



Western Carolina University

Counseling and Psychological Services

Psychology Internship

Training Manual

2019 – 2020

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

Counseling and Psychological Services (CAPS) Overview

Internship Training Program Accreditation Status

We are pleased to announce that our doctoral internship in health service psychology is Accredited by the Commission on Accreditation of the American Psychological Association (APA) with a date of initial accreditation as September 27, 2016. Our next accreditation site visit will occur in 2023.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org

All other questions about the CAPS internship program may be directed to:

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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 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

At CAPS, we value:

- Intentional responsiveness within ourselves and with others created by collaboration, communicated and conducted authentically
- Relationships that are rooted in trust and nurtured by open communication
- Knowledge obtained through lifelong learning and shared through mentoring
- Wellness modeled on an individual and organizational level fostered by respect and intentionality

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.

Statements Related to Diversity

The CAPS CODE (as developed by WCU CAPS Diversity Committee)

CONNECTION
OPENNESS
DIVERSITY
EQUITY

The
CAPS CODE

We are a supportive and confidential space.

We pursue connection with all members of our community.

We strive to eliminate barriers.

We challenge harmful systems.

We work toward equity for all.

Western Carolina University | Counseling and Psychological Services

We are a **supportive and confidential space**.
We pursue **connection with all members** of our community.
We strive to **eliminate barriers**.
We **challenge harmful systems**.
We work toward **equity for all**.

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/>

Diversity at Western Carolina University is all-inclusive and recognizes everyone and every group as part of the diversity that should be valued. It includes race, ethnicity, gender, gender identity, age, national origin, geography, religion, disability, sexual orientation, socioeconomic status, education, marital status, language and linguistic differences, and physical appearance. It also involves different ideas, perspectives, and values.

WCU Community Vision for Inclusive Excellence (from the WCU Council on Inclusive Excellence):

<https://www.wcu.edu/discover/diversity/eodp/council-on-inclusive-excellence.aspx>

The diverse perspectives encountered at WCU are an important part of the preparation of students for roles as regional, national, and global leaders who contribute to the improvement of society. It is expected that members of the WCU community will not only coexist with those who are different from themselves, but also nurture respect and appreciation of those differences. We encourage civil discourse as a part of the learning enterprise, and as a campus we do not tolerate harassing or discriminating behavior that seeks to marginalize or demean members of our community.

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 senior 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. Provides overall leadership for both the master's training program and doctoral psychology internship program.
2. Provides primary leadership for the doctoral psychology internship program.
3. Coordinates master's training program administrative responsibilities and policies in conjunction with the Master's Training Coordinator.
4. Suggests training policy for review by the staff of CAPS. The Training Director, in consultation with CAPS Director and Clinical Director, remains responsible for all final policy decisions.
5. Reviews, revises, and implements training procedures.
6. Arranges all supervisory assignments and coordinates CAPS staff to provide training program activities.
7. Helps support the development of senior staff in their roles as clinical supervisors and contributors to the overall training program.

8. Serves as liaison between trainees and staff, providing feedback, managing due process and remediation procedures, and processing grievances.
9. Integrates input from training staff, interns/practicum students, and other professionals to develop and modify the overall training program.
10. Creates a positive and supportive environment for trainees and training program staff.

Training Values & Desired Qualities of Interns

Counseling and Psychological Services (CAPS) upholds the following training values and desired qualities of interns:

1. We value trainees who have a genuine interest in counseling center work and to working with an emerging adult population.
2. We train individuals to be well-rounded generalists, including but not limited to the performance of individual counseling, assessment and diagnosis, specialized center services, groups, and consultation.
3. We take an approach of meeting already well-developed individuals where they are and helping them to develop or further refine their skills.
4. Our training is both comprehensive and individualized. 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.
5. We value trainees having a working knowledge of their own values, being self-aware, and invested in further growth in personal and professional awareness.
6. We train in the practice of brief therapeutic interventions drawing from various evidence based practices.
7. We value work with diverse populations and building our trainees' cultural competency.
8. 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.
9. We value trainees having a sound theoretical foundation as well as a knowledge of evidence based practice.
10. We value an environment that is respectful, supportive, collaborative, and has a sense of humor.

11. We strive for a balance between structured training and more flexible, individualized training.
12. We value trainees both taking responsibility for as well as asking for guidance with their own learning, self-motivation, self-direction, independent thinking and judgment in professional roles.
13. We value knowledge of and engagement in ethical and legal behavior.
14. We value trainees being confident in their skills while clearly recognizing their limits and practicing within their competence.
15. We value professional development through supervision.
16. We value trainees being invested in both their own professional development as well as the professional development of their colleagues by sharing their knowledge.
17. We value trainees' engagement in their own self-care.
18. We value attention to practice 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.

Training Philosophy and Model

The staff of Western Carolina University's Counseling and Psychological Services holds the following principles which underlie the training of doctoral psychology interns: (1) the competent practice of psychology entails the development of advanced skills in a broad range of generalist activities; (2) competent practice must involve modification within different groups to meet individual and culturally diverse needs; (3) psychological practice is based on the science of psychology; (4) the emergence of a professional psychologist is the culmination of a developmental process which begins prior to internship training and extends beyond the completion of the internship; and (5) psychologists should exhibit a high degree of professionalism. These principles form the basis for the practice of psychology by the staff of the agency and therefore the training philosophy maintains consistency with the mission, goals, and culture of the sponsor institution. CAPS utilizes a Practitioner-Scientist model, emphasizing the goal that interns will become highly competent practitioners through a developmental framework. The internship experience will consist of 2000 hours and occur over a period of 12 months; in accordance with APPIC standards and most licensing boards, at least 500 of these hours need to be face-to-face client contact hours.

Generalist Practice. A well-rounded generalist psychologist is competent to independently and ethically practice a broad range of activities. Interns are therefore required to develop professional competence in individual therapy, group therapy, psychological evaluation and assessment, crisis intervention, supervision, outreach, and consultation with a diverse clientele. It

is expected that graduates of this internship will be prepared to practice psychology in a counseling center or similar setting.

Individual and Cultural Diversity. The competent practice of psychology must involve sensitivity and adaptation to meet the unique needs of both groups and individuals. Cultural differences, gender role concerns, non-traditionally aged students, individuals of minority sexual and gender identities, the special needs of the people with disabilities, as well as the unique concerns or issues that individuals may present are all taken into consideration in the planning and implementation of services. Interns are expected to develop self-awareness, knowledge, and skills relevant to the needs of various groups and individuals and to be skilled in the implementation of interventions which appropriately address such needs.

Science of Psychology. The science of psychology provides the foundation from which psychology is competently practiced. Interns are required to increase their awareness of the theoretical and empirical underpinnings of their work and integrate this knowledge with locally acquired information. This integrated knowledge guides practice. Additionally, interns are expected to develop skill in scholarly inquiry which will enable them to continually develop and maintain competence in an ever-changing scientific field.

Developmental Process. The "developmental" component of this model reflects the belief that the emergence of a professional psychologist is the culmination of a developmental process that began long before students reach internship and will continue throughout their professional careers. As students attend graduate school in psychology, they are expected to develop beginning to intermediate skills in the understanding and practice of psychology. They may even develop advanced skills in many competency areas. The doctoral internship consists of an intensive experience in the supervised practice of psychology, accompanied by didactic training, which allows students to continue their development from an intermediate level to the advanced level that is required of a professional psychologist. This may involve further developing deficient skills, but in most situations involves advancing and refining already well-developed skills. The internship training consists of a sequence of training activities which allow for increased complexity and independence in practice as the intern progresses. Early in the training experience, interns are provided with extensive didactic training with an orientation program and are encouraged to observe staff psychologists in their work. Interns are very closely supervised and provided with considerable direction in defining internship goals and beginning their practice. As the internship progresses, interns are provided with less direction and are encouraged to act with increasing independence. Topics covered in the didactic training are revisited throughout the internship year which allows for addressing various issues at an increased level of complexity. By internship end, interns are expected to engage in collegial relationships with training staff and contribute to the training staff's ongoing learning as well. Interns are encouraged to recognize the need for continual learning throughout their careers.

Because interns enter this program with varied interests and varying levels of skills in different competency areas, the approach to training is highly individualized according to the developmental needs of each intern. Training and experience are provided in all of the competency areas that are critical to the development of psychologists, but each intern's experience is also tailored to meet their developmental needs. Interns are encouraged to be self-

reflective and to evaluate their own professional development by self-assessing their skills both at the beginning and at the end of the training experience. Interns will also provide input that will allow them to develop and refine in those areas that they believe to be critical to their own development. This approach to training requires that trainees develop and value both personal and professional awareness, and are self-motivated to advance their growth as psychologists.

Professionalism. Psychologists should practice with a high degree of professionalism. Adherence to professionalism includes behaving in a legal and ethical manner, developing awareness of “self” and its impact on others, contributing to a respectful work environment, being committed to self-directed continued learning, confidently practicing within competence areas, functioning responsibly and independently, identifying and managing one’s own psychological issues, appropriately giving and receiving feedback, maintaining awareness and skill with individual and cultural diversity, and taking a scholarly approach to one’s work.

The staff strives to provide a training and working environment that is supportive, respectful, and has a sense of humor; that is, an environment that will allow optimum growth and health. There is a shared commitment to co-create an atmosphere conducive to professional and personal growth. The staff strives to provide practice and training experiences which create a challenging, intellectually stimulating, open environment where new ideas and skills can be explored and nurtured.

Aims, Competencies, and Elements of the Training Program

Aim of the CAPS Psychology Internship Training Program

The overall aim of the CAPS psychology doctoral internship program is to prepare interns for entry level practice in health service 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 internship training program at CAPS reflects APA's required Profession Wide Competencies for internship programs listed in the Standards of Accreditation for Health Service Psychology (American Psychological Association, Commission on Accreditation, 2015). Each competency is further operationalized by specific elements related to the intern'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 Internship Training Program

Competency 1: Research

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. (from APA SoA IR C-8 I)
Understands role of departmental program evaluation and local data in informing clinical work and program development.
Utilizes professional resources to increase knowledge of relevant issues informing clinical work and professional interests.

Competency 2: Ethical and Legal Standards

Is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct. (from APA SoA IR C-8 I)
Is knowledgeable 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. (from APA SoA IR C-8 I) [At CAPS, includes navigating ethical responsibilities and mandated reporting requirements within North Carolina and within a university setting.]
Is knowledgeable of and acts in accordance with relevant professional standards and guidelines. (from APA SoA IR C-8 I)
Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. (from APA SoA IR C-8 I)
Conducts self in an ethical manner in all professional activities. (from APA SoA IR C-8 I)

Competency 3: Individual and Cultural Diversity

Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. (from APA SoA IR C-8 I)
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. (from APA SoA IR C-8 I)
Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). (from APA SoA IR C-8 I)
Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. (from APA SoA IR C-8 I)
Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. (from APA SoA IR C-8 I)
Initiates exploration of diversity variables in the context of therapeutic relationship.
Demonstrates awareness and knowledge of rural issues in the provision of mental health services in a rural context.
Demonstrates knowledge of appropriate campus and community resources for diverse clients.
Collaborates with diversity related services on campus.
Seeks out experiential opportunities related to diversity on campus or in the community.

Competency 4: Professional Values, Attitudes, and Behaviors

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. (from APA SoA IR C-8 I)
Engages in self-reflection regarding one's personal and professional functioning. (from APA SoA IR C-8 I)
Engages in activities to maintain and improve performance, well-being, and professional effectiveness. (from APA SoA IR C-8 I)
Actively seeks and demonstrates openness and responsiveness to feedback and supervision. (from APA SoA IR C-8 I)
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. (from APA SoA IR C-8 I)
Accurately understands own current competencies and skills.
Demonstrates developmentally appropriate leadership and initiative.
Prepares for supervision sessions.
Prioritizes clinical issues to discuss in supervision.
Utilizes supervision to explore development as a psychologist.

Competency 5: Communications 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. (from APA SoA IR C-8 I)
Produces oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts. (from APA SoA IR C-8 I)
Comprehends oral, nonverbal, and written communications. (from APA SoA IR C-8 I)
Demonstrates effective interpersonal skills and the ability to manage difficult communication well. (from APA SoA IR C-8 I)
Maintains a developmentally appropriate relationship with supervisor.
Seeks out informal supervision and consultation opportunities from other CAPS staff beyond assigned primary or secondary supervisors.
Relates to other doctoral interns in professional manner.
Relates to other trainees (e.g. master's students) appropriately.
Relates to permanent staff members in open and clear manner and in a developmentally appropriate fashion.
Appropriately shares knowledge and skills with other team members.
Demonstrates a value for other team members' time and effort.
Partakes in appropriate share of team responsibilities.

Competency 6: Assessment

Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. (from APA SoA IR C-8 I)
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. (from APA SoA IR C-8 I)
Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations. (from APA SoA IR C-8 I)
Guards against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. (from APA SoA IR C-8 I)
Communicates orally the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. (from APA SoA IR C-8 I)
Communicates in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. (from APA SoA IR C-8 I)
Consults appropriately with supervisors or other treatment providers during assessment process.

Competency 7: Intervention

Establishes effective relationships with the recipients of psychological services. (from APA SoA IR C-8 I)
Maintains effective relationships with the recipients of psychological services. (from APA SoA IR C-8 I)
Develops evidence-based intervention plans specific to the service delivery goals. (from APA SoA IR C-8 I)

Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. (from APA SoA IR C-8 I)
Demonstrates the ability to apply the relevant research literature to clinical decision making. (from APA SoA IR C-8 I)
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. (from APA SoA IR C-8 I)
Evaluates intervention effectiveness. (from APA SoA IR C-8 I)
Adapts intervention goals and methods consistent with ongoing evaluation. (from APA SoA IR C-8 I)
Quick Access
Clearly explains purpose of Quick Access appointments to client.
Collects appropriate information during Quick Access appointments.
Refers clients to appropriate services from Quick Access appointments.
Effectively presents Quick Access cases to CAPS team in staffing meetings.
Appropriately assigns level of care based on client presentation in Quick Access appointments.
Appropriately documents Quick access appointments.
Therapeutic Intake (TI)
Collects appropriate information and history from client.
Utilizes information-elicitng skills and open-ended questions.
Integrates biopsychosocial perspective of client in case conceptualization.
Provides informed and accurate DSM-5 diagnosis.
Appropriately documents Therapeutic Intake sessions.
Individual Counseling
Demonstrates effective understanding of both explicit and implicit messages from client.
Recognizes transference/countertransference.
Appropriately addresses transference/countertransference.
Recognizes limitations of chosen evidence based intervention and theoretical orientation.
Integrates knowledge of major and career choices into client presenting concern and case conceptualization.
Facilitates client expression of concerns and feelings.
Continues to utilize questioning, information-elicitng skills and open-ended questions beyond the intake session and into ongoing counseling.
Uses summarization effectively and at appropriate times.
Uses immediacy effectively.
Effectively confronts behavior that interferes with the counseling process.
Uses silence in session effectively.
Matches client affect appropriately.
Facilitates specifying client's problem in client friendly language.
Explains and interprets therapeutic assessment information (e.g. CCAPS).
Terminates treatment effectively.
Demonstrates effective caseload management skills.
Appropriately documents individual counseling sessions.
Manages out of session client-related contacts appropriately.
Emergencies/Crisis
Demonstrates knowledge of appropriate interventions to use in crisis services.
Appropriately consults with university and community resources in crisis intervention.
Appropriately manages ethical issues in crisis intervention.
Effectively assesses crises to determine appropriate level of intervention necessary.
Provides appropriate recommendations for follow up or referrals for crises.
Relays appropriate information regarding crisis for continuity of care.

Seeks consultation and supervision from CAPS senior staff in an appropriate and timely manner in crises.
Appropriately documents crisis related contacts.
Group Counseling
Effectively forms and plans group interventions.
Effectively participates in pre-group screening process.
Demonstrates understanding of group stages.
Demonstrates skills in group leadership and group co-facilitation.
Identifies content during group sessions.
Identifies process during group sessions.
Utilizes basic counseling skills in group setting.
Effectively addresses here-and-now process in group sessions.
Understands and utilizes understanding of multicultural and contextual factors affecting group members.
Receives and addresses feedback/questions from group members in therapeutic manner.
Helps group remain on task and stay focused while also remaining flexible and responsive to changing needs of group.
Effectively manages difficult group members and situations.
Effectively applies ethical principles to group settings.
Effectively documents group interventions.
Terminates group effectively.

Competency 8: Supervision

Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. (from APA SoA IR C-8 I)
Articulates appropriate theories and research related to provision of supervision.
Articulates own developing model of supervision.
Develops awareness of personal and theoretical biases in provision of supervision.
Develops appropriate relationship with supervisee.
Sets relevant goals with supervisee.
Utilizes time in meetings with supervisee to provide feedback on pertinent clinical issues and to prioritize client care.
Demonstrates use of appropriate recordkeeping in provision of supervision.
Effectively manages ethical situations arising in supervision.
Effectively manages multiple roles of being a clinical supervisor.
Provides supervisee with supportive and constructive feedback.
Provides supervisee with both formative and summative feedback.
Recognizes and addresses parallel process.
Addresses power differential in supervisory relationship.
Solicits & incorporates feedback regarding supervisee's perceptions of supervisory relationship.
Utilizes supervision of supervision to facilitate development as supervisor.
Demonstrates an understanding of cultural identity in their role as a clinical supervisor.
Initiates discussions related to diversity in working with supervisees.
Demonstrates respect for supervisee's cultural identity.
Effectively terminates the supervisory relationship.

Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

Demonstrates knowledge and respect for the roles and perspectives of other professions. (from APA SoA IR C-8 I)
Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. (from APA SoA IR C-8 I)
Clinical Consultation
Utilizes appropriate recommendations based on consultations with interdisciplinary team.
Demonstrates knowledge of referral sources on campus and in the community.
Refers appropriately to on campus services.
Refers appropriately to off campus community partners.
Appropriately recommends referrals upon termination of services with CAPS.
Appropriately documents clinical consults when needed.
Outreach & Consultation
Verbalizes the overall role of outreach programming for an collaboration within the campus community.
Engages with students and campus partners in outreach in an intentional manner that effectively meets goals of outreach facilitator/liaison role.
Utilizes research to inform content of outreach efforts.
Effectively utilizes engaging, informing, involving, and applying skills programs.
Effectively organizes, including promotion of, independent outreach programs.
Evaluates the outcomes and effectiveness of outreach programming.
Provides information to departments resulting from original outreach programs.
Terminates outreach liaison role appropriately and shares global final feedback and recommendations to that organization.
Incorporates diversity issues into outreach programming.
Effectively collaborates with other interns to develop and present original cohort outreach project.

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, emergency shifts, therapeutic intakes, individual counseling, group counseling, outreach, assessment)
- Clinical documentation
- Primary individual supervision
- Secondary individual supervision
- Group (cohort) supervision
- Supervision of group work
- Supervision of supervision
- Outreach and consultation supervision
- Review of video recordings
- Training seminars
- Staff meetings
- Independent consultations with senior staff
- Independent consultations with other interns
- Formal case presentations

Evaluations, Due Process, & Grievance Procedures

Evaluation Process Overview

Interns are expected to meet the goals of the internship and their progress toward these goals is continually evaluated by the Training Director, individual supervisors, and senior staff. Intern activity (including number of clinical hours) is monitored by the Training Director through reports generated by Titanium Schedule. Intern 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-internship (summer) through completion of relevant sections of the evaluation forms (see table of Competencies and Elements above) by individual supervisors, group co-therapists, and any other clinical staff member working with an intern in an activity.

The timing and completion of evaluation forms provided to the intern are summarized in this table:

Eval Period	Evaluation Form	Supervisor Completing the Form
Mid Fall	Primary Supervisor Eval of Supervisee	Primary Supervisor (co-authored with Secondary Supervisor)
	Group Counseling Eval of Supervisee	Group Work Supervisor (usually senior staff member who co-facilitates group with intern)
	Outreach & Consultation Eval of Supervisee	Outreach & Consultation Supervisor and/or Senior Staff Placement Liaison
End of Fall	Primary Supervisor Eval of Supervisee	Primary Supervisor (co-authored with Secondary Supervisor)
	Group Counseling Eval of Supervisee	Group Work Supervisor (usually senior staff member who co-facilitates group with intern)
	Outreach & Consultation Eval of Supervisee	Outreach & Consultation Supervisor and/or Senior Staff Placement Liaison
Mid Spring	Primary Supervisor Eval of Supervisee	Primary Supervisor
	Group Counseling Eval of Supervisee	Group Work Supervisor (usually senior staff member who co-facilitates group with intern)
	Supervision of Supervision Eval of Supervisee	Supervision of Supervision Supervisor
	Outreach & Consultation Eval of Supervisee	Outreach & Consultation Supervisor and/or Senior Staff Placement Liaison
End of Internship (Summer)	Primary Supervisor Eval of Supervisee	Primary Supervisor *typically completed at end of internship/end of summer
	Group Counseling Eval of Supervisee	Group Work Supervisor (usually senior staff member who co-facilitates group with intern) *typically completed in end of spring/early summer when ongoing groups at CAPS have ended
	Supervision of Supervision Eval of Supervisee	Supervision of Supervision Supervisor *typically completed in end of spring/early summer when sup of sup experience has ended
	Outreach & Consultation Eval of Supervisee	Outreach & Consultation Supervisor and/or Senior Staff Placement Liaison *typically completed in end of spring/early summer when outreach & consultation experience has ended

Minimum Levels of Achievement

Minimum levels of achievement on evaluation forms are defined as a minimum rating of 3 out of 7 on all elements by the end of the fall semester and a 4 out of 7 on all elements by the end of the internship experience, although the evaluation period for elements may vary in duration and timing.

A typically developing intern is expected to have all 3's (and possibly some 4's) by the end of fall semester and all 4's (and possibly some 5's or higher) by the end of internship.

The rating scale for all elements is defined as follows:

Clinician Rating Scale

Level 7 (Proficient Skill Level: This level is typified by experienced doctoral clinicians whom other doctoral clinicians seek out for advanced training or consultation) Fully able to function at the independent level in this element. Has mastered the fundamental and advanced skills and can teach others this element. Generally performs without need for supervision but consults as appropriate.

Level 6 (Advanced Skill Level: The level at which doctoral interns generally function in the early stages of postdoctoral work) Mastery of fundamental and some advanced tasks in this element. Clinician demonstrates ability to function independently but benefits from some supervision for refinement of advanced skills.

Level 5 (Intermediate, Approaching Advanced Skill Level: The level of a doctoral intern who is performing beyond the minimum amount expected by the end of internship) Intern is performing tasks, competencies, and elements of internship with increasing independence and mastery. Regular supervision required for refinement of advanced skills in this element. Primary drawback is the need for more experience.

Level 4 (Intermediate Skill Level: This is minimum level of achievement rating needed on all elements by the end of internship to successfully pass the internship experience) Skilled at basic tasks in this element. Ongoing and regular supervision is required especially for performance of advanced skills. Occasional and spontaneous demonstration of advanced skills.

Level 3 (Approaching Intermediate Skill Level: This is minimum level of achievement rating needed on all elements by the end of fall semester to successfully pass the end of fall semester checkpoint) Supervising and monitoring are required as clinician performs basic tasks in this element. Clinician still requires guidance, training, education and ongoing supervision for developing of skills. Regular close supervision is necessary for growth but there is a growing confidence in the trainee's skill level.

Level 2 (Beginning Skill Level: The level of a doctoral intern requiring close supervision on this skill) Close supervision and monitoring are required as clinician performs basic tasks in this element. Significant supervision and monitoring are required in performing advanced tasks. Limited but positive confidence in clinician's ability.

Level 1 (Little or no skill) Performs inadequately for a clinician in this element. Additional frequent, intense supervision and monitoring of basic and advanced tasks is required. No confidence in clinician's ability to perform. **A rating of 1 on any element means a remediation plan needs to be instituted.**

NA Not Applicable

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.

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 internship end.

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 1 out of 7 on any item 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 intern 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 intern 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 intern'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 intern'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:

- An intern earns a rating of 1 on any evaluation form element
- An intern earns a rating below the Minimum Level of Achievement (any rating below a 3) on any evaluation form element during the end of fall semester evaluation period
- A supervisor documents a written concern necessitating remediation on a formal evaluation
- Any member of the senior 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 intern will receive a copy of any formal complaint that is filed. The procedures are initiated by the Training Director informing the Training Committee. If deemed necessary by the Training Director in consultation with CAPS's administrative team, a remediation committee will be formed. This committee will consist of three senior staff members who are not the intern's current individual supervisor. If the Training Director has a significant conflict of interest or multiple relationship type of concern with the trainee in question and cannot participate in the committee, the Training Director shall appoint a designee. Remediation committee members will gather information from collaterals relevant to the issue as well as, the intern and the intern's current individual supervisor. The remediation committee will discuss the case and arrive by consensus on one of the following remediation actions. When appropriate, remediation committee members will suggest steps to resolve the issue and what conditions indicate successful remediation.

1. No Action

No action will be taken when the remediation committee determines that no problem actually exists.

2. Verbal Warning

A verbal warning will be given to the intern to discontinue the behavior in question. If the behavior is discontinued, no further action will be taken.

3. Written Warning

A written warning to discontinue the behavior in question will be given to the intern and placed in the intern's file. A report of the behavior will likely be made in the next letter to the academic department. The training director may choose not to report the behavior to the department if the problem is satisfactorily addressed by the intern.

4. Probation

Probation is defined as a specific period of time when remediation determined by the committee will be implemented. Remediation may consist of such actions as increased didactic work, increased readings, increased supervision time, participating in therapy outside CAPS, etc. The intern will be closely scrutinized by their supervisors and the training director during this time. Termination of probation is determined by the training committee at a specified future date. If the intern has not adequately changed the behavior

by the specified date, probation may be continued or some other sanction may be implemented. The intern will be given a written statement of the probation conditions. Report of the probation will be made to the academic department either immediately or at the next scheduled report time.

5. **Temporary Withdrawal of Activity Privileges**

If the welfare of the intern or clientele is at risk, the intern will receive a temporary withdrawal of relevant activity privileges to prevent harm. This will occur for a specified time period and be accompanied by remediation activities, both to be specified by the remediation committee. If the intern can demonstrate that the problem has been sufficiently addressed by the end of this period, activities will be resumed and will likely be accompanied by a probation period. The intern will be informed in writing of the conditions of the temporary suspension. This action will be communicated to the academic department immediately.

6. **Suspension and Dismissal**

Suspension of all activities and dismissal from CAPS may be initiated if it is determined by the committee that imminent harm may occur to the clientele of CAPS if the intern continues or if remediation is found to be unsuccessful. The committee will make a recommendation for suspension and dismissal to the Director of CAPS who will make the final decision. The intern will receive written notice of the dismissal. The academic department will be informed that the intern has not and will not successfully complete the internship.

Any significant concerns requiring formal remediation 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.

Adapted from Intern Training Manual, Counseling and Career Services, University of California, Santa Barbara

Grievance Procedures

Grievance Procedures are designed to address intern grievances against evaluations provided by an individual supervisor or senior staff. Examples of issues with which interns might have a grievance include poor supervision, unavailability of the supervisor, workload issues, personality clashes, and other staff conflict. Interns 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 intern may also discuss the concern with the Training Director or CAPS Director who may offer assistance in resolving the conflict. If the intern is unsuccessful in resolving the concern informally or if the intern prefers to address the conflict by formal means, a formal grievance may be filed at any time using the procedures that follow.

Notice:

The intern'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 senior staff member chosen by the intern, and senior 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 intern 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 and will submit this recommendation to the Director within 5 working days of the hearing. The Director then makes a final decision regarding the action to be taken and will communicate this decision to all parties within 5 working days.

Appeal:

If the intern wishes to appeal this decision, he/she 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 intern 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 an intern continues to be dissatisfied with the Director's decision, he/she may contact the Assistant Vice-Chancellor for Student Affairs for further assistance and action.

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

Intern Evaluation of Supervision and Training

Interns' feedback regarding supervision and training received is considered to be very valuable and is regularly requested. The training director verbally asks for feedback from interns after each weekly training director check-in meeting. This feedback is then shared with senior staff.

Interns are asked to complete Evaluation of Supervision forms (at a minimum for their primary supervisors) at mid-semesters, end-of-semesters, and internship end. These evaluations should be shared with supervisors and submitted to the training director.

Interns are also asked to complete Evaluation of Training forms at internship end. Each intern is encouraged to provide feedback informally throughout the internship as well, and will participate in an exit interview with the training director where feedback will be requested.

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

Training Policies and Procedures

Responsibility for Clients

Individual supervisors maintain ultimate responsibility for clients seen by interns. 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 interns 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 interns without the presence of a senior staff co-therapist. When the senior staff co-therapist determines that the intern is capable, the intern may lead a therapy group alone when the senior 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 interns, on a case by case basis.
3. Interns may initially refer their own Quick Access consultation clients to themselves for ongoing therapy pending consultation during staffing meeting and/or approval from their supervisor.
4. 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.
5. Interns must consult with a senior staff member regarding all on-call emergencies that they handle unless they have been cleared by their supervisor to take an emergency with consultation as needed.
6. 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 (equivalent to the 1st page of the intake worksheet) must be completed and sent to the supervisor for further review 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.
7. Doctoral Psychology Interns may not provide clinical services at CAPS unless a licensed psychologist is on site or readily accessible.
8. At least two stand-alone outreach programs per semester delivered by the intern must be observed by or co-presented with senior staff.
9. Interns must follow all aspects of the Policies and Procedures Manual.
10. 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.

Electronic Signatures on Notes

The following table summarizes the general guidelines as to who signs on which line on notes in Titanium. This table is not exhaustive of all possible types of who would sign the note in which situations but is meant to provide some general guidelines.

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 are described below.

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

Type of Note	Signature on Line 1	Signature on Line 2	Signature on Line 3
Majority of Notes	Trainee/Doc Intern		Trainee/Doc Intern's Primary Supervisor

Type of Note	Signature on Line 1	Signature on Line 2	Signature on Line 3
Notes for cases supervised by doc intern's secondary supervisor (doc interns fall semester only)	Doc Intern		Doc Intern's Secondary Supervisor
Emergency Notes (daytime)	Trainee/Doc Intern		Trainee/Doc Intern's Primary Supervisor
Emergency Notes (after hours)	Doc Intern	Designated After Hours Backup Supervisor	Doc Intern's Primary Supervisor
Group Notes (COPE/ENGAGE Groups)	Trainee/Doc Intern		Trainee/Doc Intern's COPE/ENGAGE Co-Leader
Group Notes (Process/Special Topic/Psychoed)	Trainee/Doc Intern		Trainee/Doc Intern's Group Supervisor/Co-Facilitator
Notes for Master's Trainee cases or groups supervised by Doc Intern Supervisor (spring semester)	Master's Trainee	Doc Intern Supervisor	Doc Intern's Primary Supervisor
Doc Intern's Supervision Notes of Master's Supervisee	Doc Intern		Doc Intern's Primary Supervisor

Trainee Status & Videotaping

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

Trainee status necessitates that interns 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 order to maintain the security of video recordings, after a client session is recorded, the video file should be transferred onto the trainee's secure, encrypted hard drive and 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.).

Interns 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 Hours Contracts

At the beginning of internship, interns must complete a written self-assessment of current competencies with the Training Director and/or primary supervisor which assists in specifying specific training goals and activities during the course of internship. Interns also 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 also meet with interns individually to discuss an hours contract which outlines the expected activities an intern will perform within a typical work week. This hours contract is circulated amongst the intern, primary supervisor (and secondary supervisor in the fall), and the Training Director for review and approval. During the summer semester when clinical volume is typically lower, intern hours are dictated according to clinical demand and the intern’s needs.

Hours contracts help determine a pre-determined number weekly of Open Clinical Hour placeholders on a trainee’s schedule that are to be used each week for intakes, personal 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 and Clinical Services Team will assist in the monitoring of usage of Open Clinical Hour placeholders.

Please know that the hours contract 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:

Interns cover the assigned Quick Access shifts each week during fall and spring semesters. Additional Quick Access appointments may be scheduled over Open Clinical Hour placeholders in consultation with the intern's supervisor.

Interns will shadow a senior staff clinician during the initial training period while learning the process. The individual supervisor or designee will then observe the intern to determine that the intern is able to complete a full Quick Access appointment and is approved to complete Quick Access appointments independently.

Quick Access shifts typically are scheduled 2 days out of a week, typically 4 hours per shift. Each 4 hour shift includes 1 flexible hour of paperwork time. As much as possible, interns should preserve their time during assigned Quick Access shifts to be available to conduct walk-in or crisis related consults as opposed to other types of appointments or other meetings; exceptions to this should be discussed with the intern's supervisor.

If the intern is not available to cover an assigned Quick Access shift due to illness, vacation, etc., the intern must notify their supervisor and arrange with their supervisor for appropriate coverage for the Quick Access shift.

Emergency Services:

Interns are part of the rotation for daytime (during Quick Access shifts) and nighttime (after-hours) 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, interns are initially paired with a senior staff member at the beginning of internship so that they can shadow. Interns 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.

Interns are gradually phased into the nighttime rotation for after hours coverage as deemed appropriate by the intern's supervisor, Training Director, and Clinical Director. After hours emergency shifts are typically individual evenings from 4:30 PM – 8:00 AM during weeknights and Friday 4:30 PM – Monday 8:00 AM during weekend shifts.

Interns are always assigned a senior staff backup supervisor for after hours consultation. When interns are participating in the after hours rotation for their first few evenings or weekends, interns must always notify their assigned backup senior staff supervisor (or their primary supervisor or designee) when they are responding to a call after hours.

After a certain point in internship (as determined by the supervisory team), interns may be individually or collectively “cleared” to take a call from dispatch first prior to notifying their

backup supervisor. Interns always have the option of consulting with their supervisor at any point before or during a call.

At the conclusion of all calls that interns take after hours (at any point during the internship year), interns must call their backup supervisor after the call has concluded to discuss the disposition/outcome of the case. This is true even if the intern did not have to reach out to their backup supervisor at the onset of the call and even if there were no apparent risk issues involved. This is to ensure if there needs to be any further immediate follow-up with the student or 3rd party that evening. This also helps the backup supervisor know that the intern managed a call, especially if it is over an evening or weekend and can expect to review a note. Interns should also document in their note that they consulted with their backup supervisor after hours.

If the intern needs to switch after hours on call coverage dates (due to vacation days, sick days, etc.), the intern must apprise their primary supervisor of this change in order to have appropriate supervisory backup coverage for the trainee.

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 intern's hours contract or subsequent discussions with the intern's supervisor(s). In the summer, the number of therapeutic intakes may similarly vary in consultation with the intern's supervisor.

Interns must document at least 6 of their initial therapeutic intakes using the full CAPS-defined intake template (including treatment plans) prior to being cleared by their supervisor to adapt the intake template as needed.

Cases are assigned via bi-weekly disposition staffing meetings. Trainees will consult with their supervisor regarding the numeric assignment level for cases that are appropriate for them to pick up in staffing.

Personal Counseling:

Interns provide approximately 12-14 hours of individual counseling weekly, depending upon the number of available Open Clinical Hour placeholders and in consultation with their primary supervisor.

Group Counseling:

Interns are expected to provide ongoing COPE and ENGAGE 3-week recurring psychoeducational groups throughout the fall and spring semesters as part of the stepped care model of treatment.

Interns are additionally expected to co-lead at least one other non-COPE or non-ENGAGE type of group (psychoeducational, special topic, or process) during the internship year. Interns may suggest a topic for a group but must have a senior staff co-leader for the group they provide. In

the instance that an offered group does not obtain sufficient client attendance, alternative forms of group work experiences can be provided if available (e.g. psychoeducational groups, etc.).

Psychological Assessment:

- **Assessment Requirements:**
 - Interns will be required to administer psychological assessments utilizing at least one of CAPS's in-house psychological testing instruments (beyond utilizing the CCAPS for repeated measures for individual counseling appointments).
 - The interns' primary supervisor (or designee, depending on the nature of the assessment) is responsible for supervising and evaluating the interns' provision of psychological testing at CAPS.
 - Interns will aim to conduct these assessments with **ideally 3 different CAPS clients** over the course of the internship year, although this number may be revisited in consultation with the intern, their supervisor, and the Training Director according to clinical and training needs.
 - Of these cases, interns will ideally test at least one of their own ongoing therapy clients (for the purpose of informing their own treatment with that client) as well as one client who is assigned to another clinician (to gain experience with consulting with another provider)
- **Assessment Case Assignment and Scheduling:** Assessment cases are assigned to interns in case conferences or at the discretion of the individual supervisor.
 - Once the assessment case has been staffed, the intern will reach out directly to the client to schedule the testing administration appointment.
 - Interns are expected to discuss with their supervisor appropriately managing their assessment caseload in light of other clinical and training related responsibilities (particular during busy times or at the end of the semester). This will allow for sufficient time for the intern to prepare, administer, score, write up, and review assessment results with their supervisor prior to the feedback session.
 - Assessments should be assigned and scheduled so that feedback can be given no later than November (for fall semester cases), April (for spring semester cases), or June (for summer semester cases). Exceptions to this should be discussed with and approved by the individual supervisor.
 - Interns, their individual supervisors, and the Training Director will communicate regarding the staffing of assessment cases so as to have an overall picture of how many cases each intern is currently assigned.
- **Instruments:** Each assessment must include at a minimum one instrument which could include:
 - MMPI-2-RF or the PAI for broad personality assessment
 - WAIS-IV and BRIEF-A for screening executive functioning/processing speed
 - Projective assessment (e.g. TAT)
 - Other specific measures from CAPS' assessment library (SASSI, TSI, EDI-3, etc.).
 - Self-report and informant reports (e.g. for the BRIEF-A) should ideally be completed by the client in the CAPS office when possible (vs. allowing the student to take the instruments home); exceptions to this can be discussed with the individual supervisor.

- **Documentation of Assessment Visit:** The note documented in Titanium for the testing administration appointment itself will include a brief summary of the visit (e.g. purpose of assessment was explained to client, critical items were reviewed, date of anticipated feedback session, etc.).
- **Scheduling of Feedback:** At the conclusion of the final testing administration appointment, the intern will coordinate with the client to schedule the feedback session to occur **within two weeks** of the completion of testing in order to provide feedback in a timely fashion.
 - Exceptions to this timeframe are at the discretion of the individual supervisor for the assessment.
 - Interns are expected to manage their post-assessment administration time responsibly in consultation with their supervisor, particular during busy times or at the end of the semester. This will allow for sufficient time for the intern to score, write up, and review assessment results with their supervisor prior to the feedback session.
- **Writeup:** Interns will consult with their supervisor regarding using an appropriate template for the writeup to adequately address the client's needs and type of testing provided. Writeups will generally consist of two documents:
 - A full integrated assessment report that is more technical in nature
 - A very brief, client-friendly assessment summary (intended to be given directly to the client) consisting of recommendations for the client
- **Filing of Assessment Related Documentation**
 - Working copies of the assessment report should be stored securely on the Titanium network drive.
 - Appropriate documentation related to the assessment (scanned final signed report, scanned assessment protocols, etc.) should be scanned into the client's file in Titanium.

Outreach & Consultation:

Interns must participate in the provision of outreach experiences according to the following general guidelines and schedule. These guidelines may be further adjusted in consultation with the intern's outreach and consultation supervisor, the primary supervisor, and the Training Director.

- Fall semester
 - Provide at least 2 – 3 one time outreach programs (including “canned” or existing outreach programs already developed by CAPS) observed by senior staff
 - Provide their regular presence at their assigned outreach placements (e.g. Intercultural Affairs, Athletics, Veteran’s Resource Center, etc.)
 - Define and begin development of an individual and/or cohort outreach & consultation project
- Spring semester
 - Provide at least 2 – 3 one time outreach programs (including “canned” or existing outreach programs already developed by CAPS)

- Provide their regular presence at their assigned outreach placements (e.g. Intercultural Affairs, Athletics, Veteran's Resource Center, etc.)
 - Provide closure and transfer of ideas with assigned outreach placement towards end of semester
- Continue to develop and deliver additional individual and/or cohort outreach & consultation programs and projects
- Summer semester
 - Continue to deliver one time outreach programs as directed
 - Present summary of outreach and consultation findings/group/individual projects and program evaluation to CAPS staff

Interns must participate in more than one type of outreach activity such as tabling events, presentations, and trainings. Interns will initially be observed by a senior staff clinician as part of these outreach events and will move towards being able to conduct these events independently.

Interns will have the opportunity at the beginning of internship to select an outreach placement with an on campus organization (currently Intercultural Affairs, Athletics, or Military Student Services). As part of this outreach placement, they will provide a regular presence (typically one hour weekly) to this organization and being available for consultations with students and/or staff in the offices. Interns will be observed initially by senior staff members as part of these consultations and will then move to providing these services more independently.

Supervision of Master's Level Student:

Interns will provide one hour of supervision to a master's level trainee working at CAPS during the spring semester. The intern will record these supervision sessions with the informed consent of the master's trainee. Supervision of supervision will be provided in supervision of supervision group meetings as described below, which may include the review of recordings of the supervision sessions. The intern's primary supervisor assumes clinical responsibility for the interns' provision of supervision; primary supervisors may also request review of the intern's supervision notes and recordings of the intern's supervision sessions with their master's trainee.

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>

Supervision

In accordance with APA's Standards of Accreditation, interns must receive at least 4 hours of supervision per week. Supervision is provided via the following modalities.

Primary Individual Supervision

Interns are assigned one primary individual supervisor each semester. The individual supervisor must be a licensed psychologist at the doctoral level and the intern meets with this person individually, face-to-face, for 2 hours each week (in accordance with APA's Standards of Accreditation). Typically, an intern will be assigned to one individual supervisor fall semester and a different individual supervisor for spring semester and summer semesters combined. Individual supervisors may vary in the summer semester depending upon staff member availability. The majority of the intern's activities are assigned to the individual supervisor for regular discussion and evaluation.

Primary individual supervisors address individual therapy, crisis intervention, Quick Access, COPE/ENGAGE groups, Therapeutic Intakes and diagnosis of ongoing clients, diversity, ethics, and professional behavior.

During individual supervision, supervisors engage in in-depth analysis of intern 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 intern's case records. Primary individual supervisors may also spend a portion of sessions discussing sup of sup issues including reviewing the intern's supervision sessions with their master's trainee, and reviewing documentation of the intern's supervision sessions with their master's trainee.

The primary supervisor retains ultimate clinical responsibility for supervision of all of the intern's activities, discusses all of the intern's activities periodically, and completes and signs the primary supervisor formal evaluation. Interns 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 within one week of their first supervision meeting.

Secondary Individual Supervision

During the fall semester, interns are also assigned to a secondary or adjunctive supervisor. A secondary supervisor may be a licensed or provisionally licensed psychologist, a licensed professional counselor, licensed clinical social worker, or other health care professional who is appropriately credentialed for this role. This secondary supervisor provides 1 hour a week of individual supervision in a particular topic area of the supervisor and supervisee's shared interest. Such topics could include (but are not limited to) particular theoretical orientations (e.g. mindfulness, ACT, DBT, feminist therapy), diversity issues, substance use disorders, expressive arts, etc. Interns are expected to set goals with their secondary supervisor early in the supervision process in order to identify the most effective and beneficial use of their meetings. Secondary supervisors will also regularly consult with the intern's primary supervisor to coordinate roles and responsibilities and to participate in the co-authoring the intern's formal written evaluations in the fall semester.

Disposition staffing meetings will be used to assign cases to interns and also for the intern and supervisors to designate which cases will be supervised by the primary supervisor vs. the secondary supervisor. Interns typically work with their secondary supervisors to identify a smaller portion of their overall caseload on which they wish to focus in their supervision meetings. The exact number of cases supervised by the secondary supervisor is determined in consultation with the intern, the secondary supervisor, the primary supervisor, and the Training Director as needed, but is typically between 1 – 3 cases.

Interns will meet with potential secondary supervisors during their orientation period and will subsequently submit their preferences for secondary supervisors to the Training Director for review and assignment.

Supervision of Doctoral Intern Cohort (Group Supervision)

During the fall and spring semesters, interns will meet for 1 hour every other week as a group with a doctoral intern cohort supervisor who is an appropriately credentialed clinician. During the summer semester, interns will meet for 2 hours every week as a group for cohort supervision. During these cohort supervision meetings, interns will have the opportunity to discuss and receive feedback on their clinical work, to informally present cases, and to receive professional development within a group setting from both their peers as well as the group supervisor.

Supervision of Group Work

Interns will have the opportunity to co-facilitate psychoeducational, counseling, support, or therapy groups with a senior staff member (given sufficient client interest and participation in proposed groups). The senior staff co-facilitator will also meet on a weekly basis for a minimum of 30 minutes with the intern co-facilitator for supervision of that intern's group work. The senior staff co-facilitator will complete a formal evaluation of the trainee's skills in the provision of group work.

Supervision of interns' delivery of COPE and ENGAGE groups will fall under the prevue of the interns' primary supervisor unless specified otherwise.

Supervision of Supervision

In the spring semester, interns will have the opportunity to serve as a secondary clinical supervisor for a master's level trainees from either psychology, social work, or counseling. Their provision of supervision for this master's level trainee will in turn be discussed in weekly 1 hour group supervision of supervision meetings run by a senior staff member. These weekly group meetings will provide an opportunity for didactic training in supervision, review of video of supervision meetings with the master's student, as well as consultation time with the interns' cohort and the sup of sup instructor.

Interns conduct their sup of sup experience in the spring semester. Interns are expected to provide 1 hour a week of supervision to their master's student supervisee and will supervise a maximum caseload of 4 clients in addition to co-facilitating a psychoeducational group (COPE or ENGAGE), although the number of cases and/or groups may be adjusted pending consultation with the intern's primary supervisor and the sup of sup supervisor.

The senior staff member leading the sup of sup experience will document the formal written evaluation of the sup of sup experience in consultation with the intern's primary supervisor and the master's trainee's primary supervisor. However, the intern's primary individual supervisor retains ultimate clinical responsibility for the intern's provision of supervision to the master's trainee, so a portion of the intern's individual supervision time with their primary supervisor may also include a discussion of sup of sup issues.

Because of their role as supervisors for master's trainees, we encourage doctoral interns to be mindful of managing professional boundaries between doctoral and master's student cohorts. Please refer to the relevant section of the Training Manual for more details.

Supervision of Assessment

The intern's primary supervisor (or designee, depending on the nature of the assessment) will serve as the intern's supervisor for their provision of psychological testing within CAPS.

Supervision of Outreach/Consultation

In the fall and spring semesters, interns meet every other week as a group with a senior staff clinician to process their outreach and consultation work with other departments on campus. The schedule for these meetings may vary according to the direction of the outreach and consultation supervisor and the intern cohort's needs, but is typically biweekly in the fall and spring semesters. These meetings provides interns the opportunity to discuss consultation theory, strategies and skills as well as to provide time for the development of independent and/or cohort led consultation and outreach projects. The outreach and consultation supervisor and/or senior staff outreach placement liaison will complete a formal evaluation of the trainees' skills in this area.

Additional Comments Regarding Supervision and Consultation

If difficulties arise which impede satisfactory progress of the supervisory relationship and attempts to resolve the difficulties together are not successful, both intern 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 interns are formally assigned to certain supervisors, all senior staff maintain an "open door" policy which encourages informal consultation and supervision when needed.

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

Meetings and Seminars

Orientation Meetings and Seminars:

For approximately the first 2 - 3 weeks of the internship, interns participate in various meetings and seminars to introduce them to CAPS, the internship, and basic theory, techniques, and issues related to the activities in which they will be participating. Seminars will address topics including the following:

- Diversity, ethics and professional practice
- Crisis intervention
- Clinical policies and procedures and office operations
- Quick Access
- Therapeutic intakes
- Outreach
- Psychological testing
- Supervision

Instructional Seminar:

Interns participate in a two-hour per week instructional seminar during fall, spring, and summer semesters. All topics will include the impact of diversity and ethics on the topic. The overall seminar schedule for each semester is typically sequenced in a developmental fashion so that earlier topics provide basic or foundational knowledge while later topics provide knowledge in more specialized areas. Seminar topics emphasize the development of the clinical and practical skills of the intern as a psychologist in training and also rely upon a research and evidence base.

Seminars may include but are not limited to the following topics. A portion of the seminars include a series in evidence based practice and diversity related topics.

- College student mental health
- Rural mental health
- Crisis intervention

- Ethical and legal issues
- Substance use
- Evidence based practices
- Professional development
- Dialectic Behavior Therapy
- Mindfulness based therapies
- Acceptance and Commitment Therapy
- Gender role issues in psychotherapy
- Spiritual process in psychotherapy
- Trauma
- Phases of therapy and termination
- Biofeedback
- Suicide assessment and management
- Lesbian, Gay, Bisexual, and Transgender (LGBT) concerns
- Dream work
- Brief therapy
- Grief work
- Community mental health
- Private practice
- Eating disorders
- Expressive arts

As part of the seminar schedule, interns will also conduct a formal case presentation twice a year to staff. During the presentation interns must play a portion of a recording of their work with the client being presented. A written case presentation (in PowerPoint-type of format) will also be presented alongside the oral presentation. The written case presentation with client identifying data removed should be submitted to the Training Director as a work sample along with case presentation evaluations forms completed by all attending staff.

Professional Issues:

CAPS clinical staff (including trainees) participate in a biweekly professional issues series for 1 hour. 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 Issues 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

Training Director Meeting/Check-In Time:

Interns meet for one half-hour per week with the Training Director to address on-going training issues, to assess the overall climate of interns' training experiences, to provide administrative updates, and to discuss overall professional development. Interns may also request to meet individually with the Training Director when necessary.

Psychiatric Consultation:

Case consultations are also held for one-half hour per week with CAPS' consulting psychiatric care provider. Staff (including interns) attend these meetings on an as needed basis. Interns must be prepared to meet with the consulting psychiatric provider to discuss information on their case load when needed.

Health Services Consultation:

Interns also have the opportunity to participate as needed for a one-half hour per week meeting with Health Services providers to discuss information on shared clients to inform treatment. Staff (including interns) attend these meetings on an as needed basis.

Disposition Staffing:

Interns meet with all staff twice a week for 30 minutes to present incoming clients, to make case assignments from Quick Access appointments or emergency consults to ongoing counselors, and to obtain consultation. Staff members excuse themselves from parts of the meeting when legally or ethically appropriate. Trainees should consult with their supervisors regarding the appropriate level of cases for them to pick up in staffing meetings.

Case Conference:

CAPS clinical staff meet for 30 minutes each week for 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 interns to provide or receive input on counseling cases and to potentially staff or receive feedback on assessment clients. These meetings also allow senior staff to model for interns how to present and receive feedback on difficult cases.

Intervision/Intern Process:

Interns will meet together with senior staff and office staff for one hour every other week during Intervision to address the administrative or clinical business of Counseling and Psychological Services and to provide updates on their respective areas of coordination and leadership. Participation allows an opportunity for the intern to provide input and to learn about the internal

workings and systems issues of a university counseling center. The activities of the meeting are to share information from the Division of Student Affairs department heads meeting, discuss organizational and administrative matters that relate to the service delivery function and general operation of the CAPS, consider new programs that could be provided by the CAPS, reflect on various professional issues, and reflect on CAPS quality of life concerns.

During weeks when interns are not a part of the senior staff/office staff intervision meeting, interns will have an Intern Process meeting where they have the opportunity to meet with each other as a cohort and to use the time together as necessary.

Committee Work

In order to gain experience with the administrative and leadership aspects of being a psychologist, interns will be offered the opportunity to participate in committee work.

Currently, the available committees for interns to participate in include the following. Other committees may become available to interns as needs present themselves.

- Diversity Committee
- Clinical Services Team (CST)
- Training Committee

The time requirements and nature of intern involvement in committee work may vary with the time of year, the needs of the committee, the intern's own interests, and in balance with clinical priorities. Involvement in committees should be discussed with the intern's primary supervisor as well as the Training Director.

Stipend, Benefits, and Resources Policies

Employee Rights

For information regarding state employees' rights, please contact WCU's Human Resources department.

Maintenance of Training Records/Records Retention Policies

Intern 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/PDFFiles/SupervisoryRecordsArticle.PDF>

Scheduling

Interns are expected to work in CAPS from 8:00 a.m. to 5:00 p.m. with an hour break for lunch. At times, interns may be required to participate in after-hours activities such as emergency on-call rotations or outreach presentations. Exchange of time should be discussed with the Training Director, prior to the Director's final decision and reflected in Titanium Schedule.

Time Away from Work

Interns are granted a designated allotment of time away from work as part of their Employment Agreement with WCU. Intern expressly understands that these days of time away from work carry no cash value and will not be paid out to the intern if not utilized before the end of the internship. Please refer to your Employment Agreement for details.

All CAPS staff, including interns, must have time away from work approved by their individual supervisor in consultation with the Training Director or Director of CAPS. Interns must consult

with their supervisor regarding time away from work to ensure appropriate clinical and supervision coverage and accrual of hours necessary to successfully complete internship.

Interns are strongly encouraged to utilize time away from work throughout the course of internship and to also reserve sufficient time away from work at the end of internship to allow for transitions to post-internship experiences. Interns are also expected to use their allotment of time away from work during their job search process.

Interns must notify their primary supervisor and/or the Training Director regarding unexpected time away from work (e.g. if the intern is sick or caring for an ill family member).

Interns will work with the Training Director and their individual supervisors to track their utilization of time away from work against their available allotment specified on their Employment Agreement. To assist with this, they should also code their time appropriately in Titanium for Out of Office appointments.

Interns must comply with policies, rules, and regulations outlined in the Policies and Procedures Manual as well as those listed in documents governing university employees.

The following is a list of policies that may impact interns the most.

- All staff are encouraged not to schedule extended time away from work during times of peak demand in the center.
- Time away from work must be used for conference/workshop attendance, dissertation meetings, and job interviews.
- Requests for expected time away from work must be submitted to the primary individual supervisor in consultation with the Training Director at least two weeks in advance unless otherwise approved.
- Interns 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 the aforementioned uses of time away from work must be approved by the primary supervisor in consultation with the Training Director.

Please refer to your official Employment Agreement issued by WCU's Human Resources department for additional information regarding time away from work.

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.

Benefits

Interns are appointed as temporary salaried positions. Accordingly, interns may elect to either keep existing healthcare coverage they may already have or purchase healthcare coverage through the Affordable Care Act Marketplace.

The North Carolina General Assembly approved legislation to create a new health benefit for state employees to comply with the federal Affordable Care Act (ACA), namely the High Deductible Health Plan. The HDHP is one of the healthcare plans you could elect to enroll in. An overview of this plan is available here:

<https://www.shpnc.org/employee-benefits/high-deductible-health-plan-active-employees>

If you elect this option, your coverage would start on September 1.

Interns can also compare coverage and costs with the general ACA Marketplace plans available through <https://www.healthcare.gov/>.

Some selected domestic partner benefits are available:

<http://www.wcu.edu/WebFiles/PDFs/HRPolDomesticPartnerBenefitsPolicy.pdf>

Other fringe benefits include:

- Personal offices with desktop PC & webcam
- Library access with inter-library loan privileges
- University holidays off
- CAT Card Employee Discounts (<https://www.wcu.edu/discover/leadership/staff-senate/discounts-for-staff.aspx>)
- Parking near office building
- Faculty/staff membership rate via payroll deduction at Campus Recreation Center (73,000 sq. ft. facility with indoor track, cardio equipment, free weights, basketball court, group exercise classes, rock climbing & bouldering wall, Adventure Shop for outdoor equipment rental, access to campus pool, etc.)
- Other state employee optional discounts
- Access to athletic events
- Ongoing theater and cultural events through Bardo Fine and Performing Arts Center.

Please consult with Human Resources regarding current benefits options for CAPS doctoral interns. More information is also available at <http://hr.wcu.edu>.

Stipend

Interns are paid on the last business day of each month. The stipend for 2019 – 2020 is \$28,000 which is divided into 12 equal payments.

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 interns 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

Interns must comply with all campus parking rules and are encouraged to request a parking permit upon arrival at the university. Upon completion of new hire paperwork, HR will typically issue new employees a temporary parking pass that is good for 30 days until their permanent pass can be obtained.

Interns are issued a CAT Card (ID Card) upon arrival at the university. This card may be used for a variety of services around campus such as library use, use of exercise facilities, purchasing food, residence hall access during emergencies, etc.

Keys and Door Locks

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

Interns 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, interns 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, interns 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 internship. Interns 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.

iPads and Virtual Desktop

Interns are provided with a WCU-owned iPad to facilitate secure, remote access of Titanium. iPads remain property of WCU and are to be returned to the Training Director, Director, or Health and Counseling operations Manager at the end of the internship experience.

If desired, interns may also install the Virtual Desktop software on a personal computer for secure, remote access of Titanium during their tenure as interns. 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 for university owned computers and iPads through the university's Help Desk. Contact them with any questions (828-227-7487, <http://doit.wcu.edu>).