



Western Carolina University

Counseling and Psychological Services

Master's Training Manual

2022 – 2023

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Counseling and Psychological Services Overview

About CAPS

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

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

CAPS Mission

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

CAPS Values

At CAPS, we value:

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

CAPS Staff

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

<http://caps.wcu.edu>

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

Statements Related to Diversity

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

CONNECTION
OPENNESS
DIVERSITY
EQUITY



The
CAPS CODE

We are a supportive and confidential space.

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

We strive to eliminate barriers.

We challenge harmful systems.

We work toward equity for all.

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

Accommodations for Trainees with Disabilities:

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

- WCU's Office of Accessibility Resources (<https://www.wcu.edu/learn/academic-services/disability-services/>)
- 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
- Cultural, Historical, & Gender Issues

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 senior clinical staff. The training team is committed to the training and preparation of doctoral psychology interns, doctoral psychology practicum trainees, and master's level trainees who can function effectively in a clinical setting.

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

Training Director (TD)

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 and the Doctoral Psychology Practicum Training program.
4. 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.
5. Provides support and organizes professional development for CAPS clinical staff serving as clinical supervisors within training program.
6. Maintains communication with sponsoring graduate program contacts for doctoral interns and doctoral practicum trainees.
7. 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).
8. Provides oversight with regard to quality control and professional practice standards for all trainees.
9. Ensures information related to training program on CAPS website is current and accurate.

Master's Training Coordinator (MTC)

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

1. Provides administration of the Master's Training Program.
2. Provides support for CAPS clinical staff serving as primary clinical supervisors for master's trainees within training program.
3. Initiates communication with sponsoring graduate program contacts and confirms training experience aligns with the graduate program's expectations.

Training Values & Desired Qualities of Trainees

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

1. We value trainees who have a genuine interest in counseling center work and to working with an emerging adult population.
2. We train individuals to be well-rounded generalists, including but not limited to the performance of triage, individual counseling, assessment and diagnosis, specialized center services, groups, and consultation.
3. We take an approach of meeting already well-developed individuals where they are and helping them to develop or further refine their skills.
4. Our training is both comprehensive and individualized. We recommend broadly what all our trainees need experience in, and at the same time we work in collaboration with our trainees to help them to advance in what they want and need.
5. We value trainees having a working knowledge of their own values, being self-aware, and invested in further growth in personal and professional awareness.
6. We train in the practice of brief therapeutic interventions drawing from various evidence-based practices.
7. We value work with diverse populations and building our trainees' culturally relevant counseling skills.
8. We value intentional treatment. That is, we are thoughtful and directed in our approach to treatment and we encourage thinking through options and alternatives in therapy approaches.
9. We value trainees having a sound theoretical foundation as well as a knowledge of evidence-based practice.
10. We value an environment that is respectful, supportive, collaborative, and has a sense of humor.
11. We strive for a balance between structured training and more flexible, individualized training.
12. We value trainees both taking responsibility for as well as asking for guidance with their own learning, self-motivation, self-direction, independent thinking and judgment in professional roles.
13. We value knowledge of and engagement in ethical and legal behavior.

14. We value trainees being confident in their skills while clearly recognizing their limits and practicing within their competence.
15. We value professional development through supervision.
16. We value trainees being invested in both their own professional development as well as the professional development of their colleagues by sharing their knowledge.
17. We value trainees' engagement in their own self-care.
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.

Master's Trainee Competency Areas

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

I. Professionalism

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

II. Clinical Skills

10.	Demonstrates ability to "connect and collect" and establishes rapport with ongoing individual clients.
11.	Effectively assesses and documents risk (SI/HI/NSSIB) concerns in client contacts.
12.	Demonstrates use of basic counseling skills such as (e.g. reflection, restatement, identification of feelings, open ended questions, confrontation, immediacy, affect matching, silence, summarization, etc.).
13.	Utilizes appropriate assessment skills in Quick Access appointments to appropriately determine level of care. (spring semester only)
14.	Review CCAPS in session and document appropriately.
15.	Able to provide informed and accurate initial diagnosis based on presenting concerns and history.
16.	Sets goals and develops treatment plan in collaboration with the client.

17.	Demonstrates effective understanding of both explicit and implicit messages from client (e.g. client cues).
18.	Recognizes and addresses transference.
19.	Recognizes countertransference and brings to supervision to discuss.
20.	Demonstrates basic knowledge of impact from substance use and able to integrate this into sessions.
21.	Shows an openness to learning and trying various interventions and theoretical backgrounds and ongoing proficiency in those interventions.
22.	Identify and implements interventions effectively.
23.	Provides client referrals as necessary to campus and community resources along with appropriate releases.
24.	Terminates effectively

III. Diversity and Inclusion

25.	Shows self-awareness of own culture and cultural biases.
26.	Demonstrates acceptance, openness and willingness to learn about client's culture.
27.	Understands and utilizes understanding of multicultural and contextual factors affecting client (e.g. family of origin, environment, race, ethnicity, gender identity, sexual identity, spirituality, organizational membership, cultural membership, ability).

IV. Documentation

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

V. Group Counseling

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

Evaluations, Due Process, & Grievance Procedures

Evaluation

Evaluation Process Overview

Master’s trainees are expected to meet the goals of the training experience and their progress toward these goals is continually evaluated by the Master’s Training Coordinator, primary clinical supervisors, and senior staff. Trainee activity (including number of clinical hours) is monitored by the primary clinical supervisor through reports generated by Titanium Schedule. Trainee performance is continually evaluated through primary clinical supervision, case consultations, interactions with permanent staff, seminar engagement, and feedback from clients.

Formal evaluation takes place four times during the year: at mid-fall, end of fall, mid-spring, and at end-of-spring through completion of relevant sections of the evaluation forms (see table of competency areas above) by primary clinical supervisors, secondary supervisors, group co-facilitator, and any other clinical staff member working with a master’s trainee in an activity.

The timing and completion of evaluation forms provided to the master’s trainee are summarized in this table:

Eval Period	Evaluation Form	Supervisor Completing the Form
Mid Fall	Master’s Trainee Evaluation of Competencies (mid-semester version)	Primary Clinical Supervisor (in consultation with other senior staff as needed)
End of Fall	Master’s Trainee Evaluation of Competencies	Primary Clinical Supervisor (in consultation with other senior staff as needed)
Mid Spring	Master’s Trainee Evaluation of Competencies (mid-semester version)	Primary Clinical Supervisor (in consultation with other senior staff as needed)
End of Spring	Master’s Trainee Evaluation of Competencies	Primary Clinical Supervisor (in consultation with other senior staff as needed)

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

Minimum Levels of Achievement

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

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

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

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

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

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

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

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

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

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

Primary clinical supervisors will review completed evaluation forms with their supervisees and then submit them to the Master's Training Coordinator. Supervisors also provide feedback reports of trainee progress during supervisors' meetings.

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

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

Insufficient Competence and Inadequate Performance

Insufficient professional competence is defined as interference in workplace functioning which is reflected by an inability and/or unwillingness to:

- Acquire and integrate professional standards (e.g. as defined by APA, ACA, NASW) into one's behavior
- Demonstrate clinical skills in order to reach an acceptable level of competency
- Control personal stress, psychological dysfunction, and/or excessive emotional reactions which interfere with client care or workplace functioning

Insufficient competence is operationalized by evaluation forms and constitutes a rating of 1 out of 6 on any item or documentation of one of the concerns below brought by the primary clinical 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 competent practice. Both are addressed by the remediation procedures.

Remediation Procedures

Remediation procedures are activated when one of the following occurs:

- A trainee earns a rating of 1 on any evaluation form item
- A trainee earns a rating below the Minimum Level of Achievement (any rating below a 3) on any evaluation form element during the end of fall semester evaluation period
- A supervisor documents a written concern necessitating remediation on a formal evaluation
- Any member of the permanent staff documents a written concern with the Training Director

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

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

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

The steps below outline how remediation is determined and implemented:

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

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

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

Grievance Procedures

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

Notice:

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

Hearing:

The Training Director will chair a review panel consisting of the Training Director, one permanent staff member chosen by the trainee, and permanent 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 Assistant Vice-Chancellor for Student Affairs for further assistance and action.

Trainee Feedback Regarding Supervision and Training

Trainee's feedback regarding supervision and training received is valued and is regularly requested. The Master's Training Coordinator verbally ask(s) for feedback from trainees during master's cohort meetings. This feedback is then shared with permanent staff.

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

Trainees are also asked to complete Training Feedback forms at the end of their field experience. Each trainee is encouraged to provide feedback informally throughout the training experience as well.

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

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

Training Policies and Procedures

Responsibility for Clients

Primary clinical supervisors maintain ultimate responsibility for clients seen by trainees. 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 individual supervisors and permanent staff can maintain responsibility, the following policies should be observed:

1. Quick Access appointments will be recorded at the discretion of the primary clinical supervisor and with client consent. Therapeutic Intake and ongoing Personal Counseling (individual psychotherapy) sessions conducted by trainees must be video recorded (audio only is not sufficient). Video recording of other therapeutic activities can be negotiated if deemed necessary in coordination with primary supervisor and Training Director.
2. Some master's trainees' academic programs may require master's trainees to conduct group work as part of their training experience. Master's trainees may also discuss with their primary clinical supervisors about the possibility of co-leading groups if desired and pending availability. For master's trainees that do deliver group services, group therapy sessions are not conducted by trainees without the presence of a licensed staff co-therapist.
3. Any correspondence between a trainee and a third party, which requires a release of information form, must be entered into Titanium Schedule, reviewed, approved, and co-signed by the primary clinical supervisor.
4. Master's trainees are not permitted to provide emergency/crisis services independently at CAPS. If a client presents in crisis, the master's trainee will consult appropriately with their primary clinical supervisor, the designated emergency clinician, or an available permanent staff member.
5. All notes must be sent to primary clinical supervisors using Titanium Schedule so they may be reviewed within an appropriate timeframe. Trainees will work with their primary clinical supervisors to block out sufficient time in their schedules to complete documentation in a timely fashion. The following timeframes apply to documentation completion by trainees (unless otherwise specified or cleared by the trainee's supervisor):
 - At a minimum, risk documentation must be completed by end of day for all notes.
 - Quick Access notes must be completed by the supervisee and sent to the assigned 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 primary clinical supervisor to complete the remainder of the Therapeutic Intake report within the timeframe specified by the primary clinical supervisor.
 - For Personal Counseling session notes, documentation should be completed and sent to the primary clinical supervisor for review within the timeframe specified by the primary clinical supervisor. Risk assessment must be documented same day as appointment.

- Emergency related notes must be completed by the trainee and sent to the primary clinical supervisor for further review on the same day of service that the emergency consultation occurred.
 - The trainee's Task List in Titanium should be clear by the end of the work week unless otherwise approved by the trainee's primary clinical supervisor.
 - Trainees should regularly review their My Clients list and task lists in Titanium; this will help ensure appropriate follow-up with clients as necessary, termination of files when appropriate, and review of notes sent back to the supervisee for further edits.
 - For completion timeframes for other forms of documentation, refer to the CAPS Policies and Procedures Manual.
 - Supervisors and supervisees should leave any comments made in the comment box after the note has been signed in order to document communication regarding edits and reviews of the note.
6. Master's trainees may not provide clinical services at CAPS unless a licensed staff member is on site or readily accessible.
7. Trainees who have an outside relationship with a student should excuse themselves from all clinical consultations pertaining to that student. If this relationship is discovered during the course of treatment, the trainee must consult with their primary clinical supervisor regarding how to best manage the multiple relationship.
8. Trainees must follow all aspects of the Policies and Procedures Manual.
9. Trainees are required to maintain student professional liability insurance during their training experience at CAPS. Documentation of their liability insurance coverage should be provided to the Training Director upon beginning the training experience.

Electronic Signatures on Notes

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 will be discussed with the trainee's primary clinical supervisor.

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

Trainee Status & Videotaping

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

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

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

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

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

Initial Goal Setting and Training Agreement

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

At the beginning of the fall and spring semesters, the primary clinical supervisor and master's trainee will discuss a training agreement which outlines the expected activities a trainee will perform within a typical work week. This training agreement is circulated amongst the trainee, primary clinical supervisor, and the Master's Training Coordinator for review and approval.

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

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

Required Training Activities

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

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

Therapeutic Intakes:

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

Cases are assigned in joint consultation between the trainee's primary clinical supervisor and the Clinical Director via case assignment meetings. The primary clinical supervisor and Clinical Director will take into account the numeric assignment level for cases that are appropriate for trainees to be assigned at various points in time during the training year.

Personal Counseling:

The number of hours per week of personal counseling will vary depending upon the number of available Open Clinical Hour placeholders. They will be determined in consultation with the trainee's primary clinical supervisor.

Group Counseling:

Options for master's trainee involvement in groups may be discussed with the trainee's primary clinical supervisor, pending availability and interest as well as academic program requirements. Master's trainee involvement in group counseling services is prioritized in Spring semester.

Quick Access/Initial Consultations:

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

Trainees will shadow a permanent staff clinician during the initial training period while learning the process. The assigned supervisor will then observe the trainee to determine that the trainee is able to complete a full Quick Access/Initial Consultation appointment and is approved to complete Quick Access/Initial Consultation appointments independently (in collaboration with trainee's primary clinical supervisor).

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

If the trainee is not available to cover an assigned Quick Access shift due to illness, agreed upon out of office time, etc., the trainee must notify their primary clinical 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.

Outreach:

Trainees may have opportunities to participate in CAPS outreach activities, pending availability and approval from the trainee's primary clinical supervisor.

Supervision

Primary Clinical Supervision

Trainees are assigned one primary clinical supervisor; generally master's trainees work with the same primary supervisor for both the fall and spring semesters (unless otherwise determined by the primary clinical supervisor, Master's Training Coordinator, and/or Training Director). The primary clinical supervisor is a licensed clinician that will provide two hours of individual supervision per week. Supervision hours may be reduced to one hour per week as training progresses, at the discretion of the primary clinical supervisor. Although master's trainees are formally assigned to a primary clinical supervisor, CAPS strongly encourages master's trainees to work with their supervisor to also seek out other clinicians on staff with whom they can informally consult. The primary clinical supervisor will engage in discussion and evaluation of most of the trainee's activities. The primary clinical supervisor will collaborate with other permanent staff for feedback regarding trainee's experience in activities not directly observed by the primary clinical supervisor (e.g. group counseling experiences, QA shadowing).

Primary clinical supervisors address the 5 different competency areas listed above.

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

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

Supervision of Group Work

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

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

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

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

Because all permanent staff collaborate with one another to create a quality training experience for each master's trainee, primary clinical supervisors and permanent staff regularly share information regarding the supervisee's progress and development in order to more effectively support each trainee. The Master's Training Team, comprised of the Master's Training Coordinator and the primary clinical supervisors of the master's trainees, meets regularly throughout the semester to assist with the collection of data to inform quarterly trainee evaluations and any necessary changes to the training program as a whole.

Managing Professional Boundaries Between Master's and Doctoral Student Cohorts

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

However, we recognize that there is also an inherent power differential between our master's trainees and doctoral psychology interns as the doctoral psychology interns will transition to providing an consultative role for master's trainees in the spring semester. 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 primary clinical 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, doctoral 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>

Meetings and Seminars

Orientation Meetings

At the beginning of the training experience, master's trainees participate in various meetings and trainings to introduce them to CAPS, the training program, and basic theory, techniques, orienting to the office, and issues related to the activities in which they will be participating.

Master's Trainee Seminar

Master's trainees will meet for 1 hour a week as a group for cohort consultation. During these weekly meetings, master's trainees will have the opportunity to meet with various clinical staff to learn about various therapeutic approaches to working with clients and to receive didactic training on other topics relevant to clinical work. Master's trainees will also have the opportunity to discuss and receive feedback on their clinical work and professional development within a group setting from both their peers as well as the staff facilitator.

Master's Training Coordinator Meeting ("Homeroom"):

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

Health Services Referrals and Consultation:

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

Case Conference:

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

Office Resources and Other Administrative Policies

Maintenance of Training Records/Records Retention Policies

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

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

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

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

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

Scheduling

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

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

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

Out of Office Requests

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

Master's trainees who are WCU students are not expected to be on site when they are in class or during breaks in the WCU schedule of classes (e.g. fall break, advising day, winter break, spring break).

However, master's trainees can choose to be on site during breaks if this has been discussed with the primary clinical supervisor.

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

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

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

- Out of office days must be approved by the primary clinical supervisor or, in their absence, the Master's Training Coordinator at least two weeks in advance.

References

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

Administrative Support

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

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

Parking

Master's trainees who are WCU students should follow standard parking regulations for student parking for days that they are on site at CAPS. CAPS does not provide reimbursement for master's trainee parking costs.

Keys and Door Locks

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

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

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

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

Housekeeping and General Office Reminders

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

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

Virtual Desktop

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

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

Mailboxes, Email, and Phone Messages

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

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

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

It is also important to set an appropriate Out of Office email autoreply when you are out of the office for 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 or the Master's Training Coordinator if you have questions about how to do this.



My signature indicates that I have read the 2022-2023 Master's Training Manual. My signature also indicates that I have asked and have had answered any questions related to the manual. I agree to abide by the policies and procedures as set forth in this manual.

Signature

Date

Printed Name