psychology Practicum trainees may not provide clinical services at CAPS unless a licensed CAPS psychologist is on site/on-campus or readily accessible.
7. Trainees must follow all aspects of the Policies and Procedures Manual.
9. Trainees are required to maintain student professional liability insurance during their training experience at CAPS. Documentation of their liability insurance coverage should be provided to the Training Director upon beginning the training experience.
10. Trainees who discover having an outside relationship with a client should consult with their supervisor or other senior staff about how to best manage the multiple relationship.

## ***Electronic Signatures on Notes***

**The majority of notes documented by the trainee are signed by the trainee on line 1 and forwarded to the trainee's designated primary supervisor to sign on line 3.** Exceptions may include if the primary supervisor is receiving clinical supervision themselves; other exceptions are to be discussed with the primary supervisor.

If a supervisor is to be out of office for an extended period of time, trainees will send their notes to a designee determined by the supervisor.

## ***Trainee Status & Videotaping***

Doctoral level psychology practicum trainees hold the status of "Doctoral Psychology Practicum Trainee" in CAPS and should accurately communicate to all clientele their trainee level status and their being under supervision.

Trainee status necessitates that trainees videotape most activities (Quick Access, emergency sessions, and group therapy sessions do not necessarily have to be recorded unless required by the supervisor). Written permission must be obtained from clients prior to recording (this is typically completed by the client as part of their CAPS registration and informed consent paperwork). Clients are to be informed about the nature of the training and how information about them will be shared (individual supervision, case consultation, etc.).

In accordance with guidance from WCU's Department of Information Technology, client videos may only be recorded and stored on WCU-owned equipment and may not be stored on personal devices. In order to maintain the security of video recordings, the video file should be directly recorded or transferred onto the trainee's secure, encrypted hard drive and any temporary copies should be deleted off of the desktop computer. Video recordings are reviewed regularly by supervisors. Supervisors will arrange with their supervisees the most appropriate means and timeframes for getting recordings to the supervisors. Hard copy materials and recordings with identifiable information on clients may not be taken out of CAPS without permission of the Training Director and without appropriate safeguards in place (encryption, etc.).

Trainees are encouraged to test their video recording equipment prior to recording sessions in order to ensure that the lighting, sound quality, and picture quality are adequate. In order to ensure that the video recording software does not stop recordings prematurely during client meetings, the intern should disable the "On resume, display logon screen" feature of the computer's screen saver and should refrain from locking their Windows workstations when recording sessions. Please see the Training Director or Health and Counseling Operations Manager, or Help Desk if assistance is needed with these settings.

## ***Trainee Self-Assessment and Open Clinical Hours***



At the beginning of the training experience, trainees discuss with their assigned primary supervisor at the beginning of each semester their overall goals.

At the beginning of the fall and spring semesters, the Training Director will work with the doctoral Practicum Trainee's Primary Clinical Supervisor to determine the trainee's expected number of Open Clinical Hour placeholders per week. Primary clinical supervisors may adjust these placeholders as needed throughout the semester, depending on the trainee's needs.

Open Clinical Hour placeholders on a trainee's schedule are to be used each week for intakes, individual counseling appointments, and other direct services to students. It is expected that in most cases, all Open Clinical Hour placeholders should be completely filled from week to week. Trainees should discuss the appropriate usage of Open Clinical Hour placeholders with their supervisors; supervisors, the TD, and Clinical Services Team will assist in the monitoring of usage of Open Clinical Hour placeholders.

Please know that the hours plan is representative of an average work week and that trainees will work with their supervisors and training program staff to tailor their individual experiences throughout the year. We encourage trainees to work with their supervisors to focus on their own experiences in a non-competitive manner (as opposed to comparing themselves to other trainees) – this is because the needs, quantity, and variety of training experiences may vary from trainee to trainee due to various circumstances.

## ***Required Training Activities***

### **Quick Access/Initial Consultations:**

Doctoral psychology practicum trainees cover the assigned Quick Access shifts each week during the spring semester only. Additional Quick Access appointments may be scheduled over Open Clinical Hour placeholders in consultation with the trainee's supervisor.

Trainees will shadow a permanent staff clinician during the initial training period while learning the process. The individual supervisor or designee will then observe the trainee to determine that the trainee is able to complete a full Quick Access/Initial Consultation appointment and is approved to complete Quick Access/Initial Consultation appointments independently.

Quick Access shifts for practicum trainees are pre-determined by leadership of the Training Committee in consultation with the Clinical Director and may vary in length and frequency according to the needs of the trainee and the agency. Trainees should preserve their time during assigned Quick Access shifts to be available to conduct scheduled, same-day, or crisis related consults as opposed to other types of appointments or other meetings; exceptions to this should be discussed with the trainee's supervisor.

If the trainee is not available to cover an assigned Quick Access shift due to illness, vacation, etc., the trainee must notify their supervisor to ensure there is adequate Quick Access coverage while they are out or so that the Clinical Director can adjust the Quick Access queue accordingly.

### **Emergency Services:**

In the spring semester only, doctoral psychology practicum trainees are part of the rotation for daytime (during Quick Access shifts) emergency coverage. Appointments scheduled as Quick Access may turn into an emergency consultation, depending on the presenting concern and risk involved for the client.

During the daytime hours/Quick Access shifts, trainees are initially paired with a permanent staff member so that they can shadow. Trainees will talk with their individual supervisor to determine when they will be able to cover this service with greater independence and with consultation on an as needed basis, while understanding their supervisor maintains ultimate clinical responsibility and decision making during emergency services.

After-hours requests for services are routed to ProtoCall via CAPS main phone number 828-227-7469.

### **Therapeutic Intakes:**

The number of intakes a trainee conducts per week is based on the number of Open Clinical Hour placeholders available and may be adjusted according to the trainee's hours plan or subsequent discussions with the trainee's supervisor.

Trainees must document therapeutic intakes using the full CAPS-defined intake template (including treatment plans) unless they have been cleared by their supervisor to adapt the intake template as needed (depending upon the needs of the client during that session).

Cases are assigned by supervisors via bi-weekly case assignment meetings. The Training Director and Clinical Director will take into account the numeric assignment level for cases that are appropriate for trainees to be assigned at various points in time during the training year.

### **Personal Counseling:**

Doctoral psychology practicum trainees provide approximately 10 hours of individual counseling weekly, depending upon the number of available Open Clinical Hour placeholders and in consultation with their primary clinical supervisor.

### **Group Counseling:**

Doctoral psychology practicum trainees are not required to provide group counseling services as part of their practicum at CAPS but may discuss opportunities to do so with their primary clinical supervisor if opportunities to do so are available.

## **Outreach & Consultation:**

Doctoral psychology practicum trainees are not required to provide outreach services as part of their practicum at CAPS but may discuss opportunities to do so with their primary clinical supervisor if opportunities to do so are available.

## **Managing Professional Boundaries Between Master's and Doctoral Student Cohorts**

We are pleased to provide opportunities for our master's trainees to learn from and be mentored by the doctoral interns as fellow emerging professionals in the mental health professions through both formal supervision and informal consultation. We recognize that our trainees of all levels (both master's and doctoral level trainees) are all learners and participants in the Training Program at CAPS and are all in the process of furthering their professional growth together within their respective disciplines.

However, we recognize that there is also an inherent power differential between our master's trainees and doctoral psychology interns as the doctoral psychology interns will transition to providing an evaluative role for master's trainees in the spring semester. As such, we advise both our master's trainees and doctoral interns to be mindful of professional and personal boundaries between their respective cohorts. If trainees have concerns about navigating these relationships, they should be addressed with their individual supervisors, the Master's Training Coordinator, or the Training Director.

Because doctoral interns are classified as WCU employees and master's trainees are generally WCU students, doc interns are expected to also abide by WCU's University Policy 58 (Improper Relationships Between Students and Employees):

<https://www.wcu.edu/discover/leadership/office-of-the-chancellor/legal-counsel-office/university-policies/numerical-index/university-policy-58.aspx>

We also recognize that one of the values of the CAPS team is our interdisciplinary nature and opportunity to work with both trainees and staff members of various levels of education, degree types, and experiences. We expect that trainees will respect and be open to learning and collaborating with staff members and trainees of all various professions and experiences during their training year.

## ***Supervision***

Doctoral practicum trainees receive a minimum of 1 hour of supervision per week (and 2 hours per week to start with in the fall semester). Supervision is provided via the following modalities.

## **Individual Primary Clinical Supervision**

Doctoral psychology practicum trainees are assigned one individual primary clinical supervisor; generally they will work with the same primary supervisor for both the fall and spring semesters

(unless otherwise determined by the primary supervisor and Training Director). The individual supervisor must be a licensed psychologist at the doctoral level or under the supervisor must be under the supervision of a licensed doctoral level psychologist. The trainee will meet with this person individually, face-to-face, for a minimum of 1 hour each week (2 hours per week to start with in the fall semester). Although trainees are formally assigned to a primary supervisor, CAPS strongly encourages trainees to work with their supervisor to also seek out other clinicians on staff with whom they can informally consult. The majority of the intern's activities are assigned to the individual supervisor for regular discussion and evaluation.

Primary clinical supervisors address individual therapy, Quick Access, groups (if applicable), Therapeutic Intakes and diagnosis of ongoing clients, diversity, ethics, and community/workplace disposition.

During individual supervision, supervisors engage in in-depth analysis of trainee skill development, discuss all direct service activities and professional development issues, directly observe activities through recordings review, monitor the welfare of clinical service recipients, and sign-off on trainee's case records.

The primary clinical supervisor retains ultimate clinical responsibility for supervision of all of the trainee's activities, discusses all of the trainee's activities periodically, and completes and signs the primary supervisor formal evaluation. Trainees will complete written supervision contracts with the individual supervisor at the beginning of each supervision period. These contracts are to be submitted to the Training Director in a timely manner at the beginning of the supervision period.

### **Supervision of Group Work**

Where applicable and available, doctoral psychology practicum trainees may have the opportunity to co-facilitate groups with a clinical staff member (also given sufficient client interest and participation in proposed groups). If groups are provided by the doctoral practicum trainee, the staff co-facilitator will also meet on a weekly basis for a minimum of 30 minutes with the trainee co-facilitator for supervision of that trainee's group work. The staff co-facilitator will contribute to the formal evaluation of the trainee's skills in the provision of group work.

### **Additional Comments Regarding Supervision and Consultation and the Shared Function of Supervision**

If difficulties arise which impede satisfactory progress of the supervisory relationship and attempts to resolve the difficulties together are not successful, both trainee and supervisor (together or independently) should consult directly with the Training Director. If the difficulty is with the Training Director, the Director of CAPS should be consulted.

Although trainees are formally assigned to certain supervisors, all senior staff maintain an "open door" policy which encourages informal consultation and supervision when needed.

Trainees attend staff meetings where staff discuss difficult cases, conduct informal case presentations, and discuss clinical, legal, and ethical issues. Trainees also attend a group consultations with interdisciplinary treatment providers.

Supervisors and senior staff regularly share information regarding the supervisee's progress and development with the training director and the clinical supervisors' team because supervision is a function shared by all senior staff at the Center. Supervisors meet on a regular basis throughout the semester for Clinical Supervisors' meetings as well as at the mid-point and end point of each semester (via "360 degree feedback meetings") to assist with the collection of data to inform quarterly trainee evaluations as well as to assist with communal learning. While we do share some information openly, we also recognize that supervisees make themselves vulnerable to supervisors in individual meetings and that supervisors will use discretion in how much and what kinds of information are shared about their individual supervisees in these meetings.

## ***Meetings and Seminars***

### **Orientation Meetings and Seminars:**

For approximately the first 2.5 days prior to the start of fall classes, doctoral psychology practicum trainees participate in various meetings and seminars to introduce them to CAPS, the training program, and basic theory, techniques, and issues related to the activities in which they will be participating. Orientation trainings will address topics including the following:

- Diversity, ethics and professional practice
- Clinical policies and procedures and office operations
- Supervision

### **Professional Development:**

Trainees have the opportunity (schedule permitting) to participate in CAPS Professional Development/in-services. Clinical staff (including trainees) can participate in a professional issues series on a periodic basis throughout the semester, depending on trainee availability. During these meetings, various staff members or outside presenters will discuss topics of professional interest. Unlike the weekly didactic seminar series (which are designed specifically for interns and are more focused on clinical or practice related topics), the Professional Development series is designed to cover topics of a more broad nature and of the choosing of the presenter and are presented as an in-service to all staff.

Possible topics may include the following:

Working with students with disabilities

Legal issues

Military student concerns

Assessment instruments

Career services for students

Supervision and training related professional development

Clinical services related topics

Presentations from various campus partners  
Presentations from community partners

### **Health Services Referrals and Consultation:**

Trainees have the opportunity to participate as needed in referrals, consultations, and care coordination with Health Services providers to discuss information on shared clients to inform treatment. Staff (including trainees) consult with Health Services providers on an as needed basis.

### **Case Conference:**

Trainees have the opportunity (schedule permitting) to participate in CAPS case conferences. CAPS clinical staff meet for 60 minutes on a periodic basis throughout the semester to engage in case consultation in small breakout groups. Any staff member can informally present a case for discussion, or staff members may be assigned a designated date to informally present a case of their choosing. This meeting allows trainees to provide or receive input on counseling cases and to consult about clients requiring a case review. These meetings also allow permanent staff to model for trainees how to present and receive feedback on difficult cases.

## **Office Resources and Other Administrative Policies**

### ***Maintenance of Training Records/Records Retention Policies***

Trainee records are retained in accordance with WCU records retention policies (University Policy 108: Records Retention and Disposition). This policy is subject to further review when necessary.

<https://www.wcu.edu/discover/leadership/office-of-the-chancellor/legal-counsel-office/university-policies/numerical-index/university-policy-108.aspx>

NC Psychology Board Rule .2001(c)(8)(C) specifies the following:

. . . Except when prevented from doing so by circumstances beyond the supervisor's control, the supervisor shall retain securely and confidentially the records reflecting supervision with the supervisee for at least seven years from the date of the last session of supervision (emphasis added) with the supervisee. If there are pending legal or ethical matters, or if there is otherwise any other compelling circumstance, the supervisor shall retain the complete record of supervision securely and confidentially for an indefinite period of time.

<http://www.ncpsychologyboard.org/Office/PDFiles/SupervisoryRecordsArticle.PDF>

## ***Scheduling***

Standard CAPS office hours are Monday – Friday from 8:00 a.m. to 5:00 p.m. with an hour break for lunch; doctoral psychology practicum trainees will arrange their schedules in consultation with their supervisor and the Training Director in order to accommodate the requisite number of hours required by their academic programs, CAPS requirements, client needs, as well as their individual goals.

At times, trainees may have the opportunity to participate in after-hours activities such as outreach presentations, groups, or workshops. Exchange of time should be discussed with the individual supervisor, or in their absence, the Training Director.

We will only account for (and report to your program) hours at CAPS discussed on your hours plan and your agreed upon schedule at CAPS; please consult with your supervisor re: any work outside of these hours.

## ***Out of Office Requests***

Trainees must have out of office requests approved by their primary clinical supervisor and the Training Director. Trainees must also consult with their supervisor regarding time off to ensure appropriate clinical and supervision coverage (for example, to arrange for coverage of assigned Quick Access shifts or to staff cases on the trainee's behalf). Discussing out of office requests with your supervisor also helps ensure that you are able to complete hours required by your academic program or for licensure and to ensure adequate client care.

Trainees who are WCU graduate students are not expected to be on site when they are in class or during breaks in the WCU schedule of classes (e.g. fall break, advising day, winter break, spring break). However, trainees can choose to be on site during breaks if this has been discussed with the individual supervisor.

Days when the trainee is out for planned (e.g. conferences, assistantship responsibilities, etc.) or unplanned reasons (e.g. illness or weather) should be discussed and cleared with the primary clinical supervisor or should follow other established policies and procedures (such as CAPS' inclement weather policy). Depending upon hours requirements and client needs, supervisors may require their supervisees to make up time missed if needed.

Trainees should turn on their email auto-reply when they are out of office to notify clients and others sending them email that they are not in the office and what to do if immediate assistance or response is needed.

Trainees must comply with policies, rules, and regulations outlined in the CAPS Policies and Procedures Manual as well as those listed in documents governing university students. The following is a list of policies that may impact trainees the most.

- Lunches may not be moved to the end of day (4 PM) without prior approval from the Training Director and primary clinical supervisor in order to ensure sufficient end of day coverage.
- All staff are encouraged not to schedule extended time away from work during times of peak demand in the center.
- Requests for expected time away from work must be submitted to the primary clinical supervisor in consultation with the Training Director at least two weeks in advance unless otherwise approved. The easiest way to do this is in writing by sending an email and cc'ing both the primary supervisor and Training Director.
- Trainees are urged to examine their schedules prior to requesting time away from work when school is in session in order to guard against the inadequate treatment of clients, unfairness to other staff, inadequate accrual of service hours, or a compromise in the integrity of the training program. Time away from work that adversely affect others will not be honored.
- Exceptions to the aforementioned uses of time away form work must be approved by the primary clinical supervisor in consultation with the Training Director.

## ***References***

When applying for jobs, licensure, or other future opportunities outside of CAPS, trainees are encouraged to consult with CAPS staff as to whether or not they can provide a strong reference. When providing a reference, CAPS staff will note a trainee's areas of strength, normal developmental growth edges, and if necessary, any serious ongoing concerns regarding a trainee's level of competency or remediation efforts.

## ***Employee Assistance Program***

Trainees have access to the Employee Assistance Program (currently administered by ComPsych) which provides 24/7 access to trained counselors via phone. Initial consultations are free, and WCU provides employees access to referrals for additional free counseling sessions through providers contracted with ComPsych. ComPsych also provides access to additional resources via their website.

For more information about ComPsych, please access the following links or phone numbers:

<http://www.guidanceresources.com/>

(click Register, then enter Web ID WCUEAP)

Or call: +1-855-259-0382

An overview of the UNC System's Employee Assistance Program is available here:

<https://myapps.northcarolina.edu/hr/benefits-leave/work-life-programs/eap/>



## ***Administrative Support and Assistance***

Office staff are available to trainees for such tasks as photocopying, scanning, preparing handouts, scheduling appointments, etc. Trainees are expected to use administrative support and office supplies responsibly.

You will have the chance to meet with the support staff during orientation to learn much more about the ways that trainees and administrative staff work together. Additional questions regarding administrative support and assistance should be directed through the Health and Counseling Operations Manager.

## ***Parking Permit and ID Cards***

Trainees who are WCU students should follow standard parking regulations for student parking for days that they are on site at CAPS. CAPS does not provide reimbursement for trainee parking costs. Our WCU graduate student trainees typically park in the student commuter lots.

## ***Keys and Door Locks***

Trainees are issued keys and CatCard access that provide access to the building and CAPS. Trainees may use their keys/CatCards to gain access to CAPS at any time, but should be aware that no clients can be seen in CAPS unless a permanent clinical staff member is present.

Trainees should also be aware that the Office of Sustainability and Energy Management usually changes the thermostat settings for the building to save energy during off peak hours, so it may be helpful to be mindful of this if working in the office during evenings or weekends.

For security reasons, trainees and CAPS staff should keep their individual office doors unlocked when occupied and locked when leaving the office. Most doors in CAPS lock using a switch located near the door latch. When using CAPS alone, trainees should be sure that the external door to Bird Building, the suite door to CAPS, their individual office, and the file room (where client records are kept) are locked when leaving.

Keys are to be turned in to the Health and Counseling Operations Manager on the last day of the training experience. Trainees will inform the Health and Counseling Operations Manager of the location of file drawer keys.

## ***Housekeeping and General Office Reminders***

The housekeeping staff for our building does an excellent job of keeping our office spaces clean and welcoming for our clients and for our staff. To help them with this effort, we would like to remind trainees of the following:

- Please use your office door's "In Session" signs to reflect when you are in session; flip them back over when you are no longer in session (as this will assist housekeeping staff in knowing when your office is available for them to clean); think of it like the "Do Not Disturb" sign in a hotel
- Please do not allow recycling to accumulate in the smaller recycling bins located in your office; make use of the larger, central recycling bin drop offs located in the kitchen.
- Please do not allow any smelly trash to remain in your office trash bin overnight or over a long weekend; make use of the larger, sealed trash can in the kitchen. If you use the larger trash bins on the side of the building, all trash in those bins should be bagged.
- There is a paper shredder located in the copy room for the destruction of confidential documents. To protect the shredder's motor, please do not overstuff items into the shredder and do not allow the shredding bin to become overly full.
- We have a shared, communal kitchen. Please be mindful of this resource for all of our staff by washing your own dishes and cleaning out your items from the refrigerator on a regular basis.

## ***Virtual Desktop***

If desired, trainees may install the Virtual Desktop software on a personal computer for secure, remote access of Titanium during their tenure as trainees. Please consult with the Training Director for proper precautions and usage of the Virtual Desktop for secure access in accordance with Division of Information Technology's security and "clean desk" policies.

All CAPS staff have technical support through the university's Help Desk. Contact them with any questions (828-227-7487, <http://doit.wcu.edu>).

## ***Mailboxes, Email, and Phone Messages***

It is important to check your messages regularly on days you are working including your email, office mailbox (in the copy room), and phone messages (which will be delivered in hard copy to your office mailbox or to your door), particularly in case a client or one of your supervisors is attempting to reach you.

The Training Director, Master's Training Coordinator, and/or your supervisor will provide you with a template to be used for your email signature that informs recipients that email is not to be used for relaying confidential information and that email is only checked during regular business hours (Monday – Friday, 8 AM – 5 PM).

If you are a graduate assistant and use your WCU email address for other purposes outside of your work at CAPS, you should set up a separate email signature to use for communications that you send out for CAPS purposes that uses the standard CAPS email template (and includes language about confidentiality and CAPS front desk contact information).

Outside of regular office hours, trainees should not check email or contact clients unless this is done in consultation with the supervisor. Unusual or concerning emails from clients (particularly any indicating potential risk) necessitate a consult with the clinical supervisor. All emails to/from the client should be documented in Titanium according to guidelines established in the Policies & Procedures manual.

It is also important to set an appropriate Out of Office email autoreply when you are out of the office for planned time away from work or extended periods of time (such as during semester breaks) and also towards the end of your training placement. Please consult with your supervisor, the Training Director, or the Master's Training Coordinator if you have questions about how to do this.