



Western Carolina University

Counseling and Psychological Services

Psychology Internship

Training Manual

2022 – 2023

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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

Internship Training Program Accreditation Status

We are pleased to announce that our doctoral internship in health service psychology is Accredited by the Commission on Accreditation of the American Psychological Association (APA) with a date of initial accreditation as September 27, 2016. Because of COVID-19 related delays, the Commission informed us that our next accreditation site visit (originally scheduled for 2023) will occur in 2025.

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

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

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

Michael Jay Manalo, Ph.D., HSP-P, NCC
Psychologist/Training Director
Phone: 828-227-7469
Email: 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.

 Western
Carolina
UNIVERSITY

Counseling and
Psychological Services

We are a **supportive and confidential space**.

We pursue **connection with all members** of our community.

We strive to **eliminate barriers**.

We **challenge harmful systems**.

We work toward **equity for all**.

Accommodations for Trainees with Disabilities:

The training program at CAPS is committed to providing access for all people with disabilities and will provide accommodations for the training experience if notified in advance. Trainees who have any questions regarding their circumstances, life situation, prior experience, or other concerns as it

pertains to their candidacy for the training experience are encouraged to contact CAPS' Training Director, the appropriate faculty member of their academic program, or other resources such as the following:

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

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

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

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

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

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

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

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

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

Training Director

The Training Director has the following responsibilities:

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

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

Training Values & Desired Qualities of Interns

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

1. We value trainees who have a genuine interest in counseling center work and to working with an emerging adult population.
2. We train individuals to be well-rounded generalists, including but not limited to the performance of individual counseling, assessment and diagnosis, specialized center services, groups, and consultation.
3. We take an approach of meeting already well-developed individuals where they are and helping them to develop or further refine their skills.
4. Our training is both comprehensive and individualized. We recommend broadly what all our trainees need experience in, and at the same time we work in collaboration with our trainees to help them to advance in what they want and need.
5. We value trainees having a working knowledge of their own values, being self-aware, and invested in further growth in personal and professional awareness.

6. We train in the practice of brief therapeutic interventions drawing from various evidence based practices.
7. We value work with diverse populations and building our trainees' 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 striving for confidence in their skills while clearly recognizing their limits and practicing within the scope of 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 individual and community wellness.
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.

Aims, Competencies, and Elements of the Training Program

Aim of the CAPS Psychology Internship Training Program

The overall aim of the CAPS psychology doctoral internship program is to prepare interns for entry level practice in health service psychology. This aim is accomplished by providing training in generalist clinical skills in psychology, diversity, trauma informed care, and rural mental health skills, collaborative skills for operating within an interprofessional and interdisciplinary team, and overall identity development as a psychologist.

The internship training program at CAPS reflects APA's required Profession Wide Competencies for internship programs listed in the Standards of Accreditation for Health Service Psychology (American Psychological Association, Commission on Accreditation, 2015; revised 2021). Each competency is further operationalized by specific elements related to the intern's performance within each competency. These competencies and their according elements (including elements defined by APA and elements defined by the CAPS training program) are described in further detail below.

Competencies and Elements of the CAPS Psychology Internship Training Program

Competency 1: Research

1.1 Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Displays critical scientific thinking.	<i>By December of internship:</i> With support, values and applies scientific methods to professional practice.	<i>By end of internship (entry to practice):</i> Independently and consistently applies scientific methods to practice.

1.2 Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates understanding of importance of seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology.	<i>By December of internship:</i> With support, demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology.	<i>By end of internship (entry to practice):</i> Independently generates knowledge and shares knowledge with team.

Competency 2: Ethical and Legal Standards

2.1 Is knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<p><i>Arrival at internship:</i></p> <p>Demonstrates <u>basic knowledge</u> of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting (i.e., can name ethical principles).</p>	<p><i>By December of internship:</i></p> <p>Utilizes appropriate supports to demonstrate <u>knowledge, understanding, and application</u> of the APA Ethical Principles and Code of Conduct (i.e., can name examples of ethical dilemmas).</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Independently and consistently demonstrates <u>knowledge, understanding, and application</u> of the APA Ethical Principles and Code of Conduct (i.e., can independently identify ethical principles involved); seeks support when appropriate regarding more complex ethical dilemmas</p>

2.2 Is knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<p><i>Arrival at internship:</i></p> <p>Demonstrates <u>basic knowledge</u> of the principles of relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting (i.e., can name ethical principles).</p>	<p><i>By December of internship:</i></p> <p>Utilizes appropriate supports to demonstrate <u>knowledge, understanding, and application</u> of relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels (i.e., can name examples of ethical dilemmas).</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Independently and consistently demonstrates <u>knowledge, understanding, and application</u> of relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels (i.e., can independently identify ethical principles involved); seeks support when appropriate regarding more complex ethical dilemmas</p>

2.3 Is knowledgeable of and acts in accordance with relevant professional standards and guidelines. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates <u>basic knowledge</u> of relevant professional standards and guidelines.	<i>By December of internship:</i> Utilizes appropriate supports to demonstrate <u>knowledge, understanding, and application</u> of relevant professional standards and guidelines.	<i>By end of internship (entry to practice):</i> Independently and consistently demonstrates <u>knowledge, understanding, and application</u> of relevant professional standards and guidelines; seeks support when appropriate regarding more complex ethical dilemmas

2.4 Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates awareness of ethical concerns when they arrive and brings them to relevant supervision spaces.	<i>By December of internship:</i> Demonstrates awareness of ethical concerns and presents them in relevant supervision space with a basic plan of action; likely needs additional support to fully form action plan.	<i>By end of internship (entry to practice):</i> Demonstrates awareness of ethical concerns and presents them in relevant supervision space with a plan of action; action plan needs minimal additional input from supervisor.

2.5 Conducts self in an ethical manner in all professional activities. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Interacts in an ethical manner in accordance with the five General Principles in clinical interactions.	<i>By December of internship:</i> Utilizes support to reflect upon and integrate intersection of personal values and ethical practice in clinical work and other professional activities.	<i>By end of internship (entry to practice):</i> Demonstrates the ability to independently integrate ethical principles into most/all areas of practice as a psychologist.

Competency 3: Individual and Cultural Diversity

3.1 Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes; Demonstrates willingness to grow.	<i>By December of internship:</i> With support, monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation.	<i>By end of internship (entry to practice):</i> Independently and consistently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation.

3.2 Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> <u>Demonstrates willingness to learn basic knowledge of the scientific, theoretical, and contextual issues related to individual and cultural diversity as they apply to practice.</u>	<i>By December of internship:</i> <u>With support, applies knowledge, awareness, and understanding regarding individual and cultural diversity topics to work effectively with diverse others in assessment, treatment, research, relationships with colleagues.</u>	<i>By end of internship (entry to practice):</i> <u>Independently applies knowledge, awareness, and understanding regarding dimensions of diversity to professional work.</u>

3.3 Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). (from APA SoA IR C-8 I)

<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates knowledge, awareness, and understanding of interactions between self and others; able to do so in at least one area.	<i>By December of internship:</i> Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others; starting to do so in more than one area.	<i>By end of internship (entry to practice):</i> Consistently and independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.

3.4 Applies a framework for working effectively with areas of individual and cultural diversity. (from APA SoA IR C-8 I)

<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates awareness that this is an important area of practice and demonstrates willingness to learn.	<i>By December of internship:</i> Utilizes support to integrate theoretical concepts into clinical practice.	<i>By end of internship (entry to practice):</i> Independently and consistently monitors and applies theories in clinical practice.

3.5 Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. (from APA SoA IR C-8 I)

<i>Arrival at internship:</i> Demonstrates understanding of impact and potential for harm; demonstrate ability to discuss differences between self/others.	<i>By December of internship:</i> Is able to reflect on challenges of working with clients whose identities conflict with their own; begins to demonstrate skills (e.g., broaching, cultural humility, rupture repair, etc.) in managing these conflicts effectively.	<i>By end of internship (entry to practice):</i> Independently monitors their work with clients whose identities conflict with their own and consistently demonstrates use of skill (e.g., broaching, cultural humility, rupture repair, etc.) in managing these conflicts effectively.
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Competency 4: Professional Values, Attitudes, and Behaviors

4.1 Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<p><i>Arrival at internship:</i></p> <p>Can describe basic values and attitudes of being a psychologist; is honest, responsible.</p>	<p><i>By December of internship:</i></p> <p>Describes and demonstrates adherence to professional values; infuses work as clinician-in-training; recognizes and brings to supervision situations that challenge adherence to professional values in clinical work.</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Monitors and independently resolves situations that challenge professional values and integrity in multiple settings (e.g., clinical work, meetings, outreach, etc.).</p>

4.2 Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<p><i>Arrival at internship:</i></p> <p>Displays basic mindfulness and self-awareness; engages in reflection about workplace functioning when prompted in supervision</p>	<p><i>By December of internship:</i></p> <p>Displays broadened mindfulness and self-awareness; utilizes self-monitoring; engages in reflection regarding clinical practice; utilizes suggested resources to enhance reflectivity; is able to ask supervisor for what they need to support their work-related wellness</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Independently demonstrates reflectivity both during and after workplace activity; acts upon reflection; independently seeks out resources to enhance reflectivity; is able to proactively ask (across settings) for what they need to support their work-related wellness</p>

4.3 Actively seeks and demonstrates openness and responsiveness to feedback and supervision (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates straightforward, truthful, and respectful communication in supervisory relationship; implements feedback from supervisor	<i>By December of internship:</i> Effectively participates in supervision; is able to verbalize own strengths and growth areas; continues to implement feedback from supervisor	<i>By end of internship (entry to practice):</i> Independently seeks supervision when needed; implements feedback and actively solicits and collaborates regarding feedback; verbalizes understanding of rationale behind given feedback

4.4 Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. (from APA SoA IR C-8 I))		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates knowledge that situations involve complexity; is able to name factors contributing to complexity of situations	<i>By December of internship:</i> Appropriately consults prior to managing complex situations; Applies knowledge to complex situations	<i>By end of internship (entry to practice):</i> Independently resolves complex situations; consults as needed. Is able to verbalize to supervisor their own plan for resolving complex situations and adjusts as needed with input; can address complex situations across multiple areas of practice.

Competency 5: Communications and Interpersonal Skills

5.1 Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Is responsive to and engages in respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines; develops appropriate working relationship with primary clinical supervisor	<i>By December of internship:</i> Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines; has started to form appropriate working relationships with additional staff beyond primary clinical supervisor	<i>By end of internship (entry to practice):</i> Independently develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities; independently provides feedback and shares knowledge with committees, staff, campus partners

5.2 Demonstrates a thorough grasp of professional language and concepts; can produce, comprehend, and engage in communications that are informative and well-integrated (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills; demonstrates awareness of impact of one's own use of language on communications	<i>By December of internship:</i> Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of clinical language; begins to incorporate trauma informed language in communications	<i>By end of internship (entry to practice):</i> Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of clinical language and concepts; is able to consistently use trauma informed language in communications

5.3 Demonstrates effective interpersonal skills and the ability to manage difficult communication well. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<p><i>Arrival at internship:</i></p> <p>Recognizes and handles conflict satisfactorily with support; receives feedback nondefensively; demonstrates active listening; recognizes impact of one’s own use of language in communication</p>	<p><i>By December of internship:</i></p> <p>Negotiates differences and handles conflict satisfactorily with support from supervisor; receives feedback from others nondefensively; begins to incorporate trauma informed care principles in interpersonal interactions; engages in perspective-taking; shows responsiveness in communications</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Resolves difficult communication; seeks out appropriate assistance if needed to resolve interpersonal conflicts; incorporates feedback into lifelong learning; is able to set interpersonal boundaries effectively; is able to recognize one’s own contributions to challenging communications; continues to incorporate TIC principles into difficult communications; attenuates approach to communicating with others</p>

Competency 6: Assessment

6.1 Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<p><i>Arrival at internship:</i></p> <p>Is able to navigate the DSM-5-TR diagnostic classification system and is able to formulate a conceptualization of the client.</p>	<p><i>By December of internship:</i></p> <p>Within supervision, accurately applies DSM-5-TR diagnosis to client; articulates how functional and dysfunctional behaviors are contextualized.</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Independently applies appropriate DSM-5-TR diagnosis; routinely articulates how functional and dysfunctional behaviors are contextualized.</p>

6.2 Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural). (from APA SoA IR C-8 I)

Benchmarks:

Arrival at internship:

Demonstrates knowledge of human development theory and identifies important developmental milestones for clients.

By December of internship:

Within supervision, can reflect on and articulate how client behaviors are impacted within contexts (family, social, societal, cultural).

By end of internship (entry to practice):

Independently reflects and articulates how client behaviors are impacted within contexts (family, social, societal, cultural).

6.3 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 I)

Benchmarks:

Arrival at internship:

Is able to identify and apply knowledge of client's functional and dysfunctional behaviors to inform the diagnostic process.

By December of internship:

Within supervision, can reflect on the diagnostic process and can articulate how considered contextual variables are considered in the case conceptualization.

By end of internship (entry to practice):

Independently and consistently formulates a contextually informed diagnosis and case conceptualization.

6.4 Selects and applies assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. (from APA SoA IR C-8 I)

Benchmarks:

Arrival at internship:

Demonstrates knowledge of evidence-based assessment measures and the appropriate clients for these measures.

By December of internship:

Within supervision, independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse characteristics and contexts of the individual.

By end of internship (entry to practice):

Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse characteristics and contexts of the individual.

6.5 Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. (from APA SoA IR C-8 I)

<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Can articulate difference between objective and subjective data; can articulate how to use research and scoring guidelines for interpreting results; can identify areas of decision-making bias that can impact diagnosis and case conceptualization.	<i>By December of internship:</i> Applies scoring methods accurately; can interpret results and create conceptualization; can reflect on how they guard against decision making bias with supervision.	<i>By end of internship (entry to practice):</i> Independently interprets results and creates conceptualization and recommendations; supervisee demonstrates awareness of own bias and articulates how supervisee guards against decision-making biases.

6.6 Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. (from APA SoA IR C-8 I)

<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Articulates pertinent findings and implications of the assessment.	<i>By December of internship:</i> Can conceptualize how to deliver feedback using trauma informed care principles.	<i>By end of internship (entry to practice):</i> Independently creates assessment report that supports diagnostic impressions; effectively navigates the feedback session using trauma informed principles.

Competency 7: Intervention

Additional elements in this competency are assessed on separate group counseling eval form

7.1 Establishes and maintains effective relationships with the recipients of psychological services. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Able to articulate and demonstrate the basic helping skills necessary to build and maintain rapport with client.	<i>By December of internship:</i> In supervision, can self-reflect about relationship with clients; can discuss intentionality of using basic skills; demonstration of the development of advanced clinical skills.	<i>By end of internship (entry to practice):</i> Independently displays a wide range of clinical skills; consistently self-reflects on relationship with clients.

7.2 Develops evidence-based intervention plans specific to the service delivery goals. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Is able to name appropriate evidence-based interventions based on assessment and conceptualization.	<i>By December of internship:</i> Within supervision, plans interventions that are specific to case and context.	<i>By end of internship (entry to practice):</i> Independently plans evidence-based interventions; case conceptualizations and intervention plans are specific to case and context.

7.3 Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates basic knowledge of intervention strategies and how to effectively apply them.	<i>By December of internship:</i> With supervision, can reflect on the effectiveness and ineffectiveness of interventions.	<i>By end of internship (entry to practice):</i> Independently implements interventions with fidelity to evidence-based models and flexibility to adapt where appropriate.

7.4 Demonstrates the ability to apply the relevant research literature to clinical decision making. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates knowledge of how to apply relevant research to practice.	<i>By December of internship:</i> Within supervision, begins to apply relevant research to practice, and begins to integrate clinical expertise and client preferences and experiences into clinical decision making.	<i>By end of internship (entry to practice):</i> Independently applies relevant research to practice and begins to integrate clinical expertise and client preferences and experiences into clinical decision making.

7.5 Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Can identify gaps in literature and brings this to supervision.	<i>By December of internship:</i> In supervision, can reflect on limitations of chosen approach and utilizes supervision to modify the approach.	<i>By end of internship (entry to practice):</i> Independently modifies and adapts interventions; consults as needed regarding modifying approaches.

7.6 Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates basic knowledge of how to assess intervention progress and outcome.	<i>By December of internship:</i> Within supervision, evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures.	<i>By end of internship (entry to practice):</i> Independently evaluates treatment progress and modifies planning as indicated, with or without established outcome measures.

Competency 8: Supervision

Sup of sup experience takes place in spring semester, so timing of benchmarks below is adjusted accordingly.

8.1 Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>By January of internship:</i> Demonstrates basic knowledge of expectations for supervision (knows how to receive supervision); verbalizes basic knowledge of supervision theories; begins to identify basic approaches to supervision; is able to verbalize basic roles and boundaries of supervisory relationship	<i>By March of internship:</i> Demonstrates knowledge of, purpose for, and roles in supervision; is able to verbalize initial approaches to providing supervision; develops supervision contract	<i>By end of internship (entry to practice):</i> Understands the ethical, legal, and contextual issues of the supervisor role; can identify appropriate supervision interventions to use.

8.2 Applies the supervisory skill of observing in direct or simulated practice. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>By January of internship:</i> No expectation at this level that has provided supervision; however, is able to verbalize basic concepts of how to provide observation of clinical skills	<i>By March of internship:</i> When prompted, can describe their observations of their supervisee's skills. Demonstrates basic knowledge of supervision models and practices; is able to describe content vs. process in observations of clinical work	<i>By end of internship (entry to practice):</i> Independently describes their observations of their supervisee's skills. Demonstrates advanced knowledge of supervision models and practices; is able to recognize interaction between client and supervisee in observations; is able to observe parallel process

8.3 Applies the supervisory skill of evaluating in direct or simulated practice. (from APA SoA IR C-8 I)

<i>Benchmarks:</i>		
<p><i>By January of internship:</i></p> <p>No expectation at this level that has provided supervision; however, demonstrates awareness of importance of evaluation process and evaluatory role in supervision</p>	<p><i>By March of internship:</i></p> <p>Demonstrates knowledge of how clinicians develop to be skilled professionals; Demonstrates beginning skills in identifying and tracking progress in achieving the goals and tasks of supervision; is able to hypothesize about supervisee's level of development based on observations; can verbalize conceptualization of supervisee/client dynamics</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Independently identifies strengths and growth areas for supervisees. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients; effectively addresses limits of competency to supervise; is able to accurately assess supervisee level of development; uses trauma informed care principles in evaluation process; verbalizes impact of client on supervisee</p>

8.4 Applies the supervisory skills of giving guidance and feedback in direct or simulated practice. (from APA SoA IR C-8 I)

<i>Benchmarks:</i>		
<p><i>By January of internship:</i></p> <p>No expectation at this level that has provided supervision; however, demonstrates awareness of importance of feedback process</p>	<p><i>By March of internship:</i></p> <p>Provides helpful supervisory input in peer and group supervision; verbalizes understanding of impact of feedback provided</p>	<p><i>By end of internship (entry to practice):</i></p> <p>Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting; evaluates effectiveness of feedback provided; uses trauma informed principles in providing feedback; with support, is able to give difficult feedback</p>

Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

9.1 Demonstrates knowledge and respect for the roles and perspectives of other professions. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Demonstrates understanding of the viewpoints and roles of other professions in the care of clients	<i>By December of internship:</i> Engages with other professionals in multidisciplinary meetings; is able to verbalize referral process; refers appropriately to other professionals with supervisor support; participates in programs and/or collaborations with other departments; is able to describe initial knowledge of available referral resources	<i>By end of internship (entry to practice):</i> Independently seeks out and refers appropriately to other professionals; initiates collaborations with campus partners; demonstrates more advanced knowledge of available referral resources

9.2 Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to role-played consultation with others, peer consultation, provision of consultation to other trainees. (from APA SoA IR C-8 I)		
<i>Benchmarks:</i>		
<i>Arrival at internship:</i> Verbalizes importance of consultation; engages in consultation for client care	<i>By December of internship:</i> Seeks out consultation from others for clients; applies this experiential learning to understand models of consultation; participates actively in case conference groups; appropriately consults with other CAPS staff	<i>By end of internship (entry to practice):</i> Independently provides effective consultative services (assessment and intervention) in all routine and some complex cases; makes appropriate recommendations and engages in collaborations in case conference groups; is able to independently connect clients with resources (with support as needed); consults with partners outside of CAPS when appropriate

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 or other senior staff
- Performing assigned clinical and other service duties (e.g. Quick Access shifts, therapeutic intakes, individual counseling, therapeutic consultations, group counseling, outreach, assessment)
- Clinical documentation
- Primary individual supervision
- Supervision of group work
- Group (cohort) supervision
- Supervision of supervision
- Review of video recordings
- Training seminars
- Staff meetings
- Independent consultations with senior staff
- Independent consultations with other interns
- Formal case presentations

Evaluations, Due Process, & Grievance Procedures

Evaluation Process Overview

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

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

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

Eval Period	Evaluation Form	Supervisor Completing the Form
Mid Fall	Primary Supervisor Eval of Supervisee	Primary Supervisor (in consultation with other staff) *this first evaluation is to help establish a “baseline” for the trainee’s performance at this point in the training sequence
End of Fall	Primary Supervisor Eval of Supervisee	Primary Supervisor (in consultation with other staff)
Mid Spring	Primary Supervisor Eval of Supervisee	Primary Supervisor
	Supervision of Supervision Eval of Supervisee	Supervision of Supervision Supervisor
End of Internship (Summer)	Primary Supervisor Eval of Supervisee	Primary Supervisor *typically completed at end of internship/end of summer
	Supervision of Supervision Eval of Supervisee	Supervision of Supervision Supervisor *typically completed in end of spring/early summer when sup of sup experience has ended

Minimum Levels of Achievement

The rating scale for all elements is defined as follows:

Arrival at internship:		By December of internship:		By end of internship (entry to practice):	
1 Approaching benchmark <input type="checkbox"/>	2 Arrived at benchmark <input type="checkbox"/>	3 Approaching benchmark <input type="checkbox"/>	4 Arrived at benchmark <input type="checkbox"/>	5 At competency level for entry level practice <input type="checkbox"/>	6 Exceeds competency level for entry level practice <input type="checkbox"/>

Minimum Level of Achievement by end of fall semester: 3 (Approaching December of internship benchmark)

Minimum Level of Achievement by end of internship: 5 (At competency level for entry level practice benchmark)

(*Timing of achievement of benchmarks is adjusted for Supervision competency as this begins in the Spring semester.)

From APA CoA C8-I Profession Wide Competencies; definition of MLA’s:

Minimal Level of Achievement for completion of Internship is “Readiness for Entry Level Practice” defined as:

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

A typically developing intern is expected to have:

- 2’s and 3’s by mid-fall
- All 3’s (and possibly some 4’s) by the end of fall semester (December)
- 3’s, 4’s (and possibly some 5’s) by mid-spring
- All 5’s (and possibly some 6’s) by the end of internship

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 clinical supervisors' meetings. The Training Director will review all evaluations, oral feedback, weekly activities, and other necessary documentation to review progress toward internship goals for 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." 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 Competence and/or Problematic Behavior

Insufficient competence and/or problematic behavior(s) are defined as interference in workplace functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate workplace standards into one's repertoire of behavior
- An inability to acquire 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 workplace functioning.

Insufficient competence and/or problematic behaviors are operationalized by evaluation forms and constitutes a rating below the Minimum Level of Achievement for the evaluation period (below a 3 by end of fall/December), 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 workplace functioning.
5. A disproportionate amount of attention by permanent 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 competence in that it merely reflects a skill deficit, while insufficient competence reflects behavior and/or attitudes that prevent a trainee from reaching readiness for entry level 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 below the Minimum Level of Achievement at any evaluation point (any rating below a 3 by end of fall/December)
- A supervisor documents a written concern necessitating remediation on a formal evaluation
- Any member of the senior staff documents a written concern with the Training Director

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

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

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

The steps below outline how remediation is determined and implemented:

1. The Primary Clinical Supervisor will meet with the Training Director (TD) or Master's Training Coordinator (MTC) to discuss concerns about the trainee. They will discuss options and an initial supportive plan (when appropriate) for addressing the concerns.
 - a. This initial supportive plan is not considered a formal remediation (at this point).
 - b. This plan should be as specific as possible with measurable outcomes to determine success.
 - c. Primary Clinical Supervisor and TD/MTC will establish a specific length of time (no longer than 1 month) after which a determination will be made regarding any necessary further action.
2. Primary Clinical Supervisor will share and implement the steps in the initial supportive plan with the trainee.

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

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

Grievance Procedures

Grievance Procedures are designed to address intern grievances against evaluations provided by an individual supervisor or senior staff. Examples of issues with which trainees might have a grievance include poor supervision, unavailability of the supervisor, workload issues, personality clashes, and other staff conflict. Trainees are encouraged to informally resolve grievances with

staff by first discussing their concerns directly with that staff member. If this discussion produces insufficient results, the trainee may also discuss the concern with the staff member's Administrative Supervisor, the Training Director, or the CAPS Director, who may offer assistance in resolving the conflict. If the trainee is unsuccessful in resolving the concern informally or if the trainee prefers to address the conflict by formal means, a formal grievance may be filed at any time using the procedures that follow.

Notice:

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

Hearing:

The Training Director will chair a review panel consisting of the Training Director, one permanent staff member chosen by the trainee, and a permanent staff member chosen by the Training Director. If the Training Director is the training staff member against which the grievance is filed, the Director will appoint an alternate staff member to chair the panel and appoint the committee member. The trainee and any supervisors involved may present information relevant to their positions to the panel at a hearing and will have an opportunity to hear all information presented so that they may dispute this information. After hearing all evidence, the panel will determine a recommendation regarding the matter by majority vote 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 trainee and other parties involved. An appeal decision will be made by the Director and all parties will be informed in writing of this decision within 5 working days of the hearing. If a trainee continues to be dissatisfied with the Director's decision, they may contact the Associate Vice-Chancellor for Student Affairs for further assistance and action.

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

Intern Evaluation of Supervision and Training

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

Interns are asked to complete Evaluation of Supervision forms (at a minimum for their primary clinical supervisors) at mid-fall, end of fall, mid-spring, and internship end. These evaluations

should be shared with supervisors; supervisors will in-turn review the form with their administrative supervisors and then submit to the Training Director.

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

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

https://wcu.az1.qualtrics.com/jfe/form/SV_cGskRdHuWchz17D

Training Policies and Procedures

Responsibility for Clients

Primary clinical supervisors maintain ultimate responsibility for clients seen by interns. It is the primary clinical supervisor's responsibility to keep up-to-date on the progress of each of the supervisee's clients. To ensure that primary clinical supervisors and permanent 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 or Therapeutic Consultation (individual psychotherapy) sessions conducted by interns must be video recorded (audio only is not sufficient). Video recording of other therapeutic activities can be negotiated if deemed necessary in coordination with primary clinical supervisor and Training Director.
2. Group therapy sessions are initially not conducted by interns without the presence of a senior staff co-therapist. When the senior staff co-therapist determines that the intern is capable, the intern may lead a therapy group alone when the senior staff co-therapist is absent. When this approval is given, the Training Director should be informed.
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. Interns must consult with a senior staff member regarding all emergencies that they handle unless they have been cleared by their primary clinical supervisor to take an emergency with consultation as needed.
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 overall goal is that 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, closure 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 Interns may not provide clinical services at CAPS unless a licensed CAPS psychologist is on site/on-campus or readily accessible.
7. Interns must participate in a designated number of outreach programs as determined by permanent staff/primary clinical supervisor; interns will initially observe outreach programs in the first few months of internship.
8. Interns 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 following table summarizes the general guidelines as to who signs on which line on notes in Titanium. This table is not exhaustive of all possible types of who would sign the note in which situations but is meant to provide some general guidelines.

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

Exceptions are described below.

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

Type of Note	Signature on Line 1	Signature on Line 2	Signature on Line 3
Majority of Notes	Trainee/Doc Intern		Trainee/Doc Intern's Primary Clinical Supervisor
Emergency Notes (daytime)	Trainee/Doc Intern		Trainee/Doc Intern's Primary Clinical Supervisor
Group Notes (Process/Special Topic/Psychoed)	Trainee/Doc Intern		Trainee/Doc Intern's Group Supervisor/Co-Facilitator
Doc Intern's Supervision/Consultation Notes of Master's Supervisee	Doc Intern		Doc Intern's Primary Supervisor

Trainee Status & Videotaping

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

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

In 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.).

Interns are encouraged to test their video recording equipment prior to recording sessions in order to ensure that the lighting, sound quality, and picture quality are adequate. In order to ensure that

the video recording software does not stop recordings prematurely during client meetings, the intern should disable the “On resume, display logon screen” feature of the computer’s screen saver and should refrain from locking their Windows workstations when recording sessions. Please see the Training Director or Health and Counseling Operations Manager, or Help Desk if assistance is needed with these settings.

Trainee Self-Assessment and Hours Plans

At the beginning of internship, interns must complete a qualitative, written self-assessment of current competencies with the Training Director and/or primary clinical supervisor which assists in specifying specific training goals and activities during the course of internship. Interns also discuss with their assigned primary clinical supervisor at the beginning of each semester their overall goals.

At the beginning of the fall and spring semesters, the Training Director will also communicate to interns and their Primary Clinical Supervisors their expected number of Open Clinical Hour placeholders per week. Primary clinical supervisors may adjust these placeholders as needed throughout the semester, depending on the intern’s needs. During the summer semester when clinical volume is typically lower, intern hours are dictated according to clinical demand and the intern’s needs.

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

Please know that over the course of a semester, trainees will work with their supervisors and training program staff to tailor their individual experiences throughout the year and to adjust open clinical hour placeholders as needed. 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.

Direct Hours Benchmarks

The CAPS internship is designed to be a 12-month, 2000 hour experience, in order help interns meet the hours requirements for the broadest possible range of licensing board requirements. APPIC requires that “at least 25% of trainees' time is in face-to-face psychological services to patients/clients,” so for a 2000 hour internship, this translates to 500 direct hours.

The following are approximate targets for quarterly progress of direct hours for CAPS psychology interns in order to meet the 500 direct hour requirement over the course of a year. These numbers are of course approximations based on prior cohort data over the course of a typical year so may

vary from year to year and from intern to intern. Concerns about direct hours should be discussed with your individual supervisor as well as the Training Director.

Interns have access to the reporting features in Titanium and are strongly encouraged to run reports of their hours on a regular basis to determine where they are against these benchmarks; quarterly evaluation forms also include a space to note current progress regarding direct hours. The Training Director can assist in showing you how to run hours reports in Titanium.

	Approx. hours benchmarks for docs
Mid fall	115
End of fall	220
mid-spring	350
end of spring	460
end of summer	500

Required Training Activities

Quick Access/Initial Consultations:

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

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

Quick Access shifts typically are scheduled 2 days out of a week, typically 4 hours per shift. Each 4 hour shift includes 1 flexible hour of paperwork time. Interns 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 primary clinical supervisor.

If the intern is not available to cover an assigned Quick Access shift due to illness, vacation, etc., the intern must notify their supervisor 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:

Interns 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, interns are initially paired with a permanent staff member at the beginning of internship so that they can shadow. Interns will talk with their individual supervisor to determine when they will be able to cover this service with greater independence and with consultation on an as needed basis, while understanding their supervisor maintains ultimate clinical responsibility and decision-making during emergency services.

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

Interns must document 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/Therapeutic Consultations:

Interns provide approximately 12-15 hours of individual counseling weekly, depending upon the number of available Open Clinical Hour placeholders and in consultation with their primary supervisor.

A designated portion of hours may also be spent providing Therapeutic Consultations (typically briefer, 30 minute sessions) to clients who may benefit from shorter term, more solution-focused or problem specific consultation.

Group Counseling:

Interns are expected to co-lead at least one type of group (psychoeducational, special topic, or process) during the internship year. We typically try to prioritize intern assignments to groups in the fall semester upon interns' arrival at CAPS. Interns must have a senior staff co-leader for the group they provide. In the instance that an offered group does not obtain sufficient client attendance, open clinical hours and supervision will be adjusted accordingly.

Psychological Assessment:

- **Assessment Requirements:**
 - Interns will be required to administer psychological assessments utilizing at least one of CAPS's in-house psychological testing instruments (beyond utilizing the CCAPS for repeated measures for individual counseling appointments).
 - The interns' primary clinical supervisor, in conjunction with the supervision of doc intern cohort supervisors or designees (depending on the nature of the assessment) are responsible for supervising and evaluating the interns' provision of psychological testing at CAPS.
 - Interns will aim to conduct these assessments with **ideally 3 different CAPS clients** over the course of the internship year, although this number may be revisited in consultation with the intern, their supervisor, and the Training Director according to clinical and training needs. This is a "soft target" and not a firm requirement and as such may be adjusted depending upon the intern's caseload, client needs, and CAPS operations.
- Referrals
 - Referrals for testing are typically made through case conference groups
 - For interns referring their own therapy clients for testing, referrals for testing should be discussed in clinical cohort supervision
 - Therapist will obtain client's consent to pursue testing process
- Testing approval
 - Approval for testing is discussed with the proposed assessor's primary supervisor or designee (e.g. cohort supervision supervisor). This should be by the next scheduled supervision meeting.
 - Approval will be based on intern's current workload, capacity, timing of semester
 - Assessor will communicate the decision regarding approval via email to the referring therapist, referring therapist's supervisor (where applicable), and assessor's supervisor (where applicable). This email should be sent immediately after decision is made in supervision.
- Selection of appropriate assessment instruments
 - Assessor will consult with therapist of record regarding the referral question
 - Assessor will review clinical record and consult with therapist as needed to assist with determining appropriate instruments
 - Assessor will also discuss with assessor's primary supervisor (or designee) any additional steps that may be helpful in the assessment process (e.g. additional clinical interview with the client if warranted and approved by assessor's supervisor)
 - Assessor will discuss with assessor's primary supervisor (or designee) the appropriate assessment instruments to administer
 - Assessor will communicate back to referring therapist the plan for assessment
- Scheduling

- Therapist will communicate to client to expect a phone call or email from the assessor regarding scheduling
- Assessor will contact the client to schedule testing session(s) and will code time in Titanium as Testing Administration
- Assessor needs to take into account appropriate and available rooms to conduct testing (e.g. multipurpose room if needing MMPI-2-RF computer administration, having a table available for WAIS, private space for completing paper/pencil administered tests, etc.)
- Testing administration
 - Assessor is responsible for preparing for the assessment administration, including reviewing the manual, gathering testing protocols and materials, preparing the room, etc. Assessor should ask for assistance from supervisor well in advance of the testing day if assistance with preparation is needed.
 - Assessor should remain available during the testing administration to either be physically present with the client where applicable (e.g. WAIS assessment) or remain available for questions from the client for self-administered tests.
 - When applicable, assessor also must query critical items prior to client leaving (e.g. MMPI, PAI) and document accordingly
 - Assessor will also document in the note for the Testing Administration appointment the appropriate information (e.g. client presentation, behavioral observations, review of critical items where applicable, test administered, number of minutes spent by client in administration of test, client's level of engagement, plan for follow-up, etc.)
 - Prior to client leaving, assessor will schedule the client for the next appropriate assessment related appointment (e.g. further testing, or feedback session)
 - Feedback session may be incorporated into an existing therapy appointment, or a separately feedback session
- Scoring/interpretation
 - Assessor will complete scoring, interpretation, and report write-up within 2 weeks of completion of the final test administration
 - Assessor will consult with supervisor as applicable regarding scoring and interpretation
 - Supervisor must review scored assessment results and report prior to providing any information to referring therapist
 - Assessor is responsible for producing recommendations page as part of report writeup; these recommendations must also be reviewed by supervisor
 - Supervisor will co-sign with assessor the final approved report and recommendations sheet
 - Assessor is also responsible for having all testing documentation scanned into client record (client's raw data, report scoring sheets, and final signed assessment report and recommendations)
 - Front desk will use Additional Assessment by Clinician non-appointment based note type to attach scanned copy of assessment documentation

- Feedback to referring clinician
 - Prior to sharing results with the client, assessor will schedule a Case Conference with referring clinician to review results; supervisor in consultation with assessor will determine if supervisor will also participate in the Case Conference
 - Assessor will document a non-appointment based note (Clinical Consultation note) in client's file as a record of feedback being provided to therapist of record
 - Therapist and assessor, in conjunction with primary supervisor(s), will determine who will be present to provide feedback to the client
- Feedback to client
 - Assessor will share broad themes noted in testing results; therapist of record can assist in more detailed connection to themes discussed in therapy
 - Assessor will review recommendations
 - Therapist of record will incorporate recommendations in ongoing treatment
 - Documentation of feedback to client
 - If feedback is delivered during a joint meeting between the assessor/therapist/client, the therapist of record will complete the note (with additional input from assessor as needed)
 - If feedback session is delivered in absence of assessor, therapist of record will complete the note

Outreach & Consultation:

Interns will participate in the provision of outreach experiences, typically by attending and facilitating specific outreach programs with various campus departments and/or organizations. During the first few months of internship, interns will initially observe outreach programs being conducted by other CAPS staff. Interns will receive guidance on outreach programs from the Outreach Coordinator and/or other CAPS permanent staff.

Interns will participate in a specified number of outreach programs as determined by the Outreach Coordinator and Primary Clinical Supervisor in consultation with the Training Director. Feedback on interns' participation in outreach programs will be relayed to the Primary Clinical Supervisor and incorporated on the intern's formal evaluations.

With approval from the CAPS Outreach Coordinator and Primary Clinical Supervisor, interns may pursue additional outreach opportunities, particularly in specific areas of interest for the intern.

Supervision/Consultation with Master's Level Student:

During the spring semester, interns will have the opportunity to participate in a supervision of supervision experience. This will include role-played/peer supervision as well as the opportunity for periodic, in-depth individual consultation with a master's level trainee. The master's trainee's primary supervisor will continue to serve as the supervisor of record. The intern will record

consultation sessions with the informed consent of the master's trainee. Supervision of supervision will be provided in supervision of supervision group meetings as described below, which may include the review of recordings of the supervision sessions as well as discussion of role-played supervision. Interns will also gain experience developing a supervision contract and will gain exposure to documentation of supervision meetings.

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

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

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

Supervision

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

Individual Primary Clinical Supervision

Interns are assigned to an individual primary clinical supervisor who assumes global responsibility for the intern's caseload. The individual supervisor must be a licensed psychologist at the doctoral level and the intern meets with this person individually, face-to-face, for 2 hours each week (in accordance with APA's Standards of Accreditation). Typically, an intern will be assigned to one individual supervisor fall semester and to a different individual supervisor for spring semester and summer semesters combined, although these assignments may be adjusted according to supervisor availability or if extenuating circumstances dictate otherwise. Individual

supervisors may vary in the summer semester depending upon staff member availability. The majority of the intern's activities are assigned to the individual supervisor for regular discussion and evaluation.

Primary individual supervisors address individual therapy, crisis intervention, Quick Access, Therapeutic Intakes and diagnosis of ongoing clients, diversity, ethics, consultation, and workplace behavior.

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

The primary clinical supervisor retains ultimate clinical responsibility for supervision of all of the intern's activities, discusses all of the intern's activities periodically, and completes and signs the primary supervisor formal evaluation. Interns will complete written supervision contracts with the individual supervisor at the beginning of the 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 Trainee's Group Work

Interns will have the opportunity to co-facilitate psychoeducational, counseling, support, or therapy groups with a senior staff member (given sufficient client interest and participation in proposed groups). We prioritize opportunities for our interns to co-facilitate groups in the fall semester. The senior staff co-facilitator will also meet on a weekly basis for 1 hour with the intern co-facilitator for supervision of that intern's group work. The senior staff co-facilitator/group work supervisor will provide input regarding group counseling skills to the intern's primary clinical supervisor to be incorporated in the formal evaluation process.

If necessary, the supervision of group work supervisor will shift the focus of the weekly supervision meetings over the course of the semester to secondary supervision of individual counseling clients (e.g. if there is not sufficient client participation in the group or in the weeks prior to or after the group is running).

The supervision of trainee's group work supervisor regularly consults with the interns' primary supervisor to inform that interns' ongoing growth and evaluation process.

Supervision of Doctoral Intern Cohort (Group Supervision)

During the fall and spring semesters, interns will meet for 1 hour every week as a group with a doctoral intern cohort supervisor or supervisors, at least one of whom is an appropriately credentialed clinician. During the summer semester, interns will meet for 2 hours every week as a group for cohort supervision. During these cohort supervision meetings, interns will have the opportunity to discuss and receive feedback on their clinical work, to informally present cases, to discuss diversity related self-awareness, knowledge and skills, to consult regarding assessments,

and to receive professional development within a group setting from both their peers as well as the group supervisor(s).

The group supervisor(s) regularly consult(s) with the interns' primary supervisors to inform that intern's ongoing growth and evaluation process.

Supervision of Supervision

In the spring semester, interns will have the opportunity to engage in role-played and peer supervision as well as to serve periodically as an individual consultant for master's level trainees from either psychology, social work, or counseling. These activities will be discussed in weekly 1 hour group supervision of supervision meetings run by an appropriately credentialed, permanent staff member. These weekly group meetings will provide an opportunity for didactic training in supervision, discussions of role plays/peer supervision, review of video of consultation meetings with master's trainees, as well as consultation time with the interns' cohort and the sup of sup instructor.

The permanent staff member leading the sup of sup experience will document the formal written evaluation of the sup of sup experience in consultation with the intern's primary supervisor and the master's trainee's primary supervisor.

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

Supervision of Assessment

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

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 clinical supervisor (together or independently) should consult directly with the clinical supervisor's administrative supervisor. Additional consultation may be provided by the Training Director as necessary. If the difficulty is with the Training Director, the Director of CAPS should be consulted.

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

Interns attend staff meetings where staff discuss difficult cases, conduct informal case presentations, and discuss clinical, legal, and ethical issues. Interns 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 - 3 weeks of the internship, interns participate in various meetings and seminars to introduce them to CAPS, the internship, and basic theory, techniques, and issues related to the activities in which they will be participating. Seminars will address topics including the following:

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

Doctoral Intern Seminar:

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

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

- College student mental health
- Rural mental health
- Crisis intervention
- Ethical and legal issues
- Substance use
- Evidence based practices
- Professional development
- Dialectic Behavior Therapy
- Mindfulness based therapies

- Acceptance and Commitment Therapy
- Gender role issues in psychotherapy
- Spiritual process in psychotherapy
- Trauma and trauma informed care
- Phases of therapy and termination
- Biofeedback
- Suicide assessment and management
- Lesbian, Gay, Bisexual, and Transgender (LGBT) topics
- Dream work
- Brief therapy
- Grief work
- Private practice
- Eating disorders
- Expressive arts

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

Professional Development:

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

Possible topics may include the following:

- Working with students with disabilities
- Legal issues
- Military student concerns
- Assessment instruments
- Career services for students
- Supervision and training related professional development
- Clinical services related topics
- Presentations from various campus partners
- Presentations from community partners

Training Director Meeting/Check-In Time:

Interns meet for one half-hour weekly or bi-weekly (depending on scheduling needs) with the Training Director to address on-going training issues, to assess the overall climate of interns'

training experiences, to provide administrative updates, and to discuss overall professional development. Interns may also request to meet individually with the Training Director when necessary.

Health Services Referrals and Consultation:

Interns 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 interns) consult with Health Services providers on an as needed basis.

Case Conference:

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 interns to provide or receive input on counseling cases and to potentially staff or receive feedback on assessment clients. These meetings also allow permanent staff to model for interns how to present and receive feedback on difficult cases.

Intervision/Intern Process:

Interns will meet together with senior staff and office staff approximately once a month during Intervision to address the administrative or clinical business of Counseling and Psychological Services and to provide updates on their respective areas of coordination and leadership, and to reconnect with one another as a staff. Participation allows an opportunity for the intern to provide input and to learn about the internal workings and systems issues of a university counseling center. The activities of the meeting are to share information from the Division of Student Affairs department heads meeting, discuss organizational and administrative matters that relate to the service delivery function and general operation of the CAPS, consider new programs that could be provided by the CAPS, reflect on various professional issues, and reflect on CAPS quality of life concerns.

Projects with CAPS Committees

While interns do not formally serve on CAPS committees due to the longitudinal aspects of committee work, interns are periodically invited to provide input to committees, typically through specific projects or requests for feedback throughout the year. The chair (or designee) of each committee will notify interns of available opportunities as needed. Assisting with committee projects or requests for feedback is intended to help interns gain some exposure to the administrative and leadership aspects of being a psychologist.

Currently, the CAPS committees include the following:

- Diversity Committee
- Trauma Informed Care Committee
- Clinical Services Team (CST)
- Training Committee
- Outreach Committee

Stipend, Benefits, and Resources Policies

Employee Rights

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

Maintenance of Training Records/Records Retention Policies

APA's Standards of Accreditation Standard I.C.4 indicates that "the program must document and permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program as well as for future reference and credentialing purposes."

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

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

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

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

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

Scheduling

Interns are expected to work in CAPS from 8:00 a.m. to 5:00 p.m. with an hour break for lunch. At times, interns may elect to participate in after-hours activities such as response to a crisis event on campus (in the event of significant community impact) or outreach presentation opportunities. Exchange ("flexing") of time should be discussed with the Training Director, prior to the Director's final decision and reflected in Titanium Schedule and must be taken within the same biweekly pay period.

Time Away from Work

Interns are granted a designated allotment of time away from work as part of their Employment Agreement with WCU. Intern expressly understands that these days of time away from work

carry no cash value and will not be paid out to the intern if not utilized before the end of the internship. Please refer to your Employment Agreement for details.

All CAPS staff, including interns, must have time away from work approved by their individual primary clinical supervisor in consultation with the Training Director or Director of CAPS. Interns must consult with their supervisor regarding time away from work to ensure appropriate clinical and supervision coverage, to allow for accrual of hours necessary to successfully complete internship, and for the supervisor to consult regarding cases on the trainee's behalf when needed if the trainee is out of the office.

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

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

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

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.

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

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

- Lunches may not be moved to the end of day (4 PM) without prior approval from the Training Director and primary clinical supervisor in order to ensure sufficient end of day coverage.
- All staff are encouraged not to schedule extended time away from work during times of peak demand in the center.
- Time away from work must be used for conference/workshop attendance, dissertation meetings, and job interviews.
- Requests for expected time away from work must be submitted to the primary individual supervisor in consultation with the Training Director at least two weeks in advance unless otherwise approved. The easiest way to do this is in writing by sending an email and cc'ing both the primary supervisor and Training Director.
- Interns are urged to examine their schedules prior to requesting time away from work when school is in session in order to guard against the inadequate treatment of clients, unfairness to other staff, inadequate accrual of service hours, or a compromise in the

integrity of the training program. Time away from work that adversely affect others will not be honored.

- Exceptions the aforementioned uses of time away from work must be approved by the primary supervisor in consultation with the Training Director.

Please refer to your official Employment Agreement for additional information regarding time away from work.

References

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

Benefits

Interns are appointed as temporary salaried positions and as such do not earn benefits. Accordingly, interns may elect to either keep existing healthcare coverage they may already have or purchase healthcare coverage through the Affordable Care Act Marketplace.

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

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

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

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

Other fringe benefits include:

- Personal offices with desktop PC & webcam
- Library access with inter-library loan privileges
- University holidays off
- CAT Card Employee Discounts (<https://affiliate.wcu.edu/staffsenate/employee-information/#employee-discounts>)
- Parking near office building
- Faculty/staff membership rate at Campus Recreation Center (73,000 sq. ft. facility with indoor track, cardio equipment, free weights, basketball court, group exercise classes, rock

climbing & bouldering wall, Adventure Shop for outdoor equipment rental, access to campus pool, etc.)

- Other state employee optional discounts
- Access to athletic events
- Ongoing theater and cultural events through Bardo Fine and Performing Arts Center.

Please consult with Human Resources regarding current benefits options for CAPS doctoral interns. More information is also available at <https://www.wcu.edu/discover/campus-services-and-operations/human-resources-and-payroll/index.aspx>.

Stipend

Interns are paid according to a biweekly pay schedule dictated by Human Resources/Payroll. Interns must turn in electronic biweekly timesheets according to instructions provided by Human Resources. The stipend for 2022 – 2023 is \$28,000; additional details are noted on your Appointment Agreement letter. Failure to turn in required electronic timesheets to HR according to HR's specified deadlines can result in a delay in being paid for that pay period.

Employee Assistance Program

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

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

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

(click Register, then enter Web ID WCUEAP)

Or call: +1-855-259-0382

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

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

Administrative Support and Assistance

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

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

Parking Permit and ID Cards

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

Parking information is available at <https://parking.wcu.edu>.

Interns apply for a CAT Card (ID Card) during their orientation period to the university. This card may be used for a variety of services around campus such as library use, use of exercise facilities, purchasing food, residence hall access during emergencies, etc.

Keys and Door Locks

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

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

For security reasons, interns and CAPS staff should keep their individual office doors unlocked when occupied and locked when leaving the office. Most doors in CAPS lock using a switch located on the inside of the door or near the door latch; some doors are locked with a key. When using CAPS alone, interns should be sure that the external door to Bird Building, the suite door to CAPS, their individual office, and the copy room are locked when leaving.

Keys are to be turned in to the Training Director on the last day of the internship. Interns will inform the Training Director of the location of file drawer keys if applicable.

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

All CAPS staff have access to 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).

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

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