



Western Carolina University

Counseling and Psychological Services

Master's Training Manual

2024 – 2025

Managing Professional Boundaries Between Master’s and Doctoral Student Cohorts.....	23
Meetings and Seminars.....	24
Orientation Meetings.....	24
Seminar.....	24
Master’s Training Coordinator Meeting (“Homeroom”).....	24
Health Services Referrals and Consultation:.....	24
Case Conference:.....	24
Office Resources and Other Administrative Policies.....	25
Maintenance of Training Records/Records Retention Policies.....	25
Scheduling.....	25
Out of Office Requests.....	25
References.....	26
Administrative Support.....	26
Parking.....	26
Keys and Door Locks.....	26
Housekeeping and General Office Reminders.....	27
Virtual Desktop.....	27
Mailboxes, Email, and Phone Messages.....	28

Counseling and Psychological Services Overview

About CAPS

Statements Related to Diversity

The CAPS CODE

CONNECTION
OPENNESS
DIVERSITY
EQUITY



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/disabilityservices/>)

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

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

instructional seminars and other didactic experiences, maintain doctoral intern files, maintains appropriate memberships (e.g., ACCTA, APPI, etc.) 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 so coordinates hiring, HR onboarding, timesheets, and offboarding of doc interns.

5. We value an environment that is respectful, supportive, collaborative, and has a sense of humor

6.

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 the end of fall, mid-spring, and at end of-spring through completion of relevant sections of the evaluation forms (see table above) by primary clinical supervisors, secondary supervisors, group 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 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 defined as a minimum rating of 3 out of 6 on all

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 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

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, 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 with workplace functioning which is reflected by an inability and/or unwillingness to:

- Acquire and integrate professional standards, as defined by APA, ACA, and 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 completed 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 below the Minimum Level of Achievement 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. 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 SAP

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.

- 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.
 - fb 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 grievances against evaluations provided by a individual supervisor or permanent staff member. Examples of issues with which trainees might have a grievance include poor supervision (e.g., supervision that does not align with the competencies against which a trainee is evaluated according to the evaluation form, or supervision that could cause potential harm to the trainee's clients), 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 informal discussion produces insufficient results, trainees may also discuss the concern with a third party such as the staff member's Administrative Supervisor, the Master's Training Coordinator, the Training Director, or the CAPS Director,

Quick Access notes must be completed by the supervisor 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.

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 editing.

For completion timeframes for documentation, refer to the CAPS Policies and Procedures Manual.

Supervisors and supervisees should leave 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 licensed staff members are on site or readily accessible.
7. Trainees who have an outside relationship with a student should disclose themselves from all clinical consultations pertaining to that student. If this relationship is discovered during the course of treatment, the trainee must consult with the 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 MTC.

Quick Access/Initial Consultations:

Trainees will cover the assigned Quick Access shifts each week during semester only. Additional Quick Access appointments may be scheduled over Open Clinical Hour placement 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 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, called 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 feedback regarding trainee's experience in activities not directly observed by the primary clinical supervisor (e.g. group counseling experiences, Q05800530048005).

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/officeofthechancellor/legacounseloffice/universypolicies/numericalindex/universypolicy-58.aspx>

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 (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 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, 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, 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 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 ensure 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 a "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>)



Training Manual Attestation

My signature indicates that I have read ~~2024~~2025 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
