



TE KUNENGA | MASSEY  
KI PUREHUROA | UNIVERSITY  
UNIVERSITY OF NEW ZEALAND

# CLINICAL PSYCHOLOGY PROGRAMME MANUAL 2024

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SCHOOL OF PSYCHOLOGY  
TE KURA HINENGARO TANGATA

# **School of Psychology**

**Te Kura Hinengaro Tangata**

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**Clinical Psychology  
Programme Manual**

**2024**

**Disclaimer**

*This manual is designed to give an overview of the Clinical Psychology Programme. Information contained in this publication is correct at the time of printing, but may be subject to change. While all efforts are made to ensure that the information contained in this publication is correct, the School of Psychology reserves the right to make changes as required. Please check the School website for any updates to this document.*

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## **Ka whiria te harakeke Kia mura te muka**

### **Abraid the flax To reveal the silken threads**

This whakatauki, developed by a group of Māori psychologists and our two School kaumatua, symbolises the complexities and hard work required of staff and students in the journey towards creating an environment that fosters the development of culturally competent clinical psychologists.

The harakeke plant had significant holistic benefits for Māori and became a necessity for survival, warmth, knowledge transmission, and health. Today the art and utility of the harakeke has continued to thrive and is recognised as one of the symbols of resilience within Māori culture.

There are specific rules and rituals related to the harvesting and utility of the harakeke plant and all parts can be used. The muka as described in this whakatauki is extracted by stripping away the green outer texture using a shell exposing the strong white silky fibres. These fibres are then pounded until soft, washed, and sometimes dyed, twisted, and plaited. This final product is very strong and can be woven to create effects such as korowai (cloak), muka kete (muka bag), whariki (mat), fishing nets, traps, footwear, and many more.







Clinical Psychology Training Programme Staff Hui  
2021

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# Important Requirements

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## Please Note ...

### 700 Level Courses

Students entering at this level should enrol as soon as possible as clinical courses quickly become fully subscribed.

### Important Reading

The Clinical Psychology Programme Manual  
The School of Psychology Postgraduate Handbook  
The School of Psychology Postgraduate Prospect us

### Registration

Prior to commencing the final year internship, interns **must** register as Intern Psychologists with the New Zealand Psychologists Registration Board. Documents for registration should be submitted in the year prior to internship to ensure that you are already registered at the beginning of the year. Without registration you cannot begin your internship.

### Overseas Registration

Overseas registration boards will require evidence of the nature and extent of your clinical qualification. If you ever intend to apply to practice overseas, you are strongly advised to keep a copy of all materials that provide detailed evidence of your study and training at undergraduate and post-graduate levels as these records will not necessarily be retained by the University.

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Auckland Campus (Ōteihā) Pasifika Fono  
(2023)

# Introduction to Clinical Psychology at Massey University

## Mission

It is intended that the Clinical Psychology Programme at Massey University, in common with most of the other clinical programmes operating in New Zealand, will produce clinicians capable of working in any clinical setting, or at least that their training will not preclude their working in any setting. For this reason, the programme requires a broad base of experience and does not allow for special conditions to be established for the assessment of students who complete their internship in a particular specialty area.

We have a commitment to the principles embodied in the Treaty of Waitangi and aim to produce clinicians who are both well trained from a variety of perspectives and are sensitive to the needs of people from diverse backgrounds. In line with this commitment, we are working towards a programme that embraces recovery principles with an emphasis on instilling hope, social inclusion and empowerment.

The course offered reflects a conscious effort to be integrative. The staff involved in teaching have a wide range of experience and interests, and approach clinical work from a range of theoretical perspectives. It is hoped that, during their involvement in the programme, students will formulate an approach to understanding human behaviour which has a strong theoretical base and which can serve as a guide in their professional career.

The course stresses the principle of lifelong learning. Students will leave the programme very aware that clinical psychology is a constantly developing field and mindful of the need for continuing education throughout their professional careers.

## Philosophy

There are currently two major models of clinical psychology training: the professional model and the scientist-practitioner model.

Both models recognise the importance of research and evaluation training as a core area of competence. The major detectable difference in training under the two models is in the actual weight given to the production of a piece of original research.

In the professional model, the trainee may or may not produce a research project; the emphasis in training is on the critical understanding and incorporation of scientific literature into their work, together with the use of hypothesis testing in clinical practice. In contrast, under the scientist-practitioner model, in addition to incorporating scientific literature into their work and using hypothesis testing in clinical practice, trainees receive training in conducting research and are always required to have produced a piece of original research, as well as critically reading research literature.

At Massey, we have used the scientist-practitioner model for a number of interlinked reasons:

1. Our understanding of the causes of the various problems for which clients present to clinical psychologists is not exhaustive. Furthermore, we do not completely understand the reasons for our therapeutic impact. Clinical psychologists are in a unique position to produce this knowledge. Although few clinicians in New Zealand produce major amounts of research, the research orientation of the scientist-practitioner model fosters thinking in research terms

and graduates have a demonstrated capacity to conduct research.

- 2.** Research expertise is often an important additional skill that a psychologist can offer in the workplace. In New Zealand, there are few individuals employed solely as researchers in clinical settings. In many of these settings, a trained clinical psychologist will have the greatest research training and experience. For example, the drive by the Ministry of Health for quality assurance in mental health services has led to greater involvement by clinical psychologists in research projects and other related endeavours [e.g., producing empirically driven guidelines for practice].
- 3.** In the helping professions, there are some others who possess some of the assessment and intervention skills that are at the core of most clinical psychology practice. However, it is often only the clinical psychologist who approaches this work from a scientist-practitioner perspective.
- 4.** Clients will often either demand or be reassured by research information supporting our service delivery. We are in a unique position to increase initial treatment expectancies [i.e., hope] through the provision of such information. These expectancies can then mediate treatment gains.





2023 Auckland Campus (Ōteihā) Hui  
at Te Tāua Moana Marae, Devonport



2018 Combined Manawatū (Turitea) and Wellington (Pukeahu)  
Campus Hui



# Progress through the Clinical Programme

## Qualifications Offered

Massey University offers two pathways to qualification in clinical psychology - the Doctorate in Clinical Psychology (DClinPsych) and the Master of Clinical Psychology (MClinPsych).

Both qualifications entitle the holder to apply for registration under the Health Practitioners Competence Assurance Act (2003) (HPCA) and to apply for jobs and practise as a registered Clinical Psychologist.

The components of the programme for both Doctor of Clinical Psychology and the Master of Clinical Psychology qualifications are outlined below.

(The regulations for the DClinPsych and MClinPsych are attached as **Appendices 3** and **4**, pp. 29 and 33.)

## Application

Admission to the Clinical Programme, a status that conveys involvement in the Programme, is decided by a Selection Committee. Programme admission status is a separate decision from formal enrolment in University degree programmes.

For DClinPsych applicants, the competitive selection process will normally occur towards the end of the Honours year. However, provisional admission can occur after the completion of the Bachelor's degree.

For MClinPsych applicants, the competitive selection process will occur towards the end of the year when they have concluded their Masters or PhD in Psychology. If they have prerequisite courses to complete or repeat, their entry to the MClinPsych will be delayed until the courses have been successfully completed to the required standard.

Entry also requires meeting the requirements of the Vulnerable Children Act (2014), a clear Police Vetting, certain personal qualities, as well as academic potential, that satisfy the selection panel as to the candidate's suitability to undertake a professional course of study. The qualifications aim to meet professional standards of competence, clinical skills, safe practice and cultural knowledge.

Professional behaviour, expectation and activities related to the Clinical Programme are laid out for the student once accepted into the Programme.

### Note:

The DClinPsych programme may *only* be undertaken on a full-time basis. In exceptional circumstances, the MClinPsych may be undertaken on a part-time basis, although enrolment should be no longer than three years.

## Enrolment

Enrolment in the first year of the DClinPsych is entirely dependent on Honours grades (*including* the Honours project), and for the MClinPsych on satisfactory grades for the prerequisite courses (and Masters thesis if applicable). Students must achieve at least Second Class Division I Honours.

Accordingly, Honours research must be submitted by the programme end date in the year immediately prior to commencement of the DClinPsych (approximately mid-November). This enables marking to be completed in time for enrolment and eligibility to start clinical placements and the Clinical Skills courses. If submitted after this date, your offer of admission will be reviewed. Submission of Masters or PhD research at the start of the academic year will usually mean that enrolment in clinical training commences in the subsequent year. No formal clinical programme activities can be commenced until enrolment has been



completed. Not being able to enrol is also likely to affect your library borrowing privileges, as well as eligibility for StudyLink.

## Yearly Review

People who are accepted into the clinical programme may enter at different stages (for example into their first year of graduate study, after Honours, Master's or Doctoral degrees in Psychology) and may come from other universities. Accordingly as soon as a student is accepted into the clinical programme, a meeting is arranged so that an individual pathway through the clinical programme can be determined for each student. This meeting is generally attended by the student, the Campus Coordinator, and a clinical programme administrator.

Regular meetings are also arranged with students in the clinical programme and the Campus Coordinator to review the student's pathway and progress through the programme. This applies to all students in the clinical programme whether DClinPsych or MClinPsych, including interns, and to DClinPsych students who have completed their internship but are still working on the research component of their training (Thesis Part C).

## Formal Coursework

For DClinPsych students, this programme will involve the required 700-level clinical courses and (usually) an Honours project followed by a three-year doctoral course of study [total of four years of postgraduate study].

MClinPsych students progress to a two-year Masters course of study after completion of a Masters or PhD degree in Psychology and on achieving satisfactory grades for the compulsory 700-level clinical courses.

During the course, DClinPsych and MClinPsych students will complete skills training courses, practicum placements, and an internship. In addition, DClinPsych students will undertake doctoral-level research on a clinically relevant topic. Following successful completion of the

course work, the student will earn a Doctorate of Clinical Psychology (DClinPsych) or a Master of Clinical Psychology (MClinPsych).

## Completion

When *all* components of the DClinPsych or MClinPsych qualification are completed, the Director of Clinical Training notifies the Graduate Research School (DClinPsych) or College Office (MClinPsych). The results are then processed and, in due course, the student and Director of Clinical Training are formally notified that the qualification has been awarded.

At this point, the Director of Clinical Training will advise the New Zealand Psychologists Board that a student is eligible to be registered as a clinical psychologist. Students should ensure that they have provided the Board with the paperwork necessary for full registration. (See Board website for details: <http://www.psychologistsboard.org.nz/>)

### Note:

DClinPsych students should aim to submit their research dissertation *during* their internship (after the first mock examination, at the earliest, once the research case study has been examined). This must include the research case study in an appendix. This case study can either be a research project undertaken in the internship setting (MClinPsych) or should be based on the doctoral thesis topic (DClinPsych). It should be written in the form of a journal article and should outline the study and discuss the contribution it has made to the theory and practice of clinical psychology, specifically the intern's clinical practice during their internship.

DClinPsych students who have successfully completed their internship but who have not completed the research component of their doctoral studies by the end of their internship must enrol for Thesis Part C in the following year. There may be reductions in fees for students who submit early in the year.

Students who have completed their internship, but have not completed the research component of the DClinPsych, and would like to continue working as an intern psychologist must discuss this with their Campus Coordinator.

The New Zealand Psychologists Board have agreed to continue the intern registration of students after successful completion of the clinical component of their training as long as supervisory oversight is provided by the university. Massey University will honour this arrangement for students commencing the DClinPsych in 2024 to the end of the intern registration period, normally 31 March in the second year following the internship.

For students commencing the DClinPsych in 2024 who have not completed their thesis by 31 March in the second year post-internship, the programme will inform the New Zealand Psychologists Board that the formal internship has come to an end and that the university will not be taking responsibility for any further practise. The intern must request that their registration under the scope of Intern Psychologist be cancelled and, if they are working, arrange with their employer to practise as something other than an intern psychologist.

Further information for intern psychologists who want to continue to practise after completing their formal internship is posted on the New Zealand Psychologists Board website:

<https://psychologistsboard.org.nz/for-education-providers-and-students/intern-psychologists-who-want-to-continue-to-practise-post-internship/>

## Postgraduate Sequence

### Doctor of Clinical Psychology (DClinPsych)

For **DClinPsych** students, the total **Clinical Training Programme**, to which students will

be admitted, can be divided into 4 (with Honours degree) **OR** 5 (with Masters degree) years of university education and training. The following outline summarises these four/five years and offers suggestions as to critical programme milestones and markers. The pre-requisite year(s) consists of courses and research that make up either an Honours **OR** Masters (see also **Clinical Psychology Training: 700-Level Courses** section).

The last three years represent the DClinPsych programme proper and represent the specific doctoral (DClinPsych) qualification, made up of a total of 360 credits, with 120 credits of courses, seminars, workshops and supervised practice and 240 credits of thesis research (including the six case studies that make up Thesis Part C).

### First Postgraduate Year (Pre-Entry Year)

To complete the course requirements for entry into the doctoral programme, 175.738 and the three compulsory clinical courses should be taken, along with an Honours (Hons) project. The Honours degree [Second Class Division I] is a prerequisite for entry into the 3-year DClinPsych training programme. (Some students will have completed these compulsory courses as part of a Masters degree.)

#### **Note:**

Should your clinical courses have been completed more than 5 years before the commencement of the internship, you must consult with your Campus Coordinator or the Director of Clinical Training about your course of study.

#### **BA/BSc (Hons) (120 credits)**

The pre-requisite for entry to an Honours degree is a Bachelors degree with a major in Psychology or the equivalent, and a GPA of 6 (at least a **B+** average across second and third year psychology courses).

120 credits, including a 30 credit Research Exercise (175.799), a required course in

methodology (175.738; 15 credits), the three 700-level compulsory clinical courses, and an elective course from the list of recommended 700-level courses. Successful completion of all components to at least Second Class Division I is a prerequisite for application for enrolment in the DClinPsych.

**OR**

**MA/MSc (240 credits)**

240 credits, including a required course in methodology (175.738; 15 credits), the three 700-level compulsory clinical courses, two other elective courses, and a 120 credit Research Thesis. Successful completion of all components to at least Second Class Division I is a prerequisite for application for enrolment in the DClinPsych.

**Compulsory 700-Level Courses**

**(All 15 credits)**

- 175.781** Understanding Mental Distress
- 175.782** Clinical Psychology Assessment
- 175.783** Clinical Psychology Intervention
- 175.738** Psychological Research: Principles of Design

**Recommended Elective Courses**

**(All 15 credits)**

The courses listed below are useful as electives if you have limited knowledge in the area/s.

- 175.722** Clinical Neuropsychology
- 175.721** Child and Family Therapy
- 175.719** Applied Criminal Psychology
- 175.729** Psychology and Culture
- 175.730** Professional Practice in Psychology
- 175.734** Child Clinical Neuropsychology
- 175.761** Theory and Practice of CBT
- 175.746** Psychology Research: Quantitative data Analysis
- 175.750** Quantitative Methods in Psychology

**Year 1 DClinPsych**

**Professional Content Course**

- 175.935** Skills in Clinical Assessment  
**15 credits**

This course provides advanced training in applied skills of clinical psychology assessment across the lifespan, including interview skills, skills in case conceptualisation and psychological formulation, and skills in the selection, administration, scoring, interpretation and reporting of psychological and neuropsychological tests.

**Practicum**

- 175.920** Clinical Psychology Practicum A  
240 hours minimum  
**15 credits**

This course provides structured supervision of the student's clinical activities in the workplace to fulfil clinical psychology practicum requirements. It includes observation of the work of clinical psychologists, supervised practice of designated clinical psychology skills, and exploration of individualised psychotherapy approaches and formal treatment protocols in a selected domain of practice.

**Research**

- 175.991** Thesis Part A  
**90 credits**

Thesis research builds the student's ability to carry out independent scientific inquiry which represents a significant contribution to knowledge and understanding in clinical psychology.

**Year 2 DClinPsych**

**Professional Content Course**

- 175.936** Skills in Clinical Intervention  
**15 credits**

This course provides advanced training in applied skills of clinical psychology

interventions across the lifespan, including behavioural and cognitive behavioural interventions, family and systems approaches, and neurorehabilitation interventions.

### Practica

**175.921** Clinical Psychology Practicum B  
**15 credits**  
2 x 120 hours minimum

This course provides further supervision of the student's clinical activities in the workplace to fulfil clinical psychology practicum requirements. It includes supervised practice of all the professional activities of a clinical psychologist, including working in professional teams, conducting assessments under supervision, and using the empirical literature to guide clinical decision making.

### Research

**175.992** Thesis Part B  
**90 credits**

Supports continued research activities, normally involving selecting and testing participants; other data collection strategies as needed by the research design; statistical analysis of data, conceptualisation of the findings, and the development of tentative conclusions.

## Year 3 DCLinPsych

### Internship

**175.922** Clinical Psychology Internship  
**60 credits**

This course provides supervised experience in all aspects of clinical psychology service delivery in a professional service setting, with increasing emphasis on independent ability to offer specialised assessment and treatment programmes to a diversity of clients in a safe, culturally appropriate, and ethical manner.

The internship is a minimum of 1500 hours of supervised direct clinical experience in an approved setting. The internship involves supervision, video-taped assessment of work

with clients, seminars and workshops designed to deal with specialised clinical issues such as client safety, legal concerns, sophisticated diagnostic methods, bi-cultural practice etc., culminating in a practical-oriented exam involving external examiners. Examiners will review clinical logs and reflective self-evaluation, clinical reports, case studies involving the gathering of client data over time either in assessment or in treatment monitoring, supervisors' evaluations, and observe a video-taped sample of the candidate's work with a client. The oral exam drawing on this material and including "paper cases" (sample referrals) will be scheduled to conclude the internship.

### Research

**175.993** Thesis Part C  
**60 credits**

Integrates the student's emerging ability to carry out independent research of direct relevance to conceptual foundations of clinical psychology. The candidate integrates the major study with clinical follow-up study or studies of a practical nature, derived from the concurrent internship experiences.

Thesis Part C is comprised of six case studies. One of these will be a piece of research, based on the doctoral research topic. It should outline the study and discuss the contribution it has made to their clinical practice during their internship. **The research case study must be included as an appendix in the thesis.** The research case study should be signed off by the clinical mentor supervisor on the research supervision panel. The other 5 case studies will be written up based on clients seen during the internship and be signed off by the internship supervisor.

### Note:

These case studies represent a research component of the doctoral degree and, accordingly, should be written up in a form similar to a single case study as published in a reputable journal. Further, they are the work of the candidate, and

there is no expectation that the supervisor must correct the work. In signing the case study, the supervisor is saying that the work was done by the candidate during the internship.

Two of the six case studies are selected for submission for the final examination. Please note, however, that the other four will be available to the examiners and are examinable.

## **Master of Clinical Psychology (MClinPsych)**

**MClinPsych** students must already hold a Masters or PhD degree in Psychology and have passed the prerequisite courses (see also Clinical Psychology Training: 700-Level Courses section) prior to entry (see Note on P.7). The MClinPsych is of two years' duration and is made up of 240 credits - 120 credits of supervised practice and courses and 120 credits of internship.

### **Year 1 MClinPsych**

#### **Professional Content Courses**

**175.811** Clinical Assessment Skills  
**30 credits**

This is a workshop-based course that requires students to engage in learning activities across a full range of applied skills, of clinical psychology assessment across the lifespan, including interview skills, skills in case conceptualisation and psychological formulation, and skills in the selection, administration, scoring, interpretation and reporting of psychological and neuropsychological tests. Training will also include compulsory attendance at workshops and other training opportunities as they arise.

**175.812** Clinical Intervention Skills  
**30 credits**

This is a workshop-based course that requires students to engage in learning activities across a full range of applied skills, of clinical psychology interventions across the lifespan, including behavioural and cognitive behavioural interventions, family and systems approaches and neurorehabilitation interventions. Training will also include compulsory attendance at workshops and other training opportunities as they arise.

#### **Practica**

**175.813** Clinical Psychology  
Practica  
**60 credits**

The practica provides structured supervision of the student's clinical activities. It includes observation of the work of clinical psychologists, supervised practice of designated clinical psychology skills, and exploration of individualised psychotherapy approaches and formal treatment protocols in a selected domain of practice. It provides opportunities for supervised practice of all the professional activities of a clinical psychologist, including working in professional teams, conducting assessments under supervision, and using the empirical literature to guide clinical decision-making.

A combination of university and community agency-based practicum rotations will be required, designed according to the candidate's prior level of practical experience. The practica may be distributed throughout the pre-internship enrolment (enrolment will be double semester to allow maximum flexibility for assignment of students to relevant agencies and supervisors) and will be distributed according to agency facilities, supervisor availability, and other demands of the clinical activities at any given time. The approximate expected time commitment will be up to a maximum of 600 hours.

## Year 2 MClinPsych

### Internship

**175.814** Clinical Psychology Internship  
**120 credits**

The internship involves supervised experience in all aspects of clinical psychology service delivery in a professional service setting, with increasing emphasis on independent ability to offer specialised assessment and treatment programmes to a diversity of clients in a safe, culturally appropriate, and ethical manner.

The internship comprises a minimum of 1500 hours of supervised direct clinical experience in an approved setting. The internship involves supervision, videotaped assessment of work with clients, seminars and workshops designed to deal with specialised clinical issues such as client safety, legal concerns, sophisticated diagnostic methods, bicultural practice and so on, culminating in a practical-oriented exam involving external examiners.

The internship will also include six case studies. One of these can be a piece of research, based on the whole or an aspect of the previous Master's or PhD research *or* a piece of research conducted in the clinical setting. It should outline the study and discuss the contribution it has made to their clinical practice during their internship. The research case study should be signed off by the thesis supervisor, internship supervisor (if the research is conducted in the internship setting), or Campus Coordinator.

The other five case studies will be written up based on clients seen during the internship. The submission of full reports on six different cases or projects approved by the School are intended to reflect the work of the candidate both in terms of practice and research (i.e., all are intended to reflect a scientist-practitioner perspective; see **Assessment** section on page 15 for more detail).

## Practicum Placements

### (DClinPsych/MClinPsych)

The Psychology Clinics on each campus provide clinical training opportunities at both practicum and internship levels for clinical students, but it is the responsibility of the Campus Coordinator to liaise with the campus Psychology Clinic Director, or their delegated representative, to arrange these practical clinical opportunities.

Practicum placements are also available at a variety of mental health service agencies: secondary care, forensic, child and family, community mental health, Kaupapa Māori, drug and alcohol, testing experience, rehabilitation, private practice, acute case, as well as Student Counselling, Psychological Services/Department of Corrections, and the School of Psychology's Psychology Clinics at Manawatū, Wellington and Auckland (Albany) campuses. Details of the Psychology Clinics are contained in **Appendix 2** on page 25.

Although placements and student experiences differ, it is usual for students to engage in more independent work under supervision as they proceed through their placements. The first placement, for example, may involve more observation than hands-on experience. The placement experience also may involve observing teams working together and data searches.

#### **Note:**

It is the responsibility of the Practicum Coordinator at each Campus, not students, to arrange practicum placements.

**DClinPsych and MClinPsych candidates** must successfully complete three placements prior to the internship year.

Placements for the DClinPsych and the MClinPsych typically comprise the equivalent of a six-week placement in the first year and two three-week placements in the second year. Placements for the MClinPsych all take place in the first year. Overall the placements



are up to a maximum of 600 hours. This applies to both qualifications.

Depending on the setting, placements may range from a block placement of three weeks to hours spread over ten weeks. The performance of the student is assessed by each placement supervisor using a standard supervision report that can be completed electronically (**Appendix 7** on page 39). The supervision report form is sent by the Campus Coordinator to the placement supervisor. It is usual that the supervision report is discussed by the supervisor with the student concerned and then returned to the Campus Coordinator by the supervisor. The level of performance of the student across the three placements and across the areas that are assessed will be taken into account in deciding whether a student passes or fails the placement. The criteria are shown on the final page of the supervisor's report form in **Appendix 7** (page 43).

When students are not performing satisfactorily, they may be required to extend a placement or to complete an additional placement. If it is considered that there is no chance of a particular student passing the placement component, they will be informed as early as possible and not be required to complete any further work.

Following each placement, the Experience Record (**Appendix 7**) should be completed. It is anticipated that, at the end of the placements, the student will have ticks in most, if not all, of the boxes for each experience. Students who fail a placement are not eligible to proceed to the internship year until they have undertaken and passed a further placement. A student who fails two placements is ineligible to continue in training.

## **Internship Placement**

### **(DClinPsych/MClinPsych)**

Campus Coordinators are advised of internship positions as they arise and this information is passed on to students. Various

internship application processes operate on campuses according to regional requirements and students should follow the relevant campus processes that are advised by the Campus Coordinator. The suitability of individual settings and supervisors should be discussed with the Campus Coordinator. Issues with regular provision of suitable placements and internships to service the needs of the profession is an issue which is regularly addressed by the Clinical Institute of the New Zealand Psychological Society, the New Zealand College of Clinical Psychologists, and those involved in teaching within clinical psychology programmes.

In a suitable placement, the expected role for the student is that of an Intern Psychologist. Supervision should be by a Senior Clinical Psychologist or equivalent. The minimum period of internship is 1500 hours normally completed over the course of one calendar year. Eligibility to present for the final examination is to be approved by the Campus Coordinator.

During the internship, students are required to attend activities, usually held on Fridays (see section on Practical Activities below for more detail). They must also complete six case studies. Although two are selected for submission for the final exam, all six are available to the examiners. Students select one of the final two and the Campus Coordinator the other. During the internship year, supervisor(s) will be asked to complete three supervision reports (**Appendix 8** - page 49). These reports are completed prior to the first and second mock examinations as well as prior to the final examination. Supervision reports are also made available to the examiners during the final examination.

### **Workload:**

It is anticipated that students, after an initial period of building up a caseload, will be seeing the equivalent of 10-12 clients per week. This equates to approximately 10-12 contact hours per week on average, although there may be some weeks during the year where this average is not met, such as when

building up and winding down a caseload at the start and end of the year, respectively.

Given the pressure to pick up new cases in some settings, the commitment of interns during this year needs to be on training needs, although it is acknowledged that there needs to be a balance between employer and university expectations and requirements.

**Note for DClinPsych students:**

When completing the 6-monthly report, please be aware that Thesis Part C is *part* of the research component of the qualification. Thus when reporting on progress, do not say that you are not currently involved in research, because the report is seeking progress on all of the DClinPsych activities during your internship year.

## **Compulsory Registration as an Intern Psychologist**

Under the requirements of the Health Practitioners Competence Assurance Act (2003), interns are required to seek temporary registration for this year of training. The legal registered designation for this year is "Intern Psychologist". It is advisable to begin the application process at least three months before the end of the year preceding the internship as the process may take some time. This may be before an internship has been secured. No intern may commence work until their registration as an "Intern Psychologist" has been approved by the Psychologists Board.

If an applicant has lived overseas in the five years prior to their internship, they will be required to submit police checks from those overseas countries, as well as from New Zealand, and so should begin this process at least six months prior to internship. In some cases, there may be requirement for medical clearance.

**Application for this compulsory registration is made via the appropriate forms available from the New Zealand Psychologists Board ([www.psychologistsboard.org.nz](http://www.psychologistsboard.org.nz)).**

It is important to notify the Registration Board if your internship status changes prior to completion of your training. If you are not working as an intern but are finishing the thesis, you will need to pay a fee to stay on the register, otherwise you will be removed.

## **Clinical Supervision**

Within the clinical programme, supervision is the main process by which students gain clinical competence. The importance of the supervision relationship therefore cannot be understated. As with every other element of the programme, being active in the process is crucial.

Before, or at the commencement of, each placement, the supervisor and supervisee should meet and negotiate a supervision contract. This should detail the number of hours that the supervisor will make available to the student and canvass the issues to be dealt with within the supervision relationship. The contract should also indicate the special areas of experience that the supervisee requires in order to develop particular competencies. The contract may also specify performance requirements of the student, particularly in terms of keeping the supervisor informed of ongoing workload and providing written feedback on casework.

It may be useful in contemplating the supervision relationship and contract to separate supervision into three components.

Firstly, there is case supervision in which the supervisor directly oversees the casework of the supervisee. In this instance, the supervisor is often responsible for the overall management of the case and may be more concerned for the client than the supervisee.

Information from case supervision feeds into professional development supervision. This is supervision in which the supervisor and/or supervisee recognise particular strengths and weaknesses in aspects of the supervisee's performance as a clinician. The supervisor then provides guidance and feedback to assist the supervisee to use their strengths, while gaining necessary knowledge and skills.

The third type of supervision is personal supervision, which is the process by which the student comes to understand the personal issues they bring to clinical practice and to work to overcome those that may be barriers to their efficacy, or to identify those that may be facilitators. Although the awareness of the need for this type of supervision often arises within the clinical supervision situation, in some circumstances, it is best dealt with outside of the formal clinical supervision relationship, and perhaps by someone outside of the clinical programme.

Clinical supervisors need to have a minimum of 3 years full-time, post-qualification clinical experience, and to have undertaken supervision training. Our experience of the requirements of intern supervision indicates that time requirements vary throughout the year. Students often need substantial time at the beginning of their placement and again at the end of the placement. Frequently, the middle period is a time during which the supervisee is able to develop and consolidate with less supervision time required. However, it is stressed that the importance of the supervision relationship cannot be underestimated.

Generally, at least one regular hour of professional development supervision per week should be available. This time should be given the highest priority by both the supervisor and the supervisee. Case supervision will normally take at least one additional hour per week. **The minimum standard is two hours of supervision per week, with ad hoc supervision additional to those two hours.**

Becoming familiar with the supervisory process is an important part of training and continued practice later as a clinical psychologist.

Clinical staff from the university will visit each intern and their supervisor in the intern's placement two to three times throughout the year to ensure effective liaison occurs between the university and placement settings.

**Appendix 5** includes guidelines sent to supervisors in relation to supervision forms and feedback, as well as guidelines sent to supervisors when interns are located some distance from Massey University.

## Practical Activities

During the clinical programme, a number of practical and compulsory activities are offered. They help you acquire skills and information that we consider to be essential for successful development as a clinical psychologist. These begin for DClinPsych students in Year 1 where practical skills in clinical assessment will be covered (175.935). In Year 2 of the DClinPsych, students will take 175.936 Skills in Clinical Intervention. MClinPsych students will cover clinical assessment and intervention skills (175.811 and 175.812) in Year 1 of the qualification. Activities for interns include workshops, paper case sessions and regular screenings to improve interviewing skills. These activities also prepare candidates for the final examination.

## Screenings

Interns have the opportunity to supplement their internship with work at the respective Psychology Clinic, which allows students to have access to a range of clients. Screenings take place on Fridays, with a half-hour discussion prior to the interview, followed by a one-hour interview, after which there is a further discussion. Typically, interviews for each intern will be a mix of actual clients and role plays. Interns are actively encouraged to have supervisors screen interviews, particularly when screenings are of actual clients. Pre-interns will be invited to attend screenings at the discretion of the coordinator of 175.922 (DClinPsych)/175.814 (MClinPsych).

## Workshops

These cover a wide range of issues relevant to clinical psychology. Compulsory core workshops on topics such as professional practice and ethical issues will be held

throughout the year and are for interns only. Other workshops occur from time to time and Year 1 MClInPsych students or Year 2 DClInPsych students may be invited. When special opportunities arise (e.g., a visit by an important guest), all students will be advised and any student in the Clinical Programme may attend.

## Paper Case Discussions

During the internship year, there are opportunities to prepare, present and discuss case referrals. Attendance at these sessions is compulsory. Pre-interns will be invited to attend at least one paper case session.

## Clinical Experience

From time to time, interns will see clients in their campus Psychology Clinic for assessment and therapy, including group work. This may arise when a client who has been screened is followed up, when the client provides an alternative placement experience to that which the student typically receives in their own setting, and as required for case studies. Whenever possible, students are encouraged to take part in research-based clinical work.

## Assessment

### Clinical Logs

The purpose of clinical logs is to get a record of an intern's clinical work experience. This record is to inform the clinical programme regarding the range and extent of clinical experiences. In addition, many of our graduates have found this log useful for their own purposes (e.g., registration overseas).

The log is made available to examiners. You will be given the electronic clinical log file early in the internship year.

### Case Studies

For candidates during the internship year, six case studies are submitted, two prior to the

first mock examination in June, two prior to the second mock examination in September and two prior to the final examination. Together, these case studies comprise Thesis Part C (175.993) for the DClInPsych and are part of the internship (175.814 Clinical Psychology Internship) for the MClInPsych.

Clinical case studies should include three treatment case studies, two assessment case studies and one research case study (refer to pages 9 and 10 for details on the requirements of the research case study for the DClInPsych and MClInPsych, respectively). **For DClInPsych students, this 6<sup>th</sup> case study must be completed during the internship year and be bound into the thesis as an appendix.** It should outline the study and discuss the contribution it has made to clinical practice during the internship.

At least one clinical case study should concern a child or adolescent under 16 years old and at least one an adult or older person.

In addition, all five other case studies are expected to reflect a scientist-practitioner perspective (e.g., use of single case methodologies). At least three of the case studies should be of cases in which the intern has carried out treatment, although treatment may not necessarily be completed. Ideally the treatment case includes outcome data. As stated earlier, the work is the candidate's, and the relevant supervisor (e.g., internship supervisor or research supervisor) signs the case study to say that the work was conducted by the candidate during the internship. This does not preclude some discussion about the case as part of normal supervision.

The presentation of the case studies should commence with an introduction that briefly reviews aspects of the presenting problem, including relevant empirically-based background. For the assessment case studies, this may be relatively brief; for the treatment case studies, it may be more extensive. Details of the client, including the referral questions, tests, and assessments administered, and a summary of the contact

and treatments undertaken, should follow. It may be helpful, though not essential, to provide details of every session with the client. The results of assessment should be detailed next followed by recommendations. In treatment cases, outline of treatment and outcomes should follow assessment.

Candidates should remember that data should be gathered and single case experimental designs (mandatory for one of the three treatment studies) should be used. The final section of each case study should be a discussion of the findings and critical issues which were raised by the case. The candidate should demonstrate their breadth of knowledge and skills as both a clinician and a scholar in their presentation.

Candidates will be questioned regarding aspects of the case studies at mock examinations and the final examination. The first two case studies must be presented to the Campus Coordinator at the relevant campus at least two weeks before the June mock examination. This is so that they may be read by the examiners. Likewise, the second set is due two weeks prior to the mock examination in September. The third set is due in November. There is opportunity to improve on or update the case studies between when they have been submitted and examined in mock examinations and when they are submitted for the final examination.

Candidates should advise their Campus Coordinator when handing in the final six case studies which one should be selected for the final examination. Another one will be selected by the Campus Coordinator and submitted for the final examination. While two case studies are formally examined, they are all made available for inspection and are examinable during the final examination.

## **Mock Examinations**

Intern students participate in two sets of mock examinations, which are simulated examinations that allow the candidates to refine their skills and receive feedback on

their performance. They are held over a two- or three-day period.

The examination mirrors the final examination except that the viva (oral examination) is shorter. Students will be examined on an interview, the report written after the interview, a paper case provided 1 hour prior to the viva and on two case studies presented prior to the examination. In preparation for the mock examination, the student will conduct and video-record an hour-long interview with a client in their own setting. The interview should take place within the two weeks prior to the examination, leaving time to re-schedule if a client does not attend, and time to get the recording to the university in time for the examination. Only in exceptional circumstances such as client well-being and safety should a client be seen by the candidate again before the examination. A referral letter for the client is available half an hour before the appointment. After their interview, the student has three hours in which to write a report.

The referral letter, recording and report are handed to the supervisor and submitted to their Campus Coordinator. In most circumstances, examiners watch the recorded interview immediately prior to the viva, when the student is interviewed by the examiners concerning the interview, report, paper referral, and case studies.

Typically, feedback is given at the end of the mock examination period and the student will have access to the recording for review with their supervisor for a period immediately following the examination.

## **Final Examination**

The final clinical examination occurs at the end of the examination period in late November or early December. The examination is conducted by a panel consisting of two external examiners (typically a senior staff member involved in clinical training at another New Zealand university and an external practitioner), the Director of

Clinical Training and the Campus Coordinator. The decisions of this panel are made by the external examiners, with the greatest weight being given to the academic external examiner's opinion.

A programme setting out the procedure for the examination will be available to each candidate. The Final Examination interview will focus on the assessment of a client. Under the direction of the intern's placement supervisor, the referral is given half an hour prior to the interview, which will be recorded at the intern's clinical placement several days prior to the oral examination. After the interview, the student has three hours in which to write a report. This report is handed, together with the recording, to the clinical supervisor for sign-off and forwarded to the Campus Coordinator.

Approximately a week later, the student will have a 90 minute viva with the examiners, during which they will be questioned about the examination interview, associated report, case studies and the paper referral. The paper referral is set by the external examiners and is available to the student one hour before the viva.

**Note:**

While 2 cases are selected for the final examination, all 6 as well as clinical logs and supervisors' reports are available for examiners to review.

The successful completion of this examination completes the requirements for the MClInPsych and the *clinical* aspects of the DClInPsych. The successful completion of this examination, together with successfully passing the oral examination for the thesis, completes the requirements for the DClInPsych. Successful completion of all components of the DClInPsych and MClInPsych permits the candidate to apply for registration as a psychologist under the Clinical Scope.

## Other Issues

### Core Competencies for a Clinical Psychologist

The Core Competencies for a Clinical Psychologist practising in New Zealand can be found on the New Zealand Psychologists Board website. These core competencies guide the training candidates receive and also guide the criteria for evaluation used in the programme. Candidates should familiarise themselves with the core competencies:

<http://www.psychologistsboard.org.nz/>  
See "Core Competences for the Practice of Psychology in Aotearoa New Zealand (Parts 1, 2 and 3)".

### Professional Affiliations

Clinical students are encouraged to become student members of the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists. Membership of both organisations is available at no charge for current students. Professional bodies offer indemnity insurance to interns under certain conditions.

### Clinical Meetings

Campus Coordinators and the Director of Clinical Training hold fortnightly meetings via teleconference.

Clinical staff from all three campuses meet at a Clinical Hui held twice a year, in order to discuss and disseminate information regarding new developments and clinical competencies under the HPCA.

Each Campus Coordinator liaises with clinical supervisors and students in order to collect relevant items for consideration at the Clinical Hui. Information from the Clinical Hui will in turn be communicated back by the respective Campus Coordinator to clinical supervisors and/or students. Typically, forums for these communications may include the Clinical Advisory/Reference Group, Student Forum and Field Supervisors' meeting.



From time to time, should special issues requiring intensive work arise, working parties will be set up as per standard School practice. Clinical supervisors and students will also be kept informed of new developments arising from annual meetings of the National Directors of Clinical Programmes Committee, which is attended by the Director of Clinical Training.

### **Clinical Advisory/Reference Group**

Each campus has a group formed to provide liaison between the clinical training programme, students and supervisors. The purpose of the Campus Clinical Advisory or Reference Group is to ensure a two-way flow of information between all involved in clinical training. Membership varies between the campuses, but core members include the Campus Coordinator, student representatives from across the years of clinical training and a representative/s of supervisor groups.

### **Student Forum**

Clinical students at each campus also meet at a Student Forum on several occasions throughout the year to discuss and resolve any programme issues to ensure the programme remains responsive to current concerns and circumstances.

### **Ethical Issues**

Students are reminded that confidentiality must be maintained on **all** matters that relate to clients. Details of paper case studies, which may be drawn from real clients, as well as information learned during classes and clinical practice must not be discussed with anyone outside the programme. From time to time, students and/or clinical staff may disclose personal information relevant to the discussion. Any such information must also not be discussed outside that group. The ethical guidelines, as set down by the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists, must be strictly adhered to. Written permission must be obtained from clients for screenings and examinations to be recorded and for case studies to be submitted for examination.

### **The Use of Diagnostic Classification Systems**

There is ongoing debate about the use of the APA's DSM-5 classification system. Until clearer guidelines and recommendations become available, students will be trained at the university to use the DSM-5. Some DHBs and other clinical service providers, however, may expect interns to use the older DSM-IV and they should comply with this requirement.

### **Wellbeing, Health, and Safety**

The clinical programme works closely with stakeholders to ensure the wellbeing of students at all stages of clinical training, including when students are at a placement or internship site. Massey University adheres to The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 to support the wellbeing of its students. Information about University services and support for students can be found on the University website (<https://www.massey.ac.nz/student-life/services-and-support-for-students/>).

Health and safety in the clinical programme is dealt with at University, Psychology Clinic, and external setting level. Accordingly, information is held by the relevant authority (University, Psychology Clinic, or external setting). Health and safety policies and procedures of the University are followed by staff and students for on-campus teaching. Students on placement at a University Psychology Clinic are bound to the health and safety policies and procedures set by the Psychology Clinic. Students on placement at an external setting are bound to the health and safety policies and procedures set by the setting.

### **Support for Clinical Students**

Pastoral care and support is available from any staff member in the clinical programme. There are a wide range of University services that are available to support students with various matters (see

<http://www.massey.ac.nz/student-life/services-and-support-for-students/>).

Any issue related to external placements and internships should be directed to clinical programme staff, usually the coordinator of the placement or internship course and/or the Campus Coordinator in the first instance. For students experiencing personal distress, unrelated to the clinical programme, support will be provided to find appropriate assistance if so desired. Students can directly access Student Counselling and other student support services available on each campus.

## **Grievances and Complaints**

In the case of concerns, disputes, grievances, or complaints related to clinical training, students should use the relevant University processes that are available. These processes will involve clinical programme staff at the relevant stage as appropriate. Information about University processes for raising a complaint is outlined on the University website (<http://www.massey.ac.nz/student-life/services-and-support-for-students/support-with-making-a-complaint/>).

Due to the professional training nature of the clinical programme, it is often not possible to consider a special consideration or Aegrotat application for any course work that is Pass/Fail. The qualification regulations stipulate one further successive attempt at the relevant examination.

Formal employment concerns or grievance are primarily the domain of employers and should, in the first instance, be referred to the employment manager. It can be helpful to informally discuss matters initially with the clinical supervisor.

## **Deferment**

Applications to defer training for up to one academic year will only be considered in exceptional circumstances and should be made to the Director of Clinical Training.

Extensions beyond one year will not normally be approved.

## Academic Enquiries

Dr Simon Bennett is the Director of Clinical Training.

Enquiries about the Clinical Psychology Training Programme can be directed to:

### **Simon Bennett** **Director of Clinical Training**

School of Psychology  
Massey University - Wellington  
**Email:** s.t.bennett@massey.ac.nz  
**Direct Dial:** +64 4 9793609

Enquiries can be made of the Campus Coordinators about respective campus programmes.

### **Campus Coordinators are:**

**Auckland (Ōteahā)      Matt Shepherd**  
**Email:** M.Shepherd1@massey.ac.nz  
**Direct Dial:** +64 9 2136094

**Manawatū (Turitea)      Kirsty Ross**  
**Email:** K.J.Ross@massey.ac.nz  
**Direct Dial:** +64 6 951 7968

**Wellington (Pukeahu)      Ian de Terte**  
**Email:** I.deTerte@massey.ac.nz  
**Direct Dial:** +64 4 979 3603

## Staff [\*Supervises DCLinPsych research]

### **Auckland (Ōteha)**

*Matt Shepherd	Associate Professor Campus Coordinator
*Robyn Vertongen	Senior Professional Clinician
*Julia Ioane	Professor
*Margaret Sandham	Associate Professor
TBA	Senior Professional Clinician
*Pikihuia Pomare	Associate Professor Kaupapa Māori Lecturer
TBA	Psychology Clinic Director
TBA	Psychology Clinic Secretary

### **Manawatū (Turitea)**

*Kirsty Ross	Associate Professor Campus Coordinator
*Joanne Taylor	Associate Professor
*Hukarere Valentine	Haumarū Tautoko Hauora
John Pahina	Senior Professional Clinician
Julie Williams	Senior Professional Clinician
Sarah Malthus	Psychology Clinic Director
Julianne Olsen	Psychology Clinic Secretary

### **Wellington (Pukeahu)**

*Ian de Terte	Associate Professor Campus Coordinator
*Simon Bennett	Director of Clinical Training Senior Lecturer
*Ilana Seager van Dyk	Senior Lecturer
*Elliot Bell	Associate Professor
Nicola Gillan	Psychology Clinic Director
Layna Ajera	Psychology Clinic Secretary

## Appendix 1: History of Massey's Clinical Programme

### Graduates

The total number of clinical graduates in the first ten years of the Clinical Programme's operation was 25 (1977 - 1987). Since then, with the opening of the Manawatū Clinic (1987), followed by Wellington (2000) and

Albany (2006), over 500 graduates have completed the programme. Typically, there are 15-20 graduates from the Clinical Programme annually.



Staff/student photo -  
First Doctor of Clinical Psychology (DClinPsych) Students



**Melissa de Wolff, Rachel Cotter, Yanis Brinkmann, Janet Leathem,  
Ian de Terte, Kate Ross-McAlpine, John Fitzgerald  
Graduation of Doctor of Clinical Psychology (DClinPsych) students in Wellington, May 2019**



**Rochelle Nafatali  
First Pacific DClinPsych Graduate (November 2023, Palmerston North)**

## Directors

The role of Director of Clinical Training rotates every 2 - 3 years. The tenures of past Directors are listed below:

### Directors of Massey Clinical Programme Past and Present

1975-78	Dave Clarke	2002-04	Janet Leathem
1979-85	Cheryl Woolley	2004-05	Kevin Ronan
1985-90	Malcolm Johnson	2005-09	Paul Merrick
1990-92	Janet Leathem	2010-14	Janet Leathem
1993-95	Malcolm Johnson	2014-17	Paul Merrick
1996-98	Cheryl Woolley	2018-20	Simon Bennett
1999-02	Kevin Ronan	2021-23	Joanne Taylor
		2024-	Simon Bennett



**Attendees early Hui  
circa 2002**

**From left:  
Paul Merrick, Mei Williams,  
Patrick Dulin, Kevin Ronan,  
Cheryl Woolley, Janet  
Leathem, Joanne Taylor and  
Jan Dickson**





**Professor Meihana Durie's Powhiri  
May 2017**

**Dr Simon Bennett, Professor Meihana Durie, Dr Hukarere Valentine,  
Dr Joanne Taylor, Mr John Pahina and Professor Emeritus Sir Mason Durie**

## **Appendix 2:**

### **The Psychology Clinics**

The Mission Statement of the Clinics is Excellence in Training, Service, and Research. The policies and procedures ensure that they maintain the highest standards of service delivery. It is important that all students familiarise themselves with these policies on commencement of a Clinic placement.

#### **Treatment**

The University Clinics pride themselves on being at the cutting edge of treatment approaches, of demonstrating exceptional standards of clinical, ethical, and professional practice, and being fiscally responsible, culturally sensitive, and accountable. Service outcomes are evaluated using valid and reliable measures. Evaluation is made of client satisfaction, client outcomes, and client outputs and quality of outputs through file audits, performance reviews, and client throughput.

#### **Cultural Appropriateness and Clinics' Approach**

The Clinics adhere to the principles acknowledged in the Aotearoa New Zealand Code of Ethics for Psychologists that require us to honour the Treaty of Waitangi by paying particular attention to the rights and aspirations of Māori as tangata whenua.

Cultural supervision is available for all three Clinics to ensure culturally sensitive practices. The dignity of the individual is upheld by respecting their confidentiality, treating them kindly (e.g., offering them a drink when they arrive), and collaborating with them to maximise their improvements.

#### **Manawatū Campus (Turitea)**

The Clinic at the Manawatū Campus in Palmerston North was set up in 1987, to offer practical experience for clinical students. During the past 36 years, the Turitea Psychology Clinic has consolidated its position as the centre for clinical psychology training in the central North Island. The Clinic has grown in size and complexity from those earlier days, and the Clinic lifeblood is now a lively integration of training, research, and practice.

The Clinic currently operates four major services: General Clinical, Clinical Neuropsychology, Health Conditions, and Cancer Psychology. The former two services receive self-referrals and referrals from ACC, PHO, CYFS, the Forensic Unit, GSE, the NZDF, GPs, Schools, Massey University, DHBs, and the Lower North Youth Justice Residential Centre. The latter two services are funded by Te Whatu Ora MidCentral and Whanganui and provide services in and around the surrounding districts (Horowhenua, Ōtaki and Manawatū). The number and range of clients referred have grown, as has the number of consultants working in the Clinic and, of course, the number of students who have benefited from a diverse range of experiences both in the Clinic and in the community.

#### **Wellington Campus (Pukeahu)**

In November 2000, a second Clinic very similar in kind to the Manawatū Campus was set up in Wellington. The Wellington Clinic offers a wide range of services to clients of all ages, and holds contracts with ACC to provide psychological and neuropsychological services. The Clinic provides evidence-based practices and is driven by the scientist-practitioner model.





**Psychology Clinic  
Palmerston North**



**Psychology Clinic  
Wellington**

## Auckland Campus (Ōteahā)

The Auckland Campus Clinic, which is part of a larger multi-purpose Centre for Psychology, was commissioned at the beginning of 2006. The Centre is located on the same floor as the School of Psychology in the Albany Village. As with the other Clinics, in addition to clinical training, research and therapeutic consultations, the Centre also offers supervision to practising clinicians.

## Research

In accordance with the mission statement of Excellence in Training, Service, and Research, therapeutic strategies are guided by empirically validated treatment outcome research. The overarching philosophy guiding practice is that of "scientist-practitioner".

This philosophy requires assessment that focuses on not only the presenting problems, but at the strengths unique to each individual (and their family) and therapy that is only based on best practice, but also requires practitioners to monitor and evaluate their own therapeutic approaches to ensure it is effective. For this reason, many clinicians will use therapies based on empirically validated treatment approaches.

The first meeting with a client often involves an assessment of the presenting issue. Clues as to what could have triggered the problem, what could be maintaining the problem, safety concerns, contextual factors, client strengths, and the client's goals, desired outcomes, and other relevant areas are sought. Therapy is then designed in collaboration with the client to target these areas.

Specific strategies are tailored with the individual in mind. The therapeutic approach used by the Clinics is predominantly short-term (6 sessions on average) across clients. As the treatment progresses, client progress is regularly monitored to evaluate the direction and speed of change. This information is fed back to the client. Clients are then discharged when the

desired goals have been reached in mutual agreement with the referrer and the client.

## Clients

Clients may be across the lifespan, and may be seen individually, as couples, families and in groups and for various assessment needs (e.g., neuropsychological), as well as intervention/therapy. Sometimes clients are also invited to act as participants in ongoing clinical research. At the Manawatū Clinic, clients seen also present with chronic health conditions (diabetes, respiratory, cardiovascular, renal) and cancer, both at the Clinic and in the community.

## Referrals

Clients are referred by GPs, from hospital services, ACC, other helping agencies and through self-referral. More frequently, clients hear of the service from others who have attended.

## Staff

### Auckland

TBA	Clinic Director
Louise Morgan	Senior Professional Clinician
Kirsty Furness	Professional Clinician
TBA	Clinic Secretary

### Manawatū

Sarah Malthus	Clinic Director
Julie Williams	Service Coordinator/ Senior Professional Clinician
Gail Shirley	Business Manager
Julianne Olsen	Clinic Secretary

### Wellington

Nicola Gillan	Clinic Director
Heinrich De Kock	Senior Professional Clinician
Layna Ajera	Clinic Secretary



**Psychology Clinic  
Reception  
Auckland (Albany)**

## Appendix 3:

### Regulations for The Doctor of Clinical Psychology – DClinPsych

Official rules and regulations for the Doctor of Clinical Psychology. These regulations are for the 2024 intake to the qualification.

Looking for general study information or to apply? [Go to Doctor of Clinical Psychology- DClinPsych \(/study/all-qualifications-and-degrees/doctor-of-clinical-psychology-PTCLP/\)](/study/all-qualifications-and-degrees/doctor-of-clinical-psychology-PTCLP/)

#### Qualification Regulations

##### Part I

These regulations are to be read in conjunction with all other Statutes and Regulations of the University including [General Regulations for Postgraduate Degrees, Postgraduate Diplomas, and Postgraduate Certificates \(/about/university-calendar-and-regulations/general-regulations-for-postgraduate-degrees-postgraduate-diplomas-and-postgraduate-certificates/\)](/about/university-calendar-and-regulations/general-regulations-for-postgraduate-degrees-postgraduate-diplomas-and-postgraduate-certificates/).

##### Part II

##### Admission

1. Admission to the Degree of Doctor of Clinical Psychology requires that the candidate will:
  - (a) meet the University admission requirements as specified; and
  - (b) have been awarded or qualified for a Bachelor Honours degree or Master's degree in psychology with the award of First Class or Second Class Division I Honours, or equivalent; and
  - (c) have passed the following courses or their equivalent, in their qualifying degree: 175.738, 175.781, 175.782, and 175.783; and
  - (d) have sufficient personal qualities, ethical standards, and professional potential to satisfy the Doctoral Research Committee they have the capacity to successfully undertake the programme, and to satisfy the requirements for eligibility to practice as a Registered Psychologist in accordance with the Health Practitioners Competence Assurance Act of 2003, or as amended.

##### Qualification requirements

2. Candidates for the Degree of Doctor of Clinical Psychology shall follow a parts-based programme of study, which shall consist of

courses and a thesis, totalling 360 credits, comprising:

- (a) Part One: Provisional Registration, and
  - (b) Part Two: Full Registration
- and including:
- (c) the courses listed in the Schedule for the Qualification;
  - (d) a thesis;
  - (e) participation in required activities including presentation of a research report at a confirmation event, defending a thesis in an oral examination, and demonstrating the competencies required of a Professional Clinical Psychologist at a practical oral examination.

##### Specialisations

3. The Degree of Doctor of Clinical Psychology is awarded without specialisation.

##### Thesis Requirements

4. The thesis must demonstrate the candidate's ability to carry out independent research, which must make a significant contribution to knowledge and understanding in clinical psychology. The thesis shall be a cohesive and integrated report of the candidate's supervised work, and may consist of several studies or cases, and will include the candidate's published or unpublished material or a combination of both.
5. There shall be one main supervisor, who shall be a member of the academic staff of the University, and at least one co-supervisor who shall also be a member of the academic staff of the University. At least one supervisor must be a registered senior clinical psychologist. All supervisors, including any additional co-supervisors, must be approved by the Doctoral Research Committee.

6. The thesis must comply with the following requirements:
    - (a) the work on which the thesis is based has not been accepted either in whole or in part for any other degree or diploma; and
    - (b) must clearly define the nature and extent of any assistance the candidate has received in pursuing the research on which the thesis is based;
    - (c) reference to work other than that of the candidate must be appropriately acknowledged;
    - (d) all relevant policies underpinning research practice have been complied with;
    - (e) the thesis must not exceed 65,000 words (excluding appendices and bibliography);
    - (f) the thesis must be submitted for examination in the manner specified by the Doctoral Research Committee in accordance with the published guidelines.
  7. The thesis will be independently examined by an Examination Committee experienced in the subject area, appointed by the Doctoral Research Committee in accordance with published guidelines, and will include an oral examination of the candidate on the thesis and the subject area. The oral examination will not proceed if the examiners agree that the thesis is of an inadequate standard.
  8. The Thesis Examination Committee shall make a recommendation to the Doctoral Research Committee on the whole examination and will advise the result of the examination by using one of the following categories:
    - (a) Pass without emendation.
    - (b) Minor emendations required.
    - (c) Major emendations required.
    - (d) Further research and re-examination required.
    - (e) Fail. The candidate shall not be awarded the degree and shall not be permitted to apply for re-examination.
  9. If minor emendations are required the candidate will have a maximum of three months full time to complete the emendations. The candidate must complete the emendations to the satisfaction of the examination panel within the specified time period or the candidate will be failed.
  10. If major emendations are required the candidate will have a maximum of six months full time to complete the emendations. The candidate must complete the emendations to the satisfaction of the examination panel within the specified time period or the candidate will be failed.
  11. If further research and re-examination is required, the candidate will have a maximum of one year full time to conduct the required additional research and/or revisions. The candidate must re-enrol and pay tuition fees on a pro-rata basis. A candidate may only revise and resubmit a thesis for re-examination once. If the candidate does not complete the revisions to the satisfaction of all the examiners within the specified time period, the candidate will be failed.
  12. No appeals are allowed except on completion of the examination process on the grounds of procedural irregularities in the examination process. For an appeal to be considered, applications must be received by the Doctoral Research Committee within three months of formal notification of the examination result by the Graduate Research School.
- Student progression**
13. For progression from Provisional Registration to Full Registration, candidates must have:
    - (a) achieved pass grades in courses 175.935 and 175.920;
    - (b) participated in a confirmation event, during which they have presented their research report to, and had it accepted by, a confirmation committee;
    - (c) their proposed main supervisor and co-supervisor(s) approved by the Doctoral Research Committee.
  14. Candidates are required to make successful progress in the thesis as determined by six-monthly progress reports in accordance with the guidelines published by the Doctoral Research Committee and assessed by the Supervisors, Head of Academic Unit, and the Doctoral Research Committee.
  15. Candidates are required to successfully complete courses 175.935 (taught) and 175.920 (practicum) before progressing to 175.936 (taught) and 175.921 (practicum).

Candidates are required to successfully complete courses 175.936 (taught) and 175.921 (practicum) prior to enrolling in 175.922 (internship) and undertaking clinical case study research. Any candidate who fails one taught or practicum course will be permitted to repeat that course once. If the second attempt is unsuccessful, the candidate's registration will be terminated.

16. Eligibility to present for the final examination of 175.922 (internship) is dependent on the candidate having reached a satisfactory standard of achievement in the internship, to the satisfaction of the Director of Clinical Training.
17. A candidate who fails the internship will be permitted to re-enrol for the internship once. Should the candidate fail to successfully complete the internship following the second attempt, the candidate's registration will be terminated.
18. Candidates must continue to satisfy the requirements for eligibility to practice as a Registered Psychologist in accordance with the Health Practitioners Competency Assurance Act of 2003, or as amended, throughout the duration of their studies.

#### **Completion requirements**

19. A candidate's period of registration (including provisional registration) shall be a minimum period of three years (36 months) and a maximum of four years (48 months) full time, unless a specified time of suspension or extension has been approved by the Doctoral Research Committee.
20. The maximum period of registration shall include:
  - (a) Passing courses as listed in the Schedule for the Qualification;
  - (b) submission of a thesis in the manner required under the published Doctoral Research Committee guidelines;
  - (c) application for the thesis to be examined;
  - (d) thesis examination (including, completion of any emendations or re-examination);

- (e) submission of one PDF copy of the final thesis, as approved by the Examinations Committee;
- (f) practical oral examination of professional clinical competencies by an examination committee of qualified clinical psychologists including at least one external academic clinical psychologist from another University training programme and at least one external senior consultant clinical psychologist with prior experience of intern field supervision.

21. Candidates may be graduated when they meet the Admission, Qualification and Thesis requirements within the prescribed timeframes. Candidates who do not meet the requirements for graduation may, subject to the approval of Academic Board, be eligible to be awarded an alternative qualification should they meet the relevant Qualification requirements.

#### **Unsatisfactory academic progress**

22. For candidates enrolled in the Degree of Doctor of Clinical Psychology, the following will lead to termination of registration by the Doctoral Research Committee:
  - (a) failure to pass any of the taught courses in the Schedule for the Qualification in two successive attempts;
  - (b) failure to pass any of the practicum courses or the internship course in the Schedule for the Qualification in two successive attempts.
23. In the following circumstances, a candidate enrolled in the Degree of Doctor of Clinical Psychology will either be permitted to withdraw without prejudicing future doctoral applications, or have their registration terminated by the Doctoral Research Committee:
  - (a) failure to make adequate progress in the research thesis as required by the six-monthly progress reports in accordance with the guidelines published by the Doctoral Research Committee as assessed by the Supervisors, Head of Academic Unit, and the Doctoral Research Committee.

## Schedule for the Doctor of Clinical Psychology

### Compulsory courses

<b>Code</b>	<b>Course</b>	<b>Credits</b>
175920	Clinical Psychology Practicum A	15
175921	Clinical Psychology Practicum B	15
175922	Clinical Psychology Internship	60
175935	Skills in Clinical Assessment	15
175936	Skills in Clinical Interventions	15
175991	Thesis Part A	90
175922	Thesis Part B	90
175923	Thesis Part C	60

## Appendix 4:

### Regulations for The Master of Clinical Psychology – MCLinPsych

Official rules and regulations for the Master of Clinical Psychology. These regulations are for the 2024 intake to this qualification.

Looking for general study information or to apply? Go to Master of Clinical [Psychology – MCLinpsych \(/study/all-qualifications-and-degrees/master-of-clinical-psychology-PMCLP/\)](/study/all-qualifications-and-degrees/master-of-clinical-psychology-PMCLP/)

#### Qualification Regulations

##### Part I

These regulations are to be read in conjunction with all other Statutes and Regulations of the University including the [General Regulations for Postgraduate Degrees, Postgraduate Diplomas, and Postgraduate Certificates \(/about/university-calender-and-regulations/general-regulations-for-postgraduate-degrees-postgraduate-diplomas-and-postgraduate-certificates/\)](/about/university-calender-and-regulations/general-regulations-for-postgraduate-degrees-postgraduate-diplomas-and-postgraduate-certificates/)

##### Part II

##### Admission

1. Admission to the degree of Master of Clinical Psychology requires that the candidate will:
  - (a) have met the University admission requirements as specified; and
  - (b) have been awarded or qualified for a Master's degree with First Class or Second Class Division I Honours in Psychology with at least 90 credits of research or the equivalent or a PhD in Psychology; and
  - (c) have been selected following a selection process which will include a written application, selection panel interview, and consideration of prior professional experience (if any), a personal statement of intent and career goals, and letters of recommendation from relevant professionals familiar with the candidate's academic and practical work; and
  - (d) on the basis of 1(c), have satisfied the Academic Board, or their delegate, that they have sufficient personal qualities, ethical standards, and professional potential, and are suitable to undertake a professional programme of study which

satisfies the eligibility requirements to practice as a Registered Psychologist in accordance with the Health Practitioners Competence Assurance Act of 2003, or as amended; and

- (e) have completed the following courses, or their equivalents, obtaining at least a B+ average within the previous three years:  
175.781 Understanding Mental Distress;  
175.782 Clinical Psychology Assessment and 175.783 Clinical Psychology Interventions.

##### Qualification requirements

2. Candidates for the degree of Master of Clinical Psychology shall follow a parts-based course of study, which shall consist of courses totalling at least 240 credits, comprising:
  - (a) completion of Part One and Part Two as detailed in the Schedule for the Qualification;
  - (b) attending training activities as required.

##### Specialisations

3. The Master of Clinical Psychology is awarded without a subject.

##### Academic requirements

4. Candidates must achieve specified performance standards in the academic courses, the clinical practicum courses, the internship, and research case studies.

##### Student progression

5. For progression from Part One to Part Two, candidates must pass all of the Part One courses.
6. The Master of Clinical Psychology is awarded without a class of honours.

##### Completion requirements



7. The Academic Board or their delegate shall determine the minimum period of enrolment, normally two years (24 months), and conditions of studentship for each candidate.
8. A candidate's course of study may not exceed three years (36 months) from date of first enrolment in a course to be credited to the Master of Clinical Psychology unless, under exceptional circumstances, a programme of up to four years (48 months) is approved by the Academic Board or their delegate.
9. Candidates may be graduated when they meet the Admission, Qualification and Academic requirements within the prescribed timeframes.

- (b) failure to complete the Clinical Psychology Internship in two successive attempts.

**Unsatisfactory academic progress**

10. For candidates enrolled in the Master of Clinical Psychology the following will lead to exclusion from the qualification:
  - (a) failure to complete any Part One course in two successive attempts;

**Schedule for the Master of Clinical Psychology**

**Part One (Choose 120 credits from)**

Code	Course	Credits
Choose 120 credits from		
175811	Clinical Assessment Skills	30
175812	Clinical Intervention Skills	30
175813	Clinical Psychology Practica	60

**Part Two (Choose 120 credits from)**

Code	Course	Credits
Choose 120 credits from		
175814	Clinical Psychology Internship	120

## Appendix 5:

### Guidelines for Supervision

#### Please note:

Massey University is grateful for the time and expertise offered by clinical field supervisors. Their contribution to the training of students is recognised by their inclusion in the academic staff list of the Massey University Calendar.

#### Practicum Placements

For practicum students, we request that the report is completed just prior to the student completing their placement. This will enable the supervisor to discuss the report with the student, and ensure that feedback is provided while the placement experience is still recent. The report should then be forwarded to the Campus Coordinator, who will also discuss it with the student.

In order to facilitate this, we have found that it is best if one supervisor co-ordinates the placement and completes the report form, although others may add comments.

For practicum students, it is likely that some of the categories in the report form will not be able to be completed as a result of the limited time that students are in the placement and the consequent limitations on their experience.

#### Intern Placements

We request that three supervision reports are completed for students during their internship, two to be forwarded to the Campus Coordinator prior to the two mock examinations in June and September, and the third at least two weeks prior to the final examination (usually the first week in December).

It is anticipated that the supervisor will have discussed the report with the student prior to forwarding it to the Campus Coordinator, although if any problems are present, the Campus Coordinator will discuss the report with the student. These reports are intended as a guide to the student's performance for feedback to the student and also for the examiners at the final examination.

#### Field Supervisors

Supervisors should be of senior status with a Postgraduate Diploma in Clinical Psychology or equivalent qualification. Additionally they should have a minimum of 3 years full-time, post-qualification clinical experience, and have undertaken supervision training. Preferably, they should have some experience with supervision of other psychologists and students.

The supervisor should aim to develop proficiency in the candidate in:

1. Knowledge
2. Diagnosis/assessment, including conceptualisation
3. Therapeutic interviewing
4. Treatment planning based on interview and assessment data
5. Treatment skills and techniques
6. Treatment evaluation
7. Consulting skills (e.g., as a member of a multidisciplinary team)
8. Clinical research skills
9. Cultural competence
10. Ethical practice
11. Judgement/self-awareness
12. Administration (including managing caseloads)

Through direct supervision, and by directing the student's reading where appropriate, the supervisor should help the student to develop organised frameworks for dealing with the types of clinical problems normally dealt with by practising clinical psychologists.

### **Time Involvement**

This can vary, as indicated above, depending on the needs of the individual student, but normally involves a minimum of two hours per week. This may include a screened interview, feedback following the interview, as well as discussion of reports, testing sessions, personal supervision sessions and whatever extra input in skills training is considered necessary by the clinical supervisor.

### **Evaluation**

This is done according to the criteria set out on the supervisors' reports.

### **Liaison with Massey**

The Campus Coordinator will make arrangements to visit each intern at their placement setting at the beginning of each semester.

The purpose of this is to meet with both supervisor and student to outline the course of study, the interface between the academic and practical programme, and answer any queries a supervisor might have.

Although the responsibility for detailed supervision and feedback goes to the on-site clinical supervisor, the University accepts responsibility for the co-ordination of supervisor's reports and, where applicable, in consultation with the supervisor, may advise the candidate to obtain extra experience in areas where deficits exist. In addition, Massey will assess and provide feedback to the student to be shared with the supervisor on the first four case studies undertaken over the course of the academic year.

It will also arrange extra input for intern students in the form of on-campus workshops, screenings, paper referrals, and mock examinations, which simulate as closely as possible the final examination oral. The mock examinations are specifically designed to assess the candidates' readiness for the final examination, as well as pin-pointing individual areas of weakness, to assist interns to prepare for the final examination. The mock examinations are held in June and again in September over a period of two or three days. Attendance at these activities is compulsory.

Massey's workshop schedules are sent out at the beginning of each semester, thus ensuring that candidates can make advance arrangements with their work settings.

Further specific details on supervision will be finalised with each student and their clinical supervisor following acceptance into Massey's Clinical Programme.

## Appendix 6:

### Massey University Clinical Psychology Training Programme

#### Information for Clinical Psychology Students on the Use of Titles

This document provides information about the use of titles during your clinical psychology training, so that you are aware of how you can and cannot refer to yourselves during your study in the clinical programme. It can be confusing to know what the appropriate titles are to use at the various stages of training. Use of titles is governed by both the Health Practitioners Competence Assurance Act (HPCA) 2003 and the Code of Ethics for Psychologists Working in Aotearoa/New Zealand 2002. Furthermore, for those completing the DCLinPsych, the use of titles associated with doctoral study is governed by the University.

##### General

Use of any title that includes “Psychologist” is a breach of the HPCA because that title is protected and can only be used by people who are registered with the Psychologists Board under a scope of practice.

##### Interns and pre-interns

The HPCA protected the title “Clinical Psychologist” and stated that only people registered under the clinical scope can use that title, or any title that has something else added to the front of it, such as “Senior Clinical Psychologist”. That means that the title “Intern Clinical Psychologist” cannot be used by interns as they do not have a clinical scope registration, and to use this title would constitute a breach of the HPCA. Intern Psychologists must be registered under the “Intern Psychologist” scope of practice, which means that they can use the title “Intern Psychologist”. “Clinical Psychology Intern” would also be acceptable as it does not contain the protected titles “Psychologist” or “Clinical Psychologist”.

It is also a breach of the HPCA to use the title “Trainee Psychologist” or “Trainee Clinical Psychologist” to refer to either interns or pre-interns. As noted above, “Clinical Psychologist” is a protected title and must only be used by people who are registered under the clinical scope. “Trainee Psychologist” is also a protected scope of practice that applies to people who are formally working towards registration under the equivalent of the old Option B/Supervision 2000-type registration or Massey’s Postgraduate Diploma in Psychological Practice. For pre-interns, “Psychology Trainee” or “Clinical Psychology Trainee” are acceptable as they do not include the protected title “Psychologist”.

If a placement or internship site requests that you use the protected title “Intern Clinical Psychologist” or “Trainee Psychologist”, please pass on this document to your supervisor or manager. These aspects of the HPCA can be a source of confusion, especially given the extent of the changes compared with pre-HPCA practice in use of titles. If your supervisors or managers have any further questions, they are welcome to contact the relevant campus Coordinator of Clinical Training or the Director of Clinical Training, and can obviously also ask the Board for advice (04 471 4580 or 0800 471 4580 or <http://www.psychologistsboard.org.nz/>).

##### Post-interns

For DCLinPsych students who are completing their clinical psychology qualification post-internship (i.e., finishing the doctoral thesis component), several additional issues arise with the use of titles. These issues apply to three distinct periods of time, as follows:

- 1. The period of time from the end of the internship to just before the thesis is approved by the Graduate Research School (GRS).** This period includes submission of the thesis for examination, the oral examination, and submission of the final thesis, including any emendations required, to the DRC (along with the other required information). During this period of time, students can retain the title of “Intern Psychologist” if they complete within 12 months. They must discuss their plan for ongoing work with their campus coordinator because the Board requires notification from the University regarding interns in this situation. As noted in the Clinical Psychology Programme Manual, if the student requires more time than that, or if they suspend their doctoral studies to work full-time, the Board will be advised that the programme is no longer supporting the continuation of the internship and the student must inform the Board that the formal internship has ended, cancel their registration as an Intern Psychologist, and arrange with their employer to practise as something other than an Intern Psychologist (e.g., “Mental Health Therapist” or similar).

An intern who will not be practising between the time of finishing the formal internship and completing their full qualification should inform the Registration Board of their change in work status and can apply to be upgraded to full registration once all of the required qualifications have been completed.

- 2. The time from thesis approval to just before graduation.** Once the thesis is approved by the GRS, the Director informs the Board of this outcome and the Intern Psychologist can then apply to upgrade their registration to the Clinical scope. Once registered, the title “Clinical Psychologist” can be used. Graduates cannot refer to themselves as “Dr” or as having a DClinPsych until their degree is conferred at the time of graduation.
- 3. From graduation onwards.** Once the degree is conferred (at a graduation

ceremony or in absentia), it is appropriate to use the title “Dr” along with the title of “Clinical Psychologist”, and to include DClinPsych in your qualifications.

### **Students entering the programme with a doctorate**

In cases where students enter the clinical programme with a doctoral-level qualification, as well as the above considerations, further thought needs to be given to use of the title “Dr” and the qualification “PhD” during your training. Regardless of whether the doctoral qualification is in psychology or not, use of “PhD” or the title “Dr”, while legitimate to use, could be considered a misrepresentation if used during ongoing clinical psychology training. Practice Implication 3.1 of the Code of Ethics states that 3.1.1. “Psychologists accurately represent their own and others’ qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications” (p.13). While in these cases it is legitimate to state a qualification such as “PhD” after one’s name, it is possible that confusion could be created when used alongside “Intern Psychologist” or “Clinical Psychology Trainee”, and the public and other professionals may not understand the difference between the two or the context provided by “Intern Psychologist” or “Clinical Psychology Trainee”.

Students should give careful consideration to these issues, and if in doubt, discuss it with their campus Coordinator of Clinical Training or the Director of Clinical Training, and can also ask the Board for advice.

### **Summary**

It is hoped that this document provides clear guidance on the appropriate use of titles as students progress through clinical training. While it is unlikely that the Board would prosecute over these issues, we need to comply with the HPCA and the Code of Ethics, and use best practice. If you have any questions or are in any doubt, please contact your Campus Coordinator or the Director of Clinical Training.

## Appendix 7: Practicum Forms

This Appendix contains the forms used to evaluate and document the experience of students on practicum placements as well as providing them with feedback.

The first form, the Experience Record, is kept by the student for all three placements and is available to inform the supervisor at each successive placement of the experiences already gained and those which remain. The second set of forms, the Supervisor's Report and the Practicum Ratings Form, are mainly for the purpose of providing feedback both to the student and to the Campus Coordinator. They should be completed for each placement, towards the end of the placement and, prior to the student completing, the main supervisor should go over the form with the student.

The final section of the second set of forms provides the opportunity for the placement supervisor to evaluate the overall performance of the student. It is on the basis of these ratings that the student will pass or fail the placement. This should be completed by the main supervisor of the student. On completion, all parts of the second set of forms should be sent to the Campus Coordinator.

Further guidelines for supervisors are outlined in **Appendix 5**.

Given the need to critically evaluate and improve our assessment procedures, alternative forms may be trialled during the year.











*Professional Role*

4. How well did the trainee appear to understand the professional role of a psychologist in the specific setting?

POOR UNDERSTANDING

GOOD UNDERSTANDING

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Was the trainee sensitive to situations which required particular ethical consideration?

DID NOT APPEAR TO RECOGNISE  
ETHICAL CONCERNS

SENSITIVE TO ETHICAL CONCERNS

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Was the trainee sensitive to cultural, religious, ethnic and gender differences which might influence their work in the setting?

INSENSITIVE

SENSITIVE

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Organisation/Work Relationships*

7. Was the trainee punctual for meetings, appointments and arriving at work?

OFTEN LATE

ALWAYS PUNCTUAL

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Was the trainee methodical and well organised?

UNPLANNED AND POORLY ORGANISED

METHODICAL AND WELL ORGANISED

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How well accepted was the trainee in the setting?

POORLY ACCEPTED

WELL ACCEPTED

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How well did the trainee communicate with other staff?

VAGUE AND HESITANT

CLEAR AND CONFIDENT

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In general, how effectively did the trainee work with other agencies or groups (e.g., DSW, schools, court, police, etc).

DID NOT ATTEMPT TO INCLUDE OTHER AGENCIES WHEN NEEDED

VERY EFFECTIVE

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Psychological testing*

Which tests/checklists did the trainee use during their placement? List:

12. Did the trainee seek information on the reliability and validity of tests used?

RARELY

ALWAYS

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Did the trainee have a clear rationale for selecting psychological tests?

RARELY

ALWAYS

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How well did the trainee administer the psychological tests?

NOT WELL

EXTREMELY WELL

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How well did the trainee integrate test data with other relevant information (e.g., interview assessment, staff observations, etc.)?

POOR INTEGRATION WITH OTHER RELEVANT INFORMATION

GOOD INTEGRATION WITH OTHER RELEVANT INFORMATION

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Report Writing*

16. Was the trainee prompt with report writing and case notes?

REPORTS/NOTES OFTEN LATE AND SLOW TO APPEAR

REPORTS/NOTES ALWAYS UP TO DATE AND PROMPT

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Was the trainee able to concisely integrate appropriate clinical information into the report (e.g., interview, testing, history, observations)?

LENGTHY AND POORLY ORGANISED  
INTEGRATION OF INFORMATION

CONCISE AND ACCURATE  
INTEGRATION OF INFORMATION

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How would you rate the general quality of the trainee's reports?

LOW QUALITY

HIGH QUALITY

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you rated "3" or below, please specify the areas needing improvement:

*Supervision*

19. Was the trainee accepting of supervision?

DEFENSIVE IN SUPERVISION

RECEPTIVE AND OPEN IN SUPERVISION

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Did the trainee utilise and integrate supervision feedback in subsequent work?

DID NOT INTEGRATE SUPERVISION FEEDBACK  
DESPITE THE NEED

CLEAR USE OF SUPERVISION IN  
SUBSEQUENT WORK

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Is the trainee aware of personal issues, strengths and weaknesses in relation to clinical practice?

LOW SELF-AWARENESS

HIGH SELF-AWARENESS

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DNA</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What particular issues do you think future supervision should focus on? List:

If the trainee had the opportunity to utilise more specific skills or interventions, please comment on these (e.g., behavioural assessment/interventions, systematic desensitisation, relaxation training, group work, research, etc).

# Clinical Practicum Ratings

**Student Name** \_\_\_\_\_

**Placement Setting and No.** \_\_\_\_\_

**Placement Period** \_\_\_\_\_

These ratings are intended to provide feedback to the Campus Coordinator regarding the overall performance of students completing endorsement work.

This rating constitutes the gate-keeping function. A pass should indicate that you consider the student able to proceed to their next placement and able to work with decreasing supervision. A fail says that the student has not performed satisfactorily at this level. A borderline rating indicates that the supervisor has reservations about whether the student is ready to proceed to less supervised work without assistance in addressing specified issues. It is on the basis of these overall performance ratings from the three placements that the student satisfactorily completes or fails the endorsement according to the table below. Generally, the final placement must be passed.

## Overall Ratings

- Three passes
- Two passes one borderline
- Two passes and borderline in final placement
- Two passes one fail
- One pass two borderlines
- One pass one borderline one fail
- Two fails
- Three borderlines

## Outcome

- Pass practica
- Pass practica
- Additional work may be required
- Additional work may be required
- Additional work required
- Additional work required
- Fail practicums
- Fail practicums

## Overall Rating

Please place a cross squarely in a category, not on the line.

<i>poor performance</i>	<b>Fail</b>	<b>Borderline</b>	<b>Pass</b>	<i>outstanding performance</i>
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## **Appendix 8:**

### **Internship Forms**

This Appendix contains the forms used to evaluate and document the experience of students in the internship, as well as providing them with feedback. These forms are available electronically.

The Supervisor's Report comprises an overall Rating Form and the Therapeutic Skills Form, a Likert-style rating scale evaluating aspects of assessment, report writing and case notes, therapy, knowledge skills, professional attitude and interpersonal relationships. The final section is for summary and remarks. The forms are mainly for the purpose of providing feedback to the student. They should be completed prior to each mock examination and the final examination and forwarded to the Campus Coordinator.

Given the need to critically evaluate and improve our assessment procedures, alternative forms may be trialled during the year.





**Clinical Psychology Programme**  
**INTERN SUPERVISION REPORT**

**REPORT NUMBER** \_\_\_\_\_ **PERIOD: From** ..... **To** .....

**NAME OF STUDENT** \_\_\_\_\_

**PLACE OF TRAINING** \_\_\_\_\_

**SUPERVISOR(S)** \_\_\_\_\_

Please complete the scales on the following pages; scores below will be automatically filled in. Using the four-point scale, select the appropriate ratings. Some areas may not be covered in any one placement or time period. If performance in an area has not been assessed/observed, simply mark DNA. There is space for comments below each rating. This form requires Adobe Reader 9 or newer.

<b>RATINGS OF CLINICAL PROFICIENCY</b>			
These scores are automatically filled in based on answers on subsequent pages.			
<b>ACTIVITY</b>	<b>LEVEL</b>	<b>ACTIVITY</b>	<b>LEVEL</b>
<b>I. ASSESSMENT</b>		2. Groups (contd.)	
1. Interview		c) Marital	
a) Skills		d) Child	
b) Judgement		e) Adult	
2. Testing		f) Older Adult	
a) Knowledge		<b>IV. KNOWLEDGE SKILLS</b>	
b) Experience		1. Work	
3. Behavioural		2. Research	
<b>II. REPORT WRITING/CASE NOTES</b>		3. Organisation	
1. Analysis/Formulation		<b>V. PROFESSIONAL ATTITUDE</b>	
2. Follow-up		1. Identity	
3. Special Reports		2. Ethics	
<b>III. THERAPY</b>		3. Supervision	
1. Individual		4. Cultural & Individual Difference Sensitivity	
a) Counselling		<b>VI. INTERPERSONAL RELATIONSHIPS</b>	
b) Behavioural/CBT		1. Casework	
c) Other		2. Staff	
2. Groups		3. Consultation	
a) Group		<b>VII. FINAL SUMMARY</b>	
b) Family			

**LEVEL OF PROFICIENCY**

**DNA** Did not assess.

1. There is clear evidence of unsatisfactory performance.
2. Performance and ability below normal expectation.
3. Satisfactory progress being made for point in year.
4. Progress above expectation for point in year.

3s and 4s are passing grades. 1s and 2s indicate areas that need to be discussed with clinical programme staff.

Version 2 - 15 February 2019

# I) ASSESSMENT

## 1. Diagnostic/Assessment Interview

### a) Interviewing Skills

Consider where empathy is shown, appropriate use of questions, attending behaviour (eye contact, posture, verbal following), reflection of feeling and content, summarising feeling and content, provision of information, confrontation, etc.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### b) Clinical Judgement

Consider whether student is able to make detailed and appropriate assessments to integrate the information obtained from his/her own assessments and other sources such as files and consultation, and to make recommendations for treatment and follow-up.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

## 2. Testing

### a) Knowledge

Comment on general psychometric competence, knowledge of relevant tests, readiness to consult new test manuals, ability to select tests, rationale for choosing tests, knowledge of constructs to be tested and how tests relate to these.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### b) Testing Experience

List tests utilised during period and comment on how well student got to know the tests during placement. Cite the number of times test was administered.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 3. Behavioural Assessment and Observation



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

## II) REPORT WRITING/CASE NOTES

### 1. Analysis/Formulation

Ability to clearly and accurately write up findings from initial assessment. Comment on diagnostic interpretation and functional analysis/case formulation skills. Include also skills in case history taking.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 2. Follow-up

Ability to set criteria for observation and documentation of sequential case information.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 3. Special Reports

Quality of formalised reports such as for transfers, courts, ACC, etc.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### III) THERAPY

In each of the following where appropriate, comment on the type of therapy and the type of cases seen, ability to use approach effectively and appropriately, and ability to plan programmes.

#### 1. Individual

##### Individual Counselling

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DNA	Unsatisfactory	Below expectation	Satisfactory progress	Above expectation

##### Behavioural/CBT Techniques

Brief details on types and level of competency reached with behavioural techniques (e.g., systematic desensitisation, self-monitoring, behaviour contracting, modelling, role-playing, assertion training, cognitive behaviour therapy).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DNA	Unsatisfactory	Below expectation	Satisfactory progress	Above expectation

##### Other Specific Skills

(e.g., biofeedback, relaxation)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DNA	Unsatisfactory	Below expectation	Satisfactory progress	Above expectation

#### 2. Therapy with Different Groups

Summarise time spent, approaches used, etc.

##### a. Group Therapy

Include type of groups worked with.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DNA	Unsatisfactory	Below expectation	Satisfactory progress	Above expectation

b. Family Therapy



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

c. Marital Therapy



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

d. Child Therapy

Include skills in rapport with children of various age ranges, and working with parents.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

e. Therapy with Adults



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

f. Therapy with Older Adults



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

## IV) KNOWLEDGE SKILLS

### 1. Work Knowledge

Consider student's knowledge of principles and practices relating to clinical work (e.g., current literature and contemporary practices in related disciplines).



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 2. Research and Evaluation

Comment on student's ability to suggest evaluation strategies, see possible research questions, and, where appropriate, to carry these out in the applied setting.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 3. Organisation of Work

Include timetabling skills, methodical approaches, presentations.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

## V) PROFESSIONAL ATTITUDE

### 1. Grasp of Professional Identity

Comment on awareness of applied psychologist role, ability to justify approach, willingness to continually consult psychological and related literature, and evaluate activities.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 2. Professional Ethics

Knowledge and application of ethical principles in applied work.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 3. Attitude to Supervision

Include acceptance of student role, ability to benefit from supervision, manner of handling feedback, non-defensive learning, willingness to consider cognitive and affective change.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 4. Cultural and Individual Difference Sensitivity

Include awareness, sensitivity, and ability to work with persons from different cultures, ethnic groups, gender, religious groups, etc.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation



## VI) INTERPERSONAL RELATIONSHIPS

### 1. Case Work Relationships

Consider how effectively the student relates to and consults with others involved in the case, and is able to integrate the data from various consultations.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 2. Staff Relations

Consider how effectively the student works with staff and the effect this has on job performance. Include aspects such as punctuality and ease with which the student fits into the setting.



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

### 3. Consultation

Consider how effectively the student deals with the public (e.g., family members, consultation with community agencies, teaching).



DNA



Unsatisfactory



Below  
expectation



Satisfactory  
progress



Above  
expectation

## VII) FINAL SUMMARY

### OVERALL RATING OF WORK KNOWLEDGE, COMPETENCE IN PERFORMANCE OF DUTIES, AND PERSONAL QUALITIES IN PRESENT POSITION:

- There is clear evidence of unsatisfactory performance.
- Performance and ability below normal expectation.
- Satisfactory progress being made for point in year.
- Progress above expectation for point in year.

### SUPERVISOR'S COMMENTS

*Please include comment on candidate's strengths and specific areas identified for improvement.*

*Please digitally sign this document, save it, and forward it to your intern for their digital signature. Once the report is digitally signed by the supervisor, only the intern signed date and signature will be editable. The intern should digitally sign and then forward to the clinical programme by email. To learn about digital signatures, see: <http://adobe.ly/tn84Z>*

**SUPERVISOR SIGNED DATE:**

---

**SUPERVISOR SIGNATURE:**

---

*To learn about digital signatures, see: <http://adobe.ly/tn84Z>*

**INTERN SIGNED DATE:**

---

**INTERN SIGNATURE:**

---

*Signature does not imply full agreement with report.*

