



Western Carolina University

Counseling and Psychological Services

Doctoral Psychology Practicum

Training Manual

2021 – 2022

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

# **Counseling and Psychological Services (CAPS) Overview**

## ***Practicum Training Program***

Although accreditation is not available for practicum training sites, it is worth noting 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](mailto:apaaccred@apa.org)

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

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Psychologist/Training Director  
Phone: 828-227-7469  
Email: [jay.manalo@wcu.edu](mailto:jay.manalo@wcu.edu)

## ***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.**



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:

- 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.



## **Trauma Informed Care**

In the 2020 – 2021 academic year, CAPS (under the direction of our Trauma Informed Care committee) began reviewing policies and practices to better implement principles of Trauma Informed Care across our agency. Trainees and staff will be provided training on principles of Trauma Informed Care during orientation and throughout the year. We aim to engage in these principles at an organizational level for our clients, staff, and trainees. The principles of trauma informed care (Harris & Fallot, 2001) are the following:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

## **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 will also be required to sign telesupervision contracts with their primary supervisor when necessary.

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/discover/about/operations-procedures.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 psychologists who can function effectively in a clinical setting. This practicum training program has been specifically developed by the team for students enrolled in doctoral-level psychology programs who are seeking practicum training experiences. While all the training team is responsible for some aspect of selection, training, and evaluation of practicum trainees, 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 the master's training program, doctoral psychology practicum program, and doctoral psychology internship program.
2. Provides primary leadership for the doctoral psychology internship program and doctoral psychology practicum 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 Practicum Trainees***

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 working 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.
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 psychology practicum trainees: (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 practicum training and extends beyond the completion of the practicum training program; 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 practicum trainees will become highly competent practitioners through a developmental framework. The practicum experience will consist of approximately 600 hours (approximately 20 hours per week) and occur over 2 academic semesters, fall and spring. Approximately 200 – 300 of those hours will be in the provision of direct, face-to-face client services.

Generalist Practice. A well-rounded generalist psychologist is competent to independently and ethically practice a broad range of activities. Practicum trainees are therefore expected to develop professional competence in individual therapy with a diverse clientele. It is expected that practicum trainees will be prepared to enter their pre-doctoral internship 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. Trainees are expected to develop self-awareness, knowledge, and skills relevant to the needs of various groups and individuals and to develop skills 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. Trainees are expected 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, trainees 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 practicum training experience consists of the supervised practice of psychology, accompanied by individual supervision, which allows students to continue their development from a beginner level to the intermediate level that is required of a student prior to entering their doctoral internship. This may involve developing deficient skills, but in most situations involves advancing and refining skills already established during their master's level training. The practicum training consists of a sequence of training activities which allow for increased complexity and independence in practice as the trainee progresses. Early in the training experience, trainees are provided with an orientation program and are encouraged to observe staff psychologists in their work. Practicum trainees are very closely supervised and provided with considerable direction in defining their practicum training goals. As the practicum training experience progresses, trainees are provided with less direction and are encouraged to act with increasing independence. By practicum training end, trainees are expected to be competently prepared to enter their pre-doctoral internship program. Trainees are encouraged to recognize the need for continual learning throughout their careers.

Because trainees 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 trainee. Practicum trainees 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. Trainees 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 Practicum Training Program***

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

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

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

### **Competency 1: Research**

Critically evaluate and disseminate research or other scholarly activities via professional publication and presentation at the local (including the host institution), regional, or national level. (from APA SoA IR C-8 D)
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 D)
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 D) [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 D)
Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. (from APA SoA IR C-8 D)

Conducts self in an ethical manner in all professional activities. (from APA SoA IR C-8 D)

### **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 D)

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 D)

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 D)

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 D)

Demonstrates the requisite knowledge base, ability to articulate an approach to working effectively with the range of diverse individuals and groups, and apply this approach effectively in their professional work. (from APA SoA IR C-8 D)

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.

### **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 D)

Engages in self-reflection regarding one's personal and professional functioning. (from APA SoA IR C-8 D)

Engages in activities to maintain and improve performance, well-being, and professional effectiveness. (from APA SoA IR C-8 D)

Actively seeks and demonstrates openness and responsiveness to feedback and supervision. (from APA SoA IR C-8 D)

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 D)

Accurately understands own current competencies and skills.

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 D)



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 D)
Comprehends oral, nonverbal, and written communications. (from APA SoA IR C-8 D)
Demonstrates effective interpersonal skills and the ability to manage difficult communication well. (from APA SoA IR C-8 D)
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 trainees (e.g. master's students, doc interns) 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.

### Competency 6: Assessment

Demonstrate current knowledge of diagnostic classification systems, functional and dysfunction behaviors, including consideration of client strengths and psychopathology (from APA SoA IR C-8 D).
Demonstrate understanding of human behavior within its context (e.g. family, social, societal and cultural) (from APA SoA IR C-8 D).
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process (from APA SoA IR C-8 D).
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 D)
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 D)
Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations. (from APA SoA IR C-8 D)
Guards against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. (from APA SoA IR C-8 D)
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 D)
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 D)
Consults appropriately with supervisors or other treatment providers during intake and assessment in ongoing therapy process.

### Competency 7: Intervention

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

Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. (from APA SoA IR C-8 D)
Demonstrates the ability to apply the relevant research literature to clinical decision making. (from APA SoA IR C-8 D)
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. (from APA SoA IR C-8 D)
Evaluates intervention effectiveness. (from APA SoA IR C-8 D)
Adapts intervention goals and methods consistent with ongoing evaluation. (from APA SoA IR C-8 D)
Effectively assesses and documents risk (SI/HI/NSSIB) concerns in client contacts.
<b>Quick Access (spring semester only)</b>
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.
Utilizes information from Quick Access to inform Therapeutic Intake.
Appropriately assigns level of care based on client presentation in Quick Access appointments.
Appropriately documents Quick access appointments.
Seeks consultation appropriately and in a timely fashion.
<b>Therapeutic Intake (TI)</b>
Collects appropriate information and history from client.
Utilizes information-eliciting 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.
<b>Individual Counseling</b>
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-eliciting 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.

## Competency 8: Supervision

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

## Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

Demonstrates knowledge and respect for the roles and perspectives of other professions. (from APA SoA IR C-8 D)
Demonstrates knowledge of consultation models and practices. (from APA SoA IR C-8 D)
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.

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

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

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

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

### ***Evaluation Process Overview***

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

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

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

## **Minimum Levels of Achievement**

**Minimum levels of achievement on evaluation forms are defined as a minimum rating of 3 out of 6 on all elements by the end of the fall semester and a 4 out of 6 on all elements by the end of the practicum experience**, although the evaluation period for elements may vary in duration and timing.

A typically developing practicum student 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 practicum.

The rating scale for all elements is defined as follows:

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### **Practicum Clinician Rating Scale**

**Level 6 (Advanced Skill Level: The level at which advanced doctoral interns generally function)** Mastery of fundamental and some advanced tasks in this element. Practicum student is performing at the level expected of an advanced doctoral intern. 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 practicum student who is performing beyond the minimum amount expected by the end of practicum)** Practicum student is performing tasks, competencies, and elements of practicum with increasing independence and mastery. Practicum student is performing some limited tasks at the level expected of a beginning doctoral intern. 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 practicum to successfully pass the practicum experience at end of spring)** 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 practicum student 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

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

In accordance with APA's Standards of Accreditation (SoA), "communication must take place when problems arise with interns" and "the internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion." We will utilize a similar frequency of communication for our doctoral practicum trainees. Letters addressing intern performance and attainment of goals (including copies of the most recent evaluation forms completed) will be sent to academic departments at the end of fall semester and at 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 trainee does not acknowledge, understand, or address a problem when it is identified.
2. A problem is not merely a reflection of a skill deficit which can be rectified by academic, didactic training, or supervision.
3. The quality of services delivered by the trainee is negatively affected to a significant degree.
4. A problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by senior staff is required.
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
7. A problematic behavior has potential for ethical or legal ramifications, if not addressed.
8. The trainee's behavior negatively impacts the public view of the agency.

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

## ***Remediation Procedures***

Remediation procedures are activated when one of the following occurs:

- A trainee earns a rating of 1 on any evaluation form element
- 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 CAPS's administrative team, a remediation committee will be formed. This committee will consist of three senior staff members who are 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 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 training experience.

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 trainees might have a grievance include poor supervision, unavailability of the supervisor, workload issues, personality clashes, and other staff conflict. Trainees are encouraged to informally resolve grievances with staff by first discussing their concerns directly with that staff member. If this discussion produces insufficient results, the trainee may also discuss the concern with the 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, they may file a written appeal with the Director within 5 working days of being notified of the Director's decision. Within 5 working days the Director will conduct a hearing of evidence from the 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 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

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

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

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

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

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

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

## **Training Policies and Procedures**

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

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

1. Quick Access appointments should be recorded if possible with client consent, although this is not mandatory. However, all Therapeutic Intake and ongoing Personal Counseling (individual psychotherapy) sessions conducted by trainees must be video recorded (audio only is not sufficient). Video recording of other therapeutic activities can be negotiated if deemed necessary in coordination with primary supervisor and Training Director.
2. Group therapy sessions are initially not conducted by trainees without the presence of a 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 intern must be entered into Titanium Schedule, reviewed, approved, and co-signed by the individual supervisor or relevant senior staff member.
4. Trainees must consult with a senior staff member regarding all emergencies that they handle.
5. All notes must be sent to supervisors using Titanium Schedule so they may be reviewed within an appropriate timeframe. The following timeframes apply to documentation completion by trainees (unless otherwise specified or cleared by the trainee's supervisor):
  - At a minimum, risk documentation must be completed by end of day for all notes.
  - Emergency related notes must be completed by the supervisee and sent to the supervisor for further review on the same day of service that the emergency consultation occurred.
  - Quick Access notes must be completed by the supervisee and sent to the supervisor for further review on the same day of service that the Quick Access occurred.
  - For Therapeutic Intakes, the presenting problem, risk assessment, and substance use screening sections must be completed by the end of the day of the service provided.

Trainees will work with their supervisor to complete the remainder of the Therapeutic Intake report within the timeframe specified by the supervisor.

- The trainee's Task List in Titanium should be clear by the end of the work week unless otherwise approved by the trainee's supervisor.
  - Trainees should regularly review their My Clients list and task lists in Titanium; this will help ensure appropriate follow-up with clients as necessary, termination of files when appropriate, and review of notes sent back to the supervisee for further edits.
  - For completion timeframes for other forms of documentation, refer to the Policies and Procedures Manual.
  - Supervisors and supervisees should leave comments in the comment box after the note has been signed in order to document communication regarding edits and reviews of the note.
6. Doctoral Psychology Practicum trainees may not provide clinical services at CAPS unless a licensed CAPS psychologist is on site/on-campus or readily accessible.
  7. Trainees must follow all aspects of the Policies and Procedures Manual.
  9. Trainees are required to maintain student professional liability insurance during their training experience at CAPS. Documentation of their liability insurance coverage should be provided to the Training Director upon beginning the training experience.
  10. Trainees who discover having an outside relationship with a client should consult with their supervisor or other senior staff about how to best manage the multiple relationship.

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

**The majority of notes documented by the trainee are signed by the trainee on line 1 and forwarded to the trainee's designated primary supervisor to sign on line 3.** Exceptions are to be discussed with the primary supervisor.

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

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

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

Trainee status necessitates that trainees videotape most activities (Quick Access, emergency sessions, and group therapy sessions do not necessarily have to be recorded unless required by the

supervisor). Written permission must be obtained from clients prior to recording (this is typically completed by the client as part of their CAPS registration and informed consent paperwork). Clients are to be informed about the nature of the training and how information about them will be shared (individual supervision, case consultation, etc.).

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

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

## ***Trainee Self-Assessment and Hours Plan***

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

At the beginning of the fall and spring semesters, the Training Director will also meet with trainees individually to discuss an hours plan which outlines the expected activities an intern will perform within a typical work week. This hours plan is circulated amongst the trainee, primary supervisor, 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***

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

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

Trainees will shadow a 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/Initial Consultation appointment and is approved to complete Quick Access/Initial Consultation appointments independently.

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

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

### **Emergency Services:**

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

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

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

### **Therapeutic Intakes:**

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

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

Cases are assigned 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:**

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

### **Group Counseling:**

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

### **Outreach & Consultation:**

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

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

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

However, we recognize that there is also an inherent power differential between our master's trainees and doctoral psychology interns as the doctoral psychology interns will transition to

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

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

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

## ***Supervision***

Doctoral practicum trainees receive 1 hour of supervision per week. Supervision is provided via the following modalities.

### **Primary Individual Supervision**

Doctoral psychology practicum trainees are assigned one primary individual supervisor; generally they will work with the same primary supervisor for both the fall and spring semesters (unless otherwise determined by the primary supervisor and Training Director). The individual supervisor must be a licensed psychologist at the doctoral level and the intern meets with this person individually, face-to-face, for a minimum of 1 hour each week (2 hours per week to start with in the fall semester). Although 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 intern's activities are assigned to the individual supervisor for regular discussion and evaluation.

Primary individual supervisors address individual therapy, Quick Access, groups (if applicable), Therapeutic Intakes and diagnosis of ongoing clients, diversity, ethics, and professional behavior.

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

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



## **Supervision of Group Work**

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

## **Senior Staff Consultant**

When available, doctoral practicum trainees may additionally be assigned a Senior Staff Consultant with whom they would meet individually for an hour every other week, potentially in the spring semester, depending upon trainee needs and consultant availability. The consultant is not considered to be a formal supervisory role, i.e., the senior staff consultant does not complete a formal, written, evaluation of the trainee, nor do they formally review cases nor sign off on notes for the trainee. However, the consultant is intended to provide an additional source of clinical consultation for the trainee, to provide additional perspectives beyond those of the primary supervisor. Also, the consultant is intended to provide additional mentoring, support, and professional development to the trainee.

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

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

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

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

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

## ***Meetings and Seminars***

## **Orientation Meetings and Seminars:**

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

- Diversity, ethics and professional practice
- Clinical policies and procedures and office operations
- Therapeutic intakes
- Psychological testing
- Supervision

## **Professional Issues:**

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

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

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

## **Case Conference:**

Trainees have the opportunity (schedule permitting) to participate in CAPS case conferences. CAPS clinical staff meet for 60 minutes on a periodic basis throughout the semester to engage in

case consultation in small breakout groups. Any staff member can informally present a case for discussion, or staff members may be assigned a designated date to informally present a case of their choosing. This meeting allows trainees to provide or receive input on counseling cases and to consult about clients requiring a case review. These meetings also allow 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.

<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***

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

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

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

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

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

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

Days when the trainee is out for planned (e.g. conferences, assistantship responsibilities, etc.) or unplanned reasons (e.g. illness or weather) should be discussed and cleared with the 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 should turn on their email auto-reply when they are out of office to notify clients and others sending them email that they are not in the office and what to do if immediate assistance or response is needed.

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

- Out of office days must be approved by the primary individual supervisor or in their absence, 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 and Assistance***

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

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

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

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

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

Trainees are issued keys that provide access to the building and CAPS. Trainees 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.

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

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

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

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

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

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

## ***Virtual Desktop***

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

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

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

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

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

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

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

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