

Massey Psychology Clinic

Year One DClinPsych & MCLinPsych Practicum Handbook



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Welcome to your Massey Psychology Clinic practicum!

As Year One DClinPsych and MCLinPsych candidates, no doubt you'll be excited about your first practicum and the opportunity to get some real world clinical experience. Welcome to the start of your practical training - we're looking forward to having you with us!

The purpose of this handbook is to give you some useful information about the clinic and how we operate, our services, and the people you'll be working with over the coming weeks. There is also a section containing useful resources to help you while you're here and a guide to finding other helpful materials around the clinic. The final section contains record sheets and forms that you'll want to detach from this handbook to use while you're here.

The structure of Practicum A

Everyone in the clinical training program generally completes their first practicum here at the clinic for a number of good reasons. First, for a lot of people the campus and the clinic are familiar, so the clinic is a comfortable place to start out. Second, because all the clinicians working here are either clinical psychologists or registered psychologists, you'll have lots of people to consult with and learn from. Third, we aim to give everyone similar foundation clinical experience before they head off to different external settings later in Year One for MCLinPsych students and in Year Two for DClinPsych students. Finally, you'll get to experience the diversity of clinical practice here (variety of age groups, presentations, therapeutic styles, assessments and testing etc.) before you go to more specialised settings in your other practica.

There are three parts to Practicum A. You'll be expected to attend a week long New Zealand Defence Force (NZDF) Well-Being Course at Linton Military Camp, be at the clinic fulltime for a block of three weeks, and then you'll have 80 hours of further client work that will be arranged to suit you and your clients' schedules. The two latter stages of your practicum are different from each other, and this has been designed to allow you to settle in, observe and learn, and then ultimately see your own clients under close supervision.

Prior to the start of your practicum at the clinic you will meet with the Clinic Director. This meeting is designed to provide an induction to our clinic practice and prepare you for a successful practicum. This meeting is your opportunity to meet the clinic clinicians, learn about our services, learn about some of the activities you'll be engaged in on practicum in a supportive and helpful environment, and obtain guidance on how best to manage your own personal and professional development during this time. We strongly encourage you to ask lots

of questions. The more you involve yourself in the meeting (and your practicum) the more benefit you're likely to get from it.

Part 1 of Practicum A – The Week Long NZDF Well-being Course

You'll be attending a five-day NZDF Well-being Course at Linton Military Camp which will be held while you are on placement.

Part 2 of Practicum A – The three-week block

Your first day at the clinic

Nearly everyone feels nervous about starting their clinic work and feels unsure about what to expect and what is expected of them. That's one of the reasons for this handbook. Feeling apprehensive on your first day (or your first week!) is perfectly normal and we encourage you to ask any of us questions when you feel unsure. Don't worry about interrupting us - we're more than happy to help - and if we're not able to talk at that moment, we'll direct you to someone else or let you know when we will be free to talk. Remember, we all had a first practicum once and we know how confusing it can be at times.

You'll be expected to arrive at the clinic just before 08:30am on the first day, which for most people will be a Monday. Introduce yourself to one of our administration staff and tell them you're starting your practicum today (even if you're already known at the clinic). They'll direct you to the Clinic Director who will be your primary supervisor throughout your placement here at the clinic. There are quite a few of us, but we're all friendly and will be looking forward to seeing you. There are one hour team meetings for each of the three services at the clinic and you are welcome to attend these during your three-week block too. It might depend on what's happening at the clinic on your first day, but it's likely your supervisor will talk with you about your practicum after the morning meetings are finished.

We have a large room specifically for you to use while you're here (it has "Clinical Students" on the door), and you're welcome to leave your things there and arrange a spot for yourself to work during your practicum. Others will be coming in and out too, so it's important for everyone to be respectful of each other's belongings and their need for a quiet workspace. There are computers in that room, which are linked to the clinic printers. You can log on with your Massey username and password. The computers are connected to the Massey network so you can use the Massey Library and journal databases for your practicum work. You'll also see there are books, videos and a filing cabinet of resources that you are welcome to add to for the use of future practicum students. On your first day, ask one of our administration staff to create a personal suspension file for you in the main filing cabinet. This is where we keep client files, but is also where you can store confidential information securely, as the cabinet is locked every night.

You might not feel like you've been very busy on your first day; consider it a chance to settle in and orient yourself to the clinic environment! Good things to do that day are:

- Read this handbook and review what was covered on the block course
- Introduce yourself to everyone
- Familiarise yourself with the buildings and who is where
- Write down what you'd like to achieve or experience during your practicum and share it with your supervisor
- Look through the resources in the Clinical Students' room and the photocopy room
- Familiarise yourself with the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand* (2002) and think about how it applies to your practicum work
- Read about initial assessment interviewing and building rapport
- Plan how you'll introduce yourself to clients, explain confidentiality, and settle them in at the start of a session
- Familiarise yourself with our psychometric tests
- Ask the clinicians if they have anything for you to do

After the first day, and at the end of the first week, nearly everyone feels exhausted and drained. Most people feel apprehensive, under pressure, uncertain, and anxious during their first week. You're finding your place among new people, taking in a lot of new information, and being mentally and emotionally attentive, on top of managing your usual everyday life. It's no wonder you'll need a restful weekend and supportive friends and family! Be kind to yourself during this time and try to arrange your study and other commitments to maximise your wellbeing while you're completing your practicum. The basics are important – get quality sleep, eat nutritious meals, drink lots of water, exercise regularly, get regular sunshine and fresh air, and make sure you have some fun too.

The remainder of your block practicum

For the remainder of the three-week block, everyone's practicum experiences are different. What opportunities there are for learning will vary a great deal because of your personal interest areas, the time of year you're here, what else is happening at the clinic, which clinicians are available for you to work with and what type of cases they are seeing. Essentially, what you do on a day-to-day basis during this block practicum will be largely your responsibility.

The very best thing you can do is take control of your own schedule (there are diary forms in the last, "tear off" section of this handbook). Unfortunately, it would be impossible in our setting for you to be assigned to a single clinician and just do whatever they do. You'll probably be the only person who knows what you're doing and when because you'll be working with a variety of clinicians and their clients and you'll have tasks to complete for them all. That's what makes having an organised diary really important. The diary sheets in this handbook are for you to record which clinicians and which clients you are seeing and when. You might have your own diary that you use in your personal life or for study and work, but please do not use it for scheduling your practicum work. In line with the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand* and our strict

confidentiality policy, nothing containing client information ever leaves the clinic with practicum students – including your notes in a diary. Instead, you can leave the tear-off diary in your personal suspension file in the main filing cabinet overnight. There are a number of opportunities to learn about clinical practice at the clinic so take advantage of the wide range of approaches used across our services and the activities occurring while you are here.

Observing experienced clinicians at work

One of your main learning experiences will be sitting in with clinicians to observe their assessment or therapy sessions. We try hard to remember to talk to you about sitting in with us, but we do get busy with our own clinical work and thinking about our cases. If we haven't approached you, the best thing to do is be proactive and ask us. Start with the Service Coordinators and ask them to check their diaries for the week and see whether they have any clients you could sit in with, and who else in their service you could ask. In this way you can schedule those appointments in your diary for the coming week. It's quite possible that a clinician doesn't have any appropriate sessions and there are a number of reasons why this might occur. In addition, bear in mind that before their session starts, the clinician will ask the client if they mind you sitting in and the client is under no pressure to agree. It's a good idea to try and observe as many different types of sessions, client presentations, and clinician styles as possible. You might not get as good an opportunity as this to see different people in action for the rest of your career!

Contributing to ongoing sessions

Another good learning experience you might have is the opportunity to contribute to a clinician's usual session. Past students have taken responsibility for a portion of a session, such as doing psychoeducation, a relaxation or mindfulness exercise, administering psychometrics, or doing a functional analysis of a specific problem. There are a number of ways you can be involved in a part of the session, so ask or offer as often as you like.

Screened sessions

Throughout your clinical training you'll hear people talking about "screenings" or "screened sessions". This means that the intern does an assessment or therapy session that is "screened" either by a clinician or videotaped. This would generally involve the intern being observed through a one-way mirror or the session being videotaped and viewed during a workshop.

During the year, each intern psychologist has at least one screened session at the clinic, even if they are completing their internship elsewhere. These are attended by all interns and the screening clinical psychologist (and their clinical supervisor if they wish). Pre-interns do not attend these screenings unless they are completing their three-week block practicum. If an intern's screening is on while you are on practicum, you may attend if you wish and it is important you are respectful and maintain confidentiality about what occurs during this internship training activity.

Using psychometric tests

Another learning opportunity you'll have during your time with us is to use a variety of psychometric tests. We're one of the most well resourced settings in this regard and you'll probably be asked to score a range of tests for the clinicians here before you get a chance to administer any yourself. This is an excellent way to familiarise yourself with the tests and manuals and will give you a better understanding of their purpose and structure so you can administer them more confidently. Ask the clinicians if they have psychometrics to be scored. You can offer to write a brief summary of the results and their interpretation too, which also provides valuable learning and practice for you. Feel free to explore the tests when they are not in use and practise administering them on your own or with other pre-interns. To help you prioritise which ones to focus on, the main tests you should know about are...

- WISC, WAIS and Stanford-Binet (intellectual functioning)
- NEPSY, RBANS and D-KEFS (broad neuropsychological)
- The Trail Making Test and Stroop (aspects of executive functioning)
- CMS and WMS (memory)
- WIAT, WTAR, and WRAT (achievement and reading)
- BDI, BAI, BYIs, STAI, and STAXI (depression, anxiety, and anger)
- CBCL, TRF, and YSR (broad child assessment)
- DAPS and TSI (Trauma and PTSD)
- The Conners' Rating Scales (child ADHD assessment)
- MCMI (personality and clinical disorders)
- ORS and SRS (outcome and therapeutic alliance)

Working in private practice

One aspect of practice you're not likely to have covered in the study you've done so far is the practical reality of clinical work. Part of your practicum experience will be learning about the administration side of being a clinical psychologist, and working in a private practice-type setting in particular. You'll need to know some of the administration procedures we have at our clinic, so there is information on these included in this handbook for you. If you're not sure ask our friendly admin staff who will be glad to help you out. Two important administrative tasks are only done by clinicians; writing case notes and taking new private referrals. You will be expected to do both of these during your practicum and there are resources to help you with this in the second section of this handbook. It is a great idea to offer to take notes and type the case note for clinicians whose sessions you are observing. Its good practice and you'll get feedback on what is and isn't required for an adequate case note. Once you've learnt how to take new referrals, the admin staff will direct any enquiries from the public to you. Talking to potential clients on the phone can help you learn about public relations and practise clinical skills, such as being empathic, managing distress, asking open questions, and instilling hope.

Part 3 of Practicum A – The 80 hours follow-up

After finishing your three weeks fulltime, you'll spend another 80 hours (approximately) doing follow-up work, which will be arranged with your

supervisor. Often this will consist of you starting with your own assessment or therapy client under close supervision. For example, you may see a self-referred client for difficulties with depression, anxiety or anger, or perhaps complete a neuropsychological assessment and report for ACC. Your attendance at the clinic will not be fulltime, but you are expected to be at the clinic to prepare for your client, for sessions and completing paperwork afterwards, and for supervision. If you are completing an assessment, you are expected to write and send the report off in a timely manner.

Your 80 hours includes all the work you do for your clients, so documenting your hours accurately is crucial. You should record all client contact time (sessions and phone calls), all supervision time, time spent on background reading and researching, session preparation, practising test administration, scoring tests, writing reports and case notes, liaison with referrers, family members and other professionals, consultation with other clinicians etc. If you record all of these, your hours will accumulate quite quickly. In the last section of this handbook there is a sheet for you to use to keep a running total of the hours completed so far. It is your responsibility to accurately record your practicum hours.

A very common worry people have is about the large amount of time spent reading and preparing, or thinking they're slower than they should be writing reports and case notes. We expect that you'll do a great deal of preparation and spend a lot of time writing your case notes and reports because we know its very new to you and we also know you're wanting to do a good job for your client. Don't be tempted to under-report the hours you've spent on these activities. Clinical psychologists must be accurate and transparent about the work they do, and we encourage you to begin adopting this open approach to your work right from the start. There are no rules about the number of hours you are required to spend on particular tasks for this practicum because the needs of our clients are so varied. However, here are some examples from past pre-intern's practicum work, grouped by task...

Example:	A therapy client	2 assessment clients
Reading, researching, and preparing	34 hours	28 hours
Client contact time	11 hours	10 hours
Writing case notes and reports	8 hours	30 hours
Supervision and consultation	10 hours	7 hours
Liaison and administration	2 hours	3 hours
Practicum A Block Course	16 hours	-
TOTAL	81 hours	78 hours

It can be quite variable how your hours are accrued. You might spend all your time on one case, or several smaller or short-term cases, depending on what clients are available and have agreed to be seen by a pre-intern. Once you have reached 80 hours, your supervisor will complete your practicum report, discuss it with you, and send it to the Palmerston North campus Co-ordinator of the Clinical Training Programme. Then you will have finished your first practicum and can have a well-earned rest!

About the Massey Psychology Clinic

Our clinic was established in 1987 to increase the capacity for training clinical psychologists by providing a consistent practicum for students in the clinical training programme. Although we are a part of the School of Psychology, we operate in much the same way as an independent private psychology practice would.

Our mission statement is...

Leading in Training, Research, and Practice

For us, this means modelling for you excellence in clinical practice that is based on sound research. Clinical psychologists employed in our clinic aim to set practice standards that you can aspire to and be inspired by. You'll see a variety of approaches being used by different clinicians and some of these are innovative and emerging areas of clinical practice.

Dr Shane Harvey is a clinical psychologist and since 2007 has been our Clinic Director. Our clinic operates as a cohesive unit, but has two specialised service teams:

- 1) General Clinical Services
- 2) Health Conditions and Cancer Psychology Service (HC&CPS)

General Clinical Practice

The core business of our clinic has always been the general clinical psychological services that are provided by most private practitioners. We get referrals for private-paying clients (self-referrals and from GPs, schools etc), and also referrals from organisations such as ACC, the hospital, or other agencies (Child, Youth, and Family, Youth One Stop Shop, RNZAF & Army, Supportlinks etc.). When we receive a referral the client is contacted and added to our waiting list until a clinician is able to see them. We get a mixture of assessment and therapy referrals commonly ranging from anxiety, adjustment and depression, to trauma, relationship issues, anger and stress management. From time to time we also see bipolar, body dysmorphic disorder, OCD, transgender issues, and others. Our clients include adolescent, child, and family referrals for behaviour management and parenting skills, ADHD, Aspergers', phobias, encopresis and enuresis,

separation anxiety and school refusal, depression, intellectual disability and learning disorders. In addition, we have contracts with ACC to see clients for sexual abuse/assault therapy, pain management, neuropsychological assessments and psychological support following a physical injury (often for PTSD).

The Health Conditions and Cancer Psychology Service

The Health Conditions and Cancer Psychology services are divided into the Cancer Psychology Service and the Health Conditions Service.

The Cancer Psychology Service is funded by MidCentral DHB to provide psychological support to people with cancer and their family members. The service sees clients at the clinic, at the hospital, in their homes, and at locations in the community. People are referred for short-term assistance (typically six sessions or less) and this can be for a variety of reasons and at any stage from the cancer diagnosis onwards. We also see family members of the person with cancer when they need the extra support. Our work with these clients can relate to adjustment, grief, and loss, but we also help with anxiety (such as phobias or panic), depression, and family systemic issues that can arise. Oftentimes the cancer diagnosis can make managing a pre-existing mental health issue, such as bipolar or a sexual abuse history, more difficult and we can help people develop better coping strategies as they adjust to their changed health status. We also provide workshops for those with cancer through the Cancer Society/Addis House, and training for health professionals related to psychological issues in cancer care.

The Health Conditions Service covers two contracts funded by MidCentral DHB: one to provide psychology services for children and one for services to adults. The child contract provides sessions for children with a long-term or life-limiting health condition, and their family members. This can include conditions such as cystic fibrosis, diabetes, and a range of others. The adult contract covers only four specific areas: cardiac, renal, and respiratory conditions, and diabetes. Like the Cancer Psychology Service, the sessions are intended to be short to medium term, around six-eight sessions, and clients are seen at a variety of locations across the MidCentral region. We have clinicians travelling to Feilding, Dannevirke, Pahiatua, Foxton, Levin, and Otaki, as well as seeing clients at the clinic or hospital. The diversity of clients and health conditions means we see a range of presenting issues and have the opportunity to use approaches such as CBT, Motivational Interviewing, and ACT to good effect. It also can be challenging as the client presentations are often very complex, with multiple factors contributing to their referral being made.

Clinic staff overview

The people working at the clinic are our Clinic Director, full-time and part-time clinical psychologists and registered psychologists, and our administration staff. Each of the three teams has a Service Coordinator who works solely for that service, but our other clinicians often work across more than one service.

There are many people for you to get to know, so here is an overview of who does what:

General Clinic Services

Shane Harvey (Clinic Director)
Renee Seebeck (Service Co-ordinator; Senior Clinical Psychologist)
Jan Dickson (Senior Professional Clinician)
Kirsty Ross (Senior Clinical Psychologist)
Milja Albers-Pearce (Consultant Senior Clinical Psychologist)
Alex Curtis (post-Intern Psychologist)
Rebekah Jourdain (post-Intern Psychologist)
Katie Weastell (Intern Psychologist)
Michelle Pedersen (Intern Psychologist)
Annette Ross (Secretary)

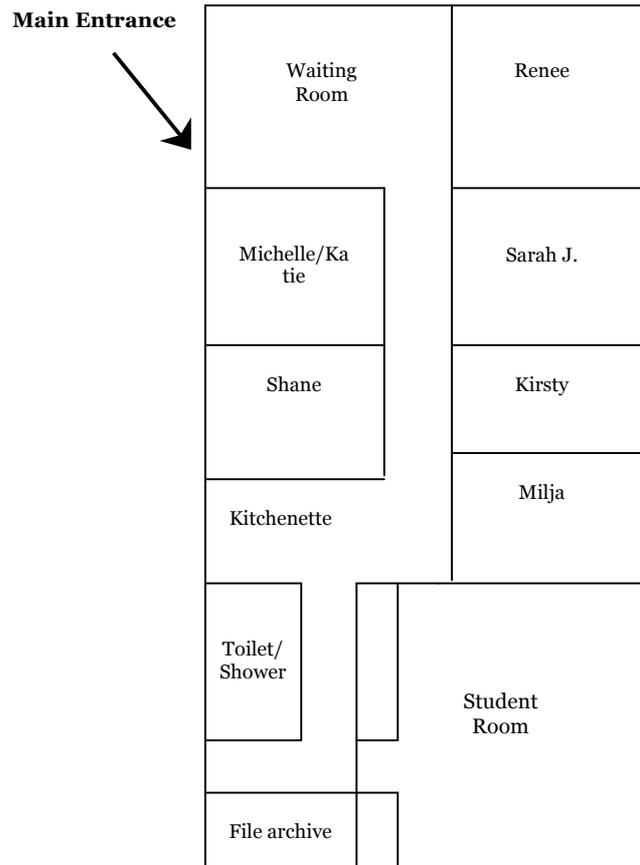
Cancer Psychology Service/Health Conditions P

Maria Berrett (Service Co-ordinator CPS/HCPS; S
Don Baken (Senior Clinical Psychologist)
Lizzy Kent (Senior Clinical Psychologist)
Hukarere Valentine (Senior Clinical Psychologist)
John Pahina (Senior Clinical Psychologist)
Sarah Malthus (Senior Clinical Psychologist)
Kara-lise Duxfield (Clinical Psychologist)
Amy Aldridge (Psychologist)
Sara Joice (Health Psychologist)
Lucia King (post-Intern Psychologist)
Julianne Olsen (Secretary)
Gail Shirley (Secretary)

Map of the Psychology Clinic

Bernard Chambers B

Bernard Chambers C



Bernard Chambers D

Professional behaviour

The practicum part of your degree provides you with opportunities to apply your academic knowledge and learning, but also to develop your identity as a clinical psychologist. It is important that during your practicum you display the behaviours and attitudes of a professional so we ask that you take time to read the following carefully. We have outlined some principles and guidelines for you here because we'd like all pre-interns to,

- recognise the importance of conducting themselves honourably, professionally, and in a manner that reflects the high standards of our clinic and our profession
- be sensitive to how they may be perceived by others, including clients, colleagues and the general public, and the manner in which their conduct, attitudes and personal appearance may shape others' perception of them, our clinic and our profession
- understand that clients must be able to trust them to provide care that meets the standards of our profession

Principles of professionalism

Principle	Examples of Professional Behaviour
Integrity	Consistent honesty Can be trusted with the property of others Can be trusted with confidential information Maintains complete and accurate documentation for client-related and practicum-related activities Fulfils responsibilities in a reliable manner
Empathy	Shows compassion for others Responds appropriately to the emotional states of clients Demonstrates a calm, considered, and helpful demeanour toward those in need Is supportive and reassuring to others
Self-motivation	Takes initiative to complete tasks Is proactive to improve or correct own behaviour Follows through on tasks without constant supervision Shows enthusiasm for learning and self-improvement Consistently strives for excellence Accepts constructive feedback in an open manner Incorporates feedback to make changes in behaviour Takes advantage of learning opportunities
Appearance	Clothing is appropriate, neat, clean, and well maintained Good personal hygiene and grooming

Self-confidence	<ul style="list-style-type: none"> Demonstrates the ability to trust own judgment Demonstrates an awareness of personal strengths Exercises good personal judgment Recognises limitations and seeks help Recognises and admits mistakes as they occur
Communication	<ul style="list-style-type: none"> Speaks clearly Writes legibly Listens actively Adjusts communication strategies to fit the situation Uses professional language Considers the listener's comprehension level (e.g. no jargon) Is mindful of the environment when discussing information Is judicious when disclosing information in public domains (e.g. posting information on websites such as facebook) Uses appropriate email (e.g. initials.lastname@email.com instead of elvislives@thekingsbelievers.com)
Time Management	<ul style="list-style-type: none"> Consistent punctuality; arriving when expected and remaining until the end of the activity Notifies people as soon as possible when late or unable to attend as scheduled Completes tasks on time and promptly Maintains a reasonable workload
Teamwork & Diplomacy	<ul style="list-style-type: none"> Places the best interests of the clinic above self-interest Does not undermine colleagues or the clinic Helps and supports colleagues Remains flexible and open to change Communicates with others to resolve problems Exhibits good personal judgment in stressful situations
Respect	<ul style="list-style-type: none"> Is polite to others Does not use derogatory or demeaning language Maintains an appropriately sensitive, courteous, and respectful manner Behaves in a manner that brings credit to the profession
Client Advocacy	<ul style="list-style-type: none"> Does not allow personal bias/feelings to interfere with client work Places the needs of clients above self-interest Protects and respects client confidentiality and dignity
Careful Delivery of Service	<ul style="list-style-type: none"> Applies knowledge and skills appropriately and ethically Uses literature and evidence to inform practice Seeks and utilises supervision Checks equipment before and after use Follows clinic policies and procedures Follows instructions and asks questions if unsure

Professional behaviour at our clinic

In addition to conducting yourself in accordance with *The Code of Ethics for Psychologists Working in Aotearoa/New Zealand* (2002), and the principles outlined above, there are two areas that require a little more elaboration to help you during your practicum with us. These relate to how we communicate with the public and how we present ourselves in the clinic environment.

Public relations

In our work at the clinic, we interact with referrers, potential clients, current clients, other professionals (GPs, teachers, doctors, nurses, social workers etc), external agencies, case managers, and others. In all communications, whether by phone, fax, email, or in person, we strive to maintain the good reputation of the clinic and our profession. As a pre-intern working with us for a short time, you are required to act in the same manner; as a positive and professional representative of our clinic. Some guidelines for doing this during your practicum are below.

☺ Do...

- Talk as if you work here (“our clinic”, “we”, “us”)
- Introduce yourself as a “clinical psychology trainee”
- Be friendly and helpful
- Listen and reflect
- Use good manners and polite language
- Speak in an appropriate, everyday manner
- Smile – remember it comes across on the phone too
- Give information and offer to answer questions, if you can
- Suggest someone else they can talk to
- Be confident in the way you present your ideas
- Thank them for getting in touch/listening/letting you know, and for their time

⊗ Don't...

- Use informal language or slang
- Swear or use derogatory language
- Pretend to know when you do not or are uncertain
- Offer advice or information outside your current expertise or experience level
- Use jargon/language that is not readily understood
- Be rude, hostile, or impatient
- Let your stress/bad mood hurt the innocent!
- Speak negatively about the clinic or staff
- Use pejorative or judgmental descriptions of clients

Dress code

As clinical psychologists, we need our appearance to be as professional as our attitudes and behaviour, which means looking clean, neat, and tidy. It's important that you come to the clinic clean and fresh each day. Men should shave daily, and everyone should have neatly kept hair, beards, and/or moustaches. Make sure you have clean fingernails and keep them to a length that won't interfere with your

practicum activities. Here are some guidelines on what is appropriate clothing to wear, but if you're not sure, please ask your supervisor or the Clinic Director.

☺ **Do wear...**

Businesslike, professional, or semi-formal clothing
Tasteful jewellery, if you want to
Conservative necklines, shapes, and "fit"
Long or short sleeve shirts
Low-cut tops with a higher-cut top underneath
Jackets or tidy cardigans/jerseys
Full length or ¾ length trousers
Skirt/dress hems at or below the knee (double check the length when seated!)
Collared shirt and trousers
Sensible, comfortable, but "dressy" shoes

☹ **Don't wear...**

Frayed, faded, or worn out clothing
Clinging or transparent fabrics
Provocative styles
Inappropriate logos or slogans
Low-cut or cropped tops
Shoestring straps
Polar fleece jackets or casual sweatshirts
Jeans or casual trousers (like track pants)
Mini skirts or short shorts
Dresses that finish above the knee
Suit and tie
Sneakers, rubber jandals, or "croc"

Working at the clinic

While you are working with us, you'll need to follow our clinic policies and procedures. There are also a number of other less formal details you'll want to know about in order to confidently complete your practicum, such as lunch breaks! The information that follows is intended to give you a basic introduction, but if you are uncertain about what is required of you – just ask.

Guidelines for your practicum activities

Work hours and breaks

You are expected to attend your practicum from 9am until 5pm Monday to Friday during the three-week block, unless you have arranged an alternative schedule with your supervisor. On the wall in the admin area is an In/Out board that lists all the names of the staff. This board indicates where we are at all times. You should write your name next to the “E/Student” label and use the magnetic dot to indicate whether you are in the clinic, and if not, when you will be back. Move the dot every time you leave the clinic and upon your return.

We do not have a set time for breaks as we fit our own lunch and other breaks around our client work. You may take an hour for lunch at a time that suits you and your schedule. You can join us in the staffroom for lunch, or leave the clinic for that time if you wish. If you bring lunch from home, you might like to know we have a fridge, microwave, toaster, sandwich press, and toasted sandwich maker you are welcome to use.

As with lunch, we don't have set morning and afternoon tea breaks, although from time to time we all get together and bring a plate for morning tea. Help yourself to tea, coffee, or Milo at any time; there is boiling water in the zip and milk in the fridge. Often the filter coffee machine will be turned on first thing in the morning – but get in quick! There is also a water cooler in reception if you'd like cold filtered water. You should feel free to take a short break mid-morning and in the afternoon to relax and recharge.

Storage of your work and messages

Once you have arranged a personal suspension file in the main filing cabinet (in the photocopy room), store all documents containing client information, including those that are handwritten, in this file overnight. The cabinet is locked by the last clinician to leave to protect the confidentiality of our clients' information. Non-client information can be left here too or tidily in the Clinical Students' room.

From time to time, the admin staff and clinicians might need to leave messages for you. For this purpose the Interns/Students' pigeonhole in the photocopy room

will be used. Please bear in mind that this is a shared pigeonhole, so be respectful of other people's privacy when searching for your own messages. If you would like to leave messages for others, you can pin them to the board on their office door, or pop them in their pigeonhole.

Although client files and documents you are using are stored securely overnight, you must also be mindful of keeping this information secure and confidential during the day as well. If you print a document that contains client information, collect it from the printer immediately. If you leave the room you are working in, it is important you take steps to conceal client information from casual observers – even if you are simply going to make a coffee or collect your printing. Minimise your work on the computer so that only the desktop is visible. Turn papers face down if they have client details on them. Turn client files and psychometrics over so the client's name is not visible. Non-clinic staff (students, academic staff, cleaners, trades people, etc.) are in the clinic from time to time and it is imperative that we preserve the security of our client's information. Before you leave at the end of the day, you must place everything that has client details on it in the main filing cabinet.

Supervision and consultation

As ethical and safe practitioners, we all have supervision regularly and consult with our colleagues when we need information or guidance. You are expected to do the same. Your supervisor will schedule supervision sessions with you, but you are likely to need supervision with the other clinicians with whom you work too. All letters, case notes, and reports you write must be co-signed by the clinician supervising you for that client.

Documentation of your practicum activities

During your time at the clinic, you need to document your hours and the types of activity you do so your supervisor can complete your practicum report. Use the diary forms in the third section of this handbook to do this. You'll also want to record the psychometric tests you observe clinicians using and those that you administer or score yourself. Your supervisor is responsible for completing the report, but will rely on you for an accurate record of your experience.

Guidelines for your client work

New referrals

When you take phone calls from potential clients or are asked to discuss fees with a potential client, you'll need two things: a blank referral form and the fee schedule (copies of these are included in the second section of this handbook). These are in the top drawer of the main client filing cabinet; photocopy as many as you need. Complete all sections of the referral form and gather enough information about the presenting problem that we can decide whether the referral is appropriate for our clinic and which clinician/service would suit.

Indicate whether you talked to the person about fees (record the amount you quoted), about the training nature of our clinic (and whether they are happy to see

a trainee or intern), and about using their information for research purposes. With regard to fees, we have a “sliding scale” which is based on the person’s annual income and the number of dependent children they have. Once you have ascertained this, you can provide them with two fee levels – one for if they are happy to see a trainee or intern, and one for seeing one of the clinical psychologists. Quote the GST-included fee. There is a separate rate for when an organisation, rather than an individual is paying the fees. Assessments are a little different from therapy referrals, as they usually require testing, scoring and report writing, so we offer to send a quote letter rather than giving an hourly rate over the phone. If the person is willing to be placed on the waiting list, pass the completed form to the admin staff.

Making appointments

When contacting your new client for the first time it is important to introduce yourself and your role, and say why you are calling. Check that they are still happy to come along to the clinic and schedule an initial appointment time that suits you both. It’s best to leave a couple of days between the call and the appointment so a confirmation letter can be sent out, but we can do this using email if necessary. Once you have made the appointment, explain where the clinic is and ask them if they have any other questions. Be sure to supply the clinic telephone number in case they need to contact you before the appointment. After the call, take the file to the admin staff and ask them to send an initial appointment letter to the client. They’ll send the letter (confirming the time and date of the appointment, the barrier arm code and car parking details), an information sheet, and a map of the Massey campus. If you are being screened by your supervisor, be sure to check their availability before you make an appointment with the client. Appointments can be made Monday to Friday from 9am. We book our sessions on the hour, except in special circumstances. Avoid making appointments for 4pm if you can, as your supervisor may not be available for you to talk with after 5pm.

You’ll need to book a therapy room for the session by choosing a room and writing your client’s first name and last initial, and your initials (in parentheses) in the appointment book at reception (next to the stereo). Consider the following when choosing a therapy room:

- If you are being screened using a one-way mirror, you must book two rooms; either Rooms 1 & 2, 2 & 3, or 5 & 6.
- If you are being screened by video, you need to book one room and you have two choices:
 - First, you can use the in-room digital video cameras in Rooms 2 or 5 – discuss how to use these with your supervisor.
 - Second, you can use the portable video camera (be sure to source a blank tape) and this can be used in any room, but Room 5 is best.
- If your supervisor is sitting in the room with you, any room is suitable.
- If you are seeing a young child, it might be best to book both the children’s therapy room and a nearby room (i.e. Room 1 and Room 2, 5, or 6).
- If you are seeing more than two people, you should book Room 5.
- If you are doing psychometric testing, Rooms 3, 4, and 5 have tables for this purpose.

You are encouraged to book the room for 30 minutes either side of your client's appointment as you may wish to set up the room or equipment before they arrive and this would be difficult if another clinician is seeing a client immediately before your session.

Seeing clients

Pre-interns seeing clients on their practicum are required to be closely supervised. You should consult with your supervisor before you first contact your client and regularly thereafter. You must let your supervisor know about all contacts with your client and whenever possible discuss your approach with them beforehand. If you need urgent assistance and your supervisor is not available, you should speak with another clinical psychologist at the clinic. All your clinical decisions and documentation must be approved by your supervisor. All case notes, reports, and letters must be co-signed by your supervisor.

When your client arrives at the clinic, they will usually be greeted by one of the admin staff and offered a hot drink. You will be informed that they have arrived and you should make sure you are ready to see them on time. Clients often feel apprehensive before their first session so it is important to be your usual friendly self when you greet them in the waiting room.

When you enter the therapy room, adjust the sign on the door to "engaged" and be sure the door is closed properly (for soundproofing!). Try to choose a seat for yourself that gives you a clear line of sight to the clock as you will need to be aware of time in order to vacate the room for the next clinician (they may knock on the door if you go over time).

Although you will have a lot on your mind as a new clinician, it is important to consider whether you need to open/close a window, turn on the fan/heater, move your chair, adjust the blinds for the sun, or resupply the tissues. If you can do these things in advance – great! But it is okay to check in with your client and make them comfortable before or during your session if you need to.

At the end of the session walk your client to the waiting room to farewell them. Ideally, try to schedule your next appointment before they leave. Be sure to have your diary with you! There are appointment cards in each therapy room and on the ledge at reception and you should complete this for your client. Enter the barrier arm code (2279#) and the clinic car park numbers (45 → 50), the day, date and time of the next session and your name. Don't forget to book a room for the next session.

When you leave the therapy room, adjust the sign on the door to show the room is not in use and leave the door open. Check to make sure the room is in the same condition you found it. This means you might have to: rearrange the chairs, cushions and furniture; pull the curtains back; cover the one-way mirrors; remove/turn off the video equipment; remove rubbish, cups, magazines and papers; clean the whiteboard; wipe up spills; replace tissues or whiteboard markers that have been used up; or add/remove chairs you may have changed. It is especially important to tidy up the children's room and it is best to familiarise

yourself with how it is usually set up before you see a client there. As a general rule to remember, leave no sign that you and your client have used the room!

Documentation of client work

Good clinical practice requires we document accurately and sensitively our work with clients. Be sure to complete the inside front page of the client's file following each session. The information required differs between the clinic services, but generally requires you note the date and duration of every session and report. It is important to use the correct codes and formats as the administrative staff rely on this information for invoicing and reporting. If you are unsure about what to write, please ask your supervisor or the admin staff.

A case note must be on file for every session with a client. There is no set structure to case notes; each clinician develops their own structure to fit their style. However, at a minimum your case notes should be typed and include the client's name, date of session, presentation, safety issues, session content, and the name, position, and signature of the pre-intern and supervisor. There are examples of case notes included in the second section of this handbook if you wish to follow their structure, or develop your own and ask for feedback from your supervisor.

Every phone call related to your client should be documented and added to the client's file. These notes may be typed or handwritten and should include the client's name, date, and conversation content. It is useful to indicate who called whom too (e.g. "P/C from [Client] on 1 Jan. 2011 at 10am). The note must be signed with your name and position, and co-signed by your supervisor. Any other forms of communication with clients must also be documented in the file (e.g. texts, email, or in-person visits).

When you send letters and reports these should be printed on the appropriate letterhead and co-signed by your supervisor. If the client has been referred by a third party, check with your supervisor about whether a letter needs to be sent to them following the first and/or last sessions. If this is required, your client must be informed of this as an exception to confidentiality when you first meet with them. All letters and reports sent should have a photocopy kept in the client's file in the "Correspondence" section.

Clinic resources

- **Referral form**
- **Fees schedule**
- **Practicum Checklist**

Practicum documentation

- **Diary**
- **Record of psychometric use**
- **Record of Follow-up hours**