CLINICAL PSYCHOLOGY TRAINING
AT THE UNIVERSITY OF WAIKATO

Postgraduate Diploma in Clinical Psychology
in conjunction with the degree of
Master of Social Sciences, or Doctor of Philosophy

A GUIDE FOR STUDENTS
(Revised for 2011)[1]

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FOREWORD

This manual is designed to provide Clinical Psychology programme students an overview of programme requirements and procedures. This manual is a document in progress - it is constantly evolving as a result of changes in the programme and feedback from students. In the introduction, there is a brief history of the Waikato clinical training programme written by one of the past Clinical Directors, Professor Ian Evans. This section reminds us of the foundations and philosophy of this programme and acknowledges the many academics and practitioners who have contributed over the years. There are two special features of the Waikato/Bay of Plenty area that have provided exceptional sustenance to this programme. First, The Psychology Centre (TPC; established in 2000) and second, the professional community with links to the clinical psychology programme. We are privileged in the excellent relationship between the university programme and local practitioners. The strength of this professional community is reflected in the Waikato Branch being one of the strongest in the New Zealand Psychological Society. We express our thanks to Dr. John Fitzgerald and staff at The Psychology Centre and to the many members of the clinical psychology community at large. Ka nui te mihi ki a koutou.

While formal requirements for degrees are laid out in the University Calendar and other official university publications, this guide should clarify specific programme procedures and expectations. We suggest that you read it, and then keep it handy to answer the many questions that will come up as you move through the programme. This guide reflects the conditions and policies in effect at this time. These policies are not set in stone, and there is some flexibility in accommodating personal circumstances and needs and changes in the programme as a whole, at the same time aiming at attaining the highest standards of training. However, some aspects of training are more negotiable than others and we urge you to maintain communication with clinical staff at all times if you are having difficulty meeting these programme procedures and expectations, or if you have any questions about the programme or your progress in it. The guide is revised annually to reflect any changes in the programme.

We look forward to working with you in the Clinical Psychology training programme here at The University of Waikato. The programme is reflecting new trends and theories in clinical psychology as well as positioning itself to meet or exceed the expectations of the core competencies as laid out by the New Zealand Psychological Society through an expanded and more "skills-oriented" curriculum, beginning in 2006. Your challenge is to challenge yourself and use the resources provided to gain the maximum you can from the short three years ahead.

"Nau te rourou, Naku te rourou, ka ora te iwi"
With your basket of knowledge, and my basket of knowledge, we will all succeed.

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INTRODUCTION

The mission of the clinical psychology training programme at the University of Waikato is to train culturally and clinically competent, thoughtful and reflective clinical psychologists who will contribute to the health and well-being of their communities. This is achieved through collaboration between the university and clinical psychologists in the community

Orientation

Clinical psychology as a discipline in both the United Kingdom and North America has always had a close connection to the basic science of experimental psychology. Generally speaking, clinical psychology in New Zealand has followed this tradition and is thus characterised as an applied science, with a firm empirical foundation and an emphasis on objective data to support assessment and treatment. The need for clinical psychologists to be well-trained in both research and application was articulated at a conference in Boulder, Colorado (Raimy, 1950), and has subsequently become known as the "Boulder model" of training in both science and practice.

Over the years the Boulder model has been re-interpreted and modified in various ways and still engenders considerable controversy. As it has been construed at the University of Waikato, the emphasis has been on the use of research-based knowledge to develop practical competencies, rather than on the generation of new knowledge through primarily research-focused activities. Thus we try to emphasise the **integration** of science and practice, so that research informs practice, practical understanding and issues guide meaningful research, and individualised and unique clinical work is strengthened by scientific method. Thus the methodologies of the single-case study, treatment outcome assessment, meta-analysis, and programme evaluation are especially relevant, as are such concepts as the "reflective practitioner" (Evans, 1997).

Behaviour therapy contributed considerably to this model, as the behavioural perspective emphasized both the translation of basic laboratory-derived principles to real-life problems, and the importance of evaluating the effectiveness of treatment outcomes with the best possible assessment procedures. In recent years, clinical psychology has also been greatly influenced by developments in cognitive psychology and this has had a natural impact on the training that is required. The clinical programme at Waikato has a strong cognitive-behavioural orientation, thus further strengthening the connection between clinical practice and the basic principles of scientific psychology. Thus, the Waikato programme can be said to be a scientist-practitioner programme, with a primarily cognitive-behavioural orientation and a strong focus on clinical skill development and the training of practitioners for a wide variety of service settings. However, the Waikato programme is also a generalist programme and students are exposed to other theories of clinical psychology beside those underlying cognitive behavioural treatments.

Setting a distinct training philosophy is important since it guides decisions about curriculum, the various papers that will be recommended, and other requirements. The orientation of the programme is not rigid, however, and will evolve over time with new opportunities, staff interests, and important directions in the field. Student interests in a wide variety of areas of scholarship are encouraged and there is no proper or correct orientation to which students should feel they must adhere. Students are expected, however, to develop a firm grounding in cognitive-behavioural theory and practice, and to continually evaluate and build on that foundation in their ongoing professional development.

Philosophy and Values

In addition to the scientific and theoretical orientation of the programme, there are other important areas and values that the programme has come to represent.

One of these could be considered the most central theme of modern New Zealand society: the creation of an equitable society that balances the cultural values of the two principal ethnic groups, Maori and Pakeha, according to the principles of the Treaty of Waitangi. What the Treaty means for the practice of clinical psychology and the development of appropriate mental health services within the country is still a matter of debate and interpretation (Moeke-Pickering, Paewai, Turangi-Joseph, & Herbert, 1998). However it is a fundamental principle of the programme that these questions will be addressed and that the training will reflect the need for understanding bi-cultural issues as well as the increasing diversity of New Zealand society, both ethnically and in terms of life-style and culture.

A second related value is that the goal of the programme is to produce clinical psychologists who are able to implement the most current and most effective methods of assessment and treatment in socially relevant and sensitive ways. Scientific and technical knowledge is not sufficient to have an impact on social problems if the professional clinician does not have the social and interpersonal understanding to recognise the needs of contemporary New Zealand society and the many cultures and varied individuals who make up that society. Thus, professional responsibility, high ethical standards and practice matched with integrity and a dedication to resolving societal needs, are all considered an essential part of the development of a well-rounded clinician.

We expect graduates of this programme to be able to pursue a variety of career choices. Some go into private practice, some into public service, some work at the level of policy and programme development, and others specialise in the unique needs of a particular group of clients. Some students will be interested in academic and research careers and others will be more interested in direct services to clients. It is a goal of the programme that the training will accommodate each individual student's career aspirations, but always within the high standards and ethical responsibilities already mentioned. While our primary responsibility is to fulfil New Zealand's needs for skilled mental health practitioners, each student should acquire the competencies and depth of training that will allow them to practise clinical psychology anywhere in the world. This means that we need to pay attention to trends in training and practice taking place in Britain, North America, and Australia, in addition to creating standards that are uniquely Kiwi and designed for the special circumstances of this country.

All this, of course, represents a rather tall order! A three or four year period of graduate training is not a long time to accomplish these goals. We do not expect that everything can be done within that time period. What we do try to do is to give you the groundwork and the habits of learning that will allow you to continue to mature and develop as professionals. If we provide a solid foundation, there will be many opportunities for future growth. At the end of your formal training, the question asked will be whether you have achieved the competencies necessary to be a safe independent clinician, rather than whether you know everything there is to know about clinical psychology. Often it is how you approach a new problem that is important, not the amount of information you have managed to memorize.

Even so, it is a demanding period of training and it is hoped that this guide will allow you to make the best possible use of your time and opportunities. Please be reminded that, although we recognize that individuals have priorities to juggle and responsibilities to balance, the programme is full time if you are working on your master’s, and half time if you are not, and we expect you to be on campus or in placements for most of this time. It is very

difficult to manage even a part-time job during this process, and we urge you to recognize this and prioritize your involvement in the programme so that you can be successful.

OVERVIEW OF THE PROGRAMME

The clinical programme is a **generalist** programme designed to give you some exposure to a range of areas of contemporary clinical psychology. The three years of the academic training represent a progression from academic/book learning to more practical skill development; however, these two domains are not seen as conflicting and the goal is to be able to integrate academic and practical knowledge.

There are five major sources of learning, all of which are important. These are (1) formal course work (papers) with a strong emphasis on scholarship; (2) clinical courses which are designed to provide a rationale for clinical judgments, professional ethics, and issues related to practice; (3) supervised clinical work with clients; (4) research, usually related to clinical issues and topics; and (5) the informal education that takes place within any community, which includes learning from peers, attending conferences, going to departmental and Hospital Waikato seminars, workshops, and special one-time training opportunities. Each of these learning sources will be discussed in more detail later in this manual. Please note that the learning opportunities listed under point 5 are not required, but are strongly encouraged. Always remember that you are in training to be a professional and should take advantage of anything and everything relevant to your ultimate goal: becoming a fully competent clinician.

It is important to note that the programme is designed as a continuous three year programme that is to be completed following the completion of an Honours degree or PGDip(Psych) in Psychology that includes all the Clinical Programme pre-requisite papers. Thus, it is expected that new Clinical Diploma students will have completed the graduate level pre-requisites. Some students have not studied at the University of Waikato and may need to take one or two papers that are unique to this University (e.g., Psychological Applications of the Treaty of Waitangi). It is also expected that once enrolled, a Clinical Diploma student will be dedicated to the completion of the programme, barring unforeseen circumstances or advanced study (i.e. a PhD). That is, while leave may be granted to defer sequential progress through the three years of the programme in order to complete a PhD thesis, or understandable (e.g.,a new child) or unavoidable personal reasons (e.g.,illness), such deferment creates logistic difficulties for programme planning, and will not be granted without formal petition and discussion by the clinical team. Students will not be granted approval to defer on the basis of reasons such as travel or working in an unrelated field.

In the first year of clinical training, the greatest emphasis is on course work, including any papers remaining and clinical courses (521,522) that introduce the tasks of the professional clinician. The first practicum experience is introduced at this time. This is a short placement at the Child Development Clinic at Waikato Hospital, where you will be observing the assessment of children and families with special needs. In addition, you will participate in a series of visits to agencies around the region in which psychologists work; the specific agencies vary from year to year but include services such as Community Living Trust, Specialist Services in Child Youth and Family Services, Hauora Waikato, Psychological Services in the Department of Corrections, Community Adult Mental Health, Child and Adolescent Mental Health Service, and Group Special Education. A three hour weekly clinical skills workshop is intended to facilitate the development of clinical skills; the emphasis of this seminar in the first semester is assessment, and in the second semester, treatment. By the end of the first year, you should have a sound knowledge base and some skills in ways of approaching clinical problems that will allow you to start supervised clinical practice the following year. In addition, first year students begin attending, and eventually presenting at, the case conference, which includes all students and staff in the programme.

During this initial year, some students may be completing a few honours level papers and others may be already undertaking or completing Master's or doctoral level research. *It is important to remember that a Master's or PhD thesis must be completed before a student can begin an internship - this is entirely non-negotiable - and it is recommended that the thesis be conducted on a clinically-relevant topic.* For those starting on a thesis, it is important to start thinking about the kinds of research directions you would like to take. As you read articles for courses or think about particular problems, you can begin to formulate questions that your Master's thesis might be designed to answer. If you are planning to pursue a doctorate, decisions have to be made before the end of the first year about the timing of research and any deferrals you plan to request from the clinical programme. We encourage students who have not completed a Master's degree prior to the programme to enrol in the Master's half-time during their first and second years, and to start early in the first year to seek out a supervisor and plan research. The Master's degree *must* be completed (we define this as **submitting** your thesis in bound form to Registry by the last Friday in January) prior to starting the internship year. Since the thesis is a substantial project representing a full time commitment for a year, attempting to complete it at the last minute is ill-advised.

In the second year of clinical training, some course work (523, 524) comprises approximately 4 hours per week, including a clinical concepts seminar and the weekly case conference, but in addition you will now be assigned to two human service agencies where you will be responsible for specific clients. One of these placements will be at The Psychology Centre unless special circumstances indicate otherwise. For students on the Master's track this is also the year you will have to complete your thesis; for students on the doctoral track you will need to spend a great deal of time planning your study and possibly running pilot subjects or trials of your procedure.

The third or final year of the programme (depending on time out for the doctoral track) is devoted to the full-time internship, which serves as the opportunity to expand one's clinical skills and take on responsibility for a variety of clients. One day of each week is devoted to academic work, since you will need to do library research around the topics and problems presented by your clients, as well as writing case studies and attending classes. Attendance is required at the clinical concepts seminar (525), which provides an opportunity to consider advanced topics regarding clinical practice and to discuss the issues raised by clinical cases with university staff, local expert clinicians, and other interns. In addition, interns attend and present at case conference. It is not normally possible to take the internship part-time over two years, or to start the internship mid-year, though these requests may be made of the clinical team and an attempt will be made to accommodate to them if resources permit. The internship is undertaken in two sequential 5-month placements, one of which is always at TPC unless, as indicated above, there are special circumstances, such as when an agency requires a single 10 month placement. The preferred, and most typical, internship pattern is for two 5-month placements, one of which is at TPC.

The training programme can only function on the basis of partnerships between the University and the various mental health/social service agencies. The community agencies provide access to clients in need of services, and the psychology staff of these agencies provide a great deal of the skilled practical teaching and supervision. The continued support and goodwill of these agencies and their dedicated staff is essential for us to have a viable training programme. Students must respect this privileged relationship at all times. This respect extends to showing professionalism whenever at another agency outside the University, including TPC. Students are required to dress professionally and wear name tags, even when simply attending classes at TPC or seminars at the Waikato Hospital. The formal role of community professionals will be outlined in later sections. Please also refer to

the book *The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions* by Brian Baird (2005). Students must also be conscientious regarding the ethics of practice; for example, do not take confidential materials out of the office, do not talk about clients with anyone other than your supervisors or clinical staff, and always consult with a supervisor regarding significant clinical decisions and/or areas that are new for you and out of your sphere of competence.

BICULTURAL EXPERIENCES AND TRAINING

The programme recognises the importance of culture and cultural diversity in the role of the clinical psychologist, and in particular, the issues raised by the Treaty of Waitangi. The clinical programme has a bicultural focus and introduces a current model of the Treaty of Waitangi as the basis for this (Herbert, 2002). During training, students are encouraged to examine their own experiences and their own understanding of cultural needs and contextual issues with their developing professional practice skills.

At each stage of the programme, the co-ordinators are committed to providing the best information and support, recognising that students themselves have diverse backgrounds and experiences, which are valued.

The more formal parts of the bicultural training occur in the first year at the beginning of the programme, as well as in the ongoing cultural component of the clinical case conference, and in presentations during the clinical seminars. There may be additional opportunities for bicultural education throughout the year.

The Clinical Programme often also holds a cultural training and bonding event near the beginning of the academic year which is mandatory for all students. This event has occasionally been in the form of a noho marae (overnight stay on a marae) which includes staying at the marae from 5:00 p.m. on a Friday and ending at about 5:00 p.m. on Saturday. Plans vary from year to year, but usually include dinner on the marae and talks from guests about protocol, tikanga, the University marae, local iwi, etc. on the first night. Regardless of format, the goal for the day is to do something all together to foster bonding within the program, to give back to the community, to do something that helps others, and ideally to have it be marae-based so everyone can have another opportunity to experience the cultural focus of the weekend. This is for all three years of the programme plus staff and any interested people who might be part of the clinical programme. The cultural event is mandatory.

There will be opportunities for discussion and feedback on cultural issues during regular classes as the need arises. However, there is also an expectation that **students** will take the initiative in learning aspects of protocol according to individual needs and previous experiences. To this end, there are two very good programs for expanding your knowledge that the Clinical programme recommends highly: the Mauri Ora program and the Certificate in Te Ara Reo Māori.

Mauri Ora is a free year-long programme that you complete at your own pace. There is no classroom time involved because you complete the units alone but with the guidance of a kaitiaki (support person) who comes to visit you. Mauri Ora broadens Māori and personal cultural awareness and identity and increases knowledge of New Zealand history. Mauri Ora can be beneficial to both Māori and non Māori by filling gaps in fundamental knowledge about issues that are important in bicultural New Zealand. On completion of the programme you will receive the National Certificate in Māori (Te Waharoa) Level 2. Visit the Mauri Ora website at http://www.openwananga.ac.nz/mauri_ora.html or you can ring them

on 0800-37-37-37.

Te Ara Reo is a series of language courses from beginner to advanced. In the beginner course, the focus is on learning to speak basic conversational reo Māori confidently. Also covered are basic Māori customs and protocols in traditional and modern contexts. Te Ara Reo is also free and again lasts one year. You can enroll at the start of either semester. There is class time involved with this course and a noho marae (when you sleep over on a marae). Visit the Te Ara Reo website at http://www.twoa.ac.nz/courses/69-certificate-in-te-ara-reo-mori or you can ring them on 0800-355-553.

FORMAL PAPERS AND COURSES

Graduate Papers

As a result of our move to post-honours admission, most students will have already completed most or all of their honours-level papers before beginning the programme. However, there are still some students who are admitted from other universities or varying backgrounds who may be taking some honours-level papers in their first year of clinical training. You should have been advised prior to enrolment about what papers, if any, you need to complete.

The second formal aspect of graduate training involves completion of a thesis that is weighted to be the equivalent of four Masters papers (eight modules). This is covered in detail later on in this document. *Remember, diploma students cannot embark on their internships without at least completing a Master's degree*. Students who have already completed a Master's degree on entering the programme will be half-time students their first two years, unless they are enrolled in a PhD. This half-time status affects ability to access student funding (e.g.,student loan, student allowance), so it is important to plan for this if it applies to you.

Students who are working toward a PhD will require more than the two years of half-time work that can be done alongside the first two years of the clinical programme, and should work with their supervisors and the clinical team to plan their progression in the programme in order to facilitate their research as well as clinical training. If students working on a PhD already have a Master's degree, it is probably wisest to complete the clinical programme and then the PhD so as to not negatively impact their training or the capacity of the programme to manage internships and placements. However, if the PhD is needed for the internship (i.e., the student does not have a Master's degree), then this will often entail a deferral of a year or more of the programme. It is important to recognize that there are limited resources for supervision of students at TPC and in the community, so the clinical programme team will consider requests for deferrals and plans to re-enter the programme in the context of trying to accommodate the needs of *all* the students in the programme.

Clinical Papers (521-525)

Although attendance at these papers is mandatory, their format tends to be less formal than undergraduate or honours papers. They are restricted to students in the clinical programme, with the major emphasis being on how to conceptualize clinical problems and develop clinical skills. The clinical papers cover professional ethics and standards, bi-cultural issues and practices, some overview of the history of clinical psychology, professional issues regarding registration and practice in New Zealand, and as much opportunity as possible to practise specific skills in interviewing, information gathering, treatment techniques, and so on. Clinical papers are graded on a pass/fail basis, and this grade is linked to reports from any associated practicum placement. In general, the 520-level clinical papers are designed

to support your activities in practical settings, and there will be opportunity for you to discuss clients, issues, and professional problems that might have arisen in your practical work. Attendance at all classes is required and if classes are missed because of illness or with prior approval, readings and written work will be required in order to cover the appropriate material

RESEARCH

The integration of research and practice is one of the hallmarks of a scientist-practitioner training programme. Your research activities, then, should be thought of as a part of your clinical training, not some sort of add-on or hurdle that you have to overcome in order to obtain a graduate degree. Do not think that research is limited to one study that you do for your Master's thesis. Research is a significant part of the role of a clinical psychologist, and research skills are valued in the professional world. There may be paid or volunteer opportunities to be involved in clinical research beyond your own Master’s or Ph.D. thesis, and often these can provide experiences relevant to your clinical training and development as a professional.

It can be very interesting to conduct applied clinical research and such research will stand you in good stead for continuing to do research when you are a qualified clinical psychologist. However, basic research can also be very important for understanding clinical phenomena, and so your research could consider some psychological theory or process. A large part of the research component is to train you in the methods and the statistics necessary for scientific discovery. If your chosen project is an experimental study not involving clients or some aspect of psychopathology, it would be helpful for you to articulate how it is related to questions that arise in clinical work. In this way you will have an area of special knowledge to think and talk about when you are doing clinical work.

Research Methods

Note that for clinicians, meaningful research is not limited to controlled laboratory studies. A range of methods is used in clinical research, such as programme evaluation or the single-case study, that may not be considered ideal science by purists but which provide useful information to the field. There are various methods for evaluating programmes, services, and treatments, including qualitative methods.

Single case studies can, of course, be N-of-1 controlled experiments. This has been well demonstrated in the applied behaviour analysis tradition. However, sometimes good case studies can simply be the careful description and analysis of a special problem or of an unusual issue.

Selecting a Thesis Topic

This manual does not purport to provide a comprehensive guide to conducting a thesis. The School of Psychology has a handbook on Master's theses entitled *Guide for Thesis Students: Policy and Procedures*. It is very detailed and comprehensive and gives many good ideas. We will add that in general it is most productive to conduct a project that is within the expertise or current research interests of a staff member. While some students can be very successful thinking up an exciting topic and then finding a staff member willing to supervise, it is usually preferable to carry out work that is part of a supervisor's current research activities. It is also best to keep your research tied to the current clinical literature rather than try to break entirely new ground.

It is important to be interested in your topic, as a thesis requires an enormous amount of work and should be able to sustain your curiosity for a long period of time. As mentioned earlier, another guiding principle when selecting a topic is to consider carefully what research is being done; sometimes, especially for a Master's thesis, it is quite productive to keep your design and method close to one that has been tried and tested before and simply change some parameter or aspect of a study, or repeat it with better controls or better measures. Replications are perfectly permissible at the Master's level. If you have already completed a thesis within psychology that is not related to a clinical topic, it may be accepted for the thesis requirement; however, if you are starting a thesis within the programme, you will be required to choose a topic that has relevance to clinical work, broadly construed. This does not mean that the thesis has to be supervised by a clinical psychologist or be specifically within a clinical area, but that it be on a topic (e.g., social roles, developmental issues, neuropsychology) that is relevant to clinical work.

Proposed Timeline for Research Thesis

Clinical students have many competing demands on their time and it is important to become involved in research as soon as possible. We propose the following strategies and timelines for getting your thesis done. Notice that this timeline is different from the one suggested in the Departmental *Guide*, because clinical students must be finished by the **end of January**, to begin their internships – not the end of February. This deadline for thesis completion is referred to again later under Internship conditions. This timeline also assumes two years of part-time enrolment for completing the thesis, and may be adjusted based on individual circumstances. If you need to enrol full time for funding reasons, you may need to start on this process earlier, at least identifying a supervisor so that you can enrol in the thesis at the same time as the clinical programme. If this is not an issue, you may enrol in the thesis at any point during the year—it does not need to follow the academic calendar.

(1) If you haven't already, start thinking about some possible research areas during the summer before, and the first weeks of your first year of training. Look for good research reports when you are reading articles or browsing journals. Go and talk to staff whose work seems of interest to you; ask them for a reprint of their most recent publication or two and read them. Look at a couple of recent theses by clinical students (they are in the glass case in the main reception area) and see who supervised them.

(2) By the teaching break in the first semester you should have selected a topic area and a likely supervisor. Discuss the ideas and plans with a supervisor, and check the supervisor's availability (i.e., leave plans) and working style to see that it matches with your needs. You will also need to agree with your supervisor on a second supervisor for the project, and ask that person to participate. The role of the second supervisor varies, but is often most active in the very beginning and ending stages of the project. Formalise the roles of these supervisors using the form you can obtain from the department administrator and enrol formally in the Master's thesis.

(3) By the second half of the A semester, you should be able to put down some ideas on paper about your topic, working with your supervisor to develop both a general idea of the literature that supports your idea, and the procedures you will be using to conduct the research.

(4) Meet regularly with your supervisor(s) and begin to sort out the details of the study. Think about measures and how you will use them, and how your methods and measures will answer the question your research is asking. By the end of the A semester, have a longer written proposal with a clear description of method and a good sense of how you will analyse your results. Submit your proposal to the Ethics committee of the psychology department

and any other relevant ethics committees.

(5) For the remainder of the year you may be piloting some of the procedures (even piloting requires that ethical approval for the project has been granted), building relationships with community agencies, and recruiting participants. If your advisor has a lab, spend some time in it and talk to other students doing research. Are there methods you will have to learn? Track down additional references you might need; see if we can order tests you want to administer. During the long summer vacation you may be able to begin data gathering in earnest.

(6) You need to plan for your data collection carefully, according to the specifics of your study. Make a timetable, building backward from when you plan to be finished. Ideally, plan to be finished *before* Christmas in your second year—you cannot count on your supervisor to be available for last-minute consultations in late December and January. This will also make for a much happier summer holiday before starting the internship. Studies that use clinical or school populations can be particularly challenging, and it is important to build in time for delays, problems, and more time than you think you will need for recruiting participants. Plan to finish collecting data by the end of June.

(7) No later than the end of June, start your data management and analysis. You may need assistance and it may take time to get data entered into the computer, interviews transcribed, or measures scored. Always start off with simple descriptive statistics; don't run complicated statistical tests until you know what sorts of means and SDs and distributions you are dealing with, and have checked your data for errors and outliers. Work closely with your supervisor. When you are stuck or delayed with data collection or management, or have some spare time, start writing drafts of parts of your thesis, such as the method and introduction sections.

(8) When your results have been analysed, think about the implications your findings. Discuss this with your supervisor, with community agencies who might have participated, and with your fellow students. Think about how your findings fit in with prior findings and theory. This is one of the most important and interesting parts of the write-up, and forms the heart of your discussion. Give your supervisor a draft of the introduction, methods, and results sections, with clear tables/figures and the outline of ideas for the discussion by the end of September.

(9) Get the first complete rough draft finished by mid-October at the latest. Make corrections and work with your supervisor's feedback all through November, but note that the second year final exams will be a distraction. Plan on submitting the final draft for binding by the 1st of December. Take it to Registry three days later and have a nice holiday. Remember, academic staff may not be available over the Christmas break.

Doctoral Timeline

For students anticipating completing a PhD, the timeline will be rather different. Essentially you will need to have completed a substantial piece of research prior to or during your first year training. The PhD proposal will need to be written in considerable detail by November of the first year, so that the Higher Degrees Committee can approve the topic and the supervisors before the end of that year. You will then have two years "full time" to pursue the PhD thesis, but in the course of those two years you will have to complete the clinical courses 523 and 524 and the necessary practica. Which year you do these courses and the practica will depend on your research project's time demands, the availability of clinical placement and internships in the programme, your own personal needs and planning, and your supervisor's schedule, and should be discussed with the Director of the Clinical

Programme. Remember that while you are deferring some aspects of the clinical programme to complete research, you are still enrolled in the clinical programme and some programme activities and requirements will still pertain to you. We encourage you to continue to attend case conference if possible in order to maintain awareness and connection with clinical issues and programme developments.

Writing and Dissemination

A study is not really complete until it has been published and the findings made available to other scholars, clinicians, and professionals in the field. It is very helpful to think from the start of your project that your finished thesis will be something that could potentially be submitted for publication. Even if it does not seem quite meritorious enough to be published, the thesis might make an interesting presentation at a conference, perhaps as a poster. In either case the experience is professionally very useful and the accomplishments represent a useful item to be able to include on your professional CV.

APA style. All written products (including case studies and other clinical material) should utilize the style of the *APA Publication Manual*. There are copies available to clinical students in the Department office.

PROFESSIONAL DEVELOPMENT

Case Conference Seminars

The model of training we have adopted includes Case Conference seminars in which the student is considered a developing professional, already beginning to function and act like a clinical psychologist. In other words, there are expectations that you will adopt an identity and interest in professional issues, and at the same time you should be expected to be treated like a professional, and to treat your fellow students and programme staff as professional colleagues.

The Case Conference seminars are part of your professional development course requirements and serve a very useful teaching and learning function, as well as providing a valuable forum for discussing many aspects of clinical service delivery. This is an opportunity for you to demonstrate your developing clinical skills according to your level of training and placement experiences (see below). The seminars take the form of presentations to the combined classes and clinical staff and will be held every week in term time throughout the academic year.

These seminars are currently held on campus beginning at the start of the academic year, from 11.15am to 12.30pm on Mondays. The Senior Clinical Tutor co-ordinates these seminars and she will provide the schedule early in the year. Because of the confidential nature of the material that will be presented, we must restrict attendance to clinical students, registered professionals, or psychologists employed by community agencies. Other individuals wishing to attend occasional presentations of special interest should make application (preferably by e-mail) to do so to the Clinical Director or the Senior Clinical Tutor.

Priority will be given to student presentations (see below), but we also encourage guest presentations from staff and psychologists in the community. From time to time we might have presentations from visiting clinical psychologists or other scholars and practitioners whose work is of interest to clinical psychologists. If you have suggestions, please feel free to nominate individuals. Attendance will be taken at case conference sessions. It is an important aspect of your clinical training to attend these sessions and also represents

support for your fellow students or professional colleagues who are presenting. If you are unable to attend for a specific reason, please send Jan Cousens and the Senior Clinical Tutor an e-mail with apologies, in advance of the session. If you miss case conferences excessively, this will be discussed in the clinical team and appropriate measures, starting with talking with you about the issue and trying to help resolve any programme-related problems, will be taken.

Research Seminars

The Psychology Department organises monthly seminars in which staff, post-graduate students, and visiting scholars present their research or area of scholarly interest. It is expected that clinical students will attend such events as often as is possible, and not just when the topic happens to be about clinical issues. In seminars of this kind one obtains an opportunity to hear about the conduct of research and has a chance to see how such talks are given and how research findings are discussed, and to reflect on what works well in a professional presentation.

Professional Societies

It is expected that clinical students will join at least one professional society, such as the New Zealand Psychological Society (NZPsS), the Institute of Clinical Psychology (ICP), and/or the College of Clinical Psychologists (CCP). Student membership is free. The North American, British, and Australian psychological societies or associations all have reduced rates for student membership. There are also more generic associations for mental health issues and some advocacy groups that are formed to represent the interests of a particular disability group or syndrome. Obviously belonging to a multitude of professional societies after you graduate could get expensive and we do not want you to go overboard, but participating in at least one such association is an important part of your later ability to work with other clinical psychologists to support and develop our profession. Further, it is through the NZPsS that you can obtain indemnity insurance coverage; it is beneficial to you to start your NZPsS membership as early as possible because the indemnity insurance will be back-dated to the date you began your continuous membership in the NZPsS. Indemnity insurance coverage is strongly recommended. You can contact the NZPsS to discuss whether indemnity insurance is appropriate for you.

In addition to your joining a society, most such organisations have annual conferences and local branch meetings that you can attend. The Waikato Branch of the NZPsS is very active and has a student representative. The annual meeting of the NZPsS is a valuable experience and allows one to attend interesting papers, workshops, and social events. If a student submits a paper to a regional conference and it is accepted there may be funds available to contribute to expenses incurred.

Workshops and Special Training Opportunities

We are fortunate that because many international scholars are interested in New Zealand, we receive a surprising number of visitors to this country and to Hamilton. Usually these visitors present seminars for free and sometimes workshops for a fee (often at reduced rates for students). If the topic is of relevance to your work we will try to facilitate your attendance and ensure that your costs are kept to a minimum. You should try to find out what visitors are in the department and what their areas of interest are, as they are usually quite receptive to students coming to talk to them about their work.

Sometimes we learn of a special person who is available for training and we will organise a workshop specifically for students in the clinical programme. Usually we invite clinical

psychologists from the community to attend or to participate in the training. When we organize such events you should consider attendance mandatory unless, of course, there is some good reason why you cannot attend, in which case you should let us know. These activities are a part of your training and we often count on you having received the information.

Cultural Experiences and Training

There have been a number of ways that we have attempted to increase students' opportunities to gain awareness and understanding of cultural issues. Events will be organised as opportunities arise. If you hear of events, conferences, or speakers that interest you, never hesitate to discuss these with clinical staff. We encourage students to be pro-active and to promote opportunities that staff may not be aware of. Note that "culture" in this context may include topics such as gender and sexuality, issues related to immigrants and refugees, alternative lifestyles, disabilities, ageing, and so on.

Getting the Information

E-mail and telephone contacts are our main methods for disseminating information to students. It is your responsibility to check your University e-mail inbox often, because that is the e-mail address that the University uses for e-mail correspondence with you. It is your responsibility to make sure that Jan Cousens and all of the clinical staff have the correct contact details for you.

There is a clinical programme notice board in the hallway near the main office. Try to consult it occasionally, as notices of special events will be placed there from time to time. There are numerous bulletin boards and other electronic sources of information of relevance to clinical psychologists in general and cognitive-behaviour therapists in particular.

As with all other matters raised in this manual, if you have a good idea for a special training or professional opportunity, please approach us with your suggestions.

SUPERVISED CLINICAL PRACTICE

Supervision is one the major vehicles we have for teaching clinical skills and for maintaining high standards of professional practice. Even when you are an experienced clinical psychologist you will still find it important to seek out supervision and have a number of reliable professional sources from whom you can obtain consultation. While you are a student it is important to remember that you cannot have any contact with any client unless it is clear to you, the client, and the supervisor who is providing you with direct supervision and thus clinical responsibility for the case. Please also refer to the book The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions by Brian Baird (2005).

Clinical Programme Associates

In the Waikato/Bay of Plenty region we are very fortunate to have a large number of highly skilled and competent clinicians working in many different contexts. These clinicians generally have strong aroha for the programme; many have graduated from the programme, they may have long-standing personal ties, or they may just be committed to wanting well-trained colleagues with whom to work in the future. These people are our greatest resource and we try to do what we can to maintain their respect for our training endeavours.

Clinical psychologists in the region who supervise on a regular basis, oversee an agency

that provides regular practicum or internship opportunities, or assist the programme in other ways, are designated **Clinical Associates** of the programme. Their names and qualifications are listed in the University Calendar.

Clinical Field Supervisors

There are a number of clinical psychologists in practice in our region who have also expressed willingness to serve as a supervisor for students on placements. A formal agreement is made between the programme and these field supervisors, so, like Clinical Associates, they do carry formal authority, such as providing written evaluations of your work, reporting serious concerns to the programme, and so on. At the same time, outside supervisors are often able to provide support and encouragement for students and fulfil the role of professional mentor. All supervisors, whether field supervisors or clinical associates, undertake training that the programme provides in the art of supervision. In this way we can ensure a minimum standard in the quality of the supervision provided.

Conflicts

Conflicts are rare, but they do occur; they occur among any professionals working together in a high stress environment. It is critical to respect professional relationships and to deal with supervision problems in a mature way. You should never grumble or complain about your clinical programme instructors or practicum (or intern) supervisor to friends, let problems fester until they become large, or have anxieties about supervision that you are unable to address openly and honestly. Note that ultimately the academic clinical staff are responsible for how you conduct yourself as a student and thus we need to know of issues right away.

If you are having a personal or professional difficulty with a supervisor it is necessary to try to resolve it directly with the supervisor in the first instance; you should also explain the issue to a member of the academic clinical staff. You should never go over a supervisor's head to someone more senior in the agency, unless advised to do so by us. This models what we consider to be desirable ways of dealing with any interpersonal conflicts at the professional level.

As we are not involved with any agency and thus have no supervisory authority over anyone in the community, you must keep us informed of any problems. If you have followed appropriate procedures and no resolution has occurred, we will then intervene in some way on your behalf. Remember, of course, that your perception of a problem may not always be the only one and you should get some guidance from us early on. Recommended complaints procedures for students and for clinical field supervisors are included in the Placement Documentation in Appendix 5.

We are also quite willing to provide input on specific clinical cases, but in those circumstances there are many areas to consider: your client's right to privacy, the importance of us not contradicting something your supervisor has told you, the importance of not being asked to take sides in a technical dispute with your supervisor. We are available for advice in the event of an emergency or crisis situation with a client, though your clinical supervisor should be the first port of call in such an instance.

Feedback

The primary role of the supervisor, of course, in addition to carrying the final clinical responsibility for your client, is to facilitate your learning of clinical skills. Different supervisors go about this task in different ways and there are many ways in which this can be done.

Most of our supervisors address issues directly relevant to the client: is your assessment adequate; have you made an appropriate diagnosis, and so on. But much of the feedback will also be related to the way you are interacting with the client and your sensitivity to issues. Supervision thus emphasises your interpersonal skills, which in turn may reflect a variety of issues regarding your own personal style, needs, vulnerabilities, and limitations. Supervision is not therapy or a chance for your own feelings to be analysed and dealt with, but sometimes it is important to become aware of quite personal reactions, ways of thinking, and ways you present yourself, as they impact on the clinical work. It is this focus on your own presence as an individual in therapy that can make supervision stressful at times, but it should also feel supportive and helpful.

Many students come into the programme with excellent academic records and they have not received criticism for a long time. Clinical feedback can feel somewhat negative and might challenge your ideas about yourself and your competencies. For this reason students sometimes feel defensive and challenged by a supervisor and it is crucial to go into supervision not thinking of it as a contest or an evaluation, but as an opportunity to learn. Openness to feedback is a fundamental skill and being willing to listen and try to change your behaviour is an important part of supervision. No one minds if you make certain mistakes as a student, but not being able to reflect on feedback about oneself or not being willing to learn from supervision will hinder your clinical learning and professional development.

All your placement supervisors are asked to provide feedback on your work and conduct during placement throughout the three years of training. These Placement Reports (Supervisor Evaluation of Clinical Competence) are valuable indicators of your professional development and you are given the opportunity to read and comment these before they are submitted to the university supervisors. Most importantly these reports can identify and assist areas or skills that you may need to improve on in the course of your training.

Because evaluation is a developmental process designed to focus your training experiences, we would like your supervisor's reports, exam feedback, and other relevant information to be reviewed by each new incoming supervisor. Since there should be a systematic development of skills each year, the issues arising in earlier rotations may no longer be relevant for later rotations, but there will, on occasion, be a carry-over of needs to be addressed. Early in each new rotation, you and your supervisor should discuss the recommendations garnered from the written information to develop a plan concerning the skills on which you might focus in the new placement.

RECORDS

Please read the following section carefully as it will outline your record-keeping responsibilities throughout your three years of training. Note that clinical staff are responsible for updating your student file which is kept in the department but you may provide appropriate material for inclusion (see below).

Student Files

All records regarding your participation in the programme, any correspondence, and written evaluations are contained in your personal file maintained by the Psychology Department. Access to this file is restricted to you, the programme staff, and relevant academic staff in the Department. You may access your file any time by request to Jan Cousens, but under no circumstances should you remove it from the Department or remove any material contained therein.

It is helpful for us if you keep your official file up to date as well. You may request to have inserted in the file copies of any professional activities you might have engaged in, such as a paper accepted for publication, or the abstract of a conference presentation, or a letter of commendation or thanks from some professional organization. You should also maintain in the file a current curriculum vita (CV; see next section). Material you wish to insert in your file should be given to Jan Cousens.

Curriculum Vita (CV)

It is good to get into the habit of maintaining a professional vita that you up-date regularly; fortunately computers make this task an easy one and you should have a template CV on your computer so you can remember to list things as they occur. You can also seek guidance from the University's job agency (which does tutorials on how to write good CVs and cover letters) and Career Services (you can access Career Services on-line). There is an example of a Clinical Psychology CV provided by Kyle on Moodle.

Supervision Records

Before you meet with your supervisor for your weekly supervision sessions, you (the supervisee) have the responsibility of preparing and prioritising a caseload list for the supervisor. At the start of the supervision session, you give one copy of your caseload list to your supervisor and you keep a copy. Your discussions about clients are prompted by your notes on your caseload list. You should bring clients and issues that need discussion to the attention of the supervisor during the supervision session. After the supervision session, the list should be stored in the supervision file. It is to be a current, annotated, running log of the clients on the student's caseload and closed files. It should give brief details of where the student is "up to" with each client as well as the number of face-to-face client contact hours per week for each client. There will also be a section for brief process notes for each client as well. To gather the information for the process issues column, you should review the process notes that you jotted down over the course of the week. These need not be details, but can serve as cues for discussion. Students should present a copy (anonymised if required by your agency) at the start of visits from the Senior Clinical Tutor as well.

Responsible Professional Record Keeping

Record keeping is a necessary part of a professional clinician's life. There are two critical things to remember about reports and record keeping: protecting client confidentiality and being timely. There is really no room for error in these two areas: records must not be taken home; if you use a computer that could be accessed by anyone else (or stolen), passwords should be used. Completing clinical records promptly is essential; referral sources, other professionals, supervisors, and agency administrators cannot be kept waiting for essential information. Accurate and honest record keeping is a professional and ethical requirement.

Early in your training you will notice that you may be asked to produce reports that differ from how you have been taught previously to write reports, or from reports that you may have been asked to produce by another person or at another agency. Length, style, and structure may be significantly different, not only between agencies but even between supervisors in the same agency! No particular style is right or wrong, and all have benefits and drawbacks. It is important to write as you are asked to write for each agency. You can develop your skill set and retain those aspects that you believe are important for writing good, defensible reports.

ALL YEARS OF TRAINING

Clinical Log (First, Second and Third Years)

The purpose of the Clinical Log is to keep a running record of the clients with whom you have worked over the period of training, **starting with first year training and continuing to the end of the Internship**. The actual size of the log is not critical; the value of the record is in allowing us to see the range and types of cases with which you have been involved. You may have had only very brief contact with a particular client or you may have been intensively involved in an individual treatment programme.

We suggest that you maintain your log as a table with the following column headings: Client Number, Gender, Ethnicity, Age, Referral Reason, Diagnosis, Assessments, Interventions, Methods of Monitoring and Evaluation, Number of Times Seen, Status at Follow-up. Notes in this should be very brief, and care should be taken not to record information in enough detail that it could be recognized, for example, if the problem is rare and age and ethnicity would make it possible the client could be recognized; use general categories and age ranges, if necessary.
Where a group of clients is involved in one activity they can be listed as Clients 1-6 (for 6 clients in a group) and the data recorded once only. The log should be typed. Most computers have software that allows you to easily develop a spreadsheet for this information (e.g., the spreadsheet in Microsoft Excel), and this would be the simplest way of all to keep your log.

Your completed, anonymised Clinical Log is made available to examiners in your Second and Third/Intern Year exams and is required to be submitted prior to your exam. This means that by your third year of training you will have records dating from your First Year (CDC) placement and including all your Second and Third Year placement experiences.

Clinical Psychopathology Workbook (First, Second and Third Years)

This is a workbook that you will be expected to compile during your three years of clinical training. The workbook will be completed as follows:

- First year - diagnostic criteria and key theories of etiology
- Second year – assessment approaches
- Third year – treatment approaches

For each of these topics you need to provide a summary of the required information. The purposes of the workbook are to encourage you to revise relevant material on psychopathology and to assist you in developing a key resource that you can use throughout your years of clinical training and beyond. The workbook will need to be completed and handed in within two weeks of the end of semester two of each year in the programme. It is hoped that this will be taken as an opportunity to put together a useful resource. Please see Appendix 9 for further information.

FIRST YEAR TRAINING

Papers 521 and 522

Dr. Jo Thakker is primarily responsible for the weekly class part of 521 (professional issues), although the requirements for this paper also include attendance at case conference,

observations at CDC, agency visits, and the clinical skills workshop, all of which are detailed elsewhere. Averil Herbert leads the 522 paper (bicultural practice) in a workshop format, typically on three Fridays between June and August (these may be during teaching breaks).

Concurrent with your 521 and 522 papers, the following activities are part of your professional development in your First Year training:

Child Development Centre Placement

The clinical tutor will provide details of the Child Development Centre (CDC) placement and the written work required (one case study). One or more training sessions for CDC will be held to prepare students for this experience. The first student placement typically starts in April and each student placement will run for three weeks.

Case Study and Case Conference Presentation

Following your Child Development Centre (CDC) placement, you will each be required to complete a report written up as a case study on what you have observed during a selected Individual Developmental Assessment (IDA). The CDC case study will be reviewed by a member of the clinical staff who will provide feedback on your professional writing style, use of terms, and correct use of psychological language. Please attach your CDC Task Feedback Sheet with your case study when you submit the case study. Appendix 1 includes the documents and information for your CDC placement work.

This CDC case study will be presented in the Case Conference series as a useful opportunity for students to practise how to make a presentation such as they might at a conference or workshop. Presentations of CDC observations should last about 25 minutes, and two will be presented in a one-hour case conference session. Please consult with the Clinical Tutor for assistance on your presentation as for many of you it may be the first time that you have presented clinical material to an audience.

Clinical and Community Agency Site Visits

One of the activities in the first year is a series of site visits to community agencies. These visits will provide you with the opportunity to meet with the psychologists at some of the local agencies providing clinical psychology services, and learn about the agencies and the services they provide, as well as the role psychologists play in the agencies. After each site visit, a very brief written report will be required, and should be handed in one week after your visit. Please see Appendix 8.

Mid-Year Assessment and End-Of-Year Oral Examination

There is a mid-year and an end-of-year oral examination based on the course work and your placement and site visits. At the midyear, this exam consists of a 20 to 30 minute oral exam conducted by one or more of the clinical staff. We will write up a number of short questions or scenarios which you will be given a few days prior to the exam. This will give you the opportunity to prepare your responses – some scenarios will present possible ethical dilemmas, and others may require factual information and information from your site visits. In the examination you will be asked to respond to two of the topics chosen by the examiner.

The end of year exam will encompass both the material from the bicultural practice workshop and a discussion of the case study you prepared based on a case you observed at CDC. This case study will have been read and commented on by one of the clinical staff, and you will have a chance to incorporate these comments in a final version, submitted prior

to the final exam.

These exams will be Pass/Fail, and may also include a comprehensive evaluation of your progress during the year, including feedback from lecturers whose papers you have taken and your thesis supervisor (if appropriate). Please also note that many exams in the Postgraduate Diploma in Clinical Psychology program are videorecorded, and if you wish, you may review the recording in order to see how you present yourself in exams. In general, there is ample opportunity for discussion and feedback during the year and we hope that you are able to identify and discuss your own strengths and possible deficiencies as indicators of your own progress and development.

SECOND YEAR TRAINING

Second Year training has increased professional development and practicum requirements along with the clinical concepts seminar (Mondays, 1:30-4:30). The Senior Clinical Tutor will provide the necessary documentation for your placement contracts and evaluation along with directions for supervision, but these are also included in Appendix 5 for your information.

Papers: 523 and 524

These two courses are combined and are convened by Assoc. Prof. Douglas Boer. The sessions are provided by clinical programme staff and local clinical psychologists, discussing areas of practice and basic practice concepts and skills. Before practicum placements begin, an intensive workshop on interviewing skills is provided by TPC over a 4-day period. Other aspects of this course, including case studies and practicum training, will be described in the course outline and later in this guide. Case formulation is one of the most important general clinical skills for you to develop, and this will be stressed throughout this year.

In this year, you will also practice responding to the "paper case", a brief written description of a client, perhaps similar to a GP's referral letter or an initial clinical intake. Students need to develop the skill of thinking about the issues that this brief description raises: what are the important questions to ask next? What hypotheses might be formed and how would they be tested? What are some of the salient points mentioned that might alert you to some other less obvious problem? Your presentation at case conference will be based on a paper case, and you will be examined on a paper case (as well as a case study you write) in a practice exam midyear, and a final exam at the end of the year.

Case Conference: Paper Case presentation

Second Year students are required to prepare a paper case presentation. This exercise is intended to familiarise students with exam presentation of paper cases and we ask that you restrict your overheads to the referral information and concentrate on articulate oral presentation and discussion with an audience/panel. Students need to pick up their cases/referrals one week before their case conference presentations, and should prepare to present and lead discussion about the case for approximately 25 minutes.

Appendix 2 provides suggestions on preparation for a paper case and Appendix 3 gives the guidelines for the class presentation. We encourage you to familiarise yourselves with Appendix 2 as paper cases will be part of your oral examination in both your second year and final intern exams.

Workbook

This is specifically related to your first practicum experiences in a placement where you have contact with clients. Beginning these placements is a big responsibility and we would like you to be as organized as possible. Thus, in your 523/524 practicum, and as part of any placement activities, you will be required to maintain a Workbook in which you keep records of aspects of your clinical practice, including task outlines, skill development, and supervisory feedback. Its main purpose is as a resource for your clinical practice, both for you and for your field supervisors, and as a way of measuring your skill development.

Please note that most placement agencies have their own system for keeping client records. Sometimes these are medical charts, sometimes more informal files. It is essential that you follow these procedures strictly according to the agency guidelines and your supervisor's direction. The Workbook is not a substitute form of record keeping, but an adjunct for your own training and to keep you organized. It is essential that names of clients or other identifying information NOT be used in these records, as there is always the risk that your Workbook could fall into someone else's hands. However, this is not an excuse to be casual in your care for the Workbook - it contains sensitive, valuable information and should be safeguarded at all times.

Appendix 5 provides an outline for your Workbook. The Workbook will be reviewed by the Clinical Tutor at specific times (e.g., the end of each placement), and constitutes another form of assessment of your progress. You are required to submit your completed Workbook (along with your Clinical Log) for final examinations.

Interviewing Workshop

An interviewing skills workshop will be held at TPC in order to help prepare students for their first clinical placement. This required workshop is generally held Tuesday through Friday, early in the first semester of the second year of training, usually in the second week of classes.

Placement Responsibilities and Placement Goals

While you are on placement you are encouraged to observe professional standards of behaviour, and to take advantage of all learning opportunities. The Placement Guidelines in Appendix 5 outline the purpose, activities and assessment requirements of your placement. As each agency may have different procedures, you may need to negotiate any changes with the Senior Clinical Tutor and the agency supervisor. Outlines for your field placement and your Psychology Centre placement are also included in this appendix. A number of other documents are part of your placement work and these are outlined below.

Placement Goals should be discussed with the Senior Clinical Tutor and the agency supervisor. We have noted that agencies may differ in their procedures, but students also have different needs and it is important that these are discussed so that opportunities are provided to enhance learning opportunities.

Clinical Placement Statement of Responsibilities

This important document (Appendix 5) outlines how the agency, the university supervisor, the placement supervisor and the trainee will work together to maximise the practicum experience. Variations in this agreement may be negotiated to consider agency and trainee needs and requirements. Please ensure that you are familiar with this document.

Placement Contracts

There are two practicum placements during Second Year training. Each of these is for **two days a week** over 12 to 14 consecutive weeks (longer or shorter depending on the University calendar; usually from week 11 to week 23 inclusive and week 30 to week 42 inclusive). One of these placements will typically be at The Psychology Centre and the other placement in a field agency. The Clinical Tutor will be assigning practicum placements to you. She makes the assignments toward the end of your first year of training, taking into consideration your preferences and your clinical interests. However, these decisions also have to be guided by agency needs and availability, and sometimes according to our perceptions of your specific training needs and the kind of supervisor you might benefit from.

At the beginning of your placement you will are required to sign the Placement Contract with your supervisor. This is a very important document as it specifies your responsibilities and goals for the duration of your placement. In a placement it should always be clear who the supervisor is. It might be a different clinician (or even someone from a different discipline) for different cases. Some agencies have an administrative supervisor or manager who assigns you clients and is responsible for your hours, terms of employment, and so on, and then a clinical supervisor who is responsible for specific clients you are working with. The Clinical Tutor will be co-ordinating these supervisory roles so if you have any doubts or questions regarding supervision you should consult with her immediately.

Professional Development Checklist

Your professional development relates to the ways in which you interact with clients, colleagues, other professionals. It ranges from the way in which you approach your placement situations to more complex considerations such as deciding what information is relevant to the task in hand.

We believe that your professional development is a critical part of your training and as such deserves specific attention. It is one area which supervisors often target as being overlooked by students. A Professional Development Checklist is provided for you to include in your supervision meetings with your agency Supervisor. We expect that by the end of your second placement you will have shown a commitment to addressing any areas of weakness which have been identified earlier, where there is an opportunity to do so. Clinical staff will discuss any serious omissions with you and your field supervisor and efforts made to remedy the situation by having you complete some additional task(s). While we insist that you view this area of assessment seriously it is important to appreciate that most students have grasped many of the concepts incorporated in the checklist without the need for individualised training. In other words, you can do most of it already! Your completed Professional Development Checklist should be included in your Workbook.

Client Intervention Summary and Clinical Supervision

To formalise your record keeping in each of your placements, you are required to complete a Client Intervention Summary for each client with whom you have contact (including those whom you just observe with another clinician, although the information included for these clients may be very brief). Your Client Intervention Summary sheets are stored in your second year Workbook. It is important for you to discuss all aspects of your work with your agency supervisor and to keep clinical staff informed of your progress and the Client Intervention Summary sheets are one way to structure your time with your supervisor and tutor.

Placement Reports: Supervisor Evaluation of Clinical Competence

Two reports (Supervisor Evaluation of Clinical Competence) will be required during your second year training for each placement, related to the two major practica you will undertake during this year. These reports are completed by your supervisor at the placement and cover every aspect of your professional and clinical skills observed in that setting. The supervisor provides an overall rating of **unsatisfactory**, **borderline, satisfactory**, or **excellent** as well as an overall **Pass/Fail** rating. The student is given the opportunity to read the report before it is submitted to the university supervisors and to make written comments, which are confidential to the programme.

An unsatisfactory rating will be thoroughly pursued by the university supervisors, who will consult with the student and with the placement supervisor, and also take into consideration other aspects of the student's performance, such as in the actual 523/524 class. If the unsatisfactory rating stands in either of the two placements, it would indicate failure of the 523/524 practicum course and the student would not be able to advance to the internship the following year. However it would not automatically result in termination from the clinical programme and students are given ample opportunity to rectify deficiencies in subsequent placements. It might also be possible for a student to repeat or replace the placement.

It is incumbent on the student to anticipate and head off the possibility of receiving an unsatisfactory rating. By this stage in your training you should be able to reflect and judge your own performance reasonably accurately and to glean a good sense of what your supervisor thinks of your performance: do they expect too much, or overestimate your abilities, knowledge, or confidence? Have you made a critical mistake that has harmed a client or placed the supervisor in an awkward situation? These are the sorts of things you will need to be open to and to obtain further guidance from your university supervisors. Mistakes are permitted; we all make them. The issue is usually how you respond to a mistake and what steps you make to avoid its re-occurrence. Always consult with programme staff if in doubt.

Clinical Case Studies

In your second year of training you are expected to complete **one case study in each of your placements**. Details on these are in Appendix 6. The case study from your first placement will be submitted and examined mid-year and your second case study will be submitted and examined at the end of the year. Where possible one of these should be an assessment case and one should be a treatment case. Assessment-only case studies should include a detailed proposed treatment plan and a discussion section in which you show that you drew conclusions and based your approach to the client's case on the established empirical literature, developed ways of testing hypotheses, and included in your treatment plan measures of change that allowed you (and your client) to obtain some objective, verifiable estimate of progress and success.

You are required to submit your completed case study in draft form to clinical staff for feedback. Please note that "draft" does not mean *rough* draft; rather, the draft that you hand in is meant to be the **best work you can complete as if you were handing it in for your exam**. Therefore, it should be under the word limit and complete in all respects. You will then receive feedback, and you will have an opportunity to make changes before you re-submit the case study for your exam. Please check your course outlines for the deadlines for submitting drafts for feedback; this is at least three weeks prior to the final deadline for case studies. Please also note that you need your supervisor's signature on both the draft and final copies since that indicates that he/she has approved your anonymisation of the report.

Mid-Year Assessment and End-Of-Year Oral Examination

There is a mid-year assessment and an end-of-year examination for the Second Year training. The mid-year exam is a practice exam, intended to help the student practice the process of presenting in exams and receive feedback on their performance. The end-of-year exam is a pass-fail exam that must be passed in order to continue in the programme. Both exams are approximately one-hour oral examinations and typically allow 20-30 minutes on your submitted case study and 20-30 minutes responding to one paper case provided by the external examiner. You will need to arrive one hour ahead of your scheduled exam time in order to prepare for the paper case; you may bring written materials for this preparation (your psychopathology workbook might be one good choice). Although you will be given other guidance and information about the exam, it can be mentioned here that there are basically four important skill areas that are being probed for in this exam. Very briefly, these are as follows:

(1) Can you identify the nature of the problem in psychological terminology? Does the information given allow you to determine a diagnosis or at least develop certain hypotheses that you might wish to test with further assessment?

(2) Can you begin to provide an overall formulation of the problem using basic behavioural and cognitive-behavioural principles? Can you think of antecedents and consequences, suggest a functional analysis, and consider the bigger picture of the client's life and how problem areas might be inter-related?

(3) Can you identify empirical literature related to this problem area or its treatment? You are not expected to know every recent article, but do you know the empirical literature well enough to be able to suggest which principles of psychopathology and which principles of intervention would be considered current scholarship related to this topic?

(4) Do you understand the ethical and cultural implications of the case from the information given? Can you identify professional pitfalls and areas of concern and would you know what precautions you might need to take in the proper management of this particular client? Can you read between the lines and suggest issues that would need to be considered, such as danger of abuse, risk of suicide, and so on?

As you can see, this process is really about clinical reasoning and your ability to formulate hypotheses and make data-based judgments about a client. It is not about your technical knowledge of the literature per se. The end of year exam will be used as an indicator of whether or not we feel you are ready to progress towards an internship. If you do not pass this exam, you might be required to repeat the year or complete other additional work. Please also note that oral exams in the Postgraduate Diploma in Clinical Psychology program are videorecorded. This enables you (and the clinical team, if indicated) to review your performance and consider ways to improve. If you wish to review your examination recording, please talk with a member of the clinical programme team.

Applying for Internships

Students are usually advised that after they complete their mid-year exam in their second year, they should begin to prepare their CVs and start gathering the necessary paperwork for applying for internships. Closing dates for internship applications are usually around the end of October. The Senior Clinical Tutor will keep the class apprised of developments in which internships may be available in the following year. Once the final list of internships is available, it is the student's responsibility to contact the person identified in each internship

advertisement to ask what is required for the applications. Usually this includes a CV and a cover letter stating which position you are applying for and which semester you will need the it (if you have a preference), among other things. The clinical programme strongly encourages all students to have a broad range of experiences in their placements and internships. To this end, students are strongly advised to do at least one "child" placement and at least one "adult" placement during training. Although this may not always be possible, it is greatly preferred. Please keep this in mind when you consider the internships to which you will apply.

Registration as an Intern Psychologist

University students undertaking internships as part of their degree or diploma are required to be registered with the New Zealand Psychologists Board and are registered in the "Intern Psychologist" scope of practise. The New Zealand Psychologists Board administers the registration of psychologists under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). It is recommended that you familiarize yourself with the HPCA Act (available on-line) . It also is recommended that you read the information about applying for registration and your Annual Practising Certificate on the Board's website early in your second year.

During the middle of their second year, students should get their CVs ready and start gathering the necessary paperwork for registration with the Board before internships commence. Please note that you need to allow a minimum of eight weeks for your application to be processed. The correct fee and all required documentation, including certified copies of all official documents, must be received before your application can be processed. You should obtain and submit the necessary documents early. These include:

- A letter from the Head of School or Course Director, stating that you have been enrolled in the course, noting an approximate date of course completion. This cannot be obtained until after you have passed your second year end-of-year exam.
- Three character references (signed and dated no more than three months before the date on your application form), one of which must be from a psychologist registered in New Zealand. Just for your information, the student is not meant to have a copy of the reference; it supposed to be confidential so the referrer is meant to send it directly to the Board. However, it is fine if the referrer chooses to share it with the student, in which case the student can mail the reference in with the application. If the student mails a copy in with the registration application, the referrer does not have to send an additional copy directly to the Board.
- Record of criminal convictions. Please note that in addition to the New Zealand Record of Criminal Convictions, overseas applicants must also provide records of criminal convictions from their former country or countries of residence. The records must be dated no more than three months before the date on your application form.
- Communication skills – If English is not your first language and your qualifications were not completed in the English language, you will be required to provide a certified copy of your results on The International Language Testing System (IELTS Academic Module) test.
- It is also helpful to submit your Annual Practising Certificate application form (with the correct payment) at the same time that you send in your application for registration. It may benefit you in terms of the fees you are required to pay to note the start date for your internship on the form so that an adjustment for the 'year' may be made.

Annual Practising Certificate

To be able to practise in New Zealand, you are required to hold an Annual Practising

Certificate. This must be applied for at the same time as or after the Board has approved your registration. In New Zealand, it is illegal to practise as a psychologist without a practising certificate.

THIRD YEAR TRAINING/INTERNSHIP

At the intern level you are expected to attend the weekly clinical concepts seminar and other professional activities on Mondays. The rest of the week will be spent in your four-day internship placement which starts at the end of January and continues into December – see below.

Paper: 525

This is the paper which parallels your Internship experience and is convened by Dr. Carrie Barber. Additional information on the internship will be provided in a later section. The curriculum for 525 builds upon issues introduced in 523/524, including local specialist clinicians talking about the ways they apply psychological skills and principles, particularly CBT, to special populations and problems. During this year, students will be writing up case studies on six of their clients, and will present one of these at case conference.

Case Conference: Case Presentation

The goal of the internship Case Conference presentation is to reflect on a client from your current placement focusing on some clinically relevant theme. Thus, in addition to giving important details regarding the individual, the problem, the clinical diagnosis, and so on, you are encouraged to explore a particular aspect of the case. This might be related to a theoretical question or to practical issues in assessment and treatment, including ethical dilemmas, useful procedures, process issues, or cultural concerns. The objective is to get constructive feedback from peers, as well as to inform others. Discussion is encouraged. Please note that it is rarely acceptable to present a case where you have not finished the assessment or formulated the problem. Appendix 4 outlines the Guidelines for Case Conference presentation to the class.

We expect all presenters and listeners to adhere strictly to the Code of Ethics for psychologists. All details that might allow identification of the client should be altered with a respectful reminder to preserve dignity and avoid use comic names or impersonal numbers for clients. We strive to maintain their dignity at all times. Presenters are asked to pay special attention to cultural issues and to describe their cases in a respectful and culturally appropriate fashion. Students should discuss their presentations with their immediate clinical supervisor if the case is on-going case from an agency; students can also provide an informal overview of their proposed presentation to the Senior Clinical Tutor.

Internship Arrangements

The one-year, full-time internship represents one of the most important features of clinical training and is present in all models of training internationally. Internship commences the day after Anniversary Day (although some internship directors may suggest a slightly different start date to suit their schedules). This is because you need to accumulate a certain number of hours of clinical experience for registration under the Clinical Psychology Scope of Practice. There are two placements in the Internship year. Each of these placements is **four days a week** for approximately 22 weeks.

The internship is **somewhat** independent of the programme; that is to say the internship is

an agency-based training programme in its own right. The agency is responsible for your clinical work, and it retains jurisdiction over the kinds of clients you will see and the sorts of experiences and working conditions you will obtain. We have little control over these matters. Ultimately, however, the internship is an extension of our programme and if it is proving unsatisfactory as a training setting, it is our responsibility to modify it or to disengage from it, and we need you to keep us informed if there are any significant problems, as well, of course, as talking with your supervisor about your concerns. You will discover that there are professional responsibilities and chains of command in clinical settings that are quite different from a university training programme. You will have to adhere strictly to the policies and procedures used in the particular agency.

We take some responsibility for arranging the internship, and coordinating among agencies as much as possible to match possible placements with student needs. While we cannot ensure that you will be selected for a particular internship, or that payment will be available (although that is our goal, and we believe all internships should be paid positions), we will do our best to make available a suitable internship of some kind. Towards the end of your second year of training, the Senior Clinical Tutor will make available to all students planning an internship the following year a list of possible places and the contact persons. You will then need to apply to the internship as though you were applying for a job; there will almost certainly be interviews as well as a review of your credentials and interests. By placing an agency on the list of possible sites, we will have indicated that this agency is suitable as an internship and that we have some prior agreement with them as a training resource. However, we have no control over other conditions of employment other than their agreement to provide supervision, and their agreement to allow you to spend one day a week on campus in research, library, and course work.

During the process of applying for an internship it is most important that you keep the Senior Clinical Tutor informed of your plans and progress. This is because we do monitor the various internships and organise a coordinating meeting to try to make sure that all students are placed. However, your application is competitive and you should not refrain from applying for some position just because you know a fellow student would really love to have that internship. We can be quite creative in the establishment of internships, so please keep us informed as to your interests and ideas.

It is important to remember that the internship typically involves some sort of employment contract with the internship agency. This means that you are an employee as well as a student. You will probably have a signed contract that specifies the conditions of employment, your salary, holidays, and other aspects of the work environment. It is important that your contract specifies clearly that Monday represents the one day each week where you will be mostly spending time on campus, in the library, and in class. It is useful if the contract recognises other occasional training needs, such as the importance of being able to take off some time for workshops.

The agency, as your employer, is required under the Health and Safety in Employment Act to ensure that it provides a safe and healthy working environment. It is your responsibility to ensure that you comply with the provisions of the agency's policy and systems. Some internship settings, particularly in health care agencies, have specific requirements regarding orientations and/or medical fitness with which you must comply. It is your responsibility to work with the internship supervisor or agency human relations representative to ensure that you take care of these requirements. In the event of an accident or incident, the agency will require you to complete an accident form that includes details of the work situation, any injuries sustained and an investigation of the causes and procedures to prevent similar accidents in the future. You should always notify your supervisor of such an event. The University accepts no responsibility for students on an internship; however, there is a

University Health and Safety Co-ordinator who can be consulted if the need arises.

Conditions for the Internship

Before you can begin an internship you must be registered with the New Zealand Psychologists Board in the "Intern Psychologist" scope of practice, and you must hold a current Annual Practising Certificate; details of this process were given above in the second year training section, since this should occur at the end of the second year.

*Before you can begin an internship you need to have finished your University graduate degree***.** We define this as **submitting** your thesis in bound form to Registry by the last Friday in January. We are not able to negotiate this date, and there are two important reasons for this: one is that there is no allocation in your internship year to devote time to thesis work. Your clinical work and writing up of case studies with the lectures and workshops is a full-time workload. Secondly, there is a legal reason for completion required under the Health Practitioners Competency Assurance Act (2004). Intern Clinical Psychologists are considered to be 'health practitioners', a status that requires registration. Interns can only gain access to registered status via the Trainee/Intern Scope of Practice, which requires a Master's level qualification. This means that you cannot refer to yourself as such, and cannot work legally without your thesis having been submitted.

In order for you to meet this deadline (thesis receipt from Registry by the last Friday in January of the year your internship commences), **you really need to plan carefully so that your thesis is finished before the end of the previous December**. Remember that academic staff members are often away on annual leave in December/January, and few research supervisors are available to work on theses and give feedback over the Christmas break. To complete your thesis in a timely manner, we suggest adhering to the timelines proposed in the section on research.

The situation for PhD students is different, unless you have not previously graduated with a Master's thesis, in which case the above applies. If you have not completed your PhD before internship (but you have a prior master's degree, so are eligible for internships), you will need to submit a progress report on the state of your thesis, signed by your chief supervisor, a plan of work for the internship year, and notice of whether your enrolment in the PhD will continue during the internship.

Prior to starting your internship, spend a little time reflecting on what your goals are. What are the major kinds of experiences you want? What are the areas of weakness that you need to work on? When you first meet with your supervisor, have a plan for what you might accomplish on the internship and a few ideas about experiences that you would enjoy. Be pro-active rather than passive. Set up clear times when you will meet with your supervisor. We expect each supervisor to set a more formal agreement or contract for the internship that will articulate the roles and responsibilities of both you and your supervisor.

Placement Reports: Supervisor Evaluation of Clinical Competence

During your internship year, four reports are required from your primary internship supervisors to cover the two internship placements. On each placement there will be a mid-rotation report and a final report. The deadlines for these reports will be given to you by the Senior Clinical Tutor. The **intern** is responsible for submitting these reports to the university supervisor by the due date, or for giving timely notification of anticipated delay. The format of the report is the same as the Supervisor Evaluation of Clinical Competence already described under Second Year Training, except that it is likely that your supervisor will give more detail about your work and will assess your work with regard to expected levels of

expertise given your stage of training, and with due regard to ethical, legal, and Board-prescribed standards for interns. It is worth familiarising yourself with the format of the report at the start of the internship. These reports will be available to the examiners for the final Postgraduate Diploma in Clinical Psychology examination (as will the Second Year training reports).

It is necessary to have at least a satisfactory rating on the overall end-of-placement report in order to be able to proceed to the corresponding exam.

University Supervisor's Visits

An important element of the internship is co-ordination with the clinical programme. This is achieved through a visit from the Senior Clinical Tutor at the start of each internship and additional visits if requested by the student, the supervisor, or the Senior Clinical Tutor. These visits need to be carefully planned with a clear agenda and timetable worked out: what are you going to do together and whom is she going to meet? The tutor will provide you with further guidelines and details about this process and see also Appendix 5.

EVALUATION, FEEDBACK, AND EXAMS

Evaluation and Feedback

Regular evaluation is a central component of any training programme. The purpose of evaluation is to give trainees the feedback that is necessary to help them maximise their learning. From the point of view of the student, however, evaluation can seem much more threatening. If the feedback is negative, as it sometimes will be, it is certainly not a pleasant experience for anyone. It takes some personal coping skills to recognise that evaluation and feedback, whether good or bad, represents an opportunity to progress.

If you are completing honours courses as a part of your curriculum, course work is evaluated in the usual way and feedback is given via written comments on papers, exams, and by grades. Such evaluation is the responsibility of each lecturer in charge of a given course. Your grades will be monitored by the programme, as we need to make sure you are maintaining adequate academic progress. There are, however, some explicit points at which the clinical programme will conduct evaluations. These are discussed below. Note that if a particular issue comes to our attention for which some sort of feedback is necessary to the student, we will arrange such a meeting as promptly as possible. Similarly, if a student is feeling uncomfortable about how they are managing within the programme, it is always possible for you to arrange for individual feedback and advice from programme staff.

At any evaluation session or any formal meeting with programme staff to review your progress, you are entitled to be accompanied by support persons, including whanau, peers, or other academic staff and professionals. If you do wish to bring such support persons to an evaluation, please notify us prior to the meeting and provide us with the names of your support persons and their relationship to you or their role in the process. This is not to discourage your use of support persons, but to ensure that we can fully understand and respect their role and contribution to the evaluation process.

In clinical placements during your second and internship years, you will receive frequent feedback from your supervisor about your clinical work, as well as a more formal written evaluation at the middle and end of the placement, and an opportunity to reflect and evaluate your progress during the visits of the university clinical tutor to the placement.

Video-Recording

All supervisors are dependent on video-recording in order to see you in action and be able to provide really detailed feedback. Reviewing your own sessions is also a critical part of developing your clinical skills, and gives you an opportunity to reflect, in private, on how you present yourself and also to observe the client's reactions and behaviours. It is essential that you learn to make clear videos with good sound. This might mean that you need to use an external microphone. You just waste everyone's time if the sound is of the clinic air-conditioning and the client is in silhouette because the camera's exposure is set for the sunny day outside. When you make your videos with your clients, please make sure that the video is aimed primarily at you. The client should be in the picture, too, but make sure that the camera is focused on your face. You must become familiar with the equipment, and the best way to do this is to record sessions routinely. The technicians in the department can help you to learn how to use equipment, and some equipment may be checked out from the psychology department, though many placements have their own equipment. Learning to use the equipment takes time, but this time will be worth it in terms of your clinical training and the comfort and familiarity you will gain with the process of recording sessions, which will be necessary to your final exams.

As is discussed elsewhere, confidentiality must be assured, and you must take special care when handling sensitive materials such as recordings of clients. You must **always** obtain written informed consent before beginning recording. Check with your agency regarding their protocol and forms for doing this. Also, it may be helpful for you to include in the initial consent process at the start of **every** client not only that the client may be videotaped, but also may be written up as a case study that will be submitted to the University.

Being video-recorded can be a nerve-wracking experience; it is for most people (including the client!). You will want to try to desensitize yourself to the business of being video-recorded, and the best way to do that is to start early and do it often. If required, the university can provide recording media (e.g., tapes or disks) for use to record the exam videos. However, it is particularly important that you provide the programme secretary with specific technical information on the type of tape or disk you need at least a month in advance of when you will need them. Some types of disk, for example, are not easily available through University purchasing and may take several weeks to obtain.

The videos submitted for assessment and treatment examination should be a client who is not one of your six submitted case studies, unless there are special circumstances (e.g., you are on a placement with very limited treatment cases) and it is approved by the clinical tutor.

Please note that assessment and treatment exam videos are not to be retained by students, supervisors, or agencies. The original video is to be taken by the supervisor immediately after the recording is completed, and is to be carried or couriered to Jan Cousens at the University as soon as possible. No extra copies of either the assessment or treatment videos are to be made by the student, supervisor, or agency.

Clinical Case Studies

Your written clinical case studies follow a similar format to that outlined for your Second Year training. We suggest that you refer to the guidelines provided in Appendix 6 and note that there is opportunity for you to submit one draft completed case study for feedback from clinical staff. Please note that "draft" does not mean *rough* draft; rather, the draft that you hand in is meant to be the **best work you can complete as if you were handing it in for your exam**. Therefore, it should be under the word limit and complete in all respects. You

will then receive feedback, and you will have an opportunity to make changes before you re-submit the case study for your exam. You will be advised of the dates for draft case study, typically several weeks before the final due date. Please also note that you need your supervisor's signature on both the draft and final copies since that indicates that he/she has approved your anonymisation of the report. Throughout the course of your internship you will be responsible for developing six case studies, **not more than two of which may be assessment cases**. Assessment-only case studies should include a detailed proposed treatment plan and a discussion section in which you show that you drew conclusions and based your approach to the client's case on the established empirical literature, developed ways of testing hypotheses, and included in your treatment plan measures of change that allowed you (and your client) to obtain some objective, verifiable estimate of progress and success. You are required to submit three case studies for each examination.

Paper Cases

By this stage of your training you should be familiar with preparing for and responding to paper cases. Remember that there is no prescribed format for the way these cases are written and presented. Some may include specific questions to be addressed and others are more general. Paper cases may be used in clinical seminar discussions, case conference presentations, and as a part of the examination process. Depending on the context, you will be expected to prepare your professional response to the questions asked, having taken time to think about the case and perhaps to consult some references. However, the purpose of the paper case is not to do a review of the clinical literature—this ability is practised and demonstrated in the written case study. The purpose of the paper case is to practice using the information you have learned about clinical issues to apply to a particular situation, and to be able to think on your feet about the mostly likely issues and areas of concern. Appendix 2 provides more detail.

Examinations of Competency to Practice

In order to complete your clinical training during the internship year, you must pass two oral examinations. Both examinations are conducted by clinical psychologists outside of the programme, and their purpose is to evaluate your clinical skills, knowledge of psychological concepts, cultural competency, and ethical judgment. The director (or acting director) of the programme will also be present at the exam, and may ask questions for clarification, but will mainly have the responsibility to organise the exam, keep time, operate recording equipment, and introduce you to the examiners. The examiners are looking for a basic level of competence and safety to practice appropriate to your level of experience, and they may ask you about any area of knowledge or skill appropriate to your level of training. However, the two exams are focused somewhat differently. The first, which is completed after your first internship placement, will focus primarily on assessment skills, and the second, held after your second placement, will focus primarily on treatment skills. You must pass the assessment exam before going on to the treatment exam.

The examinations will be conducted in two sessions on two successive days. On the second day, the student will arrive one hour before the start of the exam, and will be given two paper cases and may spend that time in preparation.

Assessment-oriented Examination

For this examination, your video-recording will be of the initial assessment interview of a new client. This is to demonstrate your skills at establishing rapport, responding to emerging clinical issues, and conducting a competent initial assessment.

For this recording, your clinical supervisor will assign you a new client for whom you must conduct and video-record an initial interview once appropriate consents are completed. This video interview should be scheduled no earlier than **two** weeks before the due date for the video. You will receive the referral and have access to any case notes 24 hours before you conduct the interview. The video-recorded session should be no more than 60 minutes long. You may start recording after your introductory discussion of the role of the service and psychologist and confidentiality statements, as well as consent to record, but should confirm that you have covered these essentials during the initial minutes of recording. As soon as the video-recording is complete, the student must hand the video to the supervisor to hold until the report is finished by the student. You are also allowed additional time (maximum 2 hours) after the recorded part of the session to obtain further information from the client, such as questionnaires, psychometric evaluation and so on. This part of the evaluation should not be recorded.

After the client leaves, you may then spend the rest of the work day writing up a clinical report based on the information obtained. The format of this report depends on the format used in your internship agency, but generally it includes a case conceptualization, a diagnosis or problem listing, and treatment recommendations. The video, the consent form, the agency letter of referral for the client, and your written report need to be handed to your supervisor by 5:00 p.m. that day. The supervisor will hand-deliver or courier these to Jan Cousens.

Once the video and report have been submitted, you may receive supervision for this client from your supervisor as you would for any other client. Your supervisor will be asked to write a short paragraph detailing the supervision that they provided regarding this client. You and your supervisor may view the recording once at the university prior to the exam. For the exam itself, you will be expected to prepare a verbal discussion of your interview and assessment process, and submit your written clinical report on the client. In your reflection on the interview and assessment process, it is appropriate to discuss issues such as what you did well, any mistakes or omissions you might have made, your thoughts on the client's experience of the session, and any things you might do differently or additionally in future work. In addition, you should be prepared to answer questions about the client's presenting problems, possible diagnoses, treatment options, and case formulation.

In addition to this discussion of your clinical work, you will be asked to discuss one of your case studies (selected by the examiners), and two paper cases, which will be provided to you one hour before your exam session. The two paper cases will be selected to complement the area covered by your clinical interview, so that your exam as a whole covers material regarding working with adults, children, and correctional clients. In other words, if your clinical interview is of an adult, your paper cases will be from child and correctional settings; if your clinical interview is of a child, paper cases will be adult and correctional, and so forth.

You may bring with you to the exam any notes or reference materials you wish to consult, but you are advised not to rely on these materials too heavily, particularly during the oral examination itself, since this is an examination of your ability to relate appropriately, think clinically, and integrate the information you have learned during your training.

You must successfully pass the assessment-oriented exam in order to progress to the treatment-oriented exam.

Treatment-oriented Examination

For the second clinical competency evaluation, the video-recorded sessions presented will

be treatment sessions. Each student will submit two recorded treatment sessions. The first session is of the student's choosing, and the second of the supervisor's choosing.

Throughout the placement, the student should routinely record as many treatment sessions as possible (as well as assessment sessions, as usual), review these sessions privately at the agency, and bring to supervision any questions and areas of concern. Toward the end of the placement, there will a period of about one month during which the student should choose, from among the sessions recorded, one that demonstrates good therapeutic skills. The student will then prepare an anonymised written summary of the case, describing the background, formulation, treatment plan, and the immediate context of the session presented (e.g., what were the session goals, major events, etc.). This summary is not a case study, and does not need to reference the professional literature. It should be no more than 1200 words.

The supervisor should pick a second video from a different treatment case from the same period of time. This session should be chosen to be representative of the student's clinical work at this phase in their training. The student will view the video, and prepare an anonymised summary of the case, as described above.

The supervisor will be asked to reflect on the student's work in general, and on the extent to which the two sessions are representative of that work.

Each external examiner will watch and examine one of the two submitted videos. If an examiner has a concern about the work on one of the videos, s/he may confer with the other examiner and programme staff and request that the both examiners watch both videos for that student.

The remainder of the examination is similar to the format and content of the assessment examination, in that the student will be asked to discuss one of the case studies prepared during the placement, and will be expected to discuss two paper cases in areas different from their clinical presentation.

Please note that although the one exam is focused primarily on assessment, and the other exam primarily on treatment, they are not restricted to these areas, and the examiners may ask about assessment issues in the treatment exam, and vice versa.

General Principles for Examinations for PG Diploma in Clinical Psychology

These examinations are intended to be criterion-referenced, minimum competency exams. The goal of the exams is to demonstrate that you have the competencies that are necessary for safe and effective independent practice as a clinical psychologist. This requires demonstration of at least four domains of skill: interpersonal and clinical interaction skills, knowledge of the literature, the ability to translate that knowledge into ethical and sensitive practice, and the ability to formulate rapid and informed (research-based) answers to questions and issues posed by other professionals. While these are certainly not the limits of what clinical psychologists do, the domains assessed in the exam have become widely accepted as performance criteria for showing at least a basic level of competence.

To maintain standards across the country, one of the external examiners is usually a senior academic clinical psychologist from another university, and the other is an experienced local clinical psychologist. As much as possible, we seek diversity in background, gender, and cultural affiliation among the examiners; however, examiners will typically have a behavioural or cognitive-behavioural orientation. The examination will be video-recorded in order to allow for impartial review if questions arise.

It should be noted that the exam is not the evaluation of all that you have done in the programme. The other areas assessed, such as course work, research, and hands-on clinical skills in practica, must all have been achieved at a high level of competence, and information about your performance in these areas is available to the examiners. Although the experience of preparing for and performing in this kind of oral exam is inevitably stressful, please try to remember that it is always the programme's goal for all students to be able to perform at a level so that they will pass this exam. Every effort is made to ensure that by the time you sit the final exam you are clearly ready for it and well prepared. If you have any questions about the examination process or preparation for the exam, please talk with a staff member.

Results

The exams are graded on a Pass/Fail basis. It is not possible to keep results confidential, because of the implications for repeating placements and the need to inform supervisors of the results. After the examination, you will be given a formal determination as to whether you have passed or failed this component of the programme, and you may be given written feedback regarding your strengths and weaknesses. We will endeavour to provide this detailed feedback as quickly as possible, but the process often involves correspondence with external examiners, and this can take several days. A brief written notice of whether you have passed or failed the exam will be available in the psychology office at 9:30 am on the day following your exam. If you did not pass the exam, this will include preliminary information on remedial possibilities. Your supervisor will also be given feedback on your performance on the examination, and the exam feedback will also be shared with the supervisor on your next placement in order to facilitate planning for your individual training needs.

The goal of the programme is for all students to develop clinical competence and pass all examinations. Unfortunately, there are times when students do not perform at a level that the examiners feel demonstrates competency for independent practice, and do not pass the exam. While these exams are not make-or-break events and the University regulations (as outlined in the Calendar) permit a repeat of a paper, in the clinical diploma any repeat is at the discretion of the Chair of the Department, and would normally be based on recommendations from clinical staff. If you do not pass an exam, the examiners will make recommendations to the clinical programme team regarding remedial plans if deemed appropriate. The clinical team will talk with you, review your record, and formulate a plan for remedial placement, preparation in areas of deficit, and possible repeat examination. Please note that if the clinical team feels, subsequent to an oral exam, that a student may not be suitable to continue in the programme, this will be communicated to the student by the Programme Director or the Acting Programme Director who chaired the exam in question.

Deferral of Training

The programme is structured as a continuous three year programme. It is in your interest to complete the programme in a timely manner, because the programme is planned to coordinate didactic and practical learning and help you to integrate the information gained during undergraduate, honours, and postgraduate class work into a professional level of skill and knowledge. Taking time off during this process may cause you to miss or forget information, lose skills, and/or become out of sequence with the typical pattern of training. Student deferrals can also cause difficulties for the programme's ability to plan for an appropriate number of clinical placements, and taking a deferral may put you at a disadvantage in obtaining placements.

Leave may be granted to defer sequential progress through the three years of the programme in order to complete a PhD thesis, or for extreme and unavoidable personal reason. Such deferment is exceptional. If you are experiencing any difficulties we advise you to talk to clinical staff as soon as possible and to keep us informed. If you wish to request deferral, you must complete an “Application for Deferral of Clinical Training” form. This form is available on Moodle or from the programme secretary, and should be submitted at least six weeks prior to any planned placement, so that the agency and programme can work together to make any alternative arrangements that your deferral may require.

During the period of programme deferral, we recommend that the student maintain contact with the programme by attending case conferences; the student may attend other classes and workshops as well, but are not required to do so.

RESOURCES, ADMINISTRATIVE ISSUES AND PROCEDURES

It is useful for you to know about certain resources that are available to you and which you should get into the habit of using as much as possible:

Te Kohikohinga Māori

This is a collection of books, articles, and other archival material that is relevant to the Treaty of Waitangi, that have been developed by Māori scholars, or that have general interest to psychology in Aotearoa/New Zealand. Started as an initiative by Averil Herbert, the collection is housed in the Department Office and can be accessed via the secretaries. Bridgette Masters currently manages the library and suggestions for additional purchases can be given to Bridgette or to Jan Cousens.

The Test Library

This is an invaluable resource for clinical and other students. Dr Nicola Starkey has the responsibility for the test library and she can be approached about enquiries or concerns. The Test Library is used in undergraduate teaching and by students and staff in the I/O and the clinical programme. Department policy does not allow tests to be borrowed by supervisors or other professionals off campus and this is strictly adhered to. Many of these tests are very expensive, and when you check them out, you are taking responsibility for that resource. Do not pass the test on to another student without informing the test librarian, or you might be held responsible for its loss. Traditionally, the test librarians are first or second year clinical students. The opening times are posted outside the door and students can browse for material or check out tests during those hours only. Please help maintain the Test Library as a useful resource. If there is a test that you think should be available, make a request, providing the librarian with written information about the test and its publisher. If you use a test or a questionnaire in your research, help other students by placing a copy of the instrument in the Test Library, with accompanying information about the measure. Please respect copyright rules when using test materials.

Programme Procedures

As mentioned already, students are responsible to the rules and procedures that are published annually in the University Calendar. The procedures described in this manual are our own policies that are in force at the time you join the programme and they will govern the expectations and understandings unless amended. We have the right to amend these policies from time to time, but not retro-actively. In other words we might make changes which will affect your programme during the time you are enrolled and which will apply to you, however these changes will not be implemented in a way that disadvantages you or makes it more difficult for you to obtain your clinical qualification.

Programme Governance

Staff

The programme staff consists of Dr Carrie Barber (Director of Clinical Training), Kyle Smith (Senior Clinical Tutor, Dr Douglas Boer (Associate Professor) and Dr Jo Thakker (Senior Lecturer). This clinical programme team is responsible for all curriculum and policy developments. Many other staff have close associations with the programme through the courses they teach and through research supervision. These staff members are consulted with respect to policy changes, as are students.

Jan Cousens serves as the key administrative and secretarial support to the programme and can often be consulted for assistance with administrative procedures. For matters relating to finances, payment, grades, course work, and other School matters, the Administrative Manager, Sue Carnaby, can be consulted. Joy Fellows, administration and secretarial support, is also a font of information and very approachable. In the Faculty of Social Sciences (FASS), Mary Melinn is now the Graduate Advisor and should be your contact for any graduate enquiries, course enrolment and degree-related issues. If you have administrative problems with the department, Faculty of Arts and Social Sciences, or the university, it is best to check with School personnel before contacting other university offices.

School

Clinical staff are responsible to the Chairperson of the School, Dr Neville Robertson, and to the Dean, Professor Dan Zirker, for all general university matters. We also collaborate closely with the departmental committee concerned with graduate students (currently chaired by Associate Professor Sam Charlton), and the University office concerned with graduate student education.

Advisory Committee

There is a community-based Advisory Committee to assist the programme staff in developing the programme and setting policy. As its name implies, it serves an advisory role. The committee is made up of any interested psychologists in the Waikato/Bay of Plenty professional community who have been involved with the programme and have contributed to its development. One student representative from each year also serves on the committee. The committee meets four times a year.

Clinical Consultation Committee

This committee meets quarterly or more often as needed, and consists of key representatives from major agencies that work with our students (e.g., TPC, DHB, Corrections); it is a smaller, more consistent working group than the advisory committee, and performs a consultative and advisory role, discussing major programme changes and providing feedback and input from the community.

Selection Committee

The purpose of this committee is to select new students who have applied to the programme. The committee reviews applicants, develops a short list of candidates to interview, and conducts the selection process which includes a written component, a group activity and an interview. The committee consists of psychologists representing a range of organisations. Personnel may vary from year to year but it is likely to include some or all of the clinical staff, a representative from kaupapa Maori or the Maori community, a

representative of TPC, and two psychologists representing the Advisory Committee (see above). The Advisory Committee representative each serves for two years in staggered terms.

Student Input

Student representatives serve on the Advisory Committee and are invited to attend any of the meetings. We welcome student input to the meetings and you may be asked to provide feedback to the meeting on aspects of the clinical training. We also hold informal lunchtime meetings throughout the year for discussion about programme issues with all students and staff. These meetings are for all students to hear information and to air any concerns that they might have. Discussion is open and all aspects of the programme can be considered. In addition, you are encouraged to approach programme staff with ideas and suggestions about ways of improving the training at any time. Complaints and concerns may also be channelled through slightly more formal mechanisms described later.

Programme Participation

Once you are enrolled in the clinical programme we consider you a clinical student until such time as you are officially terminated from the programme or you graduate with the PG Clinical Diploma and appropriate academic graduate degree (MSocSci/DPhil) qualifications.

Even if you are not currently enrolled in any clinical course (for example you have deferred in order to work on a piece of research), you are still a member of the clinical programme and subject to the same expectations and understandings as any other student. In other words, you need to keep us informed of your activities and decisions, you need to participate in general programme events (e.g., case conference, important meetings, workshops arranged for students), and you need to maintain reasonable contact with the programme staff.

Remember that as long as you are a student in the clinical training programme, we need to be kept informed of any **professional** activities in which you engage, either as a volunteer or for pay. As a general rule students should avoid taking on any professional commitments that are not part of the programme, as it creates too much role confusion when you are a student and also providing services. Any employment of a non-professional nature is, of course, entirely your own business. While you are in the training programme you represent our programme to other professionals and to the public. Your behaviour and activities are therefore a reflection of the training programme and the University. Ethical and professional standards apply to all situations in which you might be identified as a psychology student of the programme.

Complaint Procedures (Against Students)

If we receive a complaint about your professional and/or clinical conduct, from any source, the first step will be to notify you informally, arrange a meeting (with programme staff), and try to obtain more information, especially your side of the picture. This might be followed by a combined meeting with the individual laying the complaint. During this informal stage you can also be represented by a support person. These programme complaints procedures are included in Appendix 5.

If the matter cannot be resolved by informal means and by consultation and discussion, you will be notified in writing that a formal complaint has arisen and that we wish to proceed to a formal hearing. The nature of the complaint will be specified and you will be asked to respond in writing to any issues in dispute. An ad hoc hearing committee will be formed, consisting of a member of the academic staff of the University nominated by you, a member

of the clinical programme staff or our nominee, and a third individual nominated by the Chairperson of the School to represent the complainant. This committee will hear all sides of the dispute, listen to testimony from anyone you or the complainant wishes to speak, and try to resolve the issue. If the issue cannot be resolved this committee will make a written report with recommendations, which will be submitted to the Programme Director and to the Chairperson of the School. If you dispute the findings of this committee and/or feel that the recommended consequences are unfair or inappropriate, then you may appeal the findings and decision to the Dean of Social Sciences via the Chair of the School.

Grievance Procedures

These procedures should be followed if you, as a student in the programme, have a grievance against some other individual (staff, student, supervisor).

(a) Like our other policies, it is incumbent on you to first bring the grievance to the attention of the person involved, unless there are specific reasons why this would be unwise. In other words, you must first try to resolve the problem before taking it further.

(b) If that strategy has failed, you need first to bring your concern to the Director of the training programme or to another staff member in the clinical programme; if, however, your concern is with the Director, you should take the matter to the Chairperson of the School, and not to any other individual. Remember that you can only lodge a grievance on behalf of yourself. You cannot bring a grievance on behalf of another individual; you must be the aggrieved person. If you know of a situation that you consider unfair or problematic, you should counsel the person involved to bring the grievance, and encourage and support them if they are reluctant to do so.

(c) If, after consultation with the programme staff, a grievance cannot be resolved to your satisfaction, then it will be necessary to go to a formal grievance procedure similar to the hearing committee for complaints against students described above. Note that you may be bringing a complaint against someone over whom the programme has no authority, such as another professional in the community. Under these circumstances it may be necessary for you to pursue your grievance via the Psychologists Registration Board or the ethics committee of the New Zealand Psychological Society. Programme staff will support you in this endeavour, but it will not then be an official action of the programme unless the grievance is related to something that happened while the student was being supervised.

Harassment

It is the policy of the programme that sexual or other types of harassment and abuse of power will not be tolerated in any form. If you have concerns regarding such harassment it is recommended that you to follow the University procedures and approach the University Harassment Co-ordinator. Harassment procedures are currently being updated and there will be a Student Advisor located in the Student Services Building at ext. 6264. Staff in the Psychology Office can assist with current policies and contacts and you should also let one of the programme staff know about your concerns.

Principles

You will notice a certain similarity regarding all of the grievance and complaint procedures and it is worth reviewing the five principles under which these operate:

(a) Anyone about whom a complaint is being made has a right to hear the nature of the complaint, to respond to the charges, and to be represented by a support person of their

own choosing.

(b) When a dispute is between two persons of unequal power, special efforts have to be made to protect the less powerful individual.

(b) Persons involved in resolving disputes or dealing with grievances cannot have a conflict of interest in the matter.

(d) Grievances should be resolved informally if possible, prior to their going to a formal hearing.

(e) Principles of privacy and protection of confidentiality extend to all parties in a dispute; individuals with grievances must not make informal and unsubstantiated charges against some other person.

Postscript

It sometimes happens that students feel uncomfortable with the dual role that programme staff must have. While we are available as supports and as trainers and mentors, we also have an evaluative role and are often the individuals who decide whether you have met a given standard or not. This is inevitable in any kind of training programme, but it may create some discomfort for some students. If you feel concerned about such issues it is important to try to raise them openly, as it will be difficult for you to take direction and professional guidance from someone that you may have come to distrust or feel uncertain about. If the good working relationship between clinical staff and students has broken down, for whatever reason, there are ways of shifting some of the supervisory and teaching responsibilities to others who are not in a decision-making role *vis-à-vis* your completing the programme. While such feelings are unusual, we recognize that they exist, no matter how fair we try to be, and we will assist in setting up the proposed alternatives if we cannot create a really trusting, mutually respectful, working environment. However, it is important to note that you will be advised of what does (and does not) constitute assessment, and that you are not being judged at every turn.

GENERAL MATTERS

Social events

From time to time we hold informal social events, to relax a bit, meet others associated with the programme, get to know each other's partners and children, and to have fun. Obviously such events are not mandatory and you should come only if you want to, not because you think it is expected. We usually do some sort of informal get-together to mark the beginning of the academic year, we might have a party sometime in the mid-year, and we usually have a lunch for all the programme associates at the end of the year, after the final exams. If you have ideas for some other social events, you are encouraged to organise them.

Helpful Hints

Being a Good Departmental Citizen

While we encourage camaraderie and mutual support within the programme, especially at assessment and exam time, the programme can exist only within the wider context of the School of Psychology, which should be respected at all times. Many of your fellow students will not be interested in clinical issues and will be developing skills in numerous other areas of psychology. It is worth taking a little trouble to find out what research is going on, what problems other students are interested in, or thinking of ways that you can support the mission of the School as a whole. The themes of the Community diploma programme and the Postgraduate-Diploma in the Practice of Psychology are two training programmes that are particularly relevant to clinical psychology. Staff and students in the Community area have valuable insights and contributions, particularly in such areas as mental health policy and services, programme development, and social and environmental supports.

E-mail and Postal Addresses and Cell Phone Numbers

E-mail and telephone contacts are our main methods for disseminating information to students. It is your responsibility to check your University e-mail inbox often, because that is the e-mail address that the University uses for e-mail correspondence with you. It is also very important for Jan to have your current mailing address and telephone numbers, including a cell phone number. Please remember to provide her with updated information any time these details change. If you fail to do this you may miss some important information.

Etiquette

Most of you will have a natural sense of decorum, but it is worth remembering that certain professional courtesies are as important when you are a student as when you are in professional life and having to interact with many other experts, clinicians, and so on. If someone in the community has done you a favour, shown you around their agencies, or given up time and effort to help you, a brief note of thanks is always appreciated.

As New Zealand becomes increasingly diverse you may encounter individuals from a variety of other cultures and backgrounds with which you are unfamiliar. For these individuals, try to obtain some understanding of how they would like to be treated--be sensitive but avoid generalisations!

Brief History of the Programme

Always consider that the programme you have joined has a history and a tradition of which you are now part. Many outstanding individuals have committed time and energies to create the complex structure that now exists.

The Psychology Department was first established in 1965, with Professor James Ritchie as the Foundation Chair. Barry Parsonson, Associate Professor, one of the first graduates from the clinical programme at Canterbury University, was very influential in promoting and developing clinical training at Waikato. The programme was launched in 1973 and the first students admitted. Gerry Rosser was the first director of the programme, with a joint appointment at Tokanui Hospital. Practica occurred during summer vacations at Tokanui Hospital, with a large emphasis on psychometrics. With Barry's influence (his doctorate is from the University of Kansas), the programme's focus moved to the training of clinicians as psychological treatment agents, primarily with a behavioural orientation; it was also the first programme in New Zealand to include specific course work on professional practice issues.

John F. Smith joined the programme staff in 1980, returning from a senior clinical and administrative post in Australia. When Gerry Rosser resigned from the University, John took over as Director, a position he held for 8 years. During this period a number of important innovations were added, particularly a Masters-level course in abnormal psychology, and increasing links with various community agencies. In 1985-8 John went to the University of Kansas to complete his doctorate, and an acting director was appointed, Dr Katherine Blackman, who is now a Senior Psychologist at Tauranga Hospital.

When Dr John F. Smith returned from Lawrence, Kansas, he resumed directorship of the programme. In 1989 Elizabeth Brady and Nigel Marsh were both appointed as lecturers to work primarily within the clinical programme. In 1991 Anne Phipps was appointed as Senior Clinical Tutor, the first time such a position had been created anywhere in New Zealand.

Many changes occurred during the late 1980s and early 1990s, both internally and within the practical training environment, which threatened the viability of the programme. An Advisory Committee was formed to provide the programme with much needed outside support. The programme was run by a Management Committee, chaired by Dr Michael Hills, as Chairperson of the Department, who worked with the Advisory Committee of senior clinical psychologists, chaired by Murray Hahn, then Senior Psychologist, Department of Justice. After various external recommendations were made, it was decided to appoint a Director at the professorial level to illustrate the University's and the Department's commitment to the continuance of clinical training.

During the period of searching for an appointee, Dr Mary Foster (whose doctorate and clinical training was at the University of Auckland) acted as interim Director, working closely with Anne Phipps to set up new procedures for the programme. At the same time, John F. Smith began a health promotion and policy programme, Nigel Marsh concentrated on thematic research and teaching in the area of neuropsychology, and Elizabeth Brady focused on graduate and undergraduate papers in the area of abnormal behaviour.

Under the interim directorship of Dr Foster, between 1993 and 1995, the reputation of the programme was considerably enhanced. A central feature of the reconstructed programme was the commitment to appointing a Maori lecturer in clinical psychology.

Ian Evans (PhD, University of London) was appointed as Professor and Director of the programme, commencing February 1995. Ian had been a Professor and Director of Clinical Training at the State University of New York at Binghamton for a number of years, and had

also been 12 years at the University of Hawaii.

In 1996 the position for developing kaupapa Māori within the clinical programme was filled by Averil Herbert, as advanced lecturer. Averil is a registered psychologist of Ngati Maniapoto, Paretekawa descent, and completed her Master's degree at Canterbury University and the clinical diploma at the University of Waikato. She has extensive experience in child and family issues and has worked mainly in community and education settings. Averil retired from this position with a completed doctorate in January 2002.

Ian Evans moved to Massey University in Palmerston North early in 2002 and Barbara Hedge (PhD, University of London) took over as Professor and Director of the Clinical Programme. Barbara was for many years a Consultant Clinical Psychologist working in the area of HIV and sexual health in the UK. She also ran a doctoral clinical psychology training course at the University of Hertfordshire in the United Kingdom. In the same year Moana Waitoki was appointed as assistant lecturer. Moana, a registered psychologist of Ngati Maru, Ngati Mahanga descent, completed her Master's degree and Post Graduate Diploma Psychology (Clinical) at Waikato University.

Jo Thakker (PhD) joined the clinical programme staff in November 2002. Jo completed her clinical training in Christchurch and returned to New Zealand after working in Melbourne, Australia. Her research interests are in the areas of offending behaviour and cross-cultural clinical psychology. Jo has also published in the area of substance misuse.

In 2004 both Barbara Hedge and Moana Waitoki left the staff. Barbara returned to the UK to take up a practitioner and service director position in the south of England. While seeking an appropriate candidate for Director of the Clinical Programme John Fitzgerald (PhD), Director of The Psychology Centre took on the role of Acting Director of the programme. John completed his clinical training at the University of Birmingham, England in 1988 and his PhD at Waikato University under the supervision of Ian Evans. He moved to New Zealand in 1992 when he worked as senior practitioner and team leader in child and adolescent mental health, and professional advisor in psychology for Taranaki Health in New Plymouth. John moved to The Psychology Centre as Director at the start of 2001.

John continued in the role of Acting Director for 12 months until August 2005 when Averil Herbert (PhD) was invited to a six month interim Acting Director position prior to Douglas Boer (PhD) taking up the Director of Clinical Training position in January 2006. Douglas Boer has an MSc in the experimental analysis of behaviour and a PhD in experimental psychopathology from the University of Alberta (1989) where he also completed his clinical course work. In 1991 he completed post-doctoral clinical studies at the University of Saskatchewan (Saskatoon, Canada). His research interests are in forensic risk assessment, treatment of intellectually disabled sexual and violent offenders and culturally appropriate assessment of indigenous offenders. His prior positions and responsibilities have included an academic position at Concordia University College in Edmonton, Alberta (Canada) and various treatment and supervisory positions during a 15 year career with the Correctional Service of Canada. Douglas brought a commitment to the continued bicultural development of the clinical programme.

With Anne Phipps' retirement in mid-2006, the programme lost a long-serving staff member. Anne delayed her retirement twice until there was a confirmed Director's appointment – as of January 2006. Kyle Smith, who completed undergraduate training at Brown University (Providence, RI, USA) and is herself a graduate of the Waikato clinical training programme (MSc(Honours), PGDip(Clin)Psych) took up the position as Senior Clinical tutor. Kyle has experience in adult mental health and interests in anxiety disorders, supervision, and group treatment approaches. She and her family are part of the local community and with her

professional networks and enthusiasm she is well placed to contribute to ongoing programme development.

In July of 2007, Carrie Barber joined the programme. Carrie completed her Ph.D. in clinical psychology at Vanderbilt University, in Nashville, Tennessee, USA, and a clinical internship and postdoctoral fellowship in child and adolescent clinical psychology and clinical services research at the University of California, San Francisco. She worked for 13 years at the Menninger Clinic in Topeka, Kansas, doing clinical work and research, and serving as assistant director of research in the Center for Outcomes Research and Evaluation. She taught most recently at Washburn University, in Topeka, Kansas, and has research and teaching interests in child and adolescent treatment outcomes and perinatal mental health and early parenting.

In December of 2009, Douglas Boer completed his four year term as Clinical Director, and is continuing in his teaching and research activities at Waikato, and Carrie Barber assumed the director's position.

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APPENDICES

APPENDIX 1: Child Development Centre (First Year)

Child Development Centre *(*CDC) WORKSHOP
(Attendance is mandatory.)

WHO FOR	First year clinical students
WHEN	Dates to be announced
WHERE	Child Development Centre, Waikato Hospital *Look for Gate One in Pembroke Street.* *Entry to CDC is down a right-of-way nearly opposite Gate One.* *HR and Recruitment is in the same building.* *You may have difficulty finding parking, so leave plenty of time to find something on a nearby street if you have to.* *Enter CDC by going up in the lift to level 1.*
WHAT FOR	Basic training for your Child Development Centre project on Individual Developmental Assessments (IDAs)

Each student will attend CDC at least three days per week (to be arranged with CDC) for three weeks. The three-week blocks that you will attend will be organised by the Senior Clinical Tutor, but it is your responsibility to contact CDC a week to two weeks before your block begins to organise the specific days and times you will attend. At the **minimum**, you should book in for four IDAs in the first two weeks of your CDC placement.

CHILD DEVELOPMENT CENTRE ASSIGNMENT

Induction programme

CDC Training Workshop

- Please bring something small to eat and/or drink for an informal morning or afternoon tea to thank the CDC staff for hosting us.
- You should have read the readings that were given to you before the workshop. They will be discussed by the presenters and by you at the workshop.

CDC Centre Staff
Discussion about children's development and related syndromes.

CDC Centre Parent: Parent-to-Parent
Discussion about personal experiences as a parent of a child with special needs and experiences of working with the diverse professionals that impact on the family and in the child's life.

CHILD DEVELOPMENT CENTRE (CDC)
WAIKATO DISTRICT HEALTH BOARD

INDIVIDUAL DEVELOPMENTAL ASSESSMENTS (IDAs)

CDC Manager Maureen Anderson (Ph. 839-8709)

CDC Psychologists
Jenny Gibbs (Consultant Clinical Psychologist)
Liz Court (Consultant Clinical Psychologist)
Natalie Parkes (Senior Clinical Psychologist)
Moira Coatsworth (Registered Clinical Psychologist)
Alena Sampson (Registered Clinical Psychologist)
Jacquie Fraser (Registered Clinical Psychologist)
Andrea McOnie-Perfect (Consultant Educational Psychologist)

Introduction

Individual Developmental Assessments (IDAs) are held at the Child Development Centre (CDC) at Waikato Hospital. As well as a Psychologist, an IDA will involve an Occupational Therapist and a Speech-Language Therapist, all of whom will work together as a team to assess the child's abilities and functioning with regard to the referral question. Children are referred for multi-disciplinary IDA when the child's presentation is either suggestive of a multitude of problems or is so complex that it does not specifically reflect a particular discipline's approach.

The procedure focuses on one or more parents or caregivers with their child. The child is engaged with one or more therapists in a playroom setting while the caregiver(s) is/are interviewed in an adjacent room while s/he/they are watching through one-way glass. The therapist, usually the psychologist, interviews the caregiver(s) and also records informal observations of the child's behaviour. Each therapist takes turns working with another professional to engage the child in activities designed to elicit the responses of interest. After sufficient time has elapsed for the therapists to form judgements about the child's performance, they will meet separately from the caregiver(s) to discuss their opinions and how and what information will be given to them. The therapists then meet as a group with the caregiver(s) and present their information, encouraging the caregiver(s) to ask questions and make comments. Over the next few days, each therapist writes a brief summary of his/her findings and recommendations, which are then collated for an IDA report. This report is subsequently sent to the referrer, caregiver(s), and other relevant persons.

Your Task

Each first year clinical psychology student is required to allocate three weeks to the task. You are expected to see at least three IDAs during your three-week period (more if you can manage it). **You must e-mail Jenny at CDC (gibbsj@waikatodhb.govt.nz) about two weeks before you are scheduled to attend** to remind the psychologists that you are coming and ascertain that IDAs are scheduled during the period you are due to be there. You should book in for at least four IDAs in the first two weeks of your CDC placement (because sometimes things go wrong, such as a client changing his/her mind about consent, a child being ill so the appointment gets rescheduled, etc.). Arrange to arrive at **8:30 a.m.** on each day of your IDAs to read the file before the client arrives.

If for some reason you are unable to see three IDAs in your three-week time period, you should re-allocate yourself some time after the rest of your class has finished their designated times. Please negotiate time changes directly with Jenny and then let Kyle

know. The absolute latest that this assignment can be completed (and only if there are mitigating circumstances and these have been previously discussed with Jenny and Kyle) is 1 October.

You will need to sign the Confidentiality Statement at CDC, detailing the name of each client you see. This remains at CDC and is both a confidentiality statement and a record for CDC of which students were involved in which IDA. Do not keep a copy of this form for yourself or for the University because it has client details on it.

Assignment

Before you start at CDC, read the relevant literature that has been assigned, as well as any additional information you think might be helpful, such as more information about developmental stages, behavioural assessment, case conceptualisation, and social, cognitive, language, and play development. It may be helpful to bear in mind that the purpose of assessment is to differentiate between what is "normal" and what is "abnormal." A good suggestion might be to read articles about what is "normal" in child development from birth to age five. Other areas of interest could be parenting children with special needs, coping in parents of children with special needs, grief, adjustment, and special education.

Focus

For the entirety of the CDC assignment and in all written work, imagine that you are a junior colleague who has been invited to observe at the CDC. In fact, this is true! A student in the clinical psychology programme *is* a junior colleague! Imagine that you are one of the psychologists who has been asked to see this client and write a case study about him or her. While you are observing, the following questions may provide some focus, **but be sure also to read through the "Case Study Guidelines" document before you attend your IDAs so you know what data you will need to gather to write your case study!** Please note that your job is to be polite and deferential, using a critical eye; not critical as in judgemental, rude, or fault-finding, but rather critical as in noting the major points of interest and theories, including any contentious and contradictory points of view. Make evaluations in order to demonstrate and increase your understanding of what and who you observe. Being critical is therefore somewhat subjective in that it expresses your opinions and evaluations of the information presented, yet objective because it by necessity is founded on and refers to the empirical literature you have read. A good scientist-practitioner approach leads to links between causes and effects, further questions, and future predictions, which fits well with your goal of relating theory to practice in the real world. Your critical analysis starts when you begin reading the literature.

Before you attend the IDAs, familiarise yourself with the following topics of focus so that you will know where to direct your attention. It will also benefit you greatly to read the guidelines for writing case studies document and the information about what specifics must be included in your CDC Case Study appendix.

- Think about what the psychologist's role is.
- How did different psychologists you observed work differently?
- What real-life factors got in the way of conducting an "ideal" assessment?
- Note the process of the IDA.
- What is the referral? Who is it from? What is being asked?
- What are the parents' or caregivers' concerns? How are these addressed?
- Make discreet observations of the parents/caregivers: how are they responding to the process (including non-verbal behaviours) and to questions and/or comments?
- What questions and/or topics are they raising? Why do you think this is?
- Check the activities which are being presented to the child against those specifically referred to in the literature.

- What can the child do/not do in the social-emotional and cognitive areas?
- What safety, ethical, and/or cultural issues are there?

Assessment

1. Case study – Choose one of the clients that you have seen and write the case up as a case study. Please see the "Case Study Guidelines" information for specifics about how to write your case study. **Please submit an electronic copy of the case study you write to Jenny Gibbs (you can e-mail it to her).**

In your Child Development Centre (CDC) Case Study, include an appendix entitled "CDC IDA Assessment and Observations". This appendix does not need to be counted within the 4500 word limit, although we encourage you to be concise. This should include a brief but detailed account (with a heading for each person or persons) of the following:

(1) With reference to the psychologist:
  (a) What areas did he/she cover?
  (b) What did she find out? Were there any limitations to the information he/she was able to obtain?
  (c) When did he/she have difficulty obtaining information? How did she deal with those difficulties?

(2) With reference to the parents/caregivers:
  (a) How did they behave?
  (b) How do you think they understood the process?
  (c) How do you think they understood the findings?

(3) *With reference to the child*:
  (a) What areas of his/her functioning were assessed and how?
  (b) How did the child behave and what did the therapists do to manage it?

(4) With reference to yourself:
  (a) What is your professional opinion (with comments) about the procedure?
  (b) What are your comments about the child (and his/her caregiver(s), if relevant) in relation to the literature?

(5) *What safety, ethical, and/or cultural issues* were there?

2. Class presentation – **Each student will make a 20 minute Case Conference presentation and a 10 minute discussion/question-and-answer period of his or her case study (see Case Conference Series timetable). Please use Powerpoint to assist your presentation.**

- Your written assignment is due on the day of your Case Conference presentation (to be submitted electronically via TurnItIn on the PGDip(Clin)Psych Moodle website).
- You should also provide photocopies for CDC of all literature you have accessed outside the readings you have been given (you can do the photocopying at CDC).
- Please submit an electronic copy of the case study you write to Jenny Gibbs (you can e-mail it to her).

Please discuss any difficulties you encounter with the Senior Clinical Tutor at any stage of this process.

You will receive feedback on your case study from a member of the clinical team, typically within two weeks of submitting your draft. Please note that "draft" does not mean *rough* draft; rather, the draft that you hand in is meant to be the best work you can complete **as if you were handing it in for your exam**. You will then receive feedback, and you will have an opportunity to make changes before you re-submit the case study for your exam.

CHILD DEVELOPMENT CENTRE (CDC)

INDIVIDUAL DEVELOPMENTAL ASSESSMENTS

(This form to be kept on file at CDC. Neither the student nor the University should not retain copies due to confidentiality reasons.)

I, …………………………………………… (Manager, CDC) give my consent for

……………………………………………… (student psychologist) to participate in

the Individual Developmental Assessments (IDAs) concerning ………………………

…………………………………………………………………………………….

……………………………………………….. (children's names) at Child Development

Centre on …………………………………………………………… (dates).

I understand that he/she will have access to the information gathered during the IDA including the children's medical files and other reports.

Signed ……………………………………………… Date………………………..

I, ……………………………………………………. (student psychologist)

undertake to respect all the information about ……………………………………….

………………………………………………………………………………………

……………………………………………………….. (children's names) to which

I have access and to treat it with complete confidentiality. In so doing, I will ensure that I anonymise all names and remove all the identifying information from any written material which I take away from CDC.

Signed ……………………………………………… Date………………………..

Sample CDC Case study title page

CASE STUDY TITLE

(make this something interesting about the "theme" of your case study)

This Case Study was completed during placement at Child Development Centre, Waikato District Health Board, Hamilton from ……………………. to …………………………..

This case study was completed during the period of the placement and is essentially the work of the student.

All client details have been anonymised to protect the client's identity.

Printed Name ………………………… (student)

Signed ………………………………… (student)

Date ………………………………….

Word Count = _____ (maximum of 4,500 words, excluding references)

CDC TASK FEEDBACK

Please do not include any client names or details on this form.
Due two weeks following the completion of the placement. Please also attach a copy of this form to your completed case study.

Please list the days and times of IDAs that you attended:

Please detail the number of people (and their relationship to the client) who came to each IDA (in order):

Tell us about any other contact that you had with CDC as part of this task:

CDC Psychologist(s) to complete:

Please comment on the student's interest and involvement:

Please comment on your observations of his/her interpersonal skills:

Printed Name (Psychologist)………………………
Signed (Psychologist)……………………………
Date……………………………

Printed Name (Student) ……………………
Signed (Student) …………………………
Date ………………………………….

APPENDIX 2: Paper Case Guidelines

Starting Out

When a paper case is presented as part of an examination, you can give yourself a moment to catch your breath by summarising the major facts of the case as presented. Try not to repeat them verbatim from the paper case, but briefly summarise the essence of the case in a way that shows some awareness of the individual as a person.

Safety and Ethical Considerations

Try to start your discussion (and your consideration of the referral), by looking for special safety and ethical considerations that the case might present, especially whether the client's behaviour might present a danger to self or others. If there are complex professional issues that might be involved, you can raise these here. It is acceptable to say that you'd seek advice from a supervisor or a cultural consultant, but be careful never to use this as a cop-out and as an indication you would be unwilling to see the client or provide a service. You may be the only person available to help this individual.

Be ready to know the literature on the risk factors you are identifying, rather than just that things sound bad. What, for example, are well-documented risk factors for suicide? If your hypotheses are confirmed and if there is a risk for the client, you need to be able to explain clearly the steps you would take to preserve your safety and your client's safety.

Dealing with the Referral Process

There are some things about the practical aspects of the referral that you may need to consider. They border on ethical considerations, but they are usually practical issues in real life and you should be aware of them but not dwell too long on them in an exam context:

1. If another professional has seen the client first, you may need to get clarification of terminology; other professionals sometimes use psychiatric terms quite loosely, so be cautious about assuming the labels are being used correctly.

2. If the client is self-referred, you may need to get a handle on what else the client has done about the problem, if he/she has seen anyone else in the past (or even currently!). Are there any other agencies working with the client?

3. Clarify the nature of the referral. Pay attention to what you are being asked to do. Is the professional referral question actually in a form that you could answer?

4. Get a sense of your personal responsibility for the client. Are you going to be the primary clinician (lead clinician, key worker) or the responsible case manager?

5. What does the client know about the referral? Do they understand why they have been sent to see you? Is there someone who should come along with the client and sit in on the session?

Information

6. What is the presenting problem? What is being complained about and who is doing the complaining? Is it possible that the client's real need is for something other than the complaint to be considered?

7. Try to think of the person in context. What do the demographics tell you about some likely areas of problem or need? What is this person's life likely to be like? Avoid stereotyping, since you will have to ask most of these things, but think about the person--what is school likely to be like for them, or their marriage, or their job?

8. Is the referral information about a symptom, a syndrome, or a social problem? You might check over DSM-IV TR (American Psychiatric Association (2000)) for indications of whether the symptoms fit a specific syndrome.

9. Are there hidden meanings to the information given? Are there code words or phrases that might alert you to possible issues? Pay attention to possibilities of sexual abuse, victimisation within the family, being a victim of violence.

10. If a specific syndrome is suggested, do you have a reasonable knowledge of the disorder, based on recent literature? Think about the possible diagnoses, and be careful that you don't get so committed to one particular syndrome that you do not consider other possible explanations.

11. Discuss how you would have a few assessment devices on hand for the first interview. Some are very general and likely to be useful regardless of what the issues turn out to be, such as:

    - Life History Questionnaire
    - Symptom Checklist 90 (SCL-90-R)
    - Child Behavior Checklist (CBCL) (parent, teacher, and/or self-report forms)

    However, if you are going to use something routinely, discuss why you are using it and what it might contribute to the assessment—don't just say "I'd do that because I always do"

12. Think about other plausible explanations for the problem, especially organic aspects such as a neurological condition, an illness or a recent accident, a biological or drug-related reaction.

13. Be ready to think about positive things that might be in the client's life; look for the

client's strengths and mention these. Find some positives and emphasise them in a way that helps to understand the client as a human being.

Exam Technique

14. There are *no trick paper cases!* They are not designed to lead you astray. If the case seems simple, maybe it is. Sometimes the author has no better ideas about the client than you do; sometimes it is a client known to them and they know what happened, but the important things is not whether you are right or wrong as to the actual diagnosis in the real case, but rather on your thinking and explanation of clinical possibilities and processes.

15. Try to reveal the process of how you think about cases. Make it clear that you are *formulating hypotheses,* not making conclusions or taking flying guesses. Think (and talk) about the implications if your hypotheses are confirmed or disconfirmed.

16. Do not list every possible syndrome or hypothesis under the sun. Only the most likely hypotheses need to be mentioned, even if they are obvious, and probably no more than three. If you mention even more than one you should be prepared to stick your neck out and say what you think is most likely. A thoughtful strategy is to say two or three main possibilities, then choose the one you think most likely, say why you think it most likely, and say you will be focusing the rest of your discussion assuming that other information has confirmed this hypothesis. The examiner may still ask you about other possibilities, but this makes for a more coherent presentation than trying to explain and lay out plans for several possibilities.

17. Discuss what further assessments (such as interviews, interview questions, and formal psychometric tests) you would introduce to *test* your hypotheses.

18. Mention specific treatment possibilities, according to whether your hypothesis is confirmed or not.

APPENDIX 3: Paper Case Presentations to Class (Second Year)

- Second Years will each have about 25 minutes to present a paper case.
- The students will collect the paper cases from Jan Cousens one week prior to the presentation session.
- There is no set format for how the paper cases will be written or presented – as lecturers/examiners will be generally be providing examples from their own diverse backgrounds.
- We recommend that you limit your PowerPoint slides to four, and at least two of these must be the referral information (summarised if necessary) and the referrer's questions.
- As you are presenting, the audience should be able to focus on the information in the referral.
- You may have full written notes prepared (as you would for an exam) but this is essentially practice for an oral exam, not a slide show.
- The audience should be able to evaluate how the presenter prioritised and integrated the referral information.
- The audience should feel free to ask questions, either about the reasons for hypothesis, directions for treatment, or methods of assessment. Think of these questions not as criticism or challenges to your presentation, but as part of a discussion of the case and help for you to think through the implications of what you are saying.

APPENDIX 4: Guidelines for Case Conference Presentations

- Case Conference is intended to be a formal presentation, with time for questions and discussion from the audience; the presentation should be about 20 minutes for first year students, and 40 minutes for interns.

- You may present a client who you have selected for one of your written clinical case studies.

- It should focus on the presenter's experience of working with a client, or possibly a group of clients, who may have brought challenges to the process of working with him/her/them.

- These challenges may be in terms of addressing the referral, developing working hypotheses and/or a formulation, obtaining reliable, valid and sufficient assessment information, providing an effective and appropriate intervention, disengaging, and so on.

- It should include consideration of relevant ethical, cultural, and safety issues.

- If handouts are available they may be copied at the university if given to Jan Cousens, Psychology Secretary, at least one week before the date (e-mail can be used).

- Reference lists and/or specific material may be forwarded for copying at the same time if required.

- Although the presentation is intended to be somewhat structured and formal, it is not necessary for it to be a lecture. Rather, it is one clinician presenting clinically meaningful experiences to colleagues. Usually presenters focus on important clinical issues that can be illustrated through the use of a client's case, but this need not be so. Presenters should focus on *how* to do something in clinical practice – how you worked toward achieving your competency aspirations, for example. Or, you could focus on *how* you undertook an aspect of assessment, a treatment technique, a way of interacting with clients, or any other aspect of being a Clinical Psychologist that you think students would benefit from knowing how to do. The idea is that you will show, as step-by-step and as hands-on as possible, how you do something that you do in your practice, preferably something related to attaining and maintaining competence. In the course of your case conference presentation, the focus on the "doing" aspect should come about naturally, maybe as the interesting aspect of the case on which you focus, which you expand and discuss in depth. Presenters should use a focus on gaining competency to help guide the planning of presentations, but it doesn't necessarily have to be the focus or even a feature if it just doesn't work. But please feel free to think outside the box; process or cultural issues can take centre-stage, for example. Content or technique could easily be appropriate. We're very interested in what it is like to be a clinical psychologist in the real world, and we want to see how *you* do it.

- Presenters also need to nominate one article that summarizes an important issue or concept central to the presentation. Please send a pdf of this article to the Senior Clinical Tutor, who will make it available on Moodle. It will be used by any students who miss the case conference, as well as others who are interested in the topic.

- The Case Conference presentation should run about one hour, and that includes time for questions and answers from the audience either throughout the presentation or at the end. In years past, case conference sessions haven't seemed very much like conferences – they have been case presentations, really. We'd like to get back to the conference focus, as this may offer practice for future situations like discussion during an exam or discussing clients in a multi-disciplinary team meeting in a workplace. That means more discussion, both between the presenter and the audience, and between audience members themselves. When you are presenting, please make sure that you leave enough time for robust discussion either during or after your presentation. When you are part of the audience, please use opportunities to create and continue healthy discussions. Please also note that questions are not criticisms, no matter how nervous you might be to be asked one. Also, discussions will not be assessed in any way, so please relax and participate in the spirit that is intended: to further knowledge.

- If possible, please use visual aids such as PowerPoint, overhead transparencies, use of a whiteboard, handouts, and/or reference lists as appropriate. (Note: If you're using PowerPoint or overhead transparencies, please use a font size of at least 20 throughout your presentation.) You can have any handouts photocopied at the University by Jan Cousens (the Psychology Department Secretary) if you get your handouts to her at least one week before your presentation. Alternatively, you can e-mail them to her at least one week before your presentation for electronic dissemination to the students to save trees and time. It is likely that at least some of the students will ask for a copy of your presentation, so e-mailing the whole thing to Jan before your presentation date might save you a bit of time!

- Case Conference Class Attendance: Attendance is compulsory for all case conference classes. Any student needing to miss a class for a specific reason must seek prior permission from the senior clinical tutor. Because case conferences provide experiences not attainable through other teaching formats, poor attendance can disadvantage your clinical psychology training. Also, we consider your contribution to these sessions to be an important part of your professional development. If you are ill or for another reason cannot attend, you must:
    - inform the senior clinical tutor of your absence and the reason for it (e.g., illness, emergency), preferably by e-mail,
    - read the materials assigned for case conference that week (if any),
    - review the PowerPoint presentation (if available),
    - review any lecture notes that are available (from a peer who attended the class),
    - for each of the presentations you missed on the day you were absent, read the nominated central article that represents an important source for the presentation you missed in order to inform yourself about the topic (Please note that if no central article was nominated about a topic, it is your responsibility to source one.), and
    - write a brief (1-2 page) reflection about the article and its relevance to your clinical training and/or work at this stage.

  This assignment should be completed and submitted to the convener of the case conference class (Kyle Smith) within two weeks of the missed session.

APPENDIX 5: Placement/Internship Documentation

PSYC523-524: CLINICAL PRACTICUM

WORKBOOK (SECOND YEAR)

This year, you are required to keep a Workbook for which you are responsible and in which you keep records of your clinical practice. Its main purpose is as a resource for your clinical practice and a record of what you have achieved for you and for your field supervisors. It allows your placement supervisor and the University staff to follow your progress through each of your two placements and to identify any concerns.

You will need a large A4 clip folder. You must keep it up-to-date all times as well for handing in to the Senior Tutor at the end of your placement. Please also have it available for your supervisor at each placement.

Please label the following sections in your folder. **Please keep the contents of each section in order and label each clearly.** Please also label the outside of your folder (both on the front cover and the spine) with your name and the title “Second Year Workbook”. Please have your first placement information and labels in the front of the folder, followed by a separator and then the second placement’s information and labels. Before handing the folder in for the exams, please check that you have each section and each item in the correct order, and please tick each to show that you have checked them. Please include signed copies (the originals should have been submitted to Jan Cousens by their respective due dates) of each document (although the copies for your Workbook do not have to have the Senior Tutor’s signature – just yours and your supervisor’s). Please also note that you will submit your Workbook before your placements end. The final month of your work at your agencies will not appear in your Workbooks at the time they are submitted, but you should continue to update the appropriate information and add it to your Workbook once you receive it back after your exams.

Sections: **Please keep the contents of each section in order and label each clearly.**

1. General information
   - ❑ Course outline
   - ❑ Placement letters (the letters sent to you and your supervisor at the start of the placement)
   - ❑ Copy of your Placement Contract
   - ❑ Copy of your Clinical Placement Statement of Responsibilities
   - ❑ Your agency’s Code of Ethics (if they have one)
   - ❑ The Psychologists’ Board’s Code of Ethics
   - ❑ Your agency’s Complaint Guidelines (if they have them)
   - ❑ The University’s Complaint Guidelines

2. Placement records
   - ❑ Placement Goals
   - ❑ Brief record of daily activities (your daily log)
   - ❑ Copy of Professional Development Checklist
   - ❑ Copy of the Supervisor Evaluation of Clinical Competence

3. Skill development
   - ❑ A Client Intervention Summary for each person with whom you have had contact (including those whom you just observe with another clinician, although the information included for these clients may be very brief).

4. Written work
   - ❑ Two anonymised reports of complete assessments in which you have participated, co-signed by your supervisor.
     These will include:
     - Referral details
     - Summarised background information if available (e.g., file notes)
     - Interview findings
     - Observational data if available
     - Psychometric results and interpretation
     - Conclusions, formulation
     - Intervention plans and their implementation in detail

5. Clinical Log
   This should follow on and include your practical work from last year.

Please note that any written work about your clients must be securely anonymised

PLACEMENT GUIDELINES (SECOND YEAR)

Purpose: To experience ongoing psychological involvement and gain direct and extended clinical experience in all aspects of client involvement. Your experience will include the full range of appropriate assessment procedures including initial interviewing and psychometric use coupled with developing case formulations and diagnoses where relevant. Whenever possible you will go on to plan and implement interventions. Writing case-notes and psychological reports is considered fundamental to your practice.

Time frame: Approximately three months in a specified agency, normally two days a week (to be negotiated by the student with the supervisor).

Activities:

- Intensive direct clinical work with at least two clients (i.e., from initial assessment through intervention and follow-up).
- Participation in placement activities as they become available and as time permits. These may include accompanying your Supervisor through her/his daily responsibilities, observing her/him and/or other professionals engaging with clients, observing her/him modeling clinical interactions, engaging in frequent direct (by observation or video/audio taped) supervised activities (i.e., assessment, intervention) with clients, as well as attending team meetings, case discussions, in-service training and other relevant agency activities. Goal-setting, interview planning, case-note recording and summaries, intervention planning and implementation whenever possible, as well as report-writing are integral to this process.
- Reading (and making available for your Supervisor) appropriate scientific literature and citing it to support your procedures.
- Participation in regular supervision with your identified Supervisor.
- Involvement with the Senior Clinical Tutor on her appointed visits.

Assessment

1. Two completed Professional Development Checklists
2. Supervisor Evaluation of Clinical Competence – completed by both you and your supervisor
3. Your Workbook
4. Complete psychological reports on two clients you have worked with on this placement -
5. Your Case Study - (your Case Study may focus on one of those clients who has been the subject of one of your psychological reports.)

Additional requirements

- Ensuring that the Statement of Responsibilities and University Contract are completed in the first week at your Placement.
- Setting specific individualised goals – your first activity in conjunction with your supervisor.
- Making supervision arrangements and ensuring supervisor availability.
- Clarifying learning opportunities for you in this placement (what you should and should not be party to).
- Clarifying your professional presentation (e.g., appropriate dress, arrival and departure times).
- Video recorded work with clients – a minimum of all initial interviews
- Completion of Client Intervention Summary Sheets for each person with whom you have face-to-face contact.
- Wearing your name badge at all times.

Final notes!

You should not need any encouragement to make the most of this Placement. You may not have the opportunity to be part of it again. However, we know how engaging it can be and strongly advise you to limit your activities within the two allocated days except for obtaining and reading relevant literature. You should not make arrangements to be at your Placement for extra days unless there is a compelling reason to do so and it is required by your supervisor. You can expect to have to work at nights and some of the time at weekends.

You should respect your supervisor's position at all times. She/he has agreed to provide you with this opportunity in addition to her/his employment. The benefits that she obtains from your presence should be apparent! Nonetheless, she/he has considerable other work to do.

Make good use of the time available to you outside your direct client involvement - reading material, preparing for clients and writing appropriate notes, etc. In some agencies you may be able to meet with and/or accompany other staff although, as noted above, such arrangements should be made for within your allocated days.

Try your very best to behave responsibly at all times including discussion about your client experiences. Any work which refers directly to your clients (e.g., files, reports) should not be removed from your agency. ***Confidentiality is a high priority.***

SECOND YEAR PLACEMENT IN A FIELD AGENCY

Client contact

Referrals will be passed on to individual students at their individual supervisor's discretion. Informed written consent to video record any or all sessions will be obtained on acceptance of each referral. It may be helpful for you to include in the initial consent process at the start of **every** client not only that the client may be videotaped, but also may be written up as a case study and that the case study will be submitted to the University. It may be helpful to discuss this addition to the consent process with your supervisor.

Second Year students will spend two days a week at the agency – the actual days will be negotiated with their allocated supervisor. They will work with a minimum of two clients from referral, through treatment, to termination (if possible). The number of clients which a student sees will vary according to agency opportunities, demands and practices.

Decisions about transferring ongoing clients at the end of the placement will be made in consultation with the student's supervisor

Planning

Students will engage in comprehensive pre-session planning for each client. They will complete written plans which focus on their anticipated involvement with the client, and detailed pre-session plans. Each plan will have been reviewed by their supervisors before implementation and will be subject to appropriate changes. Plans will include a rationale for each aspect of the student's involvement including evidence of consultation with the literature.

Record keeping

Each agency will have its own protocol with regard to files. Students must maintain these appropriately and comply with agency procedures and safe-guards. Any client file must be accessible by the supervisor at all times and any other agency staff who are involved with that person. It must, at all times, be treated as highly confidential.

Formal reports, letters and other documents will be written according to agency practice. A report must be written on completion with each client although these reports may not be required by an agency and may not be forwarded elsewhere.

Supervision

Individual supervision sessions will be scheduled regularly, preferably weekly, for a designated period. **Ad hoc** supervision may also be available. The supervision period will include time for watching video recorded sessions, reading written work etc. Written records of supervision will be kept.

Students will provide video recordings of aspects of their work to their supervisors. The client's informed written consent to video recording is always required. Video recordings must be treated with the utmost care and attention to confidentiality.

Safety concerns

A supervisor or other appropriate person should always be available when students are seeing clients. Should a client or student safety issue arise the student will excuse her/himself from the session and seek supervisory assistance.

If clients disclose safety issues (e.g., domestic violence, self-harm) the student must ensure appropriate safe-guards are discussed prior to the client leaving the office. These discussions and safe-guards must be checked by the student with a supervisor or appropriate other before the client leaves. Documentation is required. Follow-up checks must be made.

If the client is seriously distressed at the end of a session it must be discussed with the supervisor before the client leaves. Follow-up checks must be made to address any subsequent implications.

If a student has reason to believe that her/his personal safety is compromised in session, in the agency or at home s/he must seek supervision urgently.

Case studies

One case study will be written during the placement period and will be presented for the end of course examination. This case study will be reviewed by the supervisor and signed by him/her as acknowledgement that the work was conducted by the student at the agency.

SECOND YEAR PLACEMENT AT THE PSYCHOLOGY CENTRE (TPC)

Client contact

Referrals will be reviewed by the TPC staff and passed on to individual students at their individual supervisor's discretion. Informed written consent to video record any or all sessions will be obtained at the start of the first clinical session. It may be helpful for you to include in the initial consent process at the start of **every** client not only that the client may be videotaped, but also may be written up as a case study and that the case study will be submitted to the University. It may be helpful to discuss this addition to the consent process with your supervisor.

Second Year students will spend two days a week at TPC – the actual days will be negotiated with their allocated supervisor. If several students are on placement during one semester, group supervision session may be held. Please be aware that this may limit the days you can negotiate to work at TPC. Students with other commitments may have to be prepared to re-arrange these to fit in with TPC constraints.

Second Year students are expected to work with a minimum of two clients from referral, through treatment, to termination (if possible). Students are reminded that they should make every attempt to see more clients, especially as clients do not always want to continue their involvement. Appropriate arrangements will be made in consultation with the supervisor and client for those who require further attention at the end of the student's placement. The Psychology Centre will ensure that appropriate space is provided for Second Year students to see their clients but students need to be aware that room (and video) usage will require negotiation.

Planning

Students will engage in comprehensive pre-session planning for each client. They will complete written plans which focus on their anticipated involvement with the client. Each plan will have been reviewed by their supervisors before implementation and will be subject to appropriate changes. Plans will include a rationale for each aspect of the student's involvement including evidence of consultation with the literature.

Record keeping

Students will maintain a TPC file for each client. This file must be accessible to the supervisor at all times and must not leave the building. It must, at all times, be treated as highly confidential.

The file will contain all formal documents relating to the client including letters and reports. It will contain assessment plans, treatment plans, summaries of case notes written after each session, and supervision issues which have been raised for the particular client. For clients in treatment it will include Client Intervention Summaries which are regularly updated and incorporated into the supervision process.

Where clients are referred by a third party, formal letters will be written to the referrer following Session 3 and at termination. Copies can be supplied to other individuals (e.g., the client's GP) after consultation with the client and supervisor.

A formal report will be written for each client after Session 3 and at termination. This report may be sent to the referrer and the client. It will always be filed and recorded as completed once it has been approved by the student's supervisor.

Supervision
Formal individual supervision sessions will be scheduled weekly. The supervision period will include time for watching video recorded sessions, feedback on written work, etc. Written records of supervision will be kept. Brief pre- and post-session supervision will be available to ensure that students are focused on their goals for the session and de-briefed afterwards. All supervision arrangements will be negotiated by the supervisor and student.

Students will provide video recordings of all aspects of their work with each client unless their supervisor suggests otherwise. Video recordings must be treated with the utmost care and attention to confidentiality.

Safety concerns
A supervisor will always be available at TPC when students are seeing clients. Should a safety issue arise the student will excuse her/himself from the session and seek supervisory assistance.

If clients disclose safety issues (e.g., domestic violence, self-harm) the student must ensure appropriate safe-guards are discussed prior to the client leaving the office. These discussions and safe-guards must be checked by the student with a supervisor before the client leaves. Documentation is required. Follow-up checks must be made.

If a client discloses historical abuse for the first time it must be discussed with the supervisor before the client leaves. Follow-up checks must be made to address any subsequent implications.

If the client is seriously distressed at the end of a session it must be discussed with the supervisor before the client leaves. Follow-up checks must be made to address any subsequent implications.

If a student has reason to believe that her/his personal safety is compromised in session, at TPC or at home s/he must seek supervision urgently.

Case studies
One case study will be written during the placement period and will be presented for the end of course examination. This case study will be reviewed by the supervisor and signed by him/her as acknowledgement that the work was conducted by the student at TPC.

CLINICAL PLACEMENT STATEMENT OF RESPONSIBILITIES

This document sets out in general terms the responsibilities of the university supervisor(s), the placement supervisor, and the trainee. It covers issues in the relationship between the three parties which are applicable to both internships and second-year placements. More specific information on the aims and content of internships and second-year placements can be found in the relevant course outlines.

A. THE UNIVERSITY SUPERVISOR(S) IS RESPONSIBLE FOR:

1. Inviting supervisors to appropriate meetings.
2. Providing the placement supervisor with training (e.g., workshops, meetings) in supervision as available.
3. Arranging borrowing privileges at the university library for the placement supervisor.
4. Visiting the placement and meeting with the trainee and the placement supervisor to review the trainee's progress.
5. Being available for emergency consultation if matters relating to the placement need to be resolved before the next scheduled meeting.
6. Advising trainees, where necessary, to seek assistance for personal issues.

B. THE PLACEMENT AGENCY (the employer of the Placement Supervisor) IS RESPONSIBLE FOR:

1. Providing and maintaining Professional Indemnity and Public Liability Insurance for the placement supervisor and for the student as a supervisee of the placement supervisor and/or an employee of the agency.

C. THE PLACEMENT SUPERVISOR IS RESPONSIBLE FOR:

1. Providing the trainee with clinical experience which meets the requirements of the course outline.
2. Setting goals and clarifying expectations.
3. Attending meetings with the trainee and the university supervisor(s) (see above).
4. Providing weekly supervision sessions with the trainee to provide supervision, review progress, plan work and discuss issues relevant to the placement and the student's clients.
5. Observing the trainee and providing feedback on the development of appropriate professional skills.
6. Negotiating with the trainee opportunities for the trainee to observe her or his (the placement supervisor's) work.
7. Allowing the trainee time for reading, research and attending university within the

working week (one day per week for interns).

8. Monitoring the trainee's caseload to ensure she/he is getting an adequate range and depth of experience without becoming overloaded.

9. Completing placement reports on the trainee in accordance with the relevant course outlines.

10. Attending meetings of supervisors and relevant university training workshops whenever possible.

11. Complying with the University procedures for conducting the trainee's final examination.

12. Participating in the placement evaluations.

D. THE TRAINEE IS RESPONSIBLE FOR:

1. Making contact with the placement supervisor at least two weeks before the placement is scheduled to begin.

2. Providing the placement supervisor with the course outline relevant to the placement and the procedures for the relevant examinations.

3. Learning and complying with agency policies and procedures.

4. Acting professionally (e.g., in regard to dress, punctuality, and relationships with colleagues and clients, etc.). Establish a working relationship with colleagues in the agency.

5. Observing principles of ethical conduct (according to Code of Ethics).

6. Participating in normal workplace activities.

7. Focusing on agency work only in the time you are at the placement.

8. Advising your Supervisor and university if unable to attend (and give the reason). Otherwise, expect to attend for the arranged days and times.

9. Informing the placement supervisor of relevant university requirements (e.g., deadlines for placement reports, etc.).

10. Carrying out the duties and responsibilities negotiated between the trainee and the placement supervisor.

11. Being prepared to observe and be observed, and give and receive feedback.

12. Expecting to do extra work (e.g., write reports, read literature) outside the placement times.

13. Reading relevant literature outside the placement times and passing on copies to supervisors.

14. Participating in the placement evaluations.

15. When conflicts are likely to arise (e.g., time to be spent at work), the student must discuss these with the supervisor and negotiate a resolution.

16. It is the individual student's responsibility to:

- negotiate with the supervisor her/his activities in the agency
- negotiate your timetabling with the supervisor
- advise the supervisor of any university requirements and/or arrangements
- keep the supervisor informed of your activities
- arrange to have the supervisor complete any assessment information (e.g., placement reports) and collect those if necessary. Give this to the supervisor before it is required.

We agree that this document serves as a statement of our mutual responsibilities in this clinical placement. We agree to comply with it through this placement period on the understanding that it does not give rise to any legal liability. Any differences will be resolved through consultation and mediation (as outlined in the Complaints' Guidelines).

This statement has been agreed by:

CLINICAL PSYCHOLOGY STUDENT: Please print……………………………………………..

Signature………………………………………………..

Date……………………………………………………

PLACEMENT SUPERVISOR: Please print………………………………………………

Signature…………………………………………………

Date……………………………………………….………

UNIVERSITY SUPERVISOR: Please print…………………………………….…………

Signature………………………………………….………

Date…………………………………………….…………

PLACEMENT: ……………………………………………………………………………

Date from:……………………………………**To:**………………………………………………

PLACEMENT GOALS (SECOND YEAR)

Student's name: **Placement:**

Supervisors' name: **Placement Dates:**

Goals

Client opportunities

Supervision arrangements

Potential activities

Other matters

PROFESSIONAL DEVELOPMENT CHECKLIST (SECOND YEAR)

Student (please print): . . . . **Supervisor** (please print)**:** . . . .

Placement (please print): . . . . **Date**: . . . .

Trainees are expected to develop the following behaviours over their second year placements. By the end of their last placement there should be evidence that s/he has developed all of these behaviours, if applicable to the agency and if the opportunity occurs.

The Professional Development Checklist is to be completed by the agency Supervisor with the trainee at least once during each placement.

Please note

TICK each item on the left hand side if the behaviour has been observed.

PUT N/O if there has not been an opportunity for the trainees to demonstrate the behaviour.

PUT N/Y if there has been an opportunity but the behaviour has not been demonstrated.

PUT N/A if the behaviour is not applicable to the agency.

Any behaviours not covered in the list may be included in the "other" category or added separately.

POSITIVE ATTITUDE AND INITIATIVE

_______ Initiated appropriate contact with agency supervisor before beginning the placement

_______ Arrives on time

_______ Displays friendliness and respect to the other staff

_______ Asks questions

_______ Initiates opportunities for involvement in clinical and related activities

_______ Follows up on suggested activities

_______ Develops hypotheses (e.g., "What's going on with this person?")

_______ Researches literature and relates it to casework

_______ Follows negotiated and agreed upon guidelines for interacting with supervisor, other colleagues, and clients

_______ Prioritises placement appropriately

_______ Other

RELATIONSHIPS

_______ Empowers client (e.g., allows client to make relevant decisions/choices)

_______ Interacts professionally with clients

_______ Sustains a professional relationship with colleagues

_______ Consults with supervisor appropriately

_______ Adheres to confidentiality requirements and issues

_______ Demonstrates knowledge of ethical issues

_______ Demonstrates sensitivity to cultural contexts

_______ Other

WORK ORGANISATION

_______ Allocates time adequately

_______ Endeavours to learn agency procedures

_______ Manages casework (e.g., keeps it within appropriate limits)

_______ Sustains commitments

_______ Works independently when appropriate

_______ Completes written work quickly

_______ Orders priorities

_______ Other

CLINICAL SENSITIVITY

_______ Shows awareness of limits of psychological techniques

_______ Recognises what is clinically salient

_______ Makes judgments objectively
_______ Is developing a sense of clinical timing (e.g., is sensitive to client's state)
_______ Employs an appropriate manner with clients
_______ Other

CLINICAL PSYCHOLOGY STUDENT: Please print……………………………………………………..…….

Signature…………………………………………………………..

Date…………………………………………………..……………

PLACEMENT SUPERVISOR: Please print……………………………………………….……………

Signature…………………………………………….……………

Date…………………………………………………..……………

UNIVERSITY SUPERVISOR: Please print……………………………………………….……………

Signature…………………………………………….……………

Date…………………………………………………..……………

GUIDELINES, ACTIVITIES, AND COMPETENCY TARGETS FOR STUDENTS ON PLACEMENT

Goals
To help students become competent clinical psychologists through the University Clinical staff and the agency supervisors working together.

To assist the student in becoming accountable to the agency and its clientele by having the supervisor act as a trainer as well as a monitor of her/his performance.

Viewing formal examinations as a gateway towards safe practice and as a means to an end, not an end in themselves.

PROCEDURES

Activities
Knowledge of the student's day-to-day activities – the supervisor's need for detailed knowledge will decrease as the student becomes more competent.

Ensuring that the student is familiar with agency policies and practices (e.g., crisis intervention procedures).

Encourage provision and monitoring of the student's case acquisition and workload.

Supervision
Provision of and adherence to formal weekly supervision – two hours/week on casework for interns if possible along with informal and ad hoc opportunities (e.g., viewing video recorded samples, direct observation; client-by-session with second year students). It is helpful to develop a contract about supervision which includes goals to be achieved within the time period from which an agenda for formal sessions can be developed.

Provision of opportunities for training and giving performance-related feedback on strengths and weakness. These may include supervisors modeling appropriate skills, viewing video recordings, acting as a co-therapist, commenting on reports, etc.

Evaluation
Giving clear directions about when and how a student is being evaluated and what is its purpose. These include completion of Placement Reports for second year students and interns, and Professional Development Checklists for second year students. It is appreciated that supervisors' judgments of student competency is often subjective and based on experience.

It is appreciated if the supervisor can be available for a short period (about a half-hour) during the Senior Clinical Tutor's visit. Arranging a time is the student's responsibility.

Assisting with the examination process.

Concerns
If supervisors have any concerns about student behavior, they should try to draw it to the student's attention early, before it becomes serious, as a matter that needs to be addressed.

If the matter is serious, the Senior Clinical Tutor should be advised.

SECOND YEAR STUDENT ACTIVITIES ON PLACEMENT

Principles

Professional, sensitive, ethical practice.

Respect for clients, supervisors and processes.

Commitment to learning and obtaining knowledge.

Application of the "scientist-practitioner" model.

Range of Possibilities

Attending team meetings, presentations if appropriate.

Observing supervisor modeling appropriate activities, including in sessions with clients.

Consulting and interacting with colleagues including psychologists and other professionals.

Being observed when working with clients.

Engaging in co-therapy where possible.

Clinical Skills

Engaging in a variety of assessment procedures such as formal and informal observations of client behaviour, administering psychometric tools, initial and follow-up interviewing.

Developing case conceptualizations/formulations – considering what the client's presentation (e.g., symptoms), the historical context and antecedents, the maintaining factors; viewing the client in context including culture; identifying her/his strengths as well as deficits.

Planning interventions – considering scientifically recognized treatment procedures, incorporating measures, identifying expected outcomes (i.e. goals of treatment).

Writing clinical notes, responses to referrals, letters, case summaries, reports.

Supervision

Adhering to supervision arrangements.

Being fully prepared to discuss work in a professional way.

Evaluation

Accepting and implementing feedback comments.

Participating in evaluative processes.

Developing self-evaluations.

Competency Domains

1. Professional and ethical behaviours

Punctuality, dress
Relationships with colleagues
Knowledge of clinic procedures

Understanding limits

2. Assessment skills
Knowledge of tests and their administration
Behavioural assessment
Functional analyses
Ability to identify the problem
Conceptualisation and treatment design

3. Knowledge of psychopathology
General understanding of DSM-IV-TR and diagnostic criteria
Identification of empirical literature on major disorders
Special populations (i.e., children, families, couples, intellectual disability, major psychiatric disorder, delinquency and adult offenders, physical abuse and violence, sexual abuse, head injury and rehabilitation, gerontology)

4. Report writing and professional communication
Formal report writing
Responding to the referral
Formulating opinions and capsule sketches
Seeking consultation and making referrals

5. Individual treatment
Designing interventions
Using validated procedures
Knowledge of different treatments for different disorders
Ability to specify techniques and methods of therapy

6. Interpersonal and psychotherapy process skills
Relationship with client
Managing and pacing therapy
Making therapy relevant to client needs and situation

7. Consultation
Working with other professionals (e.g., teachers)
Giving feedback to family members

8. Research
Using data to support decisions
Using the literature to support activities
Presenting at Case Conferences, conventions. publishing, etc
Doing programme evaluations

CLIENT INTERVENTION SUMMARY (SECOND YEAR)

Date completed:

Client's first name (anonymised):

Age: Occupation:

Referral source:

Summary of referral reason:

Presenting problem(s):

Assessment procedure (all sources, types): Date started: Date completed:

Formulation (psychological description of client's presentation and influences):

Operationalised treatment goals:

Intervention plan:

Literature support (cite authors, years, sources):

Monitoring procedures:

Relevant decisions (termination, onward referral, follow-up):

.
Ethical considerations:

Other:

Semester A / Semester B *(Please circle one.)*	Second Year / Intern *(Please circle one.)*

University of Waikato
Diploma of Clinical Psychology Training Course

Placement Contract

Student	
Supervisor	
Placement	
Placement Dates	
Location	

Placement supervisors are responsible for drawing up a placement contract with the student at the outset of the placement.

The purpose of this contract is to set out the goals for the placement and to document explicitly the work the student will undertake. The contract provides a benchmark for monitoring the quality of the placement and the student's performance. Feedback forms and records of the student's actual experience will be compared with the placement contract during and at the end of the placement. This should alert student, supervisor and course team to any gaps and discrepancies between planned and actual experience and competencies. Opportunities will then be made to address these.

When you draw up the contract you will need to consider the placement guidelines, the student's prior experience, and the opportunities available in the specific placement. This document should be used as a skeleton contract. Additional information may be added where appropriate. You may wish to draft some aspects of the contract as a part of your pre-placement planning; however, the bulk of the contract should be drawn up in conjunction with the student.

A completed and signed copy of the placement contract must be sent to the Clinical Tutor within the first two weeks of the student commencing the placement. The placement contract should also be brought to the mid- and end-of-placement reviews for reference purposes.

Practical Arrangements:

(This information must be negotiated between student and supervisor)

Start date	
Date for mid placement review	
End date	
Internship planned annual leave dates	
Internship planned attendance of conferences/courses?	

Weekly Timetable:

(Some of this information will be provided by the student. Please include study/research time, days at university, days on placement and location.)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

List regular meetings to be attended:

Supervision Arrangements:

Day and time for regular supervision	
Arrangements for contacting supervisor in the event of a difficulty arising in between scheduled supervision times	
Arrangements for co-supervision (if applicable)	
Arrangements for supervisor absence (e.g.,during periods of annual leave)	
Identification of "back-up" supervisor (e.g., during periods of primary supervisor's absence or unavailability)	
Name of Supervisor of Supervisor	

Plans for Induction:

(Please provide details of plans for the student's induction. Attach separate sheet if necessary)

Methods of learning available:

(Tick the methods of learning available to the student on this placement)

Observation of supervisor	
Supervisor observation of trainee	
Joint work	
Audio recording	
Video recording	
Observation room	
Library	

Strengths and weaknesses:

(Please note any perceived strengths and weaknesses of student, supervisor and placement that should be considered in planning this placement.)

	Of the Student	Of the Supervisor	Of the Placement
Strengths:			
Weaknesses:			

Specific training needs:

(Note any specific training needs the student may have)

Settings:

(Identify the settings in which the student will work over the course of the placement)

Client Range:

(Identify the client range with which the student will work and the average number of face-to-face client contact hours per week that the student is expected to complete. [Due to the fact that a requirement for registration under the Clinical Psychology Scope of Practice is that a certain number of hours of clinical experience have been completed, the University strongly suggests a minimum average of 10 hours per week of face-to-face client contact for Interns. Please note that scheduled appointments that are not attended by clients ("DNA") do not count toward the student's averages. Please also note that the student can count one hour of supervision time toward the goal of ten face-to-face client contact hours. Also, students can count observed sessions (such as sitting in on a treatment session with a client run by another clinician) as face-to-face client contact hours.]. **Please note that you and the student will have to keep a record of the number of the student's face-to-face client contact hours per week. The student's monthly averages will be reported by the supervisor on the Supervisor Evaluation of Clinical Competence form.**)

Problem Range:

(Identify goals for the range of problems with whom the student will work.)

Assessment Skills:

(Please identify goals relating to assessment skills. Specify the activities to be undertaken in order to meet the goals. Include details of methods and techniques to be used and learned.)

Models and Formulation:

(Please identify goals. Detail specific activities to be undertaken in order to meet the goals.)

Intervention skills:

(Please identify goals. Specify the activities to be undertaken in order to meet the goals. Include details of methods and techniques to be used and learned).

Multidisciplinary working:

(Please identify goals. Specify the activities to be undertaken in order to meet the goals.)

Teaching others presentation of clinical work:

(Please identify goals. Specify the activities to be undertaken in order to meet the goals.)

Understanding the organisation and the context:

(Please identify goals. Specify the activities to be undertaken in order to meet the goals.)

Research:

(Identify goals for service research, if applicable, and document the specific activities this will entail)

Plans for visits:

(Note plans for student visits to other agencies, services or teams)

Other Relevant Information:

CLINICAL PSYCHOLOGY STUDENT:

Please print……………………………….………………

Signature…………………………………………..………………

Date……………………………………………..………………

PLACEMENT SUPERVISOR: Please print…………………………………………………

Signature……………………………………………….……………

Date……………………………………………..………………

UNIVERSITY SUPERVISOR: Please print…………………………………………………

Signature……………………………………………….……………

Date……………………………………………..………………

Semester A / Semester B *(Please circle one.)*	**Second Year / Intern** *(Please circle one.)*

University of Waikato
Diploma of Clinical Psychology Training Programme

Supervisor Evaluation of Clinical Competence

Student	
Supervisor	
Placement	
Placement Dates	
Location	

This form is to be completed by the placement supervisor at the end of the placement being assessed. It is a key part of the formal assessment of the student's clinical competence and forms the basis for feedback discussion at the end of placement.

In each section several headings have been provided of areas to be assessed. There may be other areas on which you wish to comment. Please provide comments on the student's strengths and weaknesses and illustrate your comments with examples. In addition to providing feedback about specific skills and competencies please give an overall rating for each of the sub-sections and then for the placement as a whole.

Grading criteria: Please use the following criteria to grade students.

Demonstrating competence: This rating reflects a level of competence appropriate to the student's stage in training. Usually s/he will have achieved the placement goals and will be sufficiently competent to move on to the next stage of training. The student will have undertaken a reasonable workload and carried out the work competently.

Developing competence: This rating indicates some concerns about the student's competence which might prevent them from being awarded a pass. This might be due to minor concerns over several areas or more significant concerns in a single area. Comments on the assessment form should indicate what these are.

Competence yet to be demonstrated: This rating indicates that there are serious concerns about the student's competence or professional or ethical misconduct. Again, comments on the assessment form must indicate what these are.

The completed and signed Supervisor Evaluation of Clinical Competence form must be returned to Jan Cousens by the due date. Failure to comply may affect the ability for a student to be examined.

Section 1: Professionalism

Professional Behaviour (communicates appropriately and effectively with clients and colleagues, is neither overly familiar nor aloof, maintains appropriate professional role)

Ethics (upholds professional ethics, awareness of ethical issues)

Independence (level of independence appropriate to level of training)

Interest and enthusiasm

Reliability

Organising workload and managing priorities

Use of supervision

Self reflection (ability to reflect on own practise, recognise strengths and weaknesses without being overly self-critical, ability to consider role of own beliefs and assumptions)

Overall Rating of Professionalism (Please circle one)
Demonstrating competence   Developing competence   Competence yet to be demonstrated
:

Section 2: Direct Clinical Work (with individuals, couples, families and groups)

Relationship Factors (ability to establish rapport, sensitivity to client(s) communications, appropriate empathy, ability to handle difficult situations.)

Assessment (knowledge of assessment methods and procedures, skills in carrying out procedures, appropriate choice of method, appropriate use of results)

Formulation (ability to apply theoretical knowledge to facilitate understanding of client problems and to set appropriate goals, ability to reformulate when new information arises)

Intervention (knowledge of range of interventions, ability to use this to select appropriate intervention, skills in carrying out intervention, ability to adapt intervention to needs of client, understanding of therapeutic process)

Reporting (written and verbal feedback, style and content, appropriate use of language, clarity of expression)

Monitoring and Evaluation (ability to report and reflect on outcomes, choice of appropriate tools for monitoring)

Client Contact: In the table below, please record the monthly averages of face-to-face client contact hours per week that the student completed. Please note that scheduled appointments that are not attended by clients ("DNA") do not count toward the student's averages. Please also note that the university's target number of face-to-face client contact hours per week for Interns is 10 face-to-face client contact hours per week.

Month	Average number of face-to-face client contact hours per week completed by student (not to include "DNAs")
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	

November

December

Overall Rating of Clinical Work: (Please circle one)
Demonstrating competence   Developing competence   Competence yet to be demonstrated

Section 3: Indirect Clinical Work (with staff, carers, other professionals)

Relationship factors (ability to establish positive working alliance with staff, appreciation of issues such as power imbalances etc.)

Formulation (ability to apply theoretical knowledge to facilitate understanding of client problems, to set appropriate goals, and to design intervention in accordance with this)

Completing documentation and administrative responsibilities (ability to complete reports, clinical notes, letters, and other documentation and administrative tasks promptly and appropriately)

Overall Rating of Indirect Clinical Work: (Please circle one)
Demonstrating competence   Developing competence   Competence yet to be demonstrated

Section 4: General Comments

Please provide comments on your overall assessment of the student, for example, discuss whether and how the student's skills are commensurate with their level of training, or, if this is the final exam, whether you consider the student ready for independent practice.

Overall Rating: (Please circle one)
Demonstrating competence   Developing competence   Competence yet to be demonstrated

Student's Comments

Please provide comments on the development of your clinical skills and experience in this placement, and/or any comments on the feedback the supervisor has provided.

CLINICAL PSYCHOLOGY STUDENT: Please print…………………………………………

Signature……………………………………………………..

Date………………………………………………….……….

PLACEMENT SUPERVISOR: Please print………………………………………….

Signature……………………………………………

…………

Date…………………………………………………..………

UNIVERSITY SUPERVISOR: Please print……………………………………….…

Signature…………………………………………….………

Date……………………………………………..…………

University of Waikato Postgraduate Diploma in Clinical Psychology

INTERNSHIP REPORTS

To the supervisor:

Over the year we require a total of four supervisors' reports on interns. They include a final evaluation report at the end of each rotation (semester), and a shorter mid-rotation progress report, for each of the two rotations of the internship. (For those students whose internship consists of two rotations in the same agency, this will still require a total of 4 reports from a supervisor; for those students whose rotation is less than two days a week at one agency for the year, that agency will complete only a mid-rotation report, half-way through the year, and an end of year report.

Good progress reports serve a number of functions, even when there is plenty of interaction between the field supervisors and the academic staff. They help to focus the most important issues that need to be addressed by the student, they provide evidence for the academic staff that students are indeed progressing appropriately, and they provide a "paper trail" of the issues that have been raised with students during training. Although we encourage you to use these forms, you may, if you prefer, write a general letter of evaluation, and address the same categories.

To the intern

Because evaluation is a developmental process designed to focus your training experiences, we would like your supervisor's reports from the each rotation to be reviewed by each new incoming supervisor. Since there should be a systematic development of skills over the whole year, the issues arising in the first rotation may no longer be that relevant for the second, but there will on occasion be a carry-over of needs to be addressed.

The two end-of-rotation evaluation reports will be available to the examiners at the final PGDipPsych(Clin) examination.

For both types of reports you will have the opportunity to read the evaluation provided. If you have formal objections or disagreements with the evaluation, please note them in writing, on these forms, before signing them.

You are responsible for submitting these reports to the university supervisor by the due date, or for giving timely notification of anticipated delay. You may need to remind supervisors of the due dates and provide them with adequate time to complete the forms. Reports are to be submitted to Jan Cousens, Programme Secretary.

MID-ROTATION INTERN PROGRESS REPORT: FIRST INTERNSHIP

Due at the University on…

STUDENT:……………………………………………………………………………………….

PLACEMENT:………………………………………………………………………………………

Date from:………………………………………To:………………………………………………

1. ***Outline the intern's overall strengths:***

2. ***Explain any problems or issues that have been encountered:***

3. ***What training needs are evident at this time and what specific plans are in effect to address them?***

SUPERVISOR: Please print………………………………………………

Signature…………………………………………………

Date……………………………………………………….

INTERN: Please print………………………………………………

Signature…………………………………………………

Date………………………………………………………

UNIVERSITY SUPERVISOR: Please print……………………………………………..

Signature………………………………………………..

Date……………………………………………………..

MID-ROTATION INTERN PROGRESS REPORT: SECOND INTERNSHIP

Due at the University on...

STUDENT:…………………………………………………………………………………………….

PLACEMENT:……………………………………………………………………………………………

Date from:………………………………………To:………………………………………………

1. ***Outline the intern's overall strengths:***

2. ***Explain any problems or issues that have been encountered:***

3. ***This is the beginning of the intern's final phase of clinical training.***
   (A) What critical training needs are evident at this time and what specific plans are in effect to address them?

   (B) In your opinion, what areas of clinical practice need to be emphasised for this intern by the university staff for the remainder of the academic training year?

SUPERVISOR: Please print………………………………………………

Signature…………………………………………………

Date……………………………………………………….

INTERN: Please print………………………………………………

Signature…………………………………………………

Date……………………………………………………

UNIVERSITY SUPERVISOR: Please print……………………………………………..

Signature……………………………………………..

Department of Psychology
The University of Waikato
Private Bag 3105
Hamilton, New Zealand

THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

VIDEO CONSENT FORM

I, ____, give my consent for this interview with ____ at _______________________________________ on ___________________ to be video-recorded. I understand that these videos are being made so that my clinician's supervisor, ____________________________________, can provide feedback that will assist in the provision of clinical services. I now consent for that video-taped session to be used for the purposes of supervision, training, and examination. I understand this video recording may be viewed by the placement and University staff and examiners for the purpose of training.

I have been assured that the recording will be kept secure, treated with utmost confidentiality, and that once it has been used for this purpose, it will be kept in a secure file for up to one year and then erased or destroyed, unless otherwise required by law.

Client:
Printed Name: ____
Signature: ____ Date: ____________________
Parent/Guardian's Signature: ____________________________ Date: ____________________

Clinician:
Printed Name: ____
Signature: ____ Date: ____________________

Supervisor:
Printed Name: ____________________________________ Agency: ____________________
Signature: ____ Date: ____________________

CASELOAD LIST TEMPLATE

Below is an example caseload list, which is a slightly modified version of the one used at TPC. Before you (the supervisee) come to the supervision session, you should write down (in your caseload list) details, notes, and process issues for each client that you have on your caseload and those you have discharged. To gather the information for the process issues column, you should review the process notes that you jotted down over the course of the week. You should then prioritise your list for discussion. At the start of the supervision session, you give one copy of your caseload list to your supervisor and you keep a copy. Your discussions about clients is prompted by your notes on your caseload list. You should bring clients and issues that need discussion to the attention of the supervisor during the supervision session. After the supervision session, your caseload list gets stored in the supervision file.

CASELOAD LIST FOR SUPERVISOR
Supervisee: ______________________________ Supervisor: _______________________________
Agency: ______________________________ Date: __________________________

Name	Presenting Problem	Assessment/ Treatment phase	Seen X	Total face-to-face hours	Reports	Comments, notes	Process issues	Next appt
May Green (30)	Pain-related depression and anxiety	Assessment	2	2.5	Draft 1 (assmt rpt)	• Present formulation	• Differences in culture seem to be an issue	16/11
June Brown (17)	Bulimia and anxiety	Treatment	5	6.0	Completed (assmt rpt)	• Introduce cognitive restructuring • Risk assessment undertaken	• Difficulty establishing rapport, possibly due to age • My reactions to her drug use	16/11

FILES CLOSED

Name	Presenting Problem	Assessment / Treatment phase	Seen X	Total face-to-face hours	Reports	Comments	Process issues	Next appt
Augustus White (42)	Panic attacks	Declined appointment	0	0	N/A	• Has obtained help through EAP scheme	• Client said he didn't have the money, so I talked to him about contacting other agencies	NFA

Senior Clinical Tutor's Site Supervision Visit

Intern: ______________________ Date: ______________________

Supervisor: ______________________ Site: ______________________

- Please complete this agenda at least one week before the visit and e-mail copies to the Senior Clinical Tutor and your supervisor. Please briefly (very brief! Short bullet-points are fine) note the topics you wish to discuss (read below for more information about topics to discuss).
- On the day of the site visit, please have hard copies printed out for the Senior Clinical Tutor, your supervisor, and yourself.
- Please note that it is the supervisee's responsibility to take notes during the meeting and to type up brief (very brief! Short bullet-points are fine) minutes of the meeting. Most important to document are any decisions made and any actions that need to be taken by anyone. Once completed, please send (e-mail) electronic copies of the minutes to the Senior Clinical Tutor and your placement supervisor. The completed minutes are due one week after the date of the visit.
- The purpose of each site supervision visit is:
    - to discuss any difficulties encountered in the placement,
    - to review the trainee's progress, particularly areas of strength and areas which are in need of greater focus,
    - to discuss the development of appropriate professional skills,
    - to provide information and consultation to the trainee and supervisor on the expectations of the placement as needed,
    - to allow the supervisor and trainee to give feedback to each other,
    - to provide consultation regarding the intern-supervisor relationship, and
    - to provide support and advocacy for interns in their role as supervisees.
- While this visit is not about supervising student's work with clients per se (your placement supervisor is responsible for that), you may discuss aspects of your practice and/or clients, particularly if you are experiencing difficulties. You may also have a video for us to view (if appropriate for your agency/placement) if you would like to discuss specific aspects of your practice or if you are experiencing specific difficulties.
- Please ensure that you have considered any other matters (especially any difficulties or problems) you want to raise.
- Also, please ensure that you have discussed with your placement supervisor the time that we will be meeting with him/her (usually the final half-hour of my appointment with you.).
- It is also important to note what this visit is not. It shouldn't be scary; I'm not coming to grill you or test you, and preparation for my visit is not supposed to add much to your already large workload.

AGENDA

- Any difficulties encountered in the placement?
- Review progress so far.
- Discuss areas of strength.
- Discuss areas which are in need of greater focus.
- Discuss the development of appropriate professional skills, including
    - accurate self-reflection
    - including the discussion of process issues in regular supervision with placement supervisor
- Discuss expectations of the placement (if needed).

- Supervisor feedback.
- Supervisee feedback.
- Discuss the student-supervisor relationship.
- Provide support and advocacy for the student in his/her role as supervisee.
- If desired by the student, discuss aspects of his/her practice and/or clients, particularly if experiencing difficulties.
- If desired by the student and if appropriate for the agency/placement, watch video (particularly if you would like to discuss specific aspects of your practice or if you are experiencing specific difficulties).
- Please note down any other matters you would like to discuss:
-
-
-
-
-

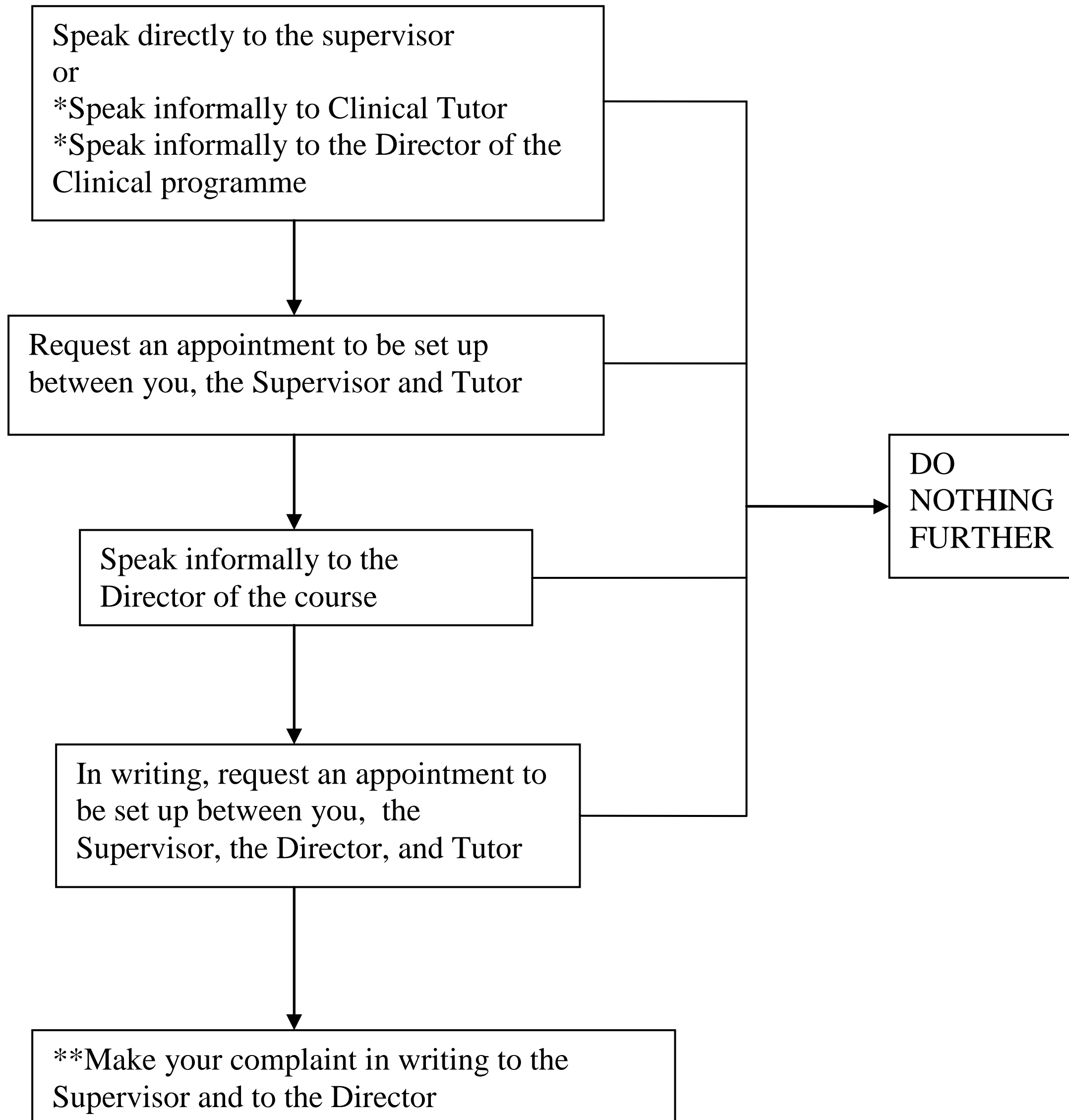
COMMENTS/ACTIONS

-
-
-
-
-

PROCEDURE FOR RESOLUTION OF CONFLICT OR CONCERNS FOR STUDENTS

If a student has a concern or complaint which she/he wishes to make about agency supervision these are the procedures to take

Steps



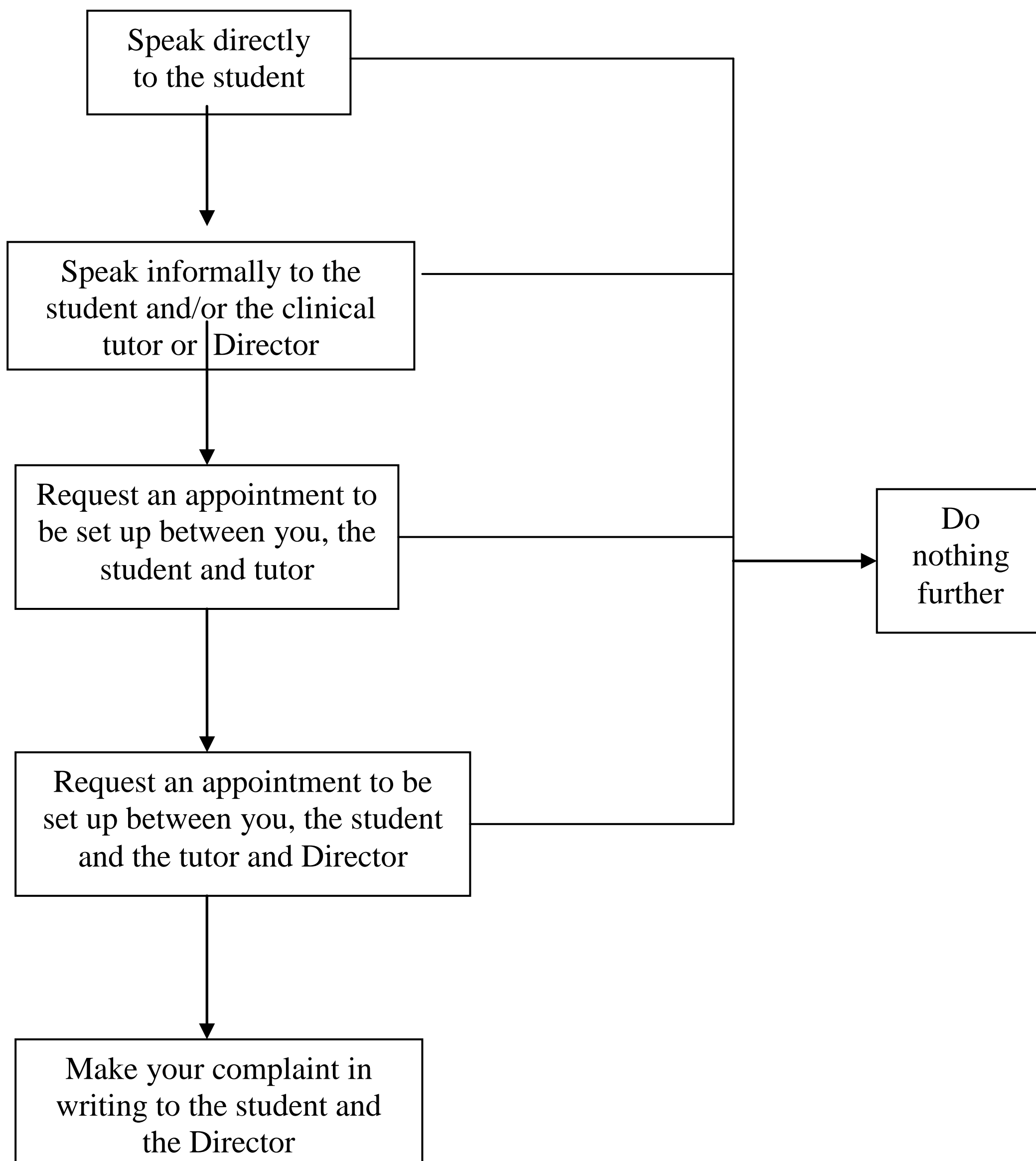
*Alternatives for use if the previous steps are too difficult.
** A support person may accompany the student

IT IS MOST IMPORTANT THAT THE ABOVE ACTION IS INVOKED ONLY AT THE STUDENT'S DISCRETION.

PROCEDURE FOR RESOLUTION OF CONFLICT OR CONCERNS FOR FIELD SUPERVISORS

If a supervisor has a concern or complaint which she/he wishes to make about a student these are the procedures to take

Steps



Appendix 6: Guidelines for Writing Clinical Case Studies

These guidelines have been prepared to help you shape your writing to meet the requirements and preferences of clinical psychology in general and this programme in particular. Please be aware that they are not prescriptions, which, if filled, will result in an automatic "A++". Instead, they are suggestions to prompt you to reflect on your work with your client and to guide you toward writing sound clinical case studies which highlight your key themes. Use them as guidelines and not rules; if, in your judgement, there are other formats which will suit your case study better, then you may vary the format. Providing you demonstrate sound psychological reasoning and can explain your choices, those reading your case studies (supervisors, teaching staff, examiners) are more likely to consider your work to be satisfactory, even if they have a preference for a different approach. Case study checklists, a sample title page, and the feedback form used to mark clinical case studies are attached so that you can also use them to guide your work. You may also request to see examples of case studies that have been submitted in the past arranging a time to view the case studies with Jan Cousens. (Please note that these case studies may not be removed from the Psychology Reception office or photocopied. You will have to review them in the office, so be sure to schedule enough time.)

Introduction to Writing Case Studies: "How to" Considerations

Originally the case study was designed to illustrate the scientist-practitioner model and the concept that all client work can be thought of as representing single case research. Today, however, that is not always a realistic reflection of the complexities of clinical practice. Nevertheless, by remembering the general purpose of the case study, you can use this important programme requirement to enhance your learning and professional development. Case studies should be succinct and should have as their primary function assisting in providing the most effective services for clients. Case studies might have a variety of other functions, such as illustrating a useful principle of therapy, or describing and analysing an unusual issue. They need not represent completed or successful cases, but you should indicate the issues that still need to be addressed, how they will be addressed, and reasons for problems, delays, or difficulties. In such cases the literature on problems in delivering psychotherapy services might serve as relevant references.

Imagine that you are writing the case study as a manuscript for submission to a journal. Where do you think the case studies in the literature actually come from? They come from people like you. Look at good clinical or cognitive behavioural journals that may publish case reports, such as *Journal of Behavior Therapy and Experimental Psychiatry, Child & Family Behavior Therapy, Journal of Clinical Psychology,* and *Clinical Psychology: Science and Practice.* Think about these case reports. What is good about them? What is bad? Note how often they provide some sort of systematic data. Published case studies usually provide follow-up information; maybe your early case studies can have some follow-up data added. Readers are often curious as to what happened to your client. Try to avoid having to say that you don't know.

For all case studies, it is important to recognise and consider **issues of diversity, cultural competence, and cultural safety.** Case studies must also reflect the understanding of **ethical principles**, as well as the ability to justify one's clinical decisions on the basis of the scholarly literature in clinical psychology. Terminology and language must reflect current standards and practices, as well as values such as respect for the client, bicultural sensitivity, and consideration for the work of the agency and supervisor.

Try to **vary the range of clients and problems** which you cover throughout your case studies. Variety is one way to broaden your knowledge base. For example, different case studies you write might describe some particular aspect of treatment such as a family intervention, group therapy, or the integration of cognitive-behavioural principles with other theoretical approaches. All clients are interesting and there is no such thing as a boring or conventional case. When facing the task of writing case studies on practicum placement or on internship, get started right away and think of every client as a potential case study, rather than waiting for the most fascinating or "perfect" client to walk through your door.

Clinical skills (assessment, formulation, and intervention) in case studies

The case study is an opportunity to demonstrate your ability to link the formal empirical literature to your practice as a clinical psychologist. It is the chance to illustrate the scientist-practitioner model and the concept that all client work can be thought of as representing single case research. It shows that you can address a client's needs. The case study itself is a description of what you did with a particular client and the things you did to prepare for that client, such as reading the empirical literature or implementing training you have received. The literature review is a brief overview of the seminal and current literature on that particular clinical topic to show your awareness and understanding of it. You should give a careful description of your assessment methods and a formulation of the issues leading to the rationale for your treatment, among other things. Your explanation of how and why you undertook the treatment you recommended and the analysis of the outcomes will demonstrate whether you "get it" and can "do it" as a clinical psychologist. This case study format thus reflects what we might consider the best kind of careful and detailed scholarship when working with clients: basing your approach on established empirical literature, asking the right questions, developing a way of testing hypotheses, and constructing measures of change that allow you (and your client) to obtain some objective and verifiable estimate of progress and success. This is how you demonstrate your clinical skills through the vehicle of a case study.

Grasp of theory in case studies

Your case study should demonstrate your awareness and understanding of the major theories about the topic on which you have chosen to focus. It is useful to include more than one theoretical approach in order to demonstrate that you have considered alternative models. You will need to explain the theories clearly, explain how they relate to your chosen topic, and then explain the advantages and disadvantages of the particular theoretical approaches, comparing and contrasting them. One way to do this would be to use the theory evaluation approach that Jo Thakker taught in her Abnormal Psychology (PSYC556) and Professional Issues in Clinical Practice (PSYC521) classes. Ask Jo if you would like further clarification about demonstrating your grasp of theory in your case studies.

Theory and practice links and professional issues in case studies

This is the scientist-practitioner model in the real world. A good scientist-practitioner approach leads to links between causes and effects, further questions, and future predictions, which fits well with your goal of relating theory to practice in the real world. Have you shown that your theoretical basis, intervention, and professional issues are linked in a meaningful way? Your intervention should be in keeping with the theoretical underpinnings of the therapeutic modality you chose in your case study after you compared and contrasted the major theories available. Make sure there are **clear, overt links between theory and practice**. Your treatment approach should be consistent with, and

make reference to, prevailing theoretical understandings, which you should have discussed in your literature review when you evaluated the theories. While your literature review evaluations of theories are somewhat subjective when you compare and contrast theories, the application of the theories in your clinical practice is more objective because it **is founded on and refers to the empirical literature and research.** Demonstrate this clearly.

Theme

In general, a good case study makes some kind of point, that is, it has a theme. Often the client's case has one area on which you would like to focus, and your theme develops from how this area demonstrates, or intersects with, an interesting aspect of the case, the literature, the research, a process issue, or any other clinically relevant area. The major theme can be an interesting case clinically, a complex professional or ethical problem, a process issue, a bi-cultural matter, the illustration of a basic principle, discussion of a technique of intervention, a special issue regarding assessment, documentation of what can go wrong, or anything that is interesting, **from which it is clear you have learned something,** and from which the reader too can learn something. The **title** of the case study should reflect the theme.

Clarity and economy of exposition in case studies, that is, word limits!

Case studies should be clear and succinct. **The word limit for each case study is 4,500 words, including appendices but excluding references.** Please adhere to the word limit; any case studies over the limit will be handed back for editing. To make sure that your work is clear and focussed, create an outline **before** you start writing so you know where you're "going" with your writing.

Style and format

You must use the most recent APA style for laying out your case studies, and in particular the structure of the references. By this stage it should be second nature to you anyway, but if you have become rusty, get the latest version (6th edition currently) of the manual and read it again! Notice the conventions that are used in the best and most recent journals and imitate them. Please just get it right!

The APA manual suggests that Times Roman **font size 12** (a serif style font; apparently easier to read) is preferred; in this programme Arial (font size 12) is also an acceptable typeface. You should use **double line spacing** and must have all **pages numbered sequentially**. The title page does not get numbered. The first page of the case study does count toward the numbering but generally the number does not appear on that page. Page 2 is numbered normally, as are all pages that follow. Page numbers usually appear in the upper right-hand corner of the page. It would be helpful to include some extra information in the numbering area, such as a shorthand version of your title (the "working title"), the case study number, your name, and the page number (page # of ##). If you have written a separate report it will usually be paginated, and so if you transport it into a longer case study file you will need to re-set the pagination so that it is continuous from the first page.

In terms of style you must always **check case studies for spelling** and this means in particular the use of capitals (only for proper nouns) and the use of apostrophes. Let's never see an "it's" (it is) when you mean "its" (belonging to it)! Or vice versa. In general you need to keep abbreviations like "don't" and "hasn't" to a minimum anyway, as with abbreviations

for other things. This is a **formal** document.

Case Study Structure: What to Include (or not)

Title and title page information

The **title** should be short and reflect the theme. Make sure it is a title and not just a description.

Ensure that **client anonymity** is maintained. Your case study needs to state that "All client details have been anonymised to protect the client's identity".

Your case study should also include on the title page the statement, "This case study was completed during the period of the placement and is **essentially the work of the student".**

Please remember to include a word count on the cover page of each of your case studies. It should look like this at the bottom of your page: **Word Count = 4,370 (maximum of 4,500 words, including appendices but excluding references).** If your word count is over the maximum, it may not be accepted for you exam, which would mean that you haven't completed all the required work for your exam (which would mean that you wouldn't be allowed to sit it). .

NB: Copy and paste the **template** for your case study title page. Fill in the appropriate areas to tailor it to your case study and placement,

Abstract

Begin every case study with an abstract. An abstract is usually one paragraph (about 10 lines) that gives a **brief overview** of the case study and **sets out the theme** you mentioned in your title. Because it gives a succinct summary, write the abstract **after** you have written everything else for the case study.

Literature review

This is a **brief** investigation into the disorder or concerns raised in the case study (the theme). The literature you cite will be guided by the case itself and the theme you have chosen. Please **limit the literature review to three pages**. Because you have to be very selective to keep the literature review so short, it makes sense to narrow your search from the literally thousands of articles available to focus on the **seminal clinical psychology** research and literature in your chosen area to give you a good grounding, and then to include some of the **latest clinical psychology** research and literature in the area to **update and develop** your case study.

Your literature review will therefore be a **summary** of the relevant reading you did for the client's case, focused on the theme of your case study. It is expected that you will read widely to prepare yourself to **assess and treat your client**. However, don't make the case study literature reviews exhaustive, as this typically makes the case study too long (exhausting!). The literature review demonstrates the link between the formal empirical literature and the real-life issues and actions you undertook in clinical practice with this particular client, that is, the client serves as the illustration of how you put the empirical literature into practice.

By this stage of your careers you should have a good feel for the journals we get in the library, what they tend to publish, and which ones are likely to have the literature you will need. Don't just look up information on the net or using computer searches. Note too that

journals vary in quality. Just remember that not all authorities are equally valuable or useful. By now you should be formulating your own conceptual and theoretical framework into which new research data will fit. Otherwise you will be overwhelmed by the amount of new information out there.

Use the **clinical psychology** literature. There are a number of topics such as sexual abuse, eating disorders, drug abuse, etc., where there is a large social work and nursing and psychiatric literature available. Many of these articles are excellent and informative, but they rarely have a strong conceptual or theoretical focus that allows them to be linked closely to the cognitive behavioural literature. If you are not citing standard clinical and behavioural journals (e.g., *Journal of Consulting and Clinical Psychology, Journal of Clinical Psychology, Behavioral Medicine, Behavior Therapy, Behaviour Research and Therapy, Journal of Applied Behavior Analysis)* for **at least** half your references, you are off track.

Use original sources as much as possible in your literature reviews. Don’t bother about people who are cited by other people. If you can track down the reference, that is good, but if not, use an alternative or substitute reference. Avoid text books or how-to-do-it cookbooks as much as possible. You are encouraged to use good review chapters in reputable handbooks; these chapters are a great source of summary information. Compile a **reference list only**, not a bibliography; the latter can be very useful, but if you are going to do something like that, you can make it a case study; a maximum of two of your case study reports can actually be projects of some kind.

Be very cautious of starting case studies with demographics regarding the incidence or prevalence of the problem. Often these figures are from the USA and may not apply here. If you are going to cite such figures, look for other international comparisons. Are there any data from, for example, Australia or Britain, which might moderate these findings? In other words, show your cultural awareness by thinking about what the data might mean **for Aotearoa/New Zealand**. Wherever possible find New Zealand references to include, such as Ministry of Health information on mental health in New Zealand.

Critical analysis of the literature in case studies

Your analysis of the literature about your chosen topic or focus should be a **critical** analysis. “Critical” does not mean judgemental, rude, or fault-finding. Rather, you should note the major points covered in the research and theories, including any contentious and contradictory points of view. You should evaluate the literature in order to demonstrate and increase your understanding of it. Your literature review is therefore somewhat subjective writing in that it expresses your opinions and evaluation of the information presented, rather than just passively accepting what is presented simply because it appears in print, yet it is objective because, by necessity, it is **founded on and refers to the empirical literature you have read.** Good research leads to links between causes and effects, further questions, and future predictions, which fit well with your goal of relating theory to practice in the real world. Your critical analysis starts when you begin reading the literature. You should read the articles critically, asking challenging questions as you read, such as:

- What is the author’s thesis?
- What is the purpose of the work?
- From what theoretical standpoint is the work undertaken?
- Does this theoretical perspective colour the findings by biasing the researchers in any way?

- Are the statistical aspects of the article "good enough," and is the work relevant in the New Zealand context?
- Is the work based on sound psychological principles?
- Is the method logical, rational, accurate, clear, ordered, and coherent?
- Is the hypothesis stated clearly and supported with evidence?
- Is contrary evidence dealt with effectively?

You should be questioning and evaluating the literature as you read it, and keeping in mind the basic principles of psychology so that you find connections and categorise what you are reading with respect to these principles. You should be aware of your own biases so that you can choose to be open to other points of view.

Case studies and psychological reports; differences and similarities

Method and Results; or, Case description; or, Clinical information; or, Report: The psychological assessment report that you completed with your client **may** fill the Method section of your case study. However, as you can see from the title of this section, this part of your case study will vary depending on your agency, the purpose of the case study, and the goals you wish to achieve. **Sometimes** it is appropriate to include your **anonymised and edited** assessment report because it contains all the necessary information needed to elucidate and give a concrete example of the aspect of the client's case on which you want to focus, and your theme. If that is so, some useful paragraph headings for this section of your case study **may** include referral information, client presentation, process issues, presenting problems, client's history, formal assessment information (including psychometric measures), functional analysis, formulation, and intervention plan. **However, not all of these categories of information will be appropriate for every case study.** While there are similarities, there are also significant differences between writing a clinical psychological assessment report for a particular client in a particular agency or setting, and writing a case study, which you need to take into account when preparing a case study. Some of these are outlined below.

Differences: Writing case studies and writing clinical reports for your agency are **not the same thing!** While there is generally a considerable overlap between the information contained in a good psychological assessment report and the information required for the Method section of your case studies, be wary of the temptation to cut and paste a whole report into a case study! There are a number of issues with this approach.

Firstly, not every case study you submit **must** contain an actual clinical report! Some agencies have such idiosyncratic report writing requirements that you would not necessarily want the clinical report you wrote on the client embedded in your case study. In such cases it is better to provide more of a narrative on the case in the case study text itself, in accordance with the information required to write a good **case study** (rather than a clinical report). Your original case report could be included as an appendix (properly paginated) **if** you can do so **within the word limit**.

Secondly, if you drop most of a report into the middle of a case study, you will need to think very carefully indeed about maintaining your client's **confidentiality.** This is **much** more than just changing names to preserve anonymity. **Any** specific details may identify your client if there are a sufficient number of them. You will need to consider changing ages, occupations, interests, information about medical conditions, family details, and possibly other data if you are to keep your client's identity confidential. This is more likely to occur if

you are thoughtfully and purposefully writing information into a case study rather than cutting and pasting.

Thirdly, you have a **word limit** to adhere to (as noted already). Providing key information in the most economical fashion is part of learning to think and to write well. You won't learn how to do this by just cutting and pasting!

Fourthly, the psychological **assessment** report that you write will not contain follow-up information. However, a **treatment case study** needs this data, so if you just cut and paste your assessment report into a treatment study you will have a lot of missing data in your Results section of the case study. You need to include analysed intervention outcomes with objective data and follow-up information whenever possible to ensure that you have a good Results section of the case study.

Similarities: Having noted the above considerations, there are skills developed when writing case reports which you will stand you in good stead when writing case studies. When writing reports, for example, you need to think about what the information is for, who will use it, how it will affect the client, and how it will reflect on your reputation when read by others for whom it is intended, including the client (who almost always has the right to read it). These same principles can also guide your thinking about your case studies, so there are similarities in that respect.

Also, when writing clinical reports you may want to develop a generic psychological assessment **report format** which will ensure that you cover key points in your assessment and help you to develop an effective treatment plan; note that such a format should be used only for the report **structure, not the content**. Clients are individuals and must be described as such! Likewise, you can create a **template for structuring your case studies**, including the title page and key headings.

A further similarity is that your **language needs to be appropriate and respectful** at all times for all assignments. Remember too, both with reports and case studies, to avoid clinical jargon as much as possible. And avoid extreme terms, such as "violence" when talking about the behaviour of a preschooler.

Specific points: Keeping the above general points in mind can be useful when you are writing the Method and Results sections of your case studies. There are also some specific points, as follows, to be aware of when writing both clinical reports, and case studies.

The **raw data or information** about the client is presented, **but not interpreted or analysed**, in the assessment sections of your actual case report; these sections might include the referral information, presentation, process, presenting problem, client's history, and formal assessment sections, including administration of psychometric measures. These sections are always written in the **past tense**. The only exception to this is when you are describing something that is clearly ongoing.

Please always **make it clear where you gathered information** that you are reporting; for example, if you write "John attended school until the sixth form" you are implicitly stating that **you** directly observed John attending school until the sixth form. If, instead, you write "John reported that he attended school until the sixth form" you are making clear that he told you this. This does not mean that you need to start every single sentence with "John reported ..." which becomes tedious to read (and wastes precious words in a case study); but make sure that you identify your sources of information at the beginning of a new paragraph or section.

It is in the **functional analysis and formulation** sections of your report that you do all of your **interpreting** and demonstrate your understanding and application of the basic

principles of psychology. It is important to make sure that there are **direct and obvious links** between the maintaining factors of the client's problem(s) that were evident from the functional analysis and that you interpreted in the formulation, and any treatment action that you consider. The functional analysis and formulation sections and the intervention plan can be written in the **present tense**. Any analysed intervention outcomes, if available, are written in the past tense.

Always make sure your recommendations and treatments for the client follow directly from your observations (interviews, test results, functional analysis, formulation, etc.). You may conceptualise clients according to visual graphic models, but don't make these too complex and include everything plus the kitchen sink. It is hard to generate a **clinically meaningful intervention plan** from an overly-elaborate case formulation. Long lists of recommended treatments are rarely helpful. If you have good clinical reasons for doing so, group them into the order and priority with which they would be carried out, or specify which ones might occur through the vehicle of other people.

Ensure that your recommendations for treatment are as precise as possible. Make sure they are **clinical** treatments (expressed in CBT terms), rather than client disposition recommendations, referral suggestions, or general management issues. Sometimes these are important, but make sure they are labelled as such so that what you think should happen next for the client is kept as a separate item from what **you** are formally recommending (or providing) as psychological treatment.

Give as detailed information as possible about **psychometric test results** and the **meaning** of the results. This is a valuable habit. Note profiles, the range into which the client's test scores fell, and, if the test is something unfamiliar, provide clinical cut-offs and other normative reference points so that it is clear what the results mean. When instruments have subscales, report those results as above. If you need to report detailed scores (for example, for a neuro-psychological assessment) it should be in an appendix which can be provided to other psychologists (though not necessarily to all those who may need to read the interpreted results in the body of the report). For case studies, always provide the reference for any psychometric test used, a **brief** description of what the test assesses, and a **brief** comment on its psychometric properties.

Evaluation of outcome in clinical reports and case studies

You should be **monitoring and recording behaviour and behaviour change**. Observational and self-report data should be included if possible, especially as **baseline data**. Go back to the literature on single-case designs for some good examples of how this can be done, and think about how you might gather some systematic data from your clients, from the beginning of your work with them.

Not every case lends itself to this, of course, but if you are creative you can collect and include valuable information about client change in your psychological treatment reports and in your case studies, whether from formal psychometric measures, outcome measures such as the Outcome Questionnaire-45, client self-report, or just your clinical observations and impressions. If you have data, report them.

Present your evidence in a graphical form (if at all possible) in the case study. Present any follow-up information you can gather. Link the outcomes with the stated goals of the client and the formulation you presented, and explain any discrepancies.

Process issues

Each case study should incorporate discussion of one or more process issues. Process issues are the ways in which aspects of the relationship and particular interactions affect the work of therapy; the ways that it matters who and how you are as people, and how you interact with each other, in terms of getting the work done. This might include things like discussion of difficulties in establishing rapport with an adolescent, the impact of differences in gender, age, or ethnicity between the client and you as the therapist, your thoughts about your personal reactions to things the client says, and how you sorted this out so that it had less impact on the therapy, the level of collaboration present and what might have affected it, etc. As with other aspects of the case, you do not have to, and cannot realistically, discuss all the process issues that arose in this case. **Choose one or two issues that are pertinent to the theme** you are discussing. This can be a separate section, or if it is not set off as a specific section, make clear as you integrate these points into other aspects of your discussion that you are aware that you are talking about process issues.

In order to help you to be aware of and think about process issues, for your case studies, and, more importantly, for use in supervision and for your reflection on your work and the client's experience, you should make brief notes, after each session, of your thoughts and reactions to the content and process of the session. **These are not case notes** to be filed with the client's file, but more informal, reflective, and personal notes about your thoughts and reactions, and they should be kept (safely) with your own supervision notes. They will be useful in looking back on each case and identifying issues that come up repeatedly, and in writing up the case study. Although process issues often become more clear and obvious as therapy progresses, these issues are present from the very beginning of a relationship with any client; even before the client sees you, she or he has some impression, expectation, or experience of what it means to see a clinical psychologist or psychology student, and this may be important. Process issues, then, can and should be thought about and discussed in assessment, as well as therapy, cases.

Discussion

This is the most interesting part of the case study. It is where you demonstrate your prowess as a scientist-practitioner. The discussion is the best place to demonstrate overtly that you drew conclusions and based your approach to the client's case on the established empirical literature, asked the right questions, developed a way of testing hypotheses, and constructed measures of change that allowed you and your client to obtain some objective, verifiable estimate of progress and success. Further, you should overtly demonstrate the connection between your chosen focus in this client's case and the interesting area of clinical psychology that it highlighted and exemplified for you (the theme). All the way through the case study, based on the literature you presented and the details of the case, the reader should have been coming to the same conclusions that you describe in the Discussion. In fact, the conclusions you reach in the Discussion should be pretty obvious if you have done the case study well! The Discussion is usually under three pages.

Reference list

You must use APA style for the structure of the reference list. Include only those references used in your case study. A huge list of references does not result in an automatic "A++"!

Appendices

You may attach any necessary **relevant** information (**anonymised**, of course), such as the referral information, the psychological assessment report you wrote on the client, test results, assessment and observation information, etc. Remember that **all appendices count toward your word limit!**

Supervisor input

Supervisors are not permitted to have any input on the case study other than approving the annonymisation and assuring that the work is the student's own work that was completed while on placement/internship with him/her. They must sign the cover page for all case studies you create, including the draft case study that you hand in.

For your **first-year Child Development Centre (CDC) Case Study only**, you should include an **"CDC IDA Assessment and Observations"** appendix which does not contribute to the word limit and includes a brief but detailed account (with a heading for each person or persons) of the following:

With reference to the psychologist:

- What areas did he or she cover?
- What did he or she find out? Were there any limitations to the information he or she was able to obtain?
- When did he or she have difficulty obtaining information? How did he or she deal with those difficulties?

With reference to the parents or caregivers:

- How did they behave?
- How do you think they understood the process?
- How do you think they understood the findings?

With reference to the child:

- What areas of his or her functioning were assessed and how?
- How did the child behave and what did the therapists do to manage the behaviour?

With reference to yourself:

- What is your professional opinion (with comments) about the procedure?
- What are your comments about the child, and his or her caregiver(s), if relevant, in relation to the literature?

What **safety, ethical, and/or cultural** issues were there?

Conclusions

Case studies should be an effective way to communicate about a client; what you discovered, how your assessment and intervention fit best standards of clinical practice, and how the work with the client was informed by the empirical literature. The key to a good case study is good "flow". The theme of your case studies needs to tell a story that communicates the theory, intervention, results, and related professional issues in a way that tells the reader you really understood the case. In addition, case studies can also be

creative enterprises. There is no one way of doing a good case study and if you have a novel idea about the format and the theme of a case study, discuss it with your supervisor and with the clinical staff. These notes are not designed to lay down formal requirements but to give you some guidelines. You can be creative and come up with new ideas and approaches that serve the function of providing sound information regarding your clinical activities.

Case Study Checklists for Students

Checklist for case studies as a whole

- ☐ Have you provided evidence of linking the formal empirical literature to real-life issues of clinical practice?
- ☐ Does the case study illustrate your use of the scientist-practitioner model?
- ☐ Does the case study illustrate your use of sound clinical judgment and skills?
- ☐ Does the case study demonstrate your awareness and understanding of the major theories about the topic of interest on which you chose to focus?
- ☐ Is more than one theoretical approach discussed in order to demonstrate that you had considered alternative models?
- ☐ Have you provided a brief overview of the current literature on the particular clinical topic?
- ☐ Have you provided a clear description of your assessment methods?
- ☐ Have you provided a formulation of the issues leading to the rationale for your treatment?
- ☐ Have you provided an account of the treatment?
- ☐ Have you provided an analysis of the outcome?
- ☐ Was the approach you used clearly based on established empirical literature?
- ☐ Did you test your hypotheses?
- ☐ Have you provided some objective and verifiable estimations of progress and success reported?
- ☐ Is your case study succinct?
- ☐ Have you identified any issues that still need to be addressed, and provided information about how they will be addressed, and given reasons for problems, delays, or difficulties?
- ☐ Have you recognised any issues of diversity, cultural competence, and cultural safety, and considered them appropriately?
- ☐ Have you recognised ethical issues and considered them appropriately?
- ☐ Were your clinical decisions justified appropriately on the basis of the scholarly literature in clinical psychology?

- ☐ Does your terminology and language reflect current standards and practices as well as values such as respect for the client, bicultural sensitivity, and consideration for the work of the agency and supervisor?
- ☐ Have you ensured that client anonymity is maintained? The case study should state something like, "**All** client details have been anonymised to protect the client's identity."
- ☐ The case study should also include on the title page the statement, "This case study was completed during the period of the placement and is essentially the work of the student".

Checklist for theme and title

- ☐ Does your case study have a theme? Often the client's case has one area on which you would like to focus, and your theme develops from how this area demonstrates or intersects with an interesting aspect of the case, the research literature, a process issue, or any other clinically relevant area.
- ☐ Does your title reflect your theme?

Checklist for literature review

- ☐ Is your literature review an appropriate **summary** of the relevant reading about your client's case?
- ☐ Does your literature review focus on the theme of your case study?
- ☐ Is your literature review a brief overview of the seminal and most recent literature and research?
- ☐ Does your literature review demonstrate the link between the formal empirical literature and the real-life issues and actions which you undertook in clinical practice with this particular client?
- ☐ Does your work with your client illustrate how you put the empirical literature into practice?
- ☐ Does your reference list cite standard clinical and behavioural journals (e.g., *Journal of Consulting and Clinical Psychology, Journal of Clinical Psychology, Behavioral Medicine, Behavior Therapy, Behaviour Research and Therapy)* for **at least** half of the references?
- ☐ Have you reported the demographics and statistics from New Zealand, or if New Zealand statistics were not available, have you reported multiple international comparisons?

Checklist for style, format and word limit

- ☐ Have you used APA style for the layout of the case study?
- ☐ Have you used APA style for references?
- ☐ Have you used an acceptable typeface, font size 12?
- ☐ Have you used double line spacing?
- ☐ Have you numbered your pages, including appendices? The title page does not count toward the page numbering and does not get numbered. The first page of

the case study counts toward the numbering but generally the number does not appear on that page. Page 2 is numbered normally, as are all pages that follow. Page numbers usually appear in the upper right-hand corner of the page.

- ☐ Have you reported the word count on the title page? Have you adhered to the word limit of **4,500 words** (including appendices but excluding references)?
- ☐ Does your case study demonstrate clarity and economy of exposition?
- ☐ Are your spelling, grammar, and punctuation errors kept to a minimum?
- ☐ Are your abbreviations kept to a minimum?
- ☐ Does your case study include all of the relevant sections, that is, Title, Abstract, Literature review, Report (or Method and Results, or Case description, or Clinical information, or however you choose to present the assessment and contextual information), Process issues, Discussion, and Reference List?
- ☐ Does your psychological assessment report **(if you have included it)** include the referral information, presentation, process, presenting problem, client's history, formal assessment information (including psychometric measures), functional analysis, formulation, intervention plan, and monitoring methods, if appropriate?
- ☐ Have you carried out treatment and if so, have you analysed the intervention outcomes and discussed them in the case study?
- ☐ Does your Discussion section overtly demonstrate that you drew conclusions and based your approach to the client's case on the established empirical literature?
- ☐ Does your Discussion section **overtly demonstrate the connection between** the aspect of the client's case on which you chose to focus and the area of clinical psychology (the theme) that it exemplified?

Checklist for Method & Results; Case description; Clinical information; Report

- ☐ Was clinical jargon minimised and used appropriately?
- ☐ Does the client's psychological assessment report (or Method and Results, or Case Description, or Clinical Information – however the client's information is presented) give the raw data (that is, the information about the client) without interpretation or analysis? These sections might include the referral information, presentation, process, presenting problem, client's history, and formal assessment sections, including psychometric measures.
- ☐ Are the assessment sections of the report written in the past tense?
- ☐ Have you let the reader know where you gathered the information that you reported?
- ☐ Do the functional analysis and formulation sections of the report present your interpretations?
- ☐ Do the functional analysis and formulation sections of the report demonstrate your understanding and application of the basic principles of psychology?
- ☐ Are there direct and obvious links between the maintaining factors of the client's problem(s) that were evident from the functional analysis and that you interpreted in the formulation, and any treatment actions that were considered?

- ☐ Do all recommendations and treatments for the client follow directly from observations (interview, test results, formulation, etc.)?
- ☐ Are the treatment recommendations clinically meaningful?
- ☐ Are the recommendations for treatment as precise as possible?
- ☐ Have you provided (in an appendix, if appropriate) test results, clinical cut-off scores and other normative reference points of the psychometric tests?
- ☐ Have you provided (in an appendix, if appropriate) the reference for any psychometric test used, a brief description of what the test assesses, and a brief commentary on its psychometric properties (in **summary** form)?
- ☐ Was observational and self-report data included if possible, especially as baseline data?

Case Study Number ___ of ___

CASE STUDY TITLE
(make this something interesting about the theme of your case study)

This case study was completed during placement at …………………………………………..

from ………………………………………….. to …………………………………………………..

This case study was completed during the period of the placement and is essentially the work of the student.

All client details have been anonymised to protect the client's identity.

(Student)	Printed Name ………………………………………………
(Student)	Signed ………………………………………………………
	Date ………………………………………………………
(Supervisor)	Printed Name …………………………………………..
(Supervisor)	Signed …………………………………………………..
	Date ………………………………………………..

Word Count = _____ (maximum of 4,500 words, including appendices but excluding references)

FEEDBACK SHEET FOR CLINICAL CASE STUDIES

Student ID Number/Name:					
Marker:					
Assignment:					
Deadline Date:			Date Handed In:		
Date Passed to Marker:			Date Mark Due:		
Structure	Very poor	Poor	Adequate	Good	Very good
	Comments				
Clarity and economy of exposition	Very poor	Poor	Adequate	Good	Very good
	Comments				
Clinical Skills (to include assessment, formulation and intervention)	Very poor	Poor	Adequate	Good	Very good
	Comments				
Grasp of theory	Very poor	Poor	Adequate	Good	Very good
	Comments				
Critical analysis of the literature	Very poor	Poor	Adequate	Good	Very good
	Comments				
Evaluation of	Very poor	Poor	Adequate	Good	Very good

	Comments				
Theory and practice links (to include professional issues)	**Very poor**	**Poor**	**Adequate**	**Good**	**Very good**
	Comments				
Other comments					
Signed sheet from supervisor	**Received?**	**Named?**	**Dated?**	**Checked by:**	
PROVISIONA L GRADE	**Very Poor**	**Poor**	**Adequate**	**Good**	**Very Good**
Please turn overleaf for list of amendments required					
Signed:				**Date:**	

ADDITIONAL COMMENTS AND LIST OF AMENDMENTS REQUIRED	
1.	
2.	

3.	
4.	
5.	

APPENDIX 7: Creating a Structure for Supervision

CREATING A STRUCTURE FOR SUPERVISION

First time or novice supervisors

1. Each person supervising should have a general knowledge of the expectations of the programme, know how to deal with problems or difficulties, and feel comfortable as a valued part of the training programme. They should be familiar with procedures developed by the Senior Clinical Tutor, and understand their responsibilities.

2. New supervisors may never have had any training in how to supervise. The first suggestion is that new supervisors identify models of what supervision is (from relevant literature), and give some thought to a model that they are comfortable with. They should be able to explain the differences (and occasional similarities) between supervision and education, counseling and consulting.

3. Supervisors should be aware of the essential evaluative role and have strategies to deal with the certain amount of conflict this creates.

4. New supervisors should develop a set of methods or techniques to impart clinical skills. This means:

    a) ability to operationalise and specify the competency required
    b) willingness to demonstrate the competency
    c) have instructional skills
    d) give feedback and correction based on tapes, video, or direct observation

5. New supervisors should be willing to address bi-cultural issues, to foster the development of services appropriate to Maori, and be able to enhance the training needs of the programme.

6. Supervisors need to be aware of process issues in supervision – to understand and respond appropriately to student feelings that might interfere with effective delivery of services.

7. Supervisors need to understand and be aware of their own feelings and issues.

8. Supervisors should have mechanisms in place to ensure that quality services and care are being provided clients seen by the student.

<u>Experienced supervisors, senior psychologists, and team leaders</u>

In addition to understanding and promoting the above, most senior psychologists in a given agency should be attempting to develop the following:

9. Seniors should provide supervision and support to all other supervisors working with our students. By discussing new skills and the issue of competency and its measurement, the work of new supervisors is supported and encouraged.

10. Seniors are responsible for creating a culture or climate for supervision in which good

quality supervision is monitored, evaluated, and rewarded.

11. Seniors should represent the training role of their service to their managers, and to the other senior professional staff in their agency. They should be looking for ways to enhance the profile of psychologists in the service by emphasizing the role played by supervision and the quality of the students. They should seek methods of ensuring the professional viability of supervision. Support and resources can be requested from the university training programme in doing this.

12. Seniors should look for special training and learning opportunities that could be provided by their agency. We would like to see each practicum or internship site have a specific concentration of expertise in addition to the general clinical skills imported.

13. Seniors should actively promote opportunities for clinical psychologists and especially our students to be involved in Maori-directed services. We would like each placement site to have made a specific plan as to what they can and will do with respect to biculturalism, each year. In addition, but not instead of, a general focus on cultural competence and understanding diversity from a number of perspectives should be encouraged.

14. Seniors should encourage staff and trainees to consider initiating programmes in which a state-of-the-art treatment protocol can be implemented. Some aspect of the trainees' work should illustrate the scientist-practitioner model.

15. Seniors should assist in the development of a balance in the internship such that general training, the needs for the final exam, the specific goals of the student, and the aspirations of the supervisors or the agency are all addressed.

SUPERVISORS' RESPONSIBILITIES – SECOND YEAR STUDENTS

1. Provide individual time each week (at least two hours) to discuss and review student's work (student must understand crises take precedence). Go through log. Agree on amount of time to be spent on each topic in supervision.

2. Provide information/introduction about agency and student's roles and relationships within it.

3. Provide information on constraints and limitations which impinge on working professionally and ethically within agency.

4. Inform student of his/her responsibilities.

5. Be observed and discuss what is observed with the student.

6. Initally, discourage individual students from seeing clients alone.

7. Structure interviews so the student can practise different parts.

8. Take responsibility for clients overall and intervene in "dangerous" situations (e.g., when giving incorrect information).

SUPERVISORS' RESPONSIBILITIES – THIRD YEAR STUDENTS (INTERNS)

1. Be available to meet regularly (e.g., minimum two hours per week) for formal supervision plus other times by arrangement.

2. Take overall responsibility for the student's work (e.g.,giving information, checking work content, keeping proper files).

3. Clarify who is the primary supervisor and who is the backup.

4. Inform student about crisis procedures.

5. Protect students and clients by screening referrals and monitoring workloads.

6. Set goals and expectations, and monitor and review these.

7. Take notes in supervisory sessions.

8. Give clear feedback and model appropriate behaviour and communication skills.

9. Discuss work and personal issues without becoming involved in therapy, adopt a supportive role and ensure that any advice is followed.

10. Be available to consult with university supervisor.

APPENDIX 8:

Site Visit Report

Course Title::	**PSYC521**
Marker:	**Kyle Smith, Senior Clinical Tutor**
Name of Organisation visited:	
Date of Site Visit:	
Site Visit Number:	
Due Date for this Report:	

Agency and Psychologist Contact Details:	
Name of the agency (abbreviation):	
Contact details of agency (address, phone, and email):	
Name(s) and professional title(s) of clinician(s) hosting the site visit:	
Nature of the Service:	
What is this agency's function?	
What kinds of clients does the agency work with? Does it commonly work with other agencies (if so, which)?	
What is (or are) the main role(s) of **clinical psychologist(s)** in the agency?	
Assessment and treatment of clients:	
Who typically refers clients to this agency, and to the **clinical psychologists** working here?	
What does a typical assessment involve? If it is carried out in a multi-disciplinary team, what is the **clinical psychologist's** role in assessment?	
What might be typical	

treatment goals for clients of **clinical psychologists** in this agency?	
What might be typical **psychological** treatment components? Does the **clinical psychologist** work alone or with others (who?) to help the client?	

Issues in the Delivery of the Service:	
Are there any common service delivery issues (perhaps the nature of the client group, or statutory obligations, etc) which impact on **psychological** intervention? How do they affect it? How is this managed?	
What pressures or risks are there for **clinical psychologists** working in this agency, and how do they manage these?	
What are the best aspects of the agency from a **clinical psychology** perspective?	
What do **clinical psychologists** working in this agency need to do to maintain competency?	
Bicultural Issues:	
How are the needs of clients of different cultures handled?	
What cultural resources (e.g., training, consultation) are there; are they used by **clinical psychologists,** and if so, how?	
If psychometric measures are used, how do **clinical psychologists** account for the lack of New Zealand norms for	

many measures?	
What are **your** thoughts and insights about this agency in this context?	
Your Overall Impressions and Insights:	
What are your overall impressions and personal observations about this agency's atmosphere and facilities for **clients, and clinical psychologists?**	

Note: While the GENERAL issues to be discussed with your agency and the hosting clinical psychologist are highlighted in blue, and prompt questions are listed beneath each section, these are to be used as a GUIDE to DISCUSSION. You are expected to think critically and constructively about these guidelines in the context of the particular agency you are visiting!

Not all sections will be directly applicable to all agencies; you might have to re-frame them (ask them in a different way). If you have important questions about an agency's provision of clinical psychology services which do not appear on this report sheet, or you and your host want to discuss a relevant psychological issue in detail, then do not feel constrained by the outline!

This exercise is not about "ticking the boxes". It is about learning how various services provide psychological assessment and intervention, about learning how to evaluate and assess how services work, thinking about what it would be like to be a client of each agency, whether you would like to be an employee of each agency, and forming your considered opinion based on all of the information you have gathered by asking pertinent questions and observing what is going on in the environments. These are all skills which you will be able to adapt and transfer to your clinical work in time!

APPENDIX 9: Clinical Psychopathology Workbook

CLINICAL PSYCHOPATHOLOGY WORKBOOK

This is a workbook that you will be expected to work on during your three years of clinical training. The workbook will be completed as follows:

- First year - diagnostic criteria and key theories of etiology
- Second year – assessment approaches
- Third year – treatment approaches

For each of these topics you need to provide a summary of the required information. The information you include needs to be summarized and paraphrased in your own words - thus it should not be copied from the source. However, you are permitted to work together (e.g.,in pairs or as a group) in collating the research materials. Thus you must work independently to write up the summaries as they must be in your own words. If you are including DSM diagnostic criteria or ICD-10 you may reproduce these in their original format.

The purposes of the workbook are to encourage you to revise relevant material and to assist you in developing a key resource that you can use throughout your years of clinical training and beyond. Apart from the information provided above, there are no fixed requirements for the workbook – you can put it together in a way that works best for you. However, it is recommended that you use a folder that you can add to as time goes by. It is probably useful to have a divider for each diagnostic category (or each group of categories). Please note that completing the workbook is a course requirement.

As this is a new course requirement it is not expected that students in their second and third years will end up with a complete workbook. Rather you will begin from your position as of this year. Thus if you are a currently a second year student you will complete the assessment approaches this year and treatment approaches next year. However, you are encouraged to complete other sections if you have time to do so, as it will be a useful resource for you both during and beyond your training.

The workbook will need to be completed and handed in within two weeks of the end of semester two. You will not receive a grade for this – rather you simply need to complete it and hand it in by the due date. If the content is considered to be unsatisfactory i.e. if you have not met the requirements then you will be given 30 days in which to make amendments and resubmit. Your workbook will need to be considered to be complete and satisfactory in order for you to pass the course in your respective year. Clinical staff will be happy to give you feedback prior to the due date if you want to check that you are on the right track.

The topics that need to be covered in each of the three years are:

- Anxiety disorders
  - Panic disorder and agoraphobia
  - Specific phobia
  - Social phobia
  - OCD

  - PTSD and acute stress disorder
  - GAD

- Mood disorders
  - Major depression
  - Bipolar
  - Dysthymia
  - Cyclothymia

- Psychosis
  - Schizophrenia
  - Brief psychotic disorder
  - Schizophreniform disorder
  - Schizoaffective disorder

- Eating disorders
  - Anorexia nervosa
  - Bulimia nervosa

- Personality disorders
  - Paranoid personality disorder
  - Schizoid personality disorder
  - Schizotypal personality disorder
  - Antisocial personality disorder
  - Borderline personality disorder
  - Histrionic personality disorder
  - Narcissistic personality disorder
  - Avoidant personality disorder
  - Dependent personality disorder
  - Obsessive-compulsive personality disorder

- Pervasive developmental disorders
  - Autistic spectrum disorder
  - Asperger's disorder

- Other disorders of childhood
  - ADHD
  - CD
  - ODD
  - Separation anxiety disorder

- Mental retardation

- Substance-related disorders
  - Substance abuse
  - Substance dependence

- Dissociative disorders
  - Dissociative identity disorder

- Somatoform disorders
  - Body dysmorphic disorder

  - Hypochondriasis

- Cognitive disorders
  - Dementia
  - Delirium

Obviously there will be varying amounts of research available on these disorders and in some instances you may be limited in terms of what you are able to find. If so, you should note this in your summaries. Thus some topic areas will only require brief summaries.

It is acknowledged that some topics, such as for instance borderline and histrionic personality disorders will have similar, if not the same, approaches for assessment and treatment. In this case it is fine to combine them as one topic. It is up to you how you categorise the material and our only expectation is that it is organised in a logical manner.

It is envisaged that the finished product (i.e. a workbook that is completed over three years) will have about three pages of information for each topic, thus, obviously it needs to be concise. You simply need to summarise the material and include notes and in text references that will remind you where to find further information about a particular topic. You do not need to include a reference list unless you think you need this for your own purposes. The information should allow you to quickly refer to a topic (for example before an interview) and refresh your memory about relevant information such as models and assessment approaches.

It is hoped that this will not be viewed as an onerous task but rather as an opportunity to put together a useful resource.

Application for Deferral of Clinical Training

University of Waikato Clinical Psychology Programme

As is noted in the clinical guide, deferral of training is a serious step and is not ordinarily granted other than for Ph.D. research or major unanticipated medical/family reasons. It is in the interests of the student and the programme to complete training in a continuous three year cycle, and students requesting deferral need to consider the impact of an interruption in training on their education and skill development, and plan for ways to maintain knowledge and contact with the clinical programme.

Date submitted:
Student:
Reason for requesting deferral of training, and length of deferral desired:

Please submit the following additional documentation:

- If deferring for completion of thesis: letter/e-mail of support from thesis supervisor
- If deferring for medical reason: note from physician indicating time needed for recovery from medical condition

All applications for deferral of training will be considered by the clinical programme team, and formal notification of the status of the application will be communicated to the student as soon as possible after the meeting. Applications should be submitted as far in advance as possible, and preferably at least six weeks ahead of any scheduled placement. If the deferral is approved, and if a placement has been previously arranged, the student must talk with the clinical tutor and agree on a process for informing the clinical agency and immediate supervisor.