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.

Published February 2019
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.
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Important Requirements

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 Massey University Doctoral Web Book (http://www.massey.ac.nz/?cf5861401e)
The School of Psychology Postgraduate Handbook
The School of Psychology Postgraduate Prospectus

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.
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.
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.
2018 Combined Manawatū and Wellington Campus Hui at Tapu Te Ranga Marae
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 any research whether Honours, Masters, or PhD must be submitted by 30 November in the year immediately prior to commencement of the DClinPsych or MClinPsych. 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.
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 Clinical Coordinator, and a clinical programme administrator.

Regular meetings are also arranged with students in the clinical programme and the campus Clinical 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 intern, 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, (usually) an Honours project in the first year, followed by a three-year doctoral course of study [total of four years 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 additional 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. This must include the research case study in an appendix. This case study can either be a research project undertaken in the internship setting or should be based on the doctoral thesis topic. 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.

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...
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 prerequisite 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 Clinical 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 Clinical Psychopathology
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 may be useful as electives if you have limited knowledge in the area/s. Please note that these courses are only suggestions and it is entirely your choice as to which elective courses you choose.
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

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

Research
175.991 Thesis Part A
90 credits

2nd Year 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 neuro-rehabilitation interventions.

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

Research
175.992 Thesis Part B
90 credits

3rd Year DClinPsych

Internship
175.922 Clinical Psychology Internship
60 credits
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

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. This must include the research case study in an appendix in the thesis. This case study should be signed off by your clinical mentor on your supervision panel. The other 5 case studies will be written up based on clients seen during the internship.

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. The M Clin Psych is of two years’ duration and is made up of 240 credits - 120 credits of supervised practice and courses and 120 credits of internship.

1st Year M Clin Psych

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 neuro-rehabilitation 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 for all three semesters 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.

**2nd Year 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 research or a piece of research conducted in the clinical setting.

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 14 for more detail).

**Practicum Placements**  
(DClinPsych/MClinPsych)

The Psychology Clinics provide clinical training opportunities at both practicum and internship levels for clinical students, but it is the responsibility of clinical coordinators to liaise with the Clinic Directors, or their delegated representatives, 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 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 (175.920) and 2 x three-week placements in the second year (175.921). Placements for the MClinPsych (175.813) 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 approximately 16 hours a week 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 Clinical 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 Clinical 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 felt that there is no chance of a particular student passing the placement component, they will be informed as early as possible and not 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)

The School of Psychology makes no commitment to find placements in which students can complete their internship. The onus is on the student to find their own placement. However, Clinical Coordinators are often advised of positions as they arise and such information is quickly passed on to students. The lack of sufficient paid intern placements 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.

The suitability of individual settings and supervisors should be discussed with the respective campus Clinical Coordinator. Generally, 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 over the course of one calendar year. Eligibility to present for the final examination is to be approved by the campus Clinical 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 Clinical 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).**

It is important to notify the Registration Board if your Internship status changes prior to completion of your training. E.g. if not working as an intern but finishing thesis, will need to pay a fee to stay on the register, otherwise 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.

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 supervision per week.

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 the 1st year where practical skills in clinical assessment will be covered (175.935). In the 2nd year 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 the 1st year 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 the 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 1st year MClinPsyc students or 2nd year DClinPsyc 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 respective Psychology Clinic for assessment and therapy, including group work. This may arise when a client who has been screened is followed up, or when the client provides an alternative placement experience to that which the student typically receives in their own setting. 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/October and two prior to the final examination. Together, these case studies comprise Thesis Part C (175.993) for the DClinPsyc and are part of the Internship (175.814 Clinical Psychology Internship) for the M ClinPsyc.
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 6th 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 their clinical practice during their 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 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 is likely to 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 Clinical 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 later in the year [September/October].

The third set is due in November. There is an 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 the relevant Clinical 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 Clinical 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 in the Psychology Clinics.

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 for a re-schedule if a client does not attend, and time to get the videotape 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, videotape and report are handed to the supervisor and submitted to the relevant campus Clinical Coordinator. In most circumstances, examiners watch the taped 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 students will have access to the tapes for review for a period immediately following the examination. Once returned to the campus Clinical Coordinator, they will be held in safe custody until the end of the final examination and then erased.

**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 the campus Clinical Coordinator, an external examiner (typically a senior staff member involved in clinical training at another New Zealand university), the Director of Clinical Training and/or one clinical supervisor. The decisions of this panel are made by consensus, with the greatest weight being given to the 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 videotaped at the intern’s clinical placement several days prior to the oral examinations. After the interview, the student has three hours in which to write a report. This report is handed, together with the videotape, to the clinical supervisor for sign-off and forwarded to the local Clinical Coordinator.

Approximately a week later, the student will have a total of one and a half hour’s viva with the examiners, during which she/he will be questioned about the examination interview, associated report, case studies and the paper referral.

**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 in both organisations is available at no charge for current students.

Clinical Meetings

Campus Clinical 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 disseminate information regarding new developments and clinical competencies under the HPCA.

Each campus Clinical 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 Clinical Coordinator to clinical supervisors and/or students.

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 and campus Clinical Coordinators.

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 Clinical Coordinator, student representatives from across the years of clinical training and a representative (or representatives) 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 videotaped and for case studies to be submitted for examination.

**The Use of Diagnostic Classification Systems**

At the current time there is considerable 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.

**Support for Clinical Students**

There may be occasions when issues of some concern arise for students. For those issues related directly to placement work or supervision, an approach should be made by the student to the relevant Clinical Coordinator and/or the student’s mentor, the Director of Clinical Training, the School of Psychology Coordinator of Graduate Studies, or the Head of the School of Psychology, in that order. For students experiencing distress of a personal nature, unrelated to the clinical programme, support will be provided to find appropriate assistance if so desired. Students can also directly access the free Student Counselling services available on each campus.

**Dispute Resolution**

In the case of concerns or disputes related to clinical training, students should normally first consult with the person involved. If this is difficult or unsuitable for any reason they should approach their Campus Coordinator and/or the Director of Clinical Training. If you feel unable to resolve the concerns with the clinical training staff, then the Head of School is also available for consultation. Formal employment concerns or grievances are primarily the domain of employers and should, in the first instance, be referred to the student’s immediate employment superior or manager. It can be helpful to informally discuss matters initially with one’s 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

Clinical training is campus based, with Dr Simon Bennett as the Director of Clinical Psychology Training for the School overall.

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

Simon Bennett
Director of Clinical Training
School of Psychology
Massey University - Wellington
P O Box 756
Wellington 6140
Email: s.t.bennett@massey.ac.nz
Extension: 63609

Enquiries can be made of campus Clinical Coordinators about respective campus programmes.

Phone if calling from:
Auckland (09) 414 0800
Palmerston North (06) 356 9099
Wellington (04) 801 5799

Campus Clinical Coordinators are:

Auckland
Robyn Vertongen
(Albany Campus)
Email: r.c.vertongen@massey.ac.nz
Extension: 43112

Palmerston North
Joanne Taylor
(Manawatū Campus)
Email: j.e.taylor@massey.ac.nz
Extension: 85068

Wellington
John Fitzgerald
Email: j.m.fitzgerald1@massey.ac.nz
Extension: 63620

Staff

Albany
Robyn Vertongen
Clinical Coordinator
Senior Professional Clinician
Paul Merrick
Associate Professor
Matt Shepherd
Senior Lecturer
Anita Bellamy
Senior Professional Clinician
Pikihuia Pomare
Kaupapa Māori Lecturer
Louise Morgan
Clinic Director
Helen McMaster
Clinic Secretary

Palmerston North
Joanne Taylor
Clinical Coordinator
Senior Lecturer
Kirsty Ross
Senior Lecturer
Hukarere Valentine
Haumaru Tautoko Hauora
John Pahina
Senior Professional Clinician
Renée Seebeck
Senior Professional Clinician
Maria Berrett
Clinic Director
Annette Ross
Clinic Secretary

Wellington
Simon Bennett
Director of Clinical Training
Senior Lecturer
John Fitzgerald
Clinical Coordinator
Senior Lecturer
Janet Leatham
Professor
Ian de Terte
Senior Lecturer
Ruth Gammon
Clinic Director
Carrie Wilson
Clinic Secretary
2016 Hoani Waititi Marae Visit
Anita Bellamy, Paul Merrick, Jhanitra Gavala,
Hukarere Valentine, Mei Williams and Simon Bennett
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
Alexa Curtis, Kayla Mackie, Katie Weastell, Grace McNatty and Fathimath Rifshana
Graduation of Doctor of Clinical Psychology (DClinPsych)
students in Palmerston North in November 2017

Rebecca Ratlidge and Nicholas Catto with Dr Joanne Taylor
Graduation of the first two Master of Clinical Psychology (MClinPsych)
students in Palmerston North in May 2017
Directors

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

Directors of Massey Clinical Programme
Past and Present

<table>
<thead>
<tr>
<th>Year</th>
<th>Director</th>
<th>Year</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975-78</td>
<td>Dave Clarke</td>
<td>2002-04</td>
<td>Janet Leathem</td>
</tr>
<tr>
<td>1979-85</td>
<td>Cheryl Woolley</td>
<td>2004-05</td>
<td>Kevin Ronan</td>
</tr>
<tr>
<td>1985-90</td>
<td>Malcolm Johnson</td>
<td>2005-09</td>
<td>Paul Merrick</td>
</tr>
<tr>
<td>1990-92</td>
<td>Janet Leathem</td>
<td>2010-14</td>
<td>Janet Leathem</td>
</tr>
<tr>
<td>1993-95</td>
<td>Malcolm Johnson</td>
<td>2014-17</td>
<td>Paul Merrick</td>
</tr>
<tr>
<td>1996-98</td>
<td>Cheryl Woolley</td>
<td>2018-</td>
<td>Simon Bennett</td>
</tr>
<tr>
<td>1999-02</td>
<td>Kevin Ronan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attendees early Hui circa 2002
From left: Paul Merrick, Mei Williams, Patrick Dulin, Kevin Ronan, Cheryl Woolley, Janet Leathem, Joanne Taylor and Jan Dickson
Meihana’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
The Clinic at the Manawatū Campus in Palmerston North was set up in 1987, to offer practical experience for clinical students. During the past 28 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 MidCentral DHB and Whanganui DHB 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
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 Wellington Clinic has recently expanded its areas of speciality to include child and family therapy and working with Child, Youth, and Family. The Clinic provides evidence-based practices and is driven by the scientist-practitioner model.
Albany Campus

The Albany 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 are normally those experiencing psychological distress. Clients may be adults or children, 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

Albany

Louise Morgan  Clinic Director
Kay Mathewson/ Senior Professional Clinicians
Kirsty Furness  Clinic Secretary
Helen McMaster

Manawatū

Maria Berrett  Clinic Director
Fiona Kennedy  Senior Professional Clinician

Wellington

Annette Ross/  Clinic Secretaries
Gail Shirley/
Helen Garwood/
Julianne Olsen

Ruth Gammon  Service Coordinator
Carrie Wilson  Clinic Director
Melissa de Wolff  Senior Professional Clinician
Carrie Wilson  Clinic Secretary
Psychology Clinic
Reception
Albany
Appendix 3:
DClinPsych Regulations

Regulations reprinted from the University Calendar:

The Degree of Doctor of Clinical Psychology
DClinPsych

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.

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 1 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 Competency 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 at least 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 proposal 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.

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) Emendations required.
(c) Further research and re-examination required.
(d) Fail. The candidate shall not be awarded the degree and shall not be permitted to apply for re-examination.

9. If emendations are required the candidate will have a maximum of six months full time to complete the emendations and during this time the candidate will not be required to re-enrol. The candidate must complete the emendations to the satisfaction of the examiner(s) or the candidate will be failed. Under these circumstances the candidate shall not be permitted to be re-examined.

10. If further research and re-examination is required, the candidate will have a maximum of one year full time and eighteen months part 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, the candidate will be failed. Under these circumstances the candidate shall not be permitted to be re-examined.

11. 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

12. 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 proposal to, and had it accepted by, a confirmation committee;
(c) their proposed main supervisor and co-supervisor(s) approved by the Doctoral Research Committee.

13. 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.

14. Candidates are required to successfully complete courses 175.936 and 175.921 prior to enrolling in 175.922 and undertaking clinical case study research.

15. 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

16. 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. Suspensions or extensions granted will appear on the academic transcript.

17. The maximum period of registration shall include:
   (a) completion of 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 four bound copies of the thesis;
   (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.

18. Candidates may be graduated when they meet the Admission, Qualification and Thesis requirements within the prescribed timeframes.

Unsatisfactory Academic Progress

19. For candidates enrolled in the Degree of Doctor of Clinical Psychology, the following will lead to termination of registration:
   (a) failure to pass any one of the taught courses in the Schedule for the Qualification;
   (b) failure to pass any one of the Practicum or Internship courses;
   (c) failure to make adequate progress 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>175.920</td>
<td>Clinical Psychology Practicum A</td>
<td>15</td>
</tr>
<tr>
<td>175.921</td>
<td>Clinical Psychology Practicum B</td>
<td>15</td>
</tr>
<tr>
<td>175.922</td>
<td>Clinical Psychology Internship</td>
<td>60</td>
</tr>
<tr>
<td>175.935</td>
<td>Skills in Clinical Assessment</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>C 175.920 R 175.833, 175.834</td>
<td></td>
</tr>
<tr>
<td>175.936</td>
<td>Skills in Clinical Interventions</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>P 175.935, 175.920 C 175.921 R 175.834, 175.812</td>
<td></td>
</tr>
<tr>
<td>175.991</td>
<td>Thesis Part A</td>
<td>90</td>
</tr>
<tr>
<td>175.992</td>
<td>Thesis Part B</td>
<td>90</td>
</tr>
<tr>
<td>175.993</td>
<td>Thesis Part C</td>
<td>60</td>
</tr>
</tbody>
</table>
Appendix 4:
MCl in Psych Regulations

Regulations reprinted from the University Calendar:

The Degree of Master of Clinical Psychology
MCl in Psych

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.

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) 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 Clinical Psychopathology; 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 the 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.

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

Schedule for the Master of Clinical Psychology

Part One (120 credits from)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>175.811</td>
<td>Clinical Assessment Skills</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>C 175.812, 175.813</td>
<td></td>
</tr>
<tr>
<td>175.812</td>
<td>Clinical Intervention Skills</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>C 175.811 and 175.813; R 175.936</td>
<td></td>
</tr>
<tr>
<td>175.813</td>
<td>Clinical Psychology Practa</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>C 175.811, 175.812</td>
<td></td>
</tr>
</tbody>
</table>

Part Two (120 credits from)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>175.814</td>
<td>Clinical Psychology Internship</td>
<td>120</td>
</tr>
</tbody>
</table>
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 regional Clinical 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 regional Clinical Coordinator prior to the two mock examinations in June and September/October, and the third at least two weeks prior to the final examination (usually the first week in December).

Field Supervisors
Supervisors should be of senior status and have a Postgraduate Diploma in Clinical Psychology or equivalent qualification. 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**

Clinical Coordinators at the relevant campus 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 orals. 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 or October 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 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 (http://www.psychologistsboard.org.nz/cms_show_download.php?id=346). 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, 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 (04 471 4580 or http://www.psychologistsboard.org.nz/).

**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 of Clinical Training 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 relevant Clinical 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 regional Clinical 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.
Experience Record
Clinical Practicum

Student Name _________________________
Placement 1 _________________________
Placement 2 _________________________
Placement 3 _________________________

This experience record is intended to be developed over the three practicum placements. By the time the student completes the placement, it is expected the student will have ticks in most, if not all, of the boxes for each category and that some categories will have all three boxes ticked. In each case, satisfactory performance implies that the student has taken major responsibility for the work. For the therapy categories, responsibility for a single session is sufficient.

Please tick each box as student has satisfactory exposure to the experience.

<table>
<thead>
<tr>
<th>Experience</th>
<th>Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Assessment interview adult (general)</td>
<td></td>
</tr>
<tr>
<td>Assessment interview adult (forensic)</td>
<td></td>
</tr>
<tr>
<td>Assessment interview child</td>
<td></td>
</tr>
<tr>
<td>Assessment interview family</td>
<td></td>
</tr>
<tr>
<td>Behavioural assessment</td>
<td></td>
</tr>
<tr>
<td>Cultural focus</td>
<td></td>
</tr>
<tr>
<td>Psychometric assessment IQ</td>
<td></td>
</tr>
<tr>
<td>Psychometric assessment personality or pathology</td>
<td></td>
</tr>
<tr>
<td>Psychometric assessment neuropsychological</td>
<td></td>
</tr>
<tr>
<td>Therapy Adult: Cognitive Behavioural</td>
<td></td>
</tr>
<tr>
<td>Therapy Adult: Other</td>
<td></td>
</tr>
<tr>
<td>Therapy: Elderly</td>
<td></td>
</tr>
<tr>
<td>Therapy: Child and Family</td>
<td></td>
</tr>
<tr>
<td>Relaxation and training</td>
<td></td>
</tr>
<tr>
<td>Group therapy</td>
<td></td>
</tr>
<tr>
<td>Preparation of reports</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Practicum Supervisor’s Report

Student’s Name _______________________________________

Supervisor’s Name _______________________________________

Placement Setting and No. _______________________________________

Placement Period _______________________________________

In completing the following questions we encourage you to make additional comments to clarify your ratings, this is particularly important where low ratings are given. In all cases ratings should be made according to the student’s level of experience. Please indicate your rating of the trainee on the 5-point scales. If you Did Not Assess the trainee in any of the areas outlined, please select “DNA” in the right margin next to the 5-point scale.

Knowledge base and application

1. Did the trainee have a sufficient knowledge base of principles and practices?

<table>
<thead>
<tr>
<th>INSUFFICIENT KNOWLEDGE</th>
<th>SUFFICIENT KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

If you rated “3” or below, in which specific areas does the student need to increase their knowledge base?
List:

2. Did the trainee apply psychological research and theory appropriately in an applied setting?

<table>
<thead>
<tr>
<th>NO EXPLICIT REFERENCE TO PSYCHOLOGICAL RESEARCH AND THEORY IN WORK</th>
<th>APPLIED PSYCHOLOGICAL RESEARCH AND THEORY APPROPRIATELY IN WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

3. How much did the trainee actively seek additional information to improve their performance on the job?

<table>
<thead>
<tr>
<th>DID NOT SEEK ADDITIONAL INFORMATION</th>
<th>SOUGHT ADDITIONAL INFORMATION WITHOUT PROMPTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
**Professional Role**

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

<table>
<thead>
<tr>
<th>POOR UNDERSTANDING</th>
<th>GOOD UNDERSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DID NOT APPEAR TO RECOGNISE ETHICAL CONCERNS</th>
<th>SENSITIVE TO ETHICAL CONCERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INSENSITIVE</th>
<th>SENSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>

**Organisation/Work Relationships**

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

<table>
<thead>
<tr>
<th>OFTEN LATE</th>
<th>ALWAYS PUNCTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>

8. Was the trainee methodical and well organised?

<table>
<thead>
<tr>
<th>UNPLANNED AND POORLY ORGANISED</th>
<th>METHODICAL AND WELL ORGANISED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>POORLY ACCEPTED</th>
<th>WELL ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>VAGUE AND HESITANT</th>
<th>CLEAR AND CONFIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>
11. In general, how effectively did the trainee work with other agencies or groups (e.g., DSW, schools, court, police, etc).

<table>
<thead>
<tr>
<th>DID NOT ATTEMPT TO INCLUDE OTHER AGENCIES WHEN NEEDED</th>
<th>VERY EFFECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DNA</td>
</tr>
<tr>
<td>2</td>
<td>DNA</td>
</tr>
<tr>
<td>3</td>
<td>DNA</td>
</tr>
<tr>
<td>4</td>
<td>DNA</td>
</tr>
<tr>
<td>5</td>
<td>DNA</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>RARELY</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DNA</td>
</tr>
<tr>
<td>2</td>
<td>DNA</td>
</tr>
<tr>
<td>3</td>
<td>DNA</td>
</tr>
<tr>
<td>4</td>
<td>DNA</td>
</tr>
<tr>
<td>5</td>
<td>DNA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>RARELY</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DNA</td>
</tr>
<tr>
<td>2</td>
<td>DNA</td>
</tr>
<tr>
<td>3</td>
<td>DNA</td>
</tr>
<tr>
<td>4</td>
<td>DNA</td>
</tr>
<tr>
<td>5</td>
<td>DNA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NOT WELL</th>
<th>EXTREMELY WELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DNA</td>
</tr>
<tr>
<td>2</td>
<td>DNA</td>
</tr>
<tr>
<td>3</td>
<td>DNA</td>
</tr>
<tr>
<td>4</td>
<td>DNA</td>
</tr>
<tr>
<td>5</td>
<td>DNA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>POOR INTEGRATION WITH OTHER RELEVANT INFORMATION</th>
<th>GOOD INTEGRATION WITH OTHER RELEVANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DNA</td>
</tr>
<tr>
<td>2</td>
<td>DNA</td>
</tr>
<tr>
<td>3</td>
<td>DNA</td>
</tr>
<tr>
<td>4</td>
<td>DNA</td>
</tr>
<tr>
<td>5</td>
<td>DNA</td>
</tr>
</tbody>
</table>

Report Writing

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

<table>
<thead>
<tr>
<th>REPORTS/NOTES OFTEN LATE AND SLOW TO APPEAR</th>
<th>REPORTS/NOTES ALWAYS UP TO DATE AND PROMPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DNA</td>
</tr>
<tr>
<td>2</td>
<td>DNA</td>
</tr>
<tr>
<td>3</td>
<td>DNA</td>
</tr>
<tr>
<td>4</td>
<td>DNA</td>
</tr>
<tr>
<td>5</td>
<td>DNA</td>
</tr>
</tbody>
</table>
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

1 2 3 4 5 DNA

CONCISE AND ACCURATE INTEGRATION OF INFORMATION

1 2 3 4 5 DNA

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

LOW QUALITY

1 2 3 4 5 DNA

HIGH QUALITY

1 2 3 4 5 DNA

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


Supervision

19. Was the trainee accepting of supervision?

DEFENSIVE IN SUPERVISION

1 2 3 4 5 DNA

RECEPTIVE AND OPEN IN SUPERVISION

1 2 3 4 5 DNA

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

DID NOT INTEGRATE SUPERVISION FEEDBACK DESPITE THE NEED

1 2 3 4 5 DNA

CLEAR USE OF SUPERVISION IN SUBSEQUENT WORK

1 2 3 4 5 DNA

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

LOW SELF-AWARENESS

1 2 3 4 5 DNA

HIGH SELF-AWARENESS

1 2 3 4 5 DNA
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 Clinical Programme 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.
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 regional Clinical 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.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEVEL</th>
<th>ACTIVITY</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. ASSESSMENT</td>
<td></td>
<td>II. REPORT WRITING/CASE NOTES</td>
<td></td>
</tr>
<tr>
<td>1. Interview</td>
<td></td>
<td>1. Analysis/Formulation</td>
<td>V. PROFESSIONAL ATTITUDE</td>
</tr>
<tr>
<td>a) Skills</td>
<td></td>
<td>2. Follow-up</td>
<td></td>
</tr>
<tr>
<td>b) Judgement</td>
<td></td>
<td>3. Special Reports</td>
<td></td>
</tr>
<tr>
<td>2. Testing</td>
<td></td>
<td>1. Work</td>
<td></td>
</tr>
<tr>
<td>a) Knowledge</td>
<td></td>
<td>II. THERAPY</td>
<td></td>
</tr>
<tr>
<td>b) Experience</td>
<td></td>
<td>1. Individual</td>
<td></td>
</tr>
<tr>
<td>3. Behavioural</td>
<td></td>
<td>a) Counselling</td>
<td>VI. INTERPERSONAL RELATIONSHIPS</td>
</tr>
<tr>
<td>2. Testing</td>
<td></td>
<td>b) Behavioural/CBT</td>
<td></td>
</tr>
<tr>
<td>f) Older Adult</td>
<td></td>
<td>c) Other</td>
<td></td>
</tr>
<tr>
<td>IV. KNOWLEDGE SKILLS</td>
<td></td>
<td>1. Cultural &amp; Individual</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Difference Sensitivity</td>
<td></td>
</tr>
<tr>
<td>V. PROFESSIONAL ATTITUDE</td>
<td></td>
<td>III. THERAPY</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Supervision</td>
<td></td>
</tr>
<tr>
<td>VI. INTERPERSONAL RELATIONSHIPS</td>
<td></td>
<td>1. Individual</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Counselling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Behavioural/CBT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Casework</td>
<td></td>
</tr>
<tr>
<td>VII. FINAL SUMMARY</td>
<td></td>
<td>2. Groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Family</td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

2. **Follow-up**

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

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

3. **Special Reports**

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

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

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).

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

Other Specific Skills

(e.g., biofeedback, relaxation)

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

2. Therapy with Different Groups

Summarise time spent, approaches used, etc.

a. Group Therapy

Include type of groups worked with.

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>
b. **Family Therapy**

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

c. **Marital Therapy**

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

d. **Child Therapy**

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

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

e. **Therapy with Adults**

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>

f. **Therapy with Older Adults**

<table>
<thead>
<tr>
<th>DNA</th>
<th>Unsatisfactory</th>
<th>Below expectation</th>
<th>Satisfactory progress</th>
<th>Above expectation</th>
</tr>
</thead>
</table>
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 Un satisfactory Below expectation Satisfactory progress Above expectation

2. Professional Ethics
Knowledge and application of ethical principles in applied work.

DNA Un satisfactory 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 Un satisfactory 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 Un satisfactory 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  Satisfactory  Above
   expectation  progress  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  Satisfactory  Above
   expectation  progress  expectation

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

   DNA  Unsatisfactory  Below  Satisfactory  Above
   expectation  progress  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](http://adobe.ly/tn84Z)

SUPERVISOR SIGNED DATE: ________________________________

SUPERVISOR SIGNATURE: ________________________________

To learn about digital signatures, see: [http://adobe.ly/tn84Z](http://adobe.ly/tn84Z)

INTERN SIGNED DATE: ________________________________

INTERN SIGNATURE: ________________________________

Signature does not imply full agreement with report.