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Acknowledgements

This Training Manual is largely based on the manual used by internship program at Appalachian State University and was influenced by other training directors associated with the Association of Counseling Center Training Agencies. Additional portions of this manual were based on the training program manual at Ball State University. I have appreciated the help of Ball State’s former training director (and current WCU CAPS director) Kim Gorman in updating this manual, Master’s Training Coordinator Aaron Plantenberg, as well as past CAPS directors, training directors, and master’s training coordinators including John Ritchie, Michelle Cooper, Michael McIntosh, Ned Martin, Arika Morrison, Christy Newell Wyatt, and Aaron Plantenberg. The help and support of these individuals have contributed a great deal to the development of our program.

Michael Jay Manalo, Ph.D., HSP-P, NCC
Associate Director/Training Director/Psychologist
Counseling and Psychological Services Overview

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

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

CAPS 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.
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:

- WCU’s Office of Accessibility Resources ([https://www.wcu.edu/learn/academic-services/disability-services/](https://www.wcu.edu/learn/academic-services/disability-services/))

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

[https://www.wcu.edu/discover/diversity/](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](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.
COVID-19 Statement
During this unprecedented time, it is of course possible that policies outlined in this Training Manual as well as other operations at CAPS may change in order to continue to promote the physical and emotional health and safety of CAPS staff, trainees, and clients. Additional guidance and documentation will be issued when necessary to indicate changes in response to COVID-19.

Separate guidance will be issued to trainees and staff related to telemental health and recording/live observation of telemental health services provided by trainees.

Trainees with concerns related to COVID-19 are encouraged to share these with their primary supervisor and/or the Training Director.

All CAPS staff and trainees (along with all members of the broader WCU community) are expected to comply with WCU COVID-19 mandates, including the Catamounts Care Community Standards: https://www.wcu.edu/operations-procedures/community-standards.aspx

Campus-related COVID-19 updates can be found at: https://www.wcu.edu/coronavirus/index.aspx

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 both doctoral psychology interns and master’s level trainees who can function effectively in a clinical setting.

The master’s training program has been specifically developed by the team for students enrolled in master’s-level programs in fields including clinical mental health counseling, social work, and clinical psychology. While all the training team is responsible for some aspect of selection, training, and evaluation of master’s trainees, work groups or committees are established to address specific issues.

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.

**Master’s Training Coordinator**

The Master’s Training Coordinator has the following responsibilities (in coordination and consultation with the Training Director):

1. Provides day to day coordination of the master’s training program in consultation with the Training Director.
2. Coordinates beginning of fall orientation for master’s trainees and weekly didactic training experiences for master’s trainees throughout the year.
3. Facilitates bi-weekly master’s trainee administrative/check-in “homeroom” meeting with master’s trainees.
4. Coordinates the evaluation and feedback process for master’s trainees (in coordination with the Training Director).
5. Coordinates master’s trainee application and selection process.
6. Maintains liaisons with appropriate faculty from the students’ academic programs.
7. Integrates input from training staff, interns/practicum students, and other professionals to develop and modify the master’s training program.
8. Creates a positive and supportive environment for trainees and training program staff.

**Training Values & Desired Qualities of Trainees**

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

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’ culturally relevant counseling skills.

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.
Master’s Trainee Competency Areas

Master’s trainees are expected to develop skills in the following general competency areas: Professionalism, Clinical Skills, Diversity and Inclusion, Documentation, and Group Counseling. The specific elements comprising each of these competency areas are described below.

I. Professionalism

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Invests time and energy in becoming a counselor.</td>
</tr>
<tr>
<td>2.</td>
<td>Incorporates feedback from supervisors into professional behavior.</td>
</tr>
<tr>
<td>3.</td>
<td>Recognizes own growth edges and takes initiative to improve these.</td>
</tr>
<tr>
<td>4.</td>
<td>Prepares for supervisory sessions effectively.</td>
</tr>
<tr>
<td>5.</td>
<td>Relates to others in the practicum cohort and consults interdisciplinary team in an open and clear manner.</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates effective written communication with clients, supervisors, peers, and campus partners.</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates effective oral communication with clients, supervisors, peers, and campus partners.</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrate ability to recognize and consult appropriately.</td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrates understanding of ethical/legal dilemmas and conducts self ethically and professionally.</td>
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II. Clinical Skills

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<tbody>
<tr>
<td>10.</td>
<td>Demonstrates ability to “connect and collect” and establishes rapport with ongoing individual clients.</td>
</tr>
<tr>
<td>11.</td>
<td>Effectively assesses and documents risk (SI/HI/NSSIB) concerns in client contacts.</td>
</tr>
<tr>
<td>12.</td>
<td>Demonstrates use of basic counseling skills such as (e.g. reflection, restatement, identification of feelings, open ended questions, confrontation, immediacy, affect matching, silence, summarization, etc.).</td>
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<tr>
<td>13.</td>
<td>Utilizes appropriate assessment skills in Quick Access appointments to appropriately determine level of care. (spring semester only)</td>
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<tr>
<td>15.</td>
<td>Able to provide informed and accurate initial diagnosis based on presenting concerns and history.</td>
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<tr>
<td>16.</td>
<td>Sets goals and develops treatment plan in collaboration with the client.</td>
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<tr>
<td>17.</td>
<td>Demonstrates effective understanding of both explicit and implicit messages from client (e.g. client cues).</td>
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<tr>
<td>18.</td>
<td>Recognizes and addresses transference.</td>
</tr>
<tr>
<td>19.</td>
<td>Recognizes countertransference and brings to supervision to discuss.</td>
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<tr>
<td>20.</td>
<td>Demonstrates basic knowledge of impact from substance use and able to integrate this into sessions.</td>
</tr>
<tr>
<td>21.</td>
<td>Shows an openness to learning and trying various interventions and theoretical backgrounds and ongoing proficiency in those interventions.</td>
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<tr>
<td>22.</td>
<td>Identify and implements interventions effectively.</td>
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<tr>
<td>23.</td>
<td>Provides client referrals as necessary to campus and community resources along with appropriate releases.</td>
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<tr>
<td>24.</td>
<td>Terminates effectively</td>
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</table>

### III. Diversity and Inclusion

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<tr>
<td>26.</td>
<td>Demonstrates acceptance, openness and willingness to learn about client’s culture.</td>
</tr>
<tr>
<td>27.</td>
<td>Understands and utilizes understanding of multicultural and contextual factors affecting client (e.g. family of origin, environment, race, ethnicity, gender identity, sexual identity, spirituality, organizational membership, cultural membership, ability).</td>
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</table>

### IV. Documentation

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<tbody>
<tr>
<td>28.</td>
<td>Effectively reviews confidentiality and consents.</td>
</tr>
<tr>
<td>29.</td>
<td>Collaborates with client to develop, reassesses, and revises coherent and time-limited treatment plans.</td>
</tr>
<tr>
<td>30.</td>
<td>Develops an integrative biopsychosocial assessment and demonstrates integration of this into treatment plan and overall care of the client.</td>
</tr>
<tr>
<td>31.</td>
<td>Completes case records in timely manner.</td>
</tr>
</tbody>
</table>

### V. Group Counseling

<p>| | |</p>
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<th></th>
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<tbody>
<tr>
<td>32.</td>
<td>Demonstrates skills in group leadership and group co-facilitation (e.g. balancing roles with co-facilitator, dividing responsibilities, self-awareness of own leadership style, etc.).</td>
</tr>
<tr>
<td>33.</td>
<td>Identifies process during group sessions (e.g. what is unspoken, interactions between group members, etc.).</td>
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</tr>
<tr>
<td>34.</td>
<td>Utilizes basic counseling skills in group setting (e.g. reflection, restatement, identification of feelings, open ended questions, confrontation, immediacy etc.).</td>
</tr>
<tr>
<td>35.</td>
<td>Understands and utilizes understanding of multicultural and contextual factors affecting group members (e.g. family of origin, environment, race, ethnicity, gender identity, sexual identity, spirituality, organizational membership, cultural membership, ability).</td>
</tr>
<tr>
<td>36.</td>
<td>Is able to effectively manage group interactions and situations (e.g. stay on task, flexibility, utilizing redirection, cutting off/blocking, attending to critical incidents/disclosures in groups, give/receive feedback etc.).</td>
</tr>
<tr>
<td>37.</td>
<td>Effectively applies ethical principles to group settings (e.g. confidentiality, interactions between members outside of group, etc.).</td>
</tr>
</tbody>
</table>
Evaluations, Due Process, & Grievance Procedures

Evaluation

Evaluation Process Overview
Master’s trainees are expected to meet the goals of the training experience and their progress toward these goals is continually evaluated by the Training Director, Master’s Training Coordinator, individual supervisors, and senior staff. Trainee activity (including number of clinical hours) is monitored by the Training Director and supervisors through reports generated by Titanium Schedule. Trainee performance is continually evaluated through individual supervision, case consultations, master’s cohort consultation meetings, staff meetings, and other activities.

Formal evaluation takes place four times during the year: at mid-fall, end of fall, mid-spring, and at end-of-spring through completion of relevant sections of the evaluation forms (see table of competency areas above) by individual supervisors, secondary 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:

<table>
<thead>
<tr>
<th>Eval Period</th>
<th>Evaluation Form</th>
<th>Supervisor Completing the Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid Fall</td>
<td>Master’s Trainee Evaluation of Competencies</td>
<td>Primary Supervisor (in consultation with other senior staff as needed)</td>
</tr>
<tr>
<td>End of Fall</td>
<td>Master’s Trainee Evaluation of Competencies</td>
<td>Primary Supervisor (in consultation with other senior staff as needed)</td>
</tr>
<tr>
<td>Mid Spring</td>
<td>Master’s Trainee Evaluation of Competencies</td>
<td>Primary Supervisor with Doc Intern Supervisor (in consultation with other senior staff as needed)</td>
</tr>
<tr>
<td>End of Spring</td>
<td>Master’s Trainee Evaluation of Competencies</td>
<td>Primary Supervisor with Doc Intern Supervisor (in consultation with other senior staff as needed)</td>
</tr>
</tbody>
</table>

**If your academic program requires any additional evaluation forms to be completed, please consult with your primary supervisor.**
Minimum Levels of Achievement

Minimum levels of achievement on evaluation forms is defined as a minimum rating of 3 out of 6 on all items by the end of the fall semester and a 4 out of 6 on all items by the end of the training experience (end of spring), although the evaluation period for certain competencies and domains may vary in duration and timing.

A typically developing master’s trainee would be expected to have 3’s and 4’s by the end of fall semester and 4’s and 5’s (and possibly some 6’s) by the end of spring semester.

The rating scale used on the master’s evaluation form is defined as follows:

6= Advanced skill level. Level at which trainee functions at or is moving towards early stages of post-master’s work. Exceeds expectations of a typical trainee at this level in terms of consistent, appropriate and effective use of skill.

5= Intermediate/approaching advanced skill level. Expected level of master’s trainee at end of master’s training experience; has mastered fundamental tasks of competency. Regular supervision and experience required for refinement of advanced skills in the competency.

4= Intermediate skill level. Expected level of master’s trainee mid-way through master’s training experience. Skilled at basic tasks in competency; occasional and spontaneous demonstration of advanced skills. This is minimum rating needed on all items by the end of spring semester to successfully pass the master’s training experience.

3= Approaching intermediate skill level. Level expected of master’s trainee in first few months of master’s training sequence. Regular close supervision is necessary for growth but there is a growing confidence in trainee’s skill level. This is minimum rating needed on all items by the end of fall semester to successfully pass the end of fall semester checkpoint.

2= Beginning skill level. The minimal level expected of master’s trainee in first few months of master’s training sequence. Close supervision and monitoring required. Continuing to develop basic use of skill; occasionally able to apply it.

1= Little or no skill. Performs inadequately for a clinician on this competency. Has not yet learned fundamentals of skill. A rating of 1 on any item means a remediation plan needs to be instituted as of this evaluation.

N/A = Not applicable. E.g., trainee has not yet had opportunity to apply this skill or is not yet relevant to current scope of practice.

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

As stated in the American Psychological Association (APA)’s Standards of Accreditation (SoA), “communication must take place when problems arise with interns” and “the internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and
again at internship completion.” We will utilize a similar frequency of communication for our master’s trainees both at the end of fall and spring semesters and when needed if problems arise. Copies of the evaluation forms addressing trainee performance and attainment of goals will be sent to academic departments at the end of fall semester and at end of spring semester.

The expected training sequence for a master’s trainee at CAPS is two semesters (fall and spring). If a master’s trainee does not successfully complete their training experience at CAPS (due to insufficient professional competence, inadequate performance issues, insufficient hours obtained, or other reasons), the CAPS training program cannot guarantee that an extension to the training experience will be provided.

**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 6 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 trainee does not acknowledge, understand, or address a problem when it is identified.
2. A problem is not merely a reflection of a skill deficit which can be rectified by academic, didactic training, or supervision.
3. The quality of services delivered by the trainee is negatively affected to a significant degree.
4. A problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by senior staff is required.
6. The trainee’s behavior does not change as a function of feedback, remediation efforts, and/or time.
7. A problematic behavior has potential for ethical or legal ramifications, if not addressed.
8. The trainee’s behavior negatively impacts the public view of the agency.
Inadequate performance can be differentiated from insufficient professional competence in that it merely reflects a skill deficit, while insufficient professional competence reflects behavior and/or attitudes that prevent a trainee from reaching competent practice. Both are addressed by the remediation procedures.

**Remediation Procedures**

Remediation procedures are activated when one of the following occurs:

- A trainee earns a rating of 1 on any evaluation form item
- A trainee 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 trainee 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 the Master’s Training Coordinator and CAPS’s administrative team, a remediation committee will be formed. This committee will consist of three senior staff members, at least one of whom is not the trainee’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 trainee, and the trainee’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 trainee 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 trainee and placed in the trainee’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 trainee.

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, recommending therapy outside CAPS, etc. The trainee will be closely scrutinized by their supervisors, the master’s training coordinator, and the training director during this time. Termination of probation is determined by the training committee at a specified future date. If the trainee has not adequately changed the behavior by the specified date, probation may be continued or some other sanction may be implemented. The trainee 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 trainee 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 trainee 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 trainee 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 trainee 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 trainee will receive written notice of the dismissal. The academic department will be informed that the trainee has not and will not successfully complete the 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 trainee grievances against evaluations provided by an individual supervisor or senior staff. Examples of issues with which trainee might have a grievance include poor supervision, unavailability of the supervisor, workload issues, personality clashes, and other staff conflict. Trainees are encouraged to informally resolve grievances with staff by first discussing their concerns directly with that staff member. If this discussion produces insufficient results, the trainee may also discuss the concern with the Master’s Training Coordinator, the Training Director, or CAPS Director who may offer assistance in resolving the conflict. If the trainee is unsuccessful in resolving the concern informally or if the trainee prefers to address the conflict by formal means, a formal grievance may be filed at any time using the procedures that follow.
Notice:
The trainee’s grievance should be communicated to the Training Director in writing, when possible within 5 working days of the event in question.

Hearing:
The Training Director will chair a review panel consisting of the Training Director, one senior staff member chosen by the trainee, 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 trainee and any supervisors involved may present information relevant to their positions to the panel at a hearing and will have an opportunity to hear all information presented so that they may dispute this information. After hearing all evidence, the panel will determine a recommendation regarding the matter by majority vote 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 trainee 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 trainee and other parties involved. An appeal decision will be made by the Director and all parties will be informed in writing of this decision within 5 working days of the hearing. If a trainee continues to be dissatisfied with the Director’s decision, they may contact the 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**

Trainee’s feedback regarding supervision and training received is considered to be very valuable and is regularly requested. The Master’s Training Coordinator and/or Training Director verbally ask(s) for feedback from trainees during master’s cohort meetings. This feedback is then shared with senior staff.

Trainees are asked to complete Evaluation of Supervision forms of their primary supervisor at mid-fall, end of fall, mid-spring, and end of spring (end of training experience). These evaluations should be shared with the respective supervisors and submitted to the training director.

Trainees are asked to also complete Evaluation of Supervision forms of their doc intern supervisor at mid-spring and end of spring.

Trainees are also asked to complete Evaluation of Training forms at internship end. Each trainee is encouraged to provide feedback informally throughout the training experience as well.
Trainees may also provide feedback to the Training Director at any point throughout the year in an anonymous manner via the following link:
https://wcu.az1.qualtrics.com/jfe/form/SV_cGSkRdHuWchz17D

Training Policies and Procedures

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

1. Quick Access appointments should be recorded if possible with client consent, although this is not mandatory. However, all Therapeutic Intake and ongoing Personal Counseling (individual psychotherapy) sessions conducted by trainees must be video recorded (audio only is not sufficient). Video recording of other therapeutic activities can be negotiated if deemed necessary in coordination with primary supervisor and Training Director.

2. Some master’s trainees’ academic programs may require master’s trainees to conduct group work as part of their training experience. Master’s trainees may also discuss with their supervisors about the possibility of co-leading groups if desired and pending availability. For master’s trainees that do deliver group services, group therapy sessions are initially not conducted by trainees without the presence of a senior staff co-therapist. When the senior staff co-therapist determines that the trainee is capable, the trainee 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 trainees, on a case by case basis.

3. Any correspondence going to a third party, which requires a release of information form regarding a client to be sent by the trainee must be entered into Titanium Schedule, reviewed, approved, and co-signed by the individual supervisor or relevant senior staff member.

4. Master’s trainees are not permitted to provide emergency/crisis services independently at CAPS. If a client presents in crisis, the master’s trainee will consult appropriately with their primary supervisor, the designated emergency clinician, or an available senior staff member.

5. All notes must be sent to supervisors using Titanium Schedule so they may be reviewed within an appropriate timeframe. Trainees will work with their supervisors to block out sufficient time in their schedules to complete documentation in a timely fashion. 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.
   • Quick Access notes must be completed by the supervisee and sent to the supervisor for further review on the same day of service that the Quick Access occurred.
For therapeutic intakes, the presenting problem, risk assessment, and substance use screening sections must be completed by the end of the day of the service provided. Trainees will work with their supervisor to complete the remainder of the therapeutic intake report within the timeframe specified by the supervisor.

For personal counseling session notes, documentation should be completed and sent to the supervisor for review in a timely manner. Risk assessment must be documented same day as appointment.

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.

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 CAPS Policies and Procedures Manual.

Supervisors and supervisees should leave comments in the comment box after the note has been signed in order to document communication regarding edits and reviews of the note.

6. Master’s trainees may not provide clinical services at CAPS unless a senior staff member is on site or readily accessible.

7. Trainees who have an outside relationship with a student should excuse themselves from all clinical consultations pertaining to that student.


9. Trainees are required to maintain student professional liability insurance during their training experience at CAPS. Documentation of their liability insurance coverage should be provided to the Training Director upon beginning the training experience.

**Electronic Signatures on Notes**

The majority of notes documented by the trainee are signed by the trainee on line 1 and forwarded to the trainee’s designated primary supervisor (or assigned doctoral intern supervisor for some client cases in the spring) to sign on line 3. Exceptions will be discussed with the trainee’s primary supervisor.

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

Master’s level trainees hold the status of “Counseling Trainee,” “Social Work Trainee,” or “Clinical Psychology Trainee” in CAPS and should accurately communicate to all clientele their trainee level status and their being under supervision.

Trainee status necessitates that trainees videotape most therapeutic activities. Written permission must be obtained from clients prior to recording. Clients are to be informed about the nature of the training and how information about them will be shared (individual supervision, case consultation, etc.).

In accordance with guidance from WCU’s Department of Information Technology, client videos may only be recorded and stored on WCU-owned equipment and may not be stored on personal devices. In order to maintain the security of video recordings, after a client session is recorded, the video file should be recorded directly onto the trainee’s secure, encrypted hard drive. 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.).

Master’s trainees who need to take supervision recordings off-site as part of a requirement by their academic training program should discuss this with their supervisor, the Master’s Training Coordinator, the Training Director, and/or Clinical Director. Clients whose recordings will be taken off site for outside supervision purposes (e.g. with a faculty supervisor or outside-of-CAPS group supervision class) should be informed of this, and additional documentation of their informed consent for this purpose (above and beyond the standard CAPS video recording consent) should also be documented in the client’s record.

Trainees are encouraged to test their video recording equipment prior to recording sessions in order to ensure that the lighting, sound quality, and picture quality are adequate. In order to ensure that the video recording software does not stop recordings prematurely during client meetings, the trainee 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.

Initial Goal Setting and Hours Plan

As part of the training process, trainees will set initial goals with their supervisor specifying specific training goals and activities for that semester. These goals are reviewed at semester end as part of the formal evaluation process and progress toward goals is reported to the trainee’s academic department.

At the beginning of the fall and spring semesters, the Training Director will also meet with trainees individually to discuss an hours plan which outlines the expected activities a trainee will perform within a typical work week. This hours plan is circulated amongst the trainee, primary supervisor, doc intern supervisor (in the spring only), and the Training Director for review and approval.
Hours plans 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 plan is representative of an average work week and that trainees will work with their supervisors and training program staff to tailor their individual experiences throughout the year. We encourage trainees to work with their supervisors to focus on their own experiences in a non-competitive manner (as opposed to comparing themselves to other trainees) – this is because the needs, quantity, and variety of training experiences may vary from trainee to trainee due to various circumstances.

**Required Training Activities**

Included in all aspects of training, CAPS uses a developmental model. Trainees will shadow a senior staff clinician during the initial training period of each skill set while learning the process. The individual supervisor or designee will then observe the trainee to determine that the trainee can complete the skill set and once approved by the supervisor, will be able to conduct services independently.

The following are specific skill sets that the trainee will learn: Quick Access, groups (where applicable and available), Therapeutic Intakes, Individual Counseling. Other clinical activities may be provided with the approval from the trainee’s primary supervisor.

**Therapeutic Intakes:**

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

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

**Personal Counseling:**

The number of hours per week of individual counseling will vary depending upon the number of available Open Clinical Hour placeholders and in consultation with their primary supervisor.

**Group Counseling:**

Options for master’s trainee involvement in groups may be discussed with the trainee’s primary supervisor, pending availability and interest as well as academic program requirements.
**Quick Access:**
Trainees will cover the assigned Quick Access shifts each week during spring semester only. Additional Quick Access appointments may be scheduled over Open Clinical Hour placeholders in consultation with the trainee’s supervisor.

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

Quick Access shifts for master’s trainees are predetermined by the primary supervisor, Master’s Training Coordinator, Training Director and Clinical Director. Paperwork time for Quick Access shifts are also determined in a similar fashion. Trainees should preserve their time during assigned Quick Access shifts to be available to conduct walk-in consults as opposed to other types of appointments or other meetings; exceptions to this should be discussed with the primary supervisor.

If the trainee is not available to cover an assigned Quick Access shift due to illness, agreed upon out of office time, etc., the trainee must notify their supervisor and arrange with their supervisor for appropriate coverage for the Quick Access shift.

**Outreach:**
Trainees may have opportunities to participate in CAPS outreach activities, pending availability and approval from the trainee’s primary supervisor.

**Supervision**

*Primary Individual Supervision*
Trainees are assigned one primary individual supervisor; generally master’s trainees work with the same primary supervisor for both the fall and spring semesters (unless otherwise determined by the primary supervisor, Master’s Training Coordinator, and Training Director). The individual supervisor must be licensed and will contract with the master’s trainee the number of supervision hours to provide per week (a minimum of one hour, individually, face-to-face, per week). Although master’s trainees are formally assigned to a primary supervisor, CAPS strongly encourages master’s trainees to work with their supervisor to also seek out other clinicians on staff with whom they can informally consult. The majority of the trainee’s activities are assigned to the individual supervisor for regular discussion and evaluation.

Primary individual supervisors address the 5 different competency areas listed above.
During individual supervision, supervisors engage in in-depth analysis of trainee skill development, discuss all direct service activities and professional development issues, directly observe activities through recordings review, monitor the welfare of clinical service recipients, and sign-off on trainees’ case records.

The individual supervisor is ultimately responsible for supervision of all of the trainee’s activities, schedule, and co-signs all related evaluation forms. Trainees will complete written supervision contracts with their individual supervisor at the beginning of each semester.

**Secondary Supervision by Doctoral Psychology Intern**

During the spring semester, master’s trainees are also assigned to a secondary supervisor who is a doctoral psychology intern at CAPS. The doctoral interns are in turn receiving training and supervision of their supervision as a required part of their doctoral internship experience. This doctoral psychology intern supervisor provides 1 hour a week of additional individual supervision during the spring semester. Master’s trainees will work with both their primary and secondary supervisors to divide the caseload appropriately and to assign an appropriate supervisor to each client case. Doctoral psychology interns will supervise a maximum of 4 cases out (unless otherwise specified) of the total number cases on the master’s trainee’s caseload.

The doctoral psychology intern/supervisor-in-training will record the supervision sessions with the informed consent of the master’s trainee. The supervision of the master’s trainee will also be discussed in group supervision of supervision (sup of sup) with the doctoral cohort and designated senior staff. These sup of sup meetings may include the review of recordings of the trainee supervision sessions. Additionally, the doctoral psychology intern’s primary supervisor assumes clinical responsibility for the interns’ provision of supervision; the psychology intern’s 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):


**Supervision of Group Work**
Trainees who provide group services will meet on a regular basis with a senior staff member to provide supervision of group services.

**Additional Comments Regarding Supervision and Consultation and the Shared Function of Supervision**
If difficulties arise which impede satisfactory progress of the supervisory relationship and attempts to resolve the difficulties together are not successful, both intern and supervisor (together or independently) should consult directly with the Master’s Training Coordinator and the Training Director. If the difficulty is with the Master’s Training Coordinator or the Training Director, the Director of CAPS should be consulted.

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

Master’s trainees also have the opportunity (according to scheduling availability) to attend staff meetings where staff discuss difficult cases, conduct informal case presentations, and discuss clinical, legal, and ethical issues.

Supervisors regularly share information regarding the supervisee’s progress and development with the training director and the clinical supervisors’ team because supervision is a function shared by all senior staff at the Center. Supervisors meet on a regular basis throughout the semester for Clinical Supervisors’ meetings as well as at the mid-point and end point of each semester to assist with the collection of data to inform quarterly trainee evaluations.
Meetings and Seminars

**Orientation Meetings and Seminars**
For approximately the first 2 – 3 days of the training experience, master’s trainees participate in various meetings and trainings to introduce them to CAPS, the training program, and basic theory, techniques, orienting to the office, and issues related to the activities in which they will be participating.

**Master’s Cohort Consultation**
Master’s trainees will meet for 1 hour a week as a group for cohort consultation. During these weekly meetings, master’s trainees will have the opportunity to meet with various clinical staff to learn about various therapeutic approaches to working with clients and to receive didactic training on other topics relevant to clinical work. Master’s trainees will also have the opportunity to discuss and receive feedback on their clinical work and professional development within a group setting from both their peers as well as the senior staff facilitator. A portion of these meetings may also be used to provide general or administrative updates on CAPS activities and to review administrative procedures.

**Training Director Meeting/Check-In Time:**
Trainees meet approximately once a week for half an hour with the Training Director and/or Master’s Training Coordinator to address on-going training issues, to assess the overall climate of trainee’s training experiences, to provide administrative updates, and to discuss overall professional development. Trainees may also request to meet individually with the Training Director and/or Master’s Training Coordinator when necessary.

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

**Case Conference:**
Trainees have the opportunity (schedule permitting) to participate in CAPS case conferences. CAPS clinical staff meet for 60 minutes approximately every 4 weeks 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.
Office Resources and Other Administrative Policies

Maintenance of Training Records/Records Retention Policies

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


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

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

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

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

Out of Office Requests

Master’s trainees must have out of office requests approved by their individual supervisor, and in their absence, the Master’s Training Coordinator or the Training Director. Trainees must also consult with their supervisor regarding time off to ensure appropriate clinical and supervision coverage (for example, to arrange for coverage of assigned Quick Access shifts or to consult regarding cases on the trainee’s behalf). Discussing out of office requests with your supervisor also helps ensure that you are able to complete hours required by your academic program or for licensure and to ensure adequate client care.
Master’s trainees who are WCU students are not expected to be on site when they are in class or during breaks in the WCU schedule of classes (e.g. fall break, advising day, winter break, spring break). However, master’s trainees can choose to be on site during breaks if this has been discussed with the individual supervisor.

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

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

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

- Out of office days must be approved by the primary individual supervisor or in their absence, the Master’s Training Coordinator or the Training Director, at least two weeks in advance.
- Trainees are urged to examine their schedules prior to requesting to be out of office when school is in session to ensure there is adequate treatment of clients, fairness to other staff, and maintain the integrity of the training program. Out of office requests that adversely affect others will not be honored.

**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.

**Administrative Support**

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

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

**Parking**

Master’s trainees who are WCU students should follow standard parking regulations for student parking for days that they are on site at CAPS. CAPS does not provide reimbursement for master’s trainee
parking costs. Our master’s trainees typically park in the student commuter lot near the library (the Baptist 4 Tier Lot).

**Keys and Door Locks**
Trainees are issued keys that provide access to the building and CAPS. Trainees may use their keys to gain access to CAPS but should be aware that no clients can be seen in CAPS unless a senior clinical staff member is present.

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

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

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

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

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

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

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

**Mailboxes, Email, and Phone Messages**

Because as a master’s trainee you will not necessarily be scheduled to be in the office every day, it is important to check your messages regularly when you are in the office including your email, office mailbox (in the copy room), and phone messages (which will be delivered in hard copy to your office mailbox), particularly in case a client or one of your supervisors is attempting to reach you.

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

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

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