



## The Psychology Centre Manual

This manual is for second year clinical students and interns on placement at the Centre, and is a guide to best practice. Please (a) read, and (b) follow the guidelines! YOU are responsible for working safely, ethically, and professionally with your clients, AND for keeping your supervisor informed of anything that may impact on your ability to provide such a service to clients. If you choose to act in a manner which is inconsistent with these principles, then you (not your supervisor or the Centre) must accept responsibility for your decisions, actions, and any consequences arising from them.

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## **I. Introduction**

The Psychology Centre was established over ten years ago to “promote state-of-the-art clinical psychology services, be a catalyst for ... clinical research, and provide high-quality training for ... clinical students” (Evans, June 2001). The District Health Board provides much of the funding for the Centre. There are close links between the Centre, Health Waikato, and the Diploma in Psychology (Clinical) programme, through the Board of Trustees (which includes community, Māori, and student representation).

Staff of the Centre want to ensure that your time here is a rewarding and enjoyable learning experience. This manual is intended to inform you about the Centre’s general policies and practices, with the aim of contributing to the effectiveness of the Centre; and preparing you for work in other professional and clinical settings, or enhancing skills and knowledge you have already acquired in such settings. In the course of your work here, you may find that you encounter a situation not covered by the manual. If this happens, and/or if there is something you are unsure about, particularly if it involves matters of safety or confidentiality, **consult your supervisor!**

## **II. Centre Employment and Professional Issues**

### **A. Centre staff and roles**

The Centre is staffed by:

**Dr John Fitzgerald, Director, Consultant Clinical Psychologist, Supervisor**  
**Jessica Clarke, Consultant Clinical Psychologist, Supervisor**  
**Philippa Thomas, Consultant Clinical Psychologist, Supervisor**  
**Lyn Walsh – Administrator**

John, Philippa and Jessica are responsible (amongst many other things) for supervision of students on placement at the Centre. Lyn is responsible for many varied tasks, including reception and the day-to-day financial administration of the Centre. John, Jessica and Lyn are full-time and Philippa is 0.8 FTE, on a two-week cycle. She is at the Centre from Monday to Thursday the first week, and Tuesday to Friday the second week (check her wall planner if you need to know which week it is).

Qualified clinical psychologists in private practice may also use rooms at the Centre to see clients; currently, Dr Helen Conaglen (Mondays, Room 10) and Jennie Cummins (Monday to Friday, Room 13) do so.

### **B. Hours of work**

Full-time Centre staff are contracted to work 80 hours each fortnight, usually as ten eight-hour days between 8.30am and 5.00pm. You are generally expected to work within these hours. Neither interns nor second years may see clients without a qualified registered clinical staff member being at the Centre, and therefore **you may not interview clients outside these hours.**

If there is some reason why clients cannot attend during working hours you should discuss this with your supervisor.

**Last appointments of the day should be scheduled to begin no later than 3.30 pm from Tuesdays to Thursdays. On Fridays, last appointments should begin no later than 2.00 pm. No new appointments are to be booked for Friday afternoons! This policy allows some flexibility for dealing with emergencies should they arise, and is not negotiable.**

Interns are staff members at the Centre on fixed term contracts, and are allocated keys; this means that you are able to work at the Centre outside normal office hours. Second year students are on placement at the Centre, but are not Centre employees. However, second year students will be allocated keys, to allow for flexibility in completing university-required work, such as case studies, after hours. This should take place only with John's or your supervisor's knowledge and consent.

Close to the reception desk is a whiteboard, which shows the whereabouts of all Centre staff and students. If you leave the Centre for any reason, it is your responsibility to ensure that the information on the board is up-to-date and shows when you are likely to return. You should inform your supervisor and/or John of any reasons for your absence (excluding lunchtimes).

### **C. Annual, sick, and study leave**

Interns are entitled to annual leave as specified in the contracts negotiated at the time of appointment to Centre placements. However, you must **negotiate** taking leave. This means that you are required first to discuss taking leave with your supervisor to ensure that client needs will be met, and only then to fill out a leave application form **which must be countersigned by your supervisor** before you give it to John. That is, you need to have prior approval in writing before taking annual leave. Leave forms are kept in the bottom drawer of the small blue filing cabinet under the front reception desk.

If you are sick, you or someone on your behalf should phone the Centre by 8.30 am at the latest so that your clients can be contacted and appointments re-scheduled. When you return you need to **fill out a leave form** as a record for administrative purposes. However, interns should note that because paid sick leave is normally granted only after six months' work, and most placements are shorter than six months, most interns will not be **entitled** to paid sick leave. Similarly, study leave may be negotiated but is not available as of right to interns; please discuss any **requests** with John.

There is generally **no time-in-lieu provision** except on rare occasions following negotiation with John. These negotiations must occur **prior to** the extra time being worked.

**Second year students** are not employees of the Centre and therefore do not have annual, study, and/or sick leave entitlements. If you are sick, you or someone on your behalf should phone the Centre by 8.30 am so that your clients can be contacted and appointments re-scheduled. Even if you have no

clients, it is both common courtesy and good professional practice to let your supervisor know that you will not be at work and the reason for your absence. If you want to take leave on a placement day, you should discuss this with your supervisor first. Be aware that client needs will always take priority when your supervisor is considering your request. You may be able to make up the time if it suits your supervisor, but this cannot be guaranteed.

Frequent absences may be discussed with the university programme staff if it is considered that they may impact adversely on your training.

#### **D. Professional behaviour**

**As interns and clinical students on placement you are expected to conduct yourselves at all times in a manner consistent with that of a professional psychologist. Your behaviour reflects on the Centre, as well as on yourself, and may have a significant impact on colleagues, the community in general, and clients in particular.**

#### **Some practical examples of this include:**

- having good personal hygiene and dressing appropriately, that is, in clean smart casual clothes and footwear (which must be worn at all times) which present a **professional image** to clients and other staff; ask your supervisor if you are not sure what is or is not acceptable;
- remembering to be careful about discussion of client (or any other) issues within the Centre, especially in open areas like the waiting area; the soundproofing here is limited and even ordinary conversations in the meeting room and hallway outside the interview rooms may carry and disturb colleagues who are working, or be overheard by clients;
- keeping your supervisor, John, or Lyn informed of your whereabouts during work and placement hours, including having your **up-to-date** contact details on record in case of emergencies;
- not offering clients appointments out of the designated hours; you may, with your supervisor's knowledge, use the Centre on evenings and weekends for general preparation, reading, or writing up case studies;
- using your "do not disturb" signs and putting your phone on divert when you are interviewing clients;
- informing your supervisor or John if any significant event is occurring in your personal life (related to your health, family, academic issues, etc) which may impact on your ability to complete your placement obligations or to work effectively with clients. While you may not want to disclose details, it is essential for us to know that you are dealing with something important, and what you plan to do to resolve the issues and to take care of yourself and your work obligations. We will consult your university supervisors if we have reason to believe that such problems are adversely affecting your work; and,

- practising reflectively, that is, thinking about what you are doing and how it may impact on your clients, and being willing to discuss this professionally and candidly in individual and group supervision, as part of your learning to become an effective clinical psychologist.

#### **E. Code of Conduct**

Please familiarise yourself with the Centre's Code of Conduct, which is on the Intranet. All interns and second year students are expected to abide by the terms of the staff Code of Conduct. The Code includes policies defining the Centre as a harassment- and smoke-free environment, which aims to uphold both equal opportunities, and occupational health and safety policies. For example, if you identify a potential hazard that may cause accidents, please notify John or Lyn immediately. Lyn has copies of forms that must be completed in the event of a workplace accident. Lyn and Philippa are trained first-aiders.

#### **F. Code of Ethics**

It will be assumed that all interns and clinical students on placement at The Psychology Centre have **read, understood, and practise in accordance with the New Zealand Psychological Society Code of Ethics** (adopted by NZPsS at its August 2002 conference, and by the Psychologists Board in December 2002). You can download the Code in PDF format from both the NZPsS website [www.psychology.org.nz](http://www.psychology.org.nz), and the Psychologists Board website [www.psychologistsboard.org.nz](http://www.psychologistsboard.org.nz). The Code is accepted by the Board as the guide to good professional practice in Aotearoa New Zealand.

#### **G. NZ Psychologists' Board best practice guidelines**

Please make sure that you regularly and frequently (monthly at least) check the Board's website for information about best practice. The Board is continuously developing guidelines about specific issues. It has also (over the past several years) developed professional and cultural competency guidelines and a clear process for ensuring that qualified and practising psychologists maintain competency. While these guidelines may not yet specifically apply to you in every single detail as clinical psychologists in training you should be fully aware of them and implementing the principles in your practice within the limits of your professional experience. If you have any questions or concerns about what constitutes professional and/or ethical practice you should raise these in supervision and be prepared to discuss them in a reflective, robust and professional manner.

#### **H. Confidentiality**

The NZ Psychological Society's (2007) *Professional Practice of Psychology in Aotearoa New Zealand*, edited by Ian Evans, Julia Rucklidge, and Michael O'Driscoll, provides clear guidelines for professional, culturally aware, and safe conduct. It is structured in accordance with the four key principles of the Code of Ethics, that is, respect for the dignity of persons, responsible caring, integrity, and social justice. Confidentiality and privacy are covered in chapters 8 (written by Joanne Taylor and Jan Dickson), and 9 (by Tim Williams and Julia Rucklidge). Other useful "confidentiality" references include the *Privacy Act (1993)* and the *Code of Health & Disability Consumers' Rights (1996)*.

**Responding to requests for client information from other people:** As a general principle, no information about any client should be released to any other person without the client's consent. The major exceptions to this are outlined under section 1.6 of the 2002 Code of Ethics.

What this means specifically is that verbal and **written consent** should be obtained from **all clients prior to the release of any information** (DVDs, letters, psychological reports) about that client. This applies to any collection of information which will be released to, or shared with, another person. Copies of the **consent forms** for the release of client information and for recording interviews on DVD are on the Centre's Intranet.

For example, questions about a client should not be answered over the telephone except where the caller is clearly identifiable (for example, s/he is the client's general practitioner) and where the client has **already** given specific verbal or written consent for the psychologist to discuss information with that person.

The **only** exceptions to this are confidential case discussions (a) in individual or group supervision, and (b) with professional colleagues from the Centre, University, and Health Waikato (for example, for HW interns, at Health Waikato team meetings). In these instances, your colleagues are bound by the same ethical policies and confidentiality guidelines outlined in the *Privacy Act* and *Health Code*, which allow for the sharing of information to facilitate effective treatment.

Within the Centre you may discuss clients (first names only) and their problems with fellow clinical students. **These discussions should be professional and not gratuitous**, and should occur only in an appropriate and private setting (offices, with the door shut).

**Client requests for their own information:** Where clients themselves (or their appointed agent/s) ask to see or have copies of the information in their reports and files, the process to be followed is governed by several statutes and codes. These include (but may not be limited to) the *Code of Health and Disability Services Consumers' Rights 1996*, the *Official Information Act 1982*, the *Health Information Privacy Code 1994*, and the *Privacy Act 1993*. The Ministry of Health expects health service providers to have and to implement appropriate privacy and information policies. It has developed a checklist that outlines an appropriate process to follow if someone makes such a request. The Centre will act in a manner consistent with these guidelines.

Before releasing any client information you should **always discuss such requests in detail with your supervisor**. While people are usually entitled to information about themselves, there may sometimes be grounds for withholding it. These grounds may include reasons such as that releasing the information may involve the unwarranted disclosure of the affairs of another person; it may breach a promise to a person who supplied evaluative information on the understanding that s/he was doing so in confidence; it may breach legal professional privilege; the request may be frivolous or vexatious,

or seeking trivial information; or the information does not exist or cannot be found. Withholding information on such grounds needs careful consideration and thorough documentation, and may require legal advice.

**Client files:** Clients' files should be stored in your filing cabinet while the file is active. Once a client's file has been endorsed by your supervisor as able to be closed it will be kept in the "Closed File" filing cabinets in the storeroom. Please give closed files to Lyn so that she can file them in the cabinets. The cabinets also contain lever arch files with miscellaneous information, or copies of referrals that did not proceed; if you need to check any information that may be in these files please consult your supervisor. Closed files which have not been open for at least twelve months are stored off site by Iron Mountain; if you need one, you may ask Lyn to retrieve it for you.

Within the Centre, please be careful about leaving client information (files, letters, etc) lying on desks (your own desk, or the reception desk) or in other places (such as by the photocopier) where it may be viewed by people who are not entitled to see that information. **In particular, remember to lock all files away on Thursdays when the cleaners come in at night.** If you need to get rid of papers that include confidential or client information, please do so by shredding them in the shredder, or putting them in the secure bin for destruction (in the kitchen).

When you (especially second year students on limited placements at the Centre) are under pressure to finish reports and case studies, you may be tempted to take or send client information outside the Centre. **Client information** in this context means **anything** in printed, digital, electronic, or any other form which contains personal client data, **including but not limited to** interview plans, rough or typed interview notes, reports, letters, test materials, computer discs, memory sticks, DVDs, or interview feedback records. All client information (in whatever form) **must** remain at The Psychology Centre, both during and after your placement. **Under no circumstances** should it **ever** be removed from the Centre, to be worked on elsewhere (such as at the university or home). Doing so significantly increases the risk of breaches of confidentiality. Your car (with client information in your bag inside the car) could be stolen; information stored on devices such as discs, memory sticks, or your computer's hard disc, could fall into the wrong hands. These are not hypothetical examples! **It is your responsibility to complete your clinical work at the Centre, in time, so that you are not tempted to do so elsewhere.** If there is a valid reason why you cannot do this then you **must discuss this with your supervisor as soon as possible.** This is a work environment and you are expected to behave as **responsible employees** while you are on placement.

The only exceptions to this **cast iron ban on removing clinical information from the centre** are that you are permitted, **after** signed approval by your supervisor, (1) to include **appropriately anonymised** client information in case studies and workbooks in order to meet university course requirements; and (2) **with documented client permission**, to share necessary information as part of your professional liaison with referrers or other treatment providers.

**Anonymisation** means that where client information (such as that detailed in reports) is to be used in the context of an exam, case study, or other university assignment, **all identifying data**, that is, name, date of birth, address details, and **any other detail** that makes a client identifiable to others should be altered or removed prior to any client-related material leaving the Centre in any form. It is **essential** to do this. Hamilton (Aotearoa New Zealand) is a small place. It does not take too many seemingly innocuous details about someone to be recorded in one document before another person may be able to identify who s/he might be. Even incorrect identification may cause embarrassment. Check whether you have sufficiently anonymised your client-related information by asking yourself if you have kept your word to maintain your client's confidentiality; would you be happy if this was written about you or someone close to you? As a rule of thumb, include only client information that is **relevant** to the case study.

**Giving out personal information about Centre staff:** While it is rare for psychologists and other mental health staff to be harassed by clients, prevention is preferable to dealing with a problem. Therefore you should not disclose any personal information (such as home addresses, personal landline or cell-phone numbers) about any staff member, intern, or clinical student on placement, to any caller or visitor to the Centre. Only work contact information should be given. Be cautious about disclosing your own work e-mail addresses, as some clients have misused these; use only the Centre's general e-mail address, that is, [tpc@tpc.org.nz](mailto:tpc@tpc.org.nz). Tell the caller or visitor that the staff member will contact them as soon as s/he is free to do so. If the staff member is not available, and the situation is urgent, offer the caller or visitor an opportunity to speak to another qualified staff member.

In the context of revealing personal information, read the current professional literature about disclosure of personal information on social networking sites such as Facebook. You are advised to be mindful of your developing and future professional status when considering your privacy settings. Clients, and potential colleagues and employers, use Facebook too!

## H. Emergencies

Please ensure that the Centre (your supervisor, or Lyn) has your personal phone number, e-mail, and address on record. **As noted above, this will not be divulged to clients.** However, there may be times when you are not here and we need to contact you urgently to discuss a client. The Centre discusses any clients who may potentially be at risk at staff meetings; there is a "be aware" list on the Intranet so that all staff know that if such clients call the staff member working with them is to be notified as quickly as possible.

In any situation where there is a **perceived or actual threat** to Centre staff, to clients, or to someone else, **you must inform your supervisor IMMEDIATELY.** This may necessitate temporary suspension of a clinical interview. If your designated supervisor is not available then **another qualified staff member at the Centre must be consulted.** In cases of actual threat John should also be informed.

Please read the Centre protocols on the Intranet about what to do in other emergencies (fire, earthquake, etc); familiarise yourselves with the fire equipment (in the staff room next to the kitchen, and next to the exit door in reception) and notices about what to do in case of fire, or if there is some other need to evacuate the building. There are fire drills from time to time, often without warning. Follow the warden's instructions; Lyn is the warden.

### III. Use of Centre Facilities

#### **A. Parking**

The Psychology Centre has 11 underground secure car parks which are allocated to Centre staff (including interns) and one space (of three) at the front of the building for clients. Second year students cannot park in any of the Centre's car parks; second years and clients can use the free car parking available on King Street and surrounding streets; check to ensure that this is not time-limited (some spaces do have limits).

#### **B. Waiting and reception area**

This area is open, so please be careful not to discuss confidential information here. It can also get fairly crowded at times, so please try to keep to the session times you have agreed with your client. There are magazines for clients who are waiting; contributions of recent copies, especially if they are suitable for a range of ages and both sexes, can be given to Lyn. If there are children waiting, such as while you interview their parents, remember that there are crayons and felt pens they can use, as well as a box of toys in the waiting area.

#### **C. Interview rooms**

Interns and staff will usually see individual clients in their own offices. The family room is also available for seeing families, or clients with support people **except** when it is being used for intern group supervision. Second years may also use the office next to the family room (room 16), the internal office next to the meeting room (room 11), and the office next to John's (room 9). If there are fewer than four interns per semester on placement at the Centre, other offices may be available for interviewing clients.

To avoid double booking, **all rooms being used for interviews must be reserved in the booking schedule (for rooms and equipment)** which is kept on the front reception desk. The pages are dated and divided into columns, one for each of the above rooms. When booking a room, write **your** name and the time you require the room in the schedule. Where possible **keep your appointment times consistent from week to week**. This will not only help to avoid double booking, but will assist your clients to remember their interview times. Note that, if they do forget and phone in to check, or they (or you) are sick and have to cancel, Lyn will check their appointment time on the **PPS database, so you also need to book the client on your PPS diary**.

Because there may be several students using the same rooms or equipment, please try to ensure that you finish interviews 10 minutes before the hour if

someone else is using the room or camera after you, to allow your colleagues time to prepare for their interviews. Please leave rooms as you would wish to find them. Preparation of interview rooms may include setting up and testing cameras, getting whiteboards and whiteboard pens, arranging furniture etc, and you will need to do this at least 10 minutes ahead of the time you expect your client to arrive.

#### **D. Telephone**

The Psychology Centre telephone number is **(07) 846 6907**. We have three telephone lines for all incoming and outgoing calls. Although you may make **short local** personal calls, please limit these to avoid inconveniencing clients and other staff. Remember that we pay for these calls at commercial rates. All toll calls should be discussed **first** with your supervisor, and overseas calls **must** be authorised by John.

#### **E. Fax**

The Centre fax number is **07 846 6943**. The fax should be used only for Centre business. Fax cover sheets are on the Intranet and should be used with all outgoing material. Material that includes confidential client information should be sent over the fax only in rare circumstances, and you should check with your supervisor **before** doing so.

#### **F. E-mail**

The Centre's general e-mail address is [tpc@tpc.org.nz](mailto:tpc@tpc.org.nz). E-mail sent to this address goes to Lyn. Each staff member also has an e-mail address that is usually his or her first name, followed by @tpc.org.nz. **Do not give out these addresses to clients; use the general one.**

#### **G. Information about the Centre**

##### **Website**

The Centre has a website, and its address is [www.tpc.org.nz](http://www.tpc.org.nz); please familiarise yourself with the information on the site and tell clients, potential referral agents, clinical psychology students, and anyone else you think may be interested, about it.

##### **Handouts**

We also have information handouts about the Centre for both referral agents and clients. Lyn sends Client Information sheets to clients when they are placed on the Centre's waiting list. Health Waikato clients do not always receive these, so HW interns should send a copy to these clients with their first correspondence (such as letters confirming first appointments), or hand a copy to clients at the time of their first visit to the Centre.

#### **H. Supplies and equipment**

##### **Stationery**

The Centre provides basic stationery items for your use **while you are here**. If you need additional stationery items please ask Lyn. Please **leave unused stationery items at the Centre** when you finish your placement.

### **Interview recording equipment**

We have four Sony HandyCam DVD cameras and tripods. The cameras are primarily for recording clinical sessions and are reserved through the same booking schedule as the interview rooms. Keeping your interview times consistent from week to week will assist you to avoid double booking of cameras as well as rooms. Ensure that your sessions do not over-run the time you have booked as someone else may have booked the room/equipment directly after you.

You will be allocated DVDs for recording interviews, by John. DVDs should be reviewed by you and then given to your supervisor **within 48 hours of the interview**. You will be able to watch DVDs on your own or another computer. Your supervisor will aim to review your work and give you feedback within a week; **you must wipe all DVDs** as soon as they have been reviewed. DVDs must in any case be erased before re-use; everyone using DVDs will have written instructions for using them. **All DVDs must be erased and handed in before the end of your placement!**

**All supervisees are responsible for the safe custody and confidentiality of their own DVDs. Never swap DVDs** with other students, or remove DVDs from the Centre, **ever, for any reason**. Centre DVDs **must not** be used for university exams; the university will supply its own DVDs for exams. You **must not** use any non-Centre DVDs (other than university exam DVDs) at the Centre. If you need an extra DVD, get it well before you need it; **DO NOT ask for it two minutes before you start interviewing!**

The Centre has a small number of commercial videotapes, which may be suitable for showing to some clients (consult your supervisor first). They are about depression, anxiety and panic disorders, and schizophrenia, and are mainly funded by pharmaceutical companies.

### **Tests, inventories, scoring materials**

The Centre has limited psychometric test resources and you may need to arrange with the University or Health Waikato to borrow some tests. In some cases, the Centre has forms but the manual, scoring protocols, etc, need to be borrowed; consult your supervisor in the first instance. **No photocopied test materials are to be used unless this is specifically allowed by the publisher**. Any other use of photocopied test materials in clinical practice is a breach of copyright, for which we can be sued. Anything that can be used freely will be placed on the Intranet if possible. We have two compilations of psychological measures in spiral-bound book form, one focussing on anxiety and the other on depression, from the Association for the Advancement of Behaviour Therapy. These can be copied; the books also contain review material which was up-to-date at the time of publication.

Lists of currently held tests are on the Intranet (see clinical resources). Tests, or the record forms of some tests, are stored in the locked cabinet in the storeroom; please consult your supervisor if you want to use them. Let Lyn know well ahead of time if you notice that supplies are running low; don't take the last one and then complain that you have to wait for replacement forms!

**DO NOT stockpile record forms in your own offices and DO NOT remove any test materials (completed or not) from the Centre.**

### **Clinical resources**

The Centre has some clinical resources, most of which consist of handouts developed or copied (where copyright allows this) by students and staff. We encourage you to develop innovative handouts for the benefit of clients and for your own use and that of future clinical students on placement at the Centre, but please do not spend hours doing so to the detriment of other more important work. And please remember if you are re-typing someone else's work **to include an acknowledgement saying where the ideas originated.** The Intranet has a section of clinical resources; please tell John if you have something which you think is worth being added to it. Some clients may be in a position to buy books or other materials recommended by psychologists, while others may be able to borrow books from their local libraries.

### **Books**

The Centre has a small library of books for student (**not client**) use, kept on the bookshelf in the staffroom. Between them your supervisors have a very much larger range. However, there have been problems with borrowed books going missing or being returned in damaged condition. If your supervisor or another staff member at the Centre is willing to lend you books, then treat the books with respect and return them in original condition. This applies also to **library books, which must be signed out.** Cards are in the books; place in the box provided while books are on loan. **Do not take any books out of the Centre; someone else may want to consult them!**

The Ministry of Health and NZ Guidelines Group (NZGG) publish standards and evidence-based best practice guidelines relating to the provision of services to health system clients. Some of these, such as *Identification of common mental disorders and management of depression in primary care* (2008), are particularly relevant to psychological evidence-based best practice. They can be obtained through NZGG ([www.nzgg.org.nz](http://www.nzgg.org.nz)) and many are available free. The Mental Health Commission also has good resources (books, CDs) for clients, although you may have to pay a small fee for these.

### **Photocopying**

The Centre will meet the costs (around 10c per page for paper, toner, etc) of photocopying associated with clinical or research work undertaken for **Centre clients**, including preparation and copying of client handouts, reports, etc, and copying of research materials. However, **the Centre cannot fund the photocopying of personal resources**, that is, resources collected for possible future use, or class work. Before copying anything other than client material, consult first with your supervisor about your intentions. Even if s/he endorses the copying, be aware that you may be asked to **provide your own paper**, which will go some way towards meeting costs.

### **Computers**

Each of you will have a computer, with your own log-on, password, and e-mail account. Please ensure that you use only your own log-on as it helps to track

problems if they occur. **No-one** using the Centre's computers may load software (executable programs) without John's knowledge **and** agreement.

### **Internet**

Our internet account fee provides us with a substantial download capacity each month. If we use more than this we incur significant extra expense. Under general use there should be no problems, however, if a number of large files are downloaded we will quickly use up our capacity, so please keep your Internet use within reason. Only access the internet via your Remote Server desktop (requiring you to log-on), not simply via the computer on your desk. Using this latter method circumvents our security and runs the risk of installing a virus onto the servers.

## **IV. Case Management**

### **A. Client referrals**

The Centre has protocols on the Intranet to guide supervisees through the various phases of client contact. This provides some structure for you, and also ensures that adequate records are maintained for Centre purposes. Referrals may originate from the clients themselves (self-referrals), or their general practitioners, or community agencies, or Health Waikato. The Centre may also seek clients for specific projects through contacts with other health providers, or through advertising (subject to ethical approval). Supervisors will endeavour to provide you with a range of clients of varying age, gender, and presenting problems, which best fits your current interests, and levels of experience and ability. If you are interested in seeing a client with specific issues, you are encouraged to discuss this with your supervisor. We will try to meet your preferences, if it is possible to do so.

### **B. Initial contact**

Referrals are considered by staff at clinical meetings on Thursday mornings and usually accepted after discussion of their suitability for assessment and intervention by second year students and interns, and the ability of the Centre to provide the services the client needs. Clients may be referred, and accepted, for "one-off" assessments, as well as therapy.

Clients who self-refer, or are referred to the Centre by GPs and others, will normally have talked to Lyn and a supervisor and been given information about the way in which the Centre operates, including waiting list times, the training nature of the Centre, interview recording and university evaluation requirements, and fees. This includes clients who may be participating in special projects. Clients who are likely to be wait-listed for several months will be asked if they would prefer to be seen elsewhere, and various options will be discussed with them.

Clients who have been referred by Health Waikato should also have received the same information from HW mentors (verbally or through handouts) before being referred to the Centre. However, in the initial interview you should review information about confidentiality, and informed consent to participation in assessment and treatment. This is both good practice for you (it gives you

an opportunity to begin with a familiar process and to start establishing a professional relationship with the client) and helpful for clients (they may have not remembered all the information they were given earlier).

### C. Offering appointments to clients

You are expected to consult with supervisors and to phone clients to arrange appointments **within one week of the allocation of a referral** to you. When you contact a client, please ensure that you do not give any information that will identify the Centre to anyone other than the client. When phoning, **unless it's clear on the referral form that it's OK to leave a message** (in which case give your name and phone number and ask to be called back) **give only your name and say you'll call back** to anyone else who answers the phone (or if leaving messages on answer-phones). When writing, put the Centre's box number (**PO Box 5556, Frankton, Hamilton 3242**) as a return address on the front top left-hand corner or back of envelopes. **Do not include** the words "The Psychology Centre".

If you cannot contact a client by phone **within 48 hours** of your first call, then **write immediately** to the client offering an appointment for the **following week**; allow enough time for the letter to reach the client and for them to respond. If the client does not keep the appointment and does not contact you, **or** contacts you on the day of the appointment to cancel or re-schedule, this is a **DNA!** You can write offering **one** more appointment for the following week. This letter should specify that if the next appointment is not kept, **the file will be closed**. Your supervisors have standard formats for the letters.

If a potential client says s/he definitely no longer wants an appointment, then make a note of the reasons, and discuss it with your supervisor. Sometimes a file will not have been made up, so referral information can be filed in the miscellaneous file. If a file is made up, and the client has been entered on the database, you will need to close off the file and database. **Change the booking schedule if you know that a client cannot keep an appointment!**

### D. Missed appointments

The Centre expects clients to notify their psychologists **at least 24 hours in advance** if they need to re-schedule or cancel an appointment, apart from sudden illness or emergencies. **Please review this in the first session**, with other information about how the Centre operates. If clients miss **any two** appointments without good reason (that is, two DNAs) discuss this with your supervisor. This includes people who keep appointments **intermittently**, often only at times of stress or crisis. Your supervisor has to keep in mind the needs of **all** the Centre's clients, including those on the **waiting list**, and may advise you to close the file. If so, follow this advice **promptly**. It is in the best interests of other clients, and you (your practice does not benefit from DNAs).

### E. Recording of client interviews

It is the established practice of the Centre (in line with university expectations) to record on DVD **all initial assessment interviews, and a selection of intervention or treatment interviews as specified by your supervisor**. **All clients** should have been informed about and agreed to this prior to being

accepted for assessment. If your client refuses to be recorded, that is, says that s/he did not know about this requirement or changes his or her mind about consenting to recording, **consult your supervisor before proceeding with the interview.** Exceptions to recording may be made **only with the prior agreement of the supervisor.** In order to facilitate DVD recording you must be familiar with the consent process and forms, and with the set-up and working of the DVD and camera equipment.

#### **F. Fees**

The Centre's standard fee structure is described in a client **handout** covering the fees and conditions under which clients are seen at the Centre (in the Forms & Leaflets folder on the Intranet). Fees are also detailed on the telephone referral form and will be discussed with clients who self-refer or are referred by others, such as general practitioners. Normally Centre staff will do this at the first contact with a client. As well, clients on the waiting list will receive letters that explain fees. All this means that clients **should** be quite clear about the Centre's charges by the time of assessment. However, you may still have to discuss fees with clients, especially at the first interview when you are confirming the client's understanding of what was agreed at the time of referral, so ensure that you are familiar with the Centre's charges, and consult your supervisor if you want anything clarified.

The Centre will complete Disability Allowance forms for WINZ clients who are being seen by interns and would not otherwise be able to afford ongoing therapy. These must be countersigned by supervisors, that is, qualified and registered practitioners, and are usually for a set number of sessions.

#### **G. Payment of fees**

In general, only Health Waikato-referred clients seen by the interns allocated to adult mental health teams, or clients taking part in formal research projects, are **not** charged fees. Clients who are seen as part of the **intern assessment exam** will not be charged for that assessment, but if they proceed to treatment will pay fees at the reduced rate. **Intern treatment exam** clients will be charged at their agreed rate throughout treatment. At the end of each session clients should be issued with either a receipt for payment received, or an invoice if they have arranged to defer payment. The agreed fee is to be collected, or an invoice given to the client, **by the intern or clinical student who provides the service to the client.**

Clients can pay by EFTPOS; clear instructions are by the machine on the front reception desk. **No cash is given out.** Cash or cheque payments are to be placed in the cashbox, and **receipts must be completed** and given to the client when s/he has paid. Please **do not forget to do this**, otherwise Lyn will have difficulty balancing the books. The receipt book and cashbox are kept in the third drawer of Lyn's blue filing cabinet.

If clients wish to defer session payments for some reason, please follow these instructions for invoicing them:

1. To issue an invoice, get the blue Tax Invoice Book from the file cabinet drawer (third drawer down in Lyn's filing cabinet). Complete the invoice form, making sure you put the carbon sheet under the top copy. You need to put your client's first **and** family name (no address necessary). Description can be, for example, "client session with [your first name] on [date of session]". Record the fee charged (our fees are GST inclusive).

2. Your client can make arrangements to defer **up to three payments**, if necessary. Once a client makes payment to you, issue a receipt and please put a line through copies of any invoices you have issued from the blue book. Lyn will keep track of unpaid fees in the blue book and will issue reminder invoices as required.

If a client appears to be having difficulty paying accounts, please let your supervisor know. Payment problems should not be dealt with in isolation from the therapy process. They may reflect dissatisfaction with therapy, or it could be that the client is experiencing financial problems, and does not feel able, or know how, to negotiate a different fee.

#### **H. Thank you cards or gifts from clients**

Occasionally clients give cards or gifts to their psychologists in appreciation of the work done with them. There are no specific guidelines in the Code of Ethics about this; however, the *Professional Practice of Psychology in Aotearoa New Zealand* has suggestions which are consistent with Centre policy. This is that cards and small gifts (no greater in value than \$10) may be accepted at the end of treatment. It is inadvisable to accept more expensive gifts. You **must** discuss this with your supervisor. The meaning of the gift, boundary or professional relationship issues, and possibly the gift's cultural significance will need consideration in supervision, and perhaps with the client. While it may be appropriate to discuss with some clients that seeing them progress in therapy is reward in itself for psychologists, others may feel insulted by a refusal to accept a symbol of gratitude and respect.

#### **I. Psychological assessment; outcome measures**

Lists of all assessment and test materials held by the Centre are available on the Intranet. Consult your supervisor about specific tests or assessment instruments to use with particular clients. Be aware of particular issues, such as clients of different cultural backgrounds to that of the group on which measures have been normed, or children whose age and presenting problems may influence the process which may need to be more informal and geared to their needs; consult your supervisor. In some instances you may undertake observations outside the clinic, after prior discussion with your supervisor.

While you are on placement at the Centre you must demonstrate satisfactory administration of all tests or psychometric measures, including apparently straightforward questionnaires, used with clients. Therefore the Centre may require you to demonstrate competency **before** administering psychometric measures to clients. Requirements will be explained in detail at orientation meetings at the Centre.

**All clients of the Centre are asked to complete an outcome measure, the Outcome Questionnaire-45 (OQ-45.2), at the initial and final interviews;** see the Centre Records section (p. 20). There are two copies of the OQ-45.2 in all newly made up files. You need to put a **photocopy of every named, dated, and scored OQ-45.2** in John's mailbox so that he can use the data for the outcome records; the photocopies will be shredded once he has done this.

#### **J. Is the Centre the client's best option?**

Your completed assessment and formulation of a client's problems should **always** be reviewed with your supervisor **before you start treatment**, to determine whether treatment at the Centre, or some other option, is best for your client. Referrals of potential clients are screened as carefully as possible to determine suitability, but **treatment at the Centre will not always be the right option** for all clients assessed here. There are specific guidelines for Health Waikato clients which HW interns are required to follow in this respect.

#### **K. Outside consultation (routine or emergency)**

Subject to the confidentiality guidelines already discussed, you will need at times to consult with others, for example, family, GPs, or other service providers, about your clients. Please note that **all** discussion and correspondence, for example, letters, e-mails, or faxes, must first be discussed with supervisors and, in the case of written communications, must be viewed by them **before** being sent. **As with reports, any letters you write apart from standard appointment letters must also be countersigned by your supervisor.**

If it is decided following consultation with your supervisor that you need to refer a client elsewhere for physical, psychiatric, neurological, and/or legal assessment, please ensure that you have obtained up-to-date signed authorisation from the client to release information. It is advisable for you to complete any referral forms in the client's presence, with the client signing the form; this is one way to avoid incomplete or illegible information.

The Centre has copies of the Health Waikato Adult Mental Health Service's entry criteria, and criteria for making referrals to the Crisis Assessment and Treatment Team. Please discuss these with your supervisor if you feel you may need to make a referral to either of these services. Your supervisor will assist you to clarify issues such as who will deal with an emergency, who should transport distressed clients if this is required, who else may need to be notified, what follow-up may be required, etc. Similarly, if you need to consult a psychiatrist about your client, talk to your supervisor about how to do this to best effect, for example, how to present information, what the psychiatrist may want to know, how to discuss benefits and possible side-effects of medication, and whether prescribing medication is warranted.

#### **L. Treatment**

Treatment of clients of the Centre is typically limited to no more than the length of placement, unless arrangements are made for intervention to continue with another student or, occasionally, a staff member. You are expected to develop clear treatment goals and plans with your clients, and to

record these in your assessment reports, which should clearly spell out what you hope to achieve, and how you intend to monitor your client's progress.

Note that while your supervisor may be ultimately responsible for client care, **you are responsible** for working ethically and professionally with your clients, and **for keeping your supervisor informed** of any issues that may impact on your ability to provide safe and effective treatment to your clients.

### **M. Handover clients**

Second year clinical psychology students and interns deliver most of the clinical services provided at the Centre. This means that, although we aim to assess and treat clients within placement (semester) start and end dates, some clients may require further intervention, and this is sometimes between semesters, or more commonly over the longer summer break. Usually the Centre has one or two clinical students on placement over the summer prior to the beginning of their internships at the Centre the following semester. Typically these students do not see new clients, but work with previous Centre clients who have a specific clear need for ongoing intervention.

**Handover clients must have** attended regularly for therapy, been compliant with homework tasks, be making at least some progress, and be prepared for handover. A treatment progress summary report, which includes an outline of the client's current level of functioning and recommendations for future intervention, should be written. A joint handover meeting between the client and the outgoing and incoming clinical students is helpful but not essential.

### **N. Research**

The Centre strongly encourages a research-clinical link in the approach to the conceptualisation and treatment of both individual client problems and particular populations. Staff members are involved in several research projects, and expect that you will apply scientific principles and methods to your professional, clinical work with clients, while still demonstrating "tolerance for ambiguity, attention to "process" variables, engaging several well formulated clinical hunches simultaneously, and capitalising on serendipity" (Lisman, 1992).

## **V. Centre Records**

### **A. General, PPS and PRIMHD**

You must keep good legible and up-to-date clinical records, in a form consistent with the Centre's file audit guidelines, in your **individual client files**. The files contain all clinical information, including reports, notes, test materials, consent forms, and correspondence. They must be **regularly updated**, preferably immediately after your interviews.

**PPS:** Client appointment records are also entered onto the Centre's **database**. You will be shown how to do this during your orientation. You must keep client details (such as changes of name, address, or phone number) **updated** on the database. Ensure that client records are listed under **your name**, and as **active** files, while you are working with them. We use this

information to verify your client contact hours, so it's in your interests to keep accurate records!

**PRIMHD:** As part of our contract with the Waikato District Health Board, the Project for the Integration of Mental Health Data requires us to complete weekly returns (on Fridays) using the blue data collection forms (in the storeroom) and to file them in the PRIMHD Returns pigeonhole (in the storeroom). These forms record basic data about client contacts. As with PPS, you will be shown how to do this during your orientation.

## **B. Files and file audits**

Since all agencies, and different individuals within agencies, have slightly different ways of putting a file together there is no perfect format. However, a "standard" Centre file should include at least the following information (from top to bottom), with dividers between each main section:

- **a contact sheet** at the front, **listing** (but **not** detailing) interviews, phone calls, etc, so that someone picking up the file can see at a glance what you have done;
- **a file cover sheet** printed off the database;
- **referral information**, which is usually a standard form, or GP letter;
- **consent forms**, to interview recording, and liaison with others;
- **correspondence**, filed with the most recent on top;
- **case notes**, filed with the most recent on top, and all information related to the same interview stapled together;
- **reports**, filed with the most recent on top, including assessment, progress and final treatment outcome reports;
- **psychometric assessment and outcome measures**, eg, OQ-45.2, BDI-II, WAIS-IV forms, etc.

**Files will be audited** by John, intermittently and at short notice, to ensure that they meet the **case management and audit document standards**; these are on the Intranet, in the Protocols and Procedures section.

Lyn makes up files for new clients who are self-referred, or referred by others such as GPs, and enters the clients on the database. **Interns seeing new Health Waikato clients will need to give the referral information to Lyn** so that she can make up the files, and enter clients on the database.

## **C. Case notes**

Note-taking during interviews should be sufficient to enable you to write coherent case notes for the file; during initial assessment sessions you may want to take more detailed notes and this is something you will need to learn to do efficiently and unobtrusively. Rough notes should be written up neatly or typed, as **brief** (half to one page; initial interviews may be longer) file notes. This should be done **immediately following interviews and should not take hours** of your time. See the guidelines below about what should go in the file notes, including session themes, topics discussed, any interventions and their effectiveness, process issues, and so on. **Re-scheduled or cancelled appointments should be recorded, as should the details of any phone**

**calls**, whether these are with the client or with other significant people, related to the client personally or professionally.

Case notes should be a succinct, and clear **summary** of the following points:

- your plan for the interview,
- what actually occurred during the session (content and process), and
- your **brief** plan for the next session.

Specifically, a summary of interview **content** should include key points and issues covered in the session. Information about any **risk** assessment carried out must be included, and you should document in detail any actions taken by you to ensure safety, including consultations with others, such as supervisors, significant others, medical or mental health personnel, as well as any need to breach confidentiality and the reasons why such action was taken.

Again specifically, a summary of interview **process** should include observations of the client, how s/he presented and interacted with you, and your overall impressions of how the session progressed.

Case notes should always be dated and, particularly if there are any risk issues, it is advisable to record times of discussions and phone calls. Notes should also include psychometric results where administered, a description of any homework set for the client, and your signature and designation, that is, second year clinical student or intern psychologist. Your **rough notes** and any other relevant information, such as **client handouts**, should also be filed.

Interns working with Health Waikato teams may have additional requirements to meet so that their records are consistent with Health Waikato's guidelines. Supervisors and Adult Mental Health team mentors can provide information about these protocols. However, in brief, some of the key points are that copies of case notes should be provided for **open** Health Waikato client files, **that is, where other team members are currently involved with the client**, so that team members may be kept informed in a timely way about the work that the intern is doing with the client. Copies of notes provided may be a **summary** of those recorded in Centre files, that is, they may be cut and pasted from more detailed Centre notes, provided that they contain all relevant information necessary for other team members to work effectively with the client, and provided they cover all **safety issues**.

**Remember that case notes must be written up immediately following interviews! Schedule time to do this; an hour should be more than sufficient. Students who do not do this get behind in their work; this is not good clinical practice and increases stress!**

#### **D. Outgoing reports and correspondence**

When you have **written consent from the client**, and following consultation with your supervisor, you may send out appropriate information on Centre

letterhead, and stamped “confidential” and “copy”, to other professionals working with the client. Psychological reports and additional information which is relevant to treatment, such as psychometric data, are normally sent **only to other psychologists**, with an accompanying cover letter. Other recipients, for example, general practitioners, normally receive only brief letters about client assessments and treatment progress.

**In all cases, reports and letters sent out of the Centre must be co-signed by, and sent out only with the approval of, your supervisor. This is for your protection as well as that of the client. YOU must make sure that you have the correct name and address, for example, GPs’ practice details, for recipients of client information! And remember to include the Centre’s box number but NOT the Centre’s name on envelopes so that mail can be returned if necessary without needing to be opened.**

#### **E. Assessment reports**

There is an outline of a general psychological assessment report format (dating from 2003), report writing guidelines taken from Sattler (2004), and a recent (2009) exemplar of a made-up psychological assessment report on the Intranet, in the Student Placement Resources section. These are provided so that you can see how information about clients may be organised under various headings. They are **not perfect examples** of how to write a report, but are **indications** of what a completed report might cover. They **must not be slavishly copied**. It is important for your professional development that you learn to write reports in your own words, within the guidelines provided. Plagiarism is not acceptable. The only acceptable exception to this is the use of some standard or routine phrases, for example, to describe the limitations of overseas developed and standardised psychometric tests used in Aotearoa New Zealand.

Psychological assessment reports **must be written for all clients, and be in final draft form immediately following the second session**. This will assist you in formulating what is happening for your client and in planning treatment for him or her. You probably will not have all the information you would like at this point to write the perfect formulation! However, writing reports at this stage, rather than later, will avoid problems with trying to make sense of too much information, and being confused about what to do in treatment.

You are also expected to **discuss your report and formulation**, first with your supervisor, and then with the client in the **third session**. This is in line with an open collaborative approach and ensures that any misconceptions or factual errors (yours or the client’s) can be quickly cleared up, so that the report is an accurate account of your work with the client. **All completed reports must be reviewed and countersigned by supervisors no later than the fourth session**, before being filed, given to clients, or sent to others. This requirement applies until you are **fully qualified and registered**, and

fully responsible for your own work. You are expected to keep a record of when reports are due, and to **keep up-to-date!**

#### **F. Treatment reports**

If you are handing over a client to another student or intern you should write a **treatment progress report\***, which should specify any further intervention needed. This should be discussed with, and signed off by, your supervisor before being placed on file. **Report guidelines\*** are on the Student Placement Resources section of the Intranet (see **Finishing up with clients\***).

#### **G. Closing client files**

Before you close a file, you should have discussed this with your supervisor and had his/her approval of, and signature on, your **final treatment summary report\***, and a **brief letter to the referral agent** with information about the progress the client has made, and so on. **Check the file** to ensure that it contains all relevant information and hand it to your supervisor for review before it is filed as closed. **The database must also be fully updated.**

#### **H. Signing letters and reports**

You must include your designation as well as your name. Second year students may sign as “second year clinical psychology student” and interns as “intern psychologist”. **No other terms are allowed**, legally or ethically.

#### **I. Follow-up**

We are required to do some post-therapy evaluation. **All closed files** are to be handed to Lyn, who mails out client satisfaction surveys to clients. These are returned to John, in confidence. Client feedback is usually positive.

#### **J. Documenting your work**

Completing clinical and administrative professional activities, like case notes, reports, letters to referral agents, or keeping the computer database up-to-date, is part of your work at the Centre. As part of your supervision we will help you with any of these and review written drafts. It is critically important for your professional development, and in the best interests of your clients, to document your work, file it, and keep records up-to-date. **You are expected to complete these professional tasks within the placement period!**

### **VI. Centre vs University commitments**

Students sometimes find it difficult to balance tasks or activities that are part of their university requirements with their obligations to the Centre, and to the Centre’s clients. University requirements of students, including the completion of case studies, workbooks and client contact logs, and asking your supervisor to complete placement contracts, professional development checklists, and placement reports, are outlined in the Clinical Guide provided by the university. While these overlap to some extent with some of the Centre’s policies and protocols, **the Centre is a work environment and service provider, not just a training agency or extension of the university**, and has other conditions which you will be expected to meet. The

following guidelines aim to clarify aspects of placements at the Centre that have proved confusing to some students.

### **A. Case studies**

Centre supervisors are happy to discuss ideas for case studies at any time and will encourage you to keep on schedule with the university's due dates for your drafts. While case studies are a requirement of the university, they are about **Centre clients**. Accordingly, we have **an explicit interest** in what you present in your case studies. We are required to sign the cover page endorsing that they are an accurate representation of your work, and we need to ensure that they are adequately anonymised. Therefore we must read them **before they are handed in to the university**, which means that we need to have drafts or final copies **at an absolute minimum of one week before the due date**. Supervisors cannot be expected to drop everything and read case studies at the last minute before they are handed in; **it is not acceptable or professional practice**. Supervisors can, and do, refuse to read last-minute submissions, or read them when it is convenient for them to do so, that is, after the university's due date. **You have been warned!**

### **B. Workbooks**

As far as workbooks are concerned, the university wants to have a clear idea of your work, which does **not** mean that you must give the university every bit of information about your clients. You **must** consider issues of confidentiality. **Your workbooks are not duplicate client files**. You **must not** place copies of written supervision feedback, such as DVD feedback, about your work with clients into your workbook unless you have specifically discussed this first with your supervisor and obtained his/her agreement. These notes often contain **detailed personal information about clients**.

The policies outlined earlier in the manual about client confidentiality with respect to client files **also apply to your workbooks and any other information you give to the university**. **Client confidentiality and client interests are paramount!**

### **C. Client contact hours**

Interns are expected by the university to have **at least ten face-to-face client contact hours each week**. The Centre will support you to reach these targets, by providing sufficient suitable clients and encouraging you to work with them in an empathic but pragmatic way. This means **not accepting repeated DNAs, and not putting more work into the therapy process than your clients**; for example, you should not accept non-compliance with homework. You must keep a weekly running record of your client contact hours, and ensure that your hours are entered in the Centre's database; this

information has to be recorded in your placement reports. Please note that ten face-to-face contact hours does not necessarily equal ten clients! You may have more or fewer clients; the actual number will vary depending on your competence and the kind of work you are doing with them. However, in general we will encourage you to work with as many, and as varied a selection of, clients as possible, because this provides you with optimum learning opportunities.

#### **D. Placement reports**

As supervisors we will complete placement reports for the university, and also professional development checklists for second years. Again, it is your responsibility to give these forms to your supervisor in plenty of time for him/her to complete them; **at least a week before the due date**. Placement reports are important and we need to have time to review our records of your work if we are to give you a fair and thorough assessment. Any concerns we have about your professional presentation or client work during your placement will be discussed with you and your university supervisors during your placement, with the aim of rectifying any difficulties. **Ongoing unresolved** problems will be recorded in your placement report, and may form part of the discussion between the university programme staff, examiners and supervisors, especially for interns.

### **VII. Supervision**

#### **A. General comments**

Supervision is a different, more intense, kind of learning from the university classes which you will have typically experienced prior to beginning placements, but should also exemplify many of the same ideal educational goals and processes. Some of the more common misconceptions and expectations about supervision are that it will reduce the ambiguity of clinical work, that supervisors will provide a highly structured teaching experience or will act as your personal support person regardless of client needs, that supervisees must find “the right answer” to problems, and/or that there is a particular model of good supervision practice. None of these is necessarily true. There is an extensive literature on clinical supervision and it is important for you to be aware of it, so that (amongst other things) you can make better use of supervision. Feel free to consult your supervisor about resources or articles about supervision.

#### **B. Individual supervision**

**Supervision contracts** will be established between you and your designated supervisor at the earliest possible occasion. You will each receive a minimum of one to one and a half hours of individual supervision each week, although the actual amount of supervision will usually be well in excess of this, including, for example, pre-interview discussion and debriefing afterwards as required, viewing of DVDs, feedback on reports, etc.

Centre supervisors use a variety of models of supervision to guide their practice of supervision, both clinical supervision of work with individuals and groups, and research supervision. These models may include, for example,

the model developed by Daphne Hewson, which is described in the chapter on supervision in *Professional Practice of Psychology in Aotearoa New Zealand*. Her model explicitly outlines what may be discussed in supervision including issues related to clients, your own practice and professional development as a psychologist, the impact of any personal difficulties on your work with clients, and systemic or relationship issues. Other work may also influence your supervisor's practice, such as systemic theories, cognitive-behavioural models of supervision, and the "learning partnerships" approach of Michael Carroll and Maria Gilbert. Supervision content and process will be adapted to your level of training and development.

Whatever particular model(s) of supervision your supervisor uses, s/he will expect you to practice reflectively. This forms part of the core competencies for professional practice of psychology in Aotearoa New Zealand. It means that you are expected to think critically about your own practice (that includes identifying your developing skills, as well as any mistakes you may make) and to discuss this openly in supervision, focussing on both content and process issues. While the focus is on your professional development it is unusual for personal beliefs or issues not to form any part of supervision, because of the impact that these may have on your work with clients. If you find it extremely difficult to practise reflectively it is likely that your supervisor will consult with the university programme staff about your training and how best to assist you to overcome these problems.

### C. Group supervision

We facilitate group supervision sessions for interns, on Wednesdays from 10.30 am to 12.00 noon. Group supervision sessions for second years will be on Wednesdays from 1.30 to 2.30 pm. The focus is on client and practice issues, with the intern group functioning as an opportunity for discussion at a colleague-to-colleague level, while the second year group is more structured. These sessions are in addition to individual supervision.

### D. Evaluation and feedback

Centre supervisors are involved in the ongoing evaluation of your work, both as part of supervision, such as giving feedback on recorded interviews, and as part of the university's assessment of students' progress, through written placement reports and participation in regular constructive or remedial feedback reviews of development with university staff. The aim is to enable you to **develop as a competent and professional clinician and you should understand that feedback is given with this in mind**. You will also be strongly encouraged to develop your ability to evaluate your own work, such as by **reviewing and reflecting upon** your own DVDs **before** handing them to your supervisors for comment.

Students may be asked to evaluate some of the supervision activities in which they participate at the Centre, both to ensure quality control, and to allow students to provide professional, constructive feedback about training issues. This is **not carte blanche for identifying and disparaging the perceived deficits of your supervisor which you neglected to mention to him or her at the time**; if you have problems with your supervisor then you are expected

to **act in a mindful and professional manner** in your attempts to resolve the problem, as suggested next.

#### **E. Conflict**

If you have concerns about supervision, such as disagreements with your supervisor over client issues, or issues relating to your supervisor's behaviour, then **first discuss the concern with your supervisor**. If you are unable to resolve the difficulty, or if you feel unable to approach your supervisor openly, **then discuss your concerns with John**. You also have the option of seeking guidance and support from your university tutor or the clinical programme director, although the Centre would prefer to have the opportunity to address problems directly, before you approach others.

### **VIII. Concluding statements**

#### **A. Rationale for this manual**

The rationale for the existence of this manual is to ensure that you can be in **no doubt about what is expected during Centre placements**, and to enable the Centre to reflect a consistent professional and ethical image, with a particular emphasis on good clinical work that is well-founded on a sound literature and research base.

It may seem that there are many rules to be followed; this is necessary first to **protect the welfare of clients**, and then to alert you to the traps that new, enthusiastic, or unwary practitioners can fall into. Avoiding potential problems is usually simpler than damage control, so don't be afraid to **consult your supervisor**. We are usually tolerant of genuine errors and see them as learning opportunities. However, ethical breaches or mistakes that are harmful to clients are viewed seriously. Programme staff will be informed (directly or via placement reports) and you may receive an unsatisfactory placement rating.

#### **B. Where to find information referred to in this manual**

This manual includes references to various examples of forms, handouts, sample letters and reports, clinical and research presentations, and inventories of tapes, library books and tests held by the Centre. Much of this information is on the Intranet, and you are advised to look there first. If it is not there, please consult your supervisor, or John, or Lyn.