STUDENT HANDBOOK 2011
Master of Psychology (Clinical Psychology)
Doctor of Philosophy (Clinical Psychology)

School of Psychology and Speech Pathology
psych.curtin.edu.au
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General Introduction

Master of Psychology (Clinical) Program

Course Objectives
The Master's degree in clinical psychology provides advanced professional training to the sixth year level and has been accredited by the Australian Psychology Accreditation Council (APAC). Its aim is to enable students to become thoroughly familiar with the theoretical and empirical knowledge base, skills and attributes required of a clinical psychologist in community and institutional health, mental health and rehabilitation settings. This course provides sound training in the application of psychological science to the prevention and treatment of psychological problems.

Overarching Outcomes
A graduate of the Master of Psychology (Clinical) has the;
1. Knowledge, skills and practical experience necessary for competent practice as a clinical psychologist in both the mental health and physical health domains.
2. Competence at an entry level as a scientist-practitioner of clinical psychology.
3. Commitment to abide by the code of ethics of the Australian Psychological Society.

Program Structure
The program consists of three main components: coursework, practicum placements, and a research dissertation. The coursework provides intensive training in clinical psychology. Coursework seminars focus on the understanding and management of significant mental and physical health problems with approaches ranging from individual-oriented to community-based. While the main focus of training is on individual treatment approaches, there is also a focus on larger scale interventions, particularly those involving primary prevention methods. The coursework seminars involve an integration of theory, specific intervention skills training, and the development of analytical skills.

Trainees also participate in three practicum placements, which complement the coursework and enable the application of theory and skills training to clinical practice. These placements cover adult and child problems, institutional and non-institutional settings, acute care and rehabilitation with the disabled, in both medical and non-medical agencies. Practicum placements total 135 days or 1,020 hours of supervised practise conducted by a registered clinical psychologist.

A major aim of the research component is to acquaint trainees with research and evidence-based practice in clinical and health psychology and for them to develop the capacity to review research reports critically, and to develop and conduct their own research project. Coursework material and assignments will encourage trainees to think critically and to evaluate theories, research, and case reports. The training will provide a framework and basis for a publishable research dissertation to be completed by each trainee in an area of clinical psychology.
The Master of Psychology Course is structured as follows:

Study Package: 1073 School of Psychology and Speech Pathology and Speech Pathology - 307074 v. 1

### Clinical Psychology Major

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General Introduction
Doctor of Philosophy (Clinical Psychology)

Course Objectives
The Doctor of Philosophy (Clinical Psychology) course combines advanced professional training in clinical psychology with the opportunity to carry out a specialised research program at the traditional PhD level. This course prepares students for careers in the professional practice of clinical psychology, for research in clinical psychology, and for an academic career. The coursework component of the course provides professional training to the 'sixth year level' and has been accredited by the Australian Psychology Accreditation Council (APAC). This course aims to enable students to become thoroughly familiar with the theoretical and empirical knowledge base and skills required of a clinical psychologist in community and institutional health, mental health and rehabilitation settings, as well preparation for a research career.

Overarching outcomes
A graduate of the Doctor of Philosophy (Clinical Psychology) has the:
1. Knowledge, skills and practical experience necessary for competent practice as a clinical psychologist in both the mental health and physical health domains.
2. A competent entry level scientist-practitioner of clinical psychology
3. Abide by the code of ethics of the Australian Psychological Society.
4. An effective beginning level independent researcher in psychology

Specific learning outcomes
1. Construct an adequate psychological case conceptualization.
2. Think critically, creatively and reflectively
3. Test hypotheses related to the case conceptualisation and develop management plans
4. Think creatively and apply knowledge to new situations
5. Analyse problems logically from different theoretical viewpoints and propose resolution between apparent conflicts of different theories
6. Communicate effectively with individuals and groups
7. Write effectively for clients, professionals, management and scientific publications.
8. Use evidence persuasively to construct and defend an argument
9. Learn and use technologies safely and appropriately for the diagnosis and management of clients and information.
10. Accept responsibility and demonstrate initiative and leadership in developing clinical and research skills.
11. Apply global perspectives and standards in clinical practice
12. Apply global perspectives and standards of practice in meeting the needs of ethnic and other minority groups
13. Work professionally both individually and collaboratively, accepting responsibility and direction as necessary to achieve an effective team outcome.
14. Abide by the code of ethics of the Australian Psychological Society.
Course Entry Requirements/Prerequisites
The minimum requirement for admission to the Doctor of Philosophy (Clinical Psychology) program is an Honours degree (IIA or higher) or equivalent. Applicants will be evaluated on academic merit, referees' reports, proposed course of research, performance in interviews, and relevant work experience. For students already/previously enrolled in the Master of Psychology (Clinical) course or equivalent, a high standard of performance in Master of Psychology units will also be required for entry into the program.

Program Structure
The program consists of three main components: coursework, practicum placements and a research thesis. The coursework provides intensive training in clinical psychology. Coursework seminars focus on the understanding and management of significant physical health and mental health problems with approaches ranging from individual-oriented to community-based. While the main focus of training is on individual and group treatment approaches, there is also a focus on family interventions and interventions involving primary prevention methods. The coursework seminars involve an integration of theory, specific intervention skills training and the development of analytical skills.

Trainees also participate in three practicum placements, which complement the coursework and enable the application of theory and skills training to clinical practice. These placements cover adult and child problems, institutional and non-institutional settings, acute care and rehabilitation with the disabled, in both medical and non-medical agencies. Practicum placements total 135 days or 1,020 hours of supervision by a practising clinical psychologist.

The coursework acquaints trainees with research in clinical and health psychology, clinical guidelines for treatment and prevention of mental health problems, and empirically based interventions for children and adults. Students develop the capacity to review research critically, and to develop and conduct their own research project. Coursework material and assignments will encourage trainees to think critically and to evaluate theories and research reports.

The research component involves the development and execution of a substantial program of research that contributes substantially to the knowledge or understanding in a field. This work indicates that the student is capable of carrying out independent research. For the PhD in Clinical Psychology the project must have some relevance to clinical psychology. Doctoral research degree candidates should uncover new knowledge either by the discovery of new facts, the formulation of theories or the innovative re-interpretation of known data and established ideas.

The thesis research should include a program of inquiry, which is practically oriented and useful in developing an effective understanding, providing for the application of solutions to problems associated with clinical psychology.

Duration and Availability
The course is available on a full-time (minimum of four years) and on a part-time (maximum of eight years) basis. Students are expected to spend eleven months per year on the program for the duration of the course.

Course Organisation
The program consists of three main components: coursework, practicum placements, and a doctoral thesis. The coursework component provides training in clinical and health psychology. The practicum component comprises three professional placements (a total of 1020 hours). The research component is the most substantial part of the course, and represents almost three quarters of the total course of study.
Professional Recognition
The professional component of this course is identical to the Master of Psychology (Clinical) program, which is accredited by APAC. Because it incorporates fully the accredited program, the course satisfies the accreditation requirements of APAC.

Course Expenses
Students enrolling in this course are generally awarded a RTS place or an Australian fee paying place. In the latter case, Curtin provides a full tuition fee waiver for a period of four years full time equivalent study.

The Doctor of Philosophy (Clinical Psychology) Course is structured as follows:

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| 309520 | v. 1       |
|        | Psychology 702 – Psychotherapy | Clare Rees | 3 | 25 |
| OR     | 309518 v. 1|
|        | Psychology 724 – Child Psychotherapy & Disability | Clare Roberts | 3 | 25 |
|        | (Unit related to the practicum completed in Year 3 – Semester 1) |
| 309528 | v. 1       |
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Year 4  Semester 1

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Year 4  Semester 2

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Total Course Credits 800

Assessment
Assessment includes a combination of class participation, written reports, case studies, substantive papers, and formal examinations. Students must also satisfy attendance requirements for each unit. All written assignments must be submitted in accordance with Publication Manual of the American Psychological Association: Sixth Edition (2009) (http://www.apastyle.org/). To complete the requirements for award of the degree, the trainee must pass each and every unit in the program.

Recognition of Prior Learning
Comparable units taken at APS accredited Psychology Masters programs may be exempted. Units taken overseas may also be exempted but will be evaluated on a case-by-case basis. (see Assessment and Student Progression Manual (http://policies.curtin.edu.au/policies/viewpolicy.cfm?id=38f26378-dfb4-11de-85e7-13ec46c711be)

Policy on Plagiarism and Related Academic Conduct
All work submitted must be the original work of students unless otherwise specified. All work must conform to the Curtin University policies on Academic Conduct (see Academic Misconduct Procedure and Plagiarism Policy and Procedures at the web address below or the Curtin Courses Handbook.)
http://policies.curtin.edu.au/policies/students.cfm

Computing Facilities
The School of Psychology and Speech Pathology provides a computer laboratory for postgraduate students in Building 401, room 151. Computer hardware and printing problem support can be directed to the Health Sciences Faculty ICT Web Support number (9266 1888) or a support request can be made by completing the online form at http://healthsciences.curtin.edu.au/cits/supportform.cfm
Psychology Test Library

The Psychology Test Library contains an extensive range of psychological tests as well as some books and audiovisual resources. The test library is run by a part-time test library officer who organises the hours when the library is open, based on when students would most likely need the library’s facilities (approximately 9 hours per week during semesters). Details on the library’s hours, holdings, and borrowing terms and conditions can be accessed from the Test Library Officer (☎ 9266 3037). http://psych.curtin.edu.au/location_facilities.cfm

Ms Annette Paul – Clinical Psychologist; Department for Child Protection
Ms Jessica Adderley - Clinical Psychologist; Disability Services Commission
Ms Margaret Jones - Consultant Clinical Psychologist; Child & Adolescent Mental Health
Mr John Perera, Senior Clinical Psychologist, Department for Child Protection
Ms Teresa Stevenson – Senior Clinical Psychologist, Adult Services Department of Health

Overarching Outcomes

A graduate of the Master of Psychology (Clinical) has the;

1. knowledge, skills and practical experience necessary for competent practice as a clinical psychologist in both the mental health and physical health domains.
2. competence at an entry level scientist-practitioner of clinical psychology.
3. commitment to abide by the code of ethics of the Australian Psychological Society.

Enrolment and Re-enrolment

The University has in place policies and procedures that prescribe enrolment and re-enrolment procedures and deadlines. For smooth administrative functioning these procedures are enforced rigidly by the University through the imposition of standard fees and enrolment policy limitations. Some important features of the procedures, based largely on the Curtin Handbook, (http://handbook.curtin.edu.au/) are outlined below.

Students enrolling at the beginning of the year, who are intending to study for the full year, are required to enrol for both semesters. Full-time students enrol for 100 credit points per semester, while half-time students enrol for a minimum of 50 credit points (on average, given the need to complete the course within a maximum of four years).

New students are required to manage their own enrolments online. Information is provided on how to accept the offer and how to enrol either full or part-time in the Master of Psychology (Clinical) course. Additional advice is provided at the following web address: http://students.curtin.edu.au/administration/enrolment/howto.cfm

Applications for Non-standard Enrolment or Amendment to Enrolment (when a student adds or deletes course units after the initial enrolment, including withdrawal), should be discussed with the Course Coordinator and are subject to approval by the Course Coordinator (Dr Sarah Egan: ☎9266 2367 email s.egan@curtin.edu.au).

For re-enrolling students, enrolments can be completed online at the following Curtin web address below. All forms can be downloaded from http://students.curtin.edu.au/
Each student is responsible for ensuring that every detail of the enrolment is correct. The student is urged early in the semester to check for accuracy the Enrolment Advice. The Enrolment Advice is the formal acknowledgement to a student that the Enrolment application has been accepted by the Academic Registrar’s Office. The Enrolment Advice details a student’s enrolment as recorded by the University. A student who does not receive an Enrolment Advice within ten days of lodging a form with the Academic Registrar’s Office should communicate immediately with that office. Students should check for accuracy of a unit’s title including the unit index code number, early each semester. If a student is not enrolled in a unit, or studying the wrong unit, no entitlement to a result in that unit is possible.

Once enrolled in the Masters or PhD programs, students shall enrol continuously for the course of study in accordance with the University Enrolment Rules. Leave of Absence may be granted to a student under special circumstances (e.g. serious illness).

To be considered for a Leave of Absence, students must apply to the Head of School of Psychology and Speech Pathology by completing the prescribed form available for [http://students.curtin.edu.au/administration/forms.cfm](http://students.curtin.edu.au/administration/forms.cfm). Students who have not been granted Leave of Absence will automatically lose the right of re-enrolment, and will have to compete for places in the program with new applicants. To regain the right to re-enrol, the approval of the Course Coordinator and the Head of School of Psychology and Speech Pathology will be required. Re-enrolment under these circumstances may be subject to certain conditions as specified by the Head of School. Leave of Absence is also required for students who re-enrol and then withdraw from all units in a semester.

**Management of Progress through the MPpsych and PhD Programs**

Each trainee is supervised in her/his studies by a committee composed of the clinical psychology course faculty. This committee may meet with the trainee from time-to-time and will monitor her/his progress through all facets of the program. The doctoral component will be monitored through the School Postgraduate Committee.

**2011 Program Staff**

- Dr. Camela Connor, Lecturer, MPpsych, DPpsych (Casual Lecturer - semester 1)
- Dr. Melissa Davis, Senior Lecturer, MPpsych, PhD
- Dr Brendon Dellar, Lecturer, MPpsych, PhD
- Dr. Sarah Egan, Senior Lecturer, MPpsych, PhD (Course Director)
- Dr. Robert Kane, Senior Lecturer, PhD
- Dr Fiona Michel, Lecturer, MPpsych, PhD
- Assoc. Prof Clare Rees, MPpsych, PhD
- Assoc. Prof. Clare Roberts, MPpsych, PhD
- Dr. Rosanna Rooney, Senior Lecturer, MPpsych, PhD

**Liaison with the Professional Community**

A Course Advisory Committee meets regularly to confer on matters related to the clinical program. It assists annually in the selection of students for the following year’s intake. The committee consists of Curtin clinical faculty, student representatives and senior clinical psychologists from major Government authorities. During 2009, these senior clinicians include:

- Ms Annette Paul – Clinical Psychologist; Department for Child Protection
- Ms Morag Budiselik - Senior Clinical Psychologist; Disability Services Commission
- Ms Margaret Jones - Consultant Clinical Psychologist; Child & Adolescent Mental Health
- Mr John Perera, Senior Clinical Psychologist, Department for Child Protection
- Ms Teresa Stevenson – Senior Clinical Psychologist, Adult Services Department of Health
Description of Master of Psychology & Doctor of Philosophy Units

PSYCHOLOGY 793: CLINICAL CHILD PSYCHOLOGY

| Unit Index Numbers: | 309511 |
| Tuition Pattern: | 3 hours per week seminar and clinical skills practice |
| Tuition Time: | Monday 9 - 12noon: Building 202, Room 234 |
| Credit Points: | 25 |
| Prerequisites: | Admission to the MPsysch (Clinical) or PhD (Clinical Psychology) Courses or permission of the Course coordinator |
| Unit Coordinator | Assoc Prof. Clare Roberts: Room 401: 206, Tel.: 9266-7992, Email: C.Roberts@curtin.edu.au |
| Lecturer | Dr Trevor Mazzucchelli |

Syllabus

This unit provides theoretical knowledge and practical experience in clinical child psychology. The unit explores the etiology, assessment, diagnosis, conceptualization, and treatment of clinical problems of children and adolescents. These problems will be considered within the relevant social context, such as the family, the school, and children's friendships. The unit covers the most common child clinical problems as well as best practice guidelines and empirically validated interventions.

Unit Outcomes

The primary aim of this unit is to provide students with the knowledge and skills to assess, formulate, and intervene in a variety of child and adolescent clinical problems.

Learning Outcomes

On completion of this unit, students can:

1. identify and resolve legal and ethical issues relevant to working with child and adolescent clinical problems
2. interview children, adolescents and their families.
3. conceptualise the biological and psychosocial factors influencing the development and maintenance of clinical problems in children and adolescents.
4. use knowledge and skills in effective assessment, intervention and prevention strategies with children, adolescents and their families.

Unit Outline

WEEK 1: Models of intervention I: Ethical and legal issues. Interviewing parents.
WEEK 2: Models of intervention II: Interviewing children and adolescents.
WEEK 3: Models of intervention III: Interventions with children and adolescents.
WEEK 4: Models of intervention IV: Interventions with parents and families.
WEEK 5: Developmental Disabilities: Autism
WEEK 6: Learning difficulties
WEEK 7: Attention Deficit/Hyperactivity Disorder & Motor Coordination Disorder
WEEK 8: Health Related Disorders & Chronic Childhood Illness.
WEEK 9: Child Abuse.
WEEK 10: Conduct Disorder and Juvenile Delinquency
WEEK 11: Childhood & Adolescent Depression and Suicide
WEEK 12: Anxiety disorders in children and adolescents

Assessment
1. Parent & Child Interview - Case Conceptualisation (50%).
   Students view a videotaped initial parent interview relating to a child client. The interview will include a
developmental history and specific details of parental concerns regarding their child. Students then
complete a practice video tape of an initial parent interview with a fellow students acting as a parent.
The interview should include appropriate rapport building as well as collecting specific details of the
parent and child’s concerns and perspective on life. Based on this interview, students prepare a case
conceptualization of the presenting problem/s and an assessment plan. A format for the case
conceptualization will be provided in class.
   Students will also view a child interview video and will have the opportunity for practice role plays
before they take on clients in the second semester. Process and content checklists will be used for
these interviews and will be provided to students.
2. Exam (50%).
   Students complete an exam during the official university exam period. The exam consists of short answer
questions relating to the conceptualisation, assessment, diagnosis, and treatment of child and adolescent
problems.

References
Students are asked to read one or two references before each lecture. These will be provided on Blackboard, in
the Ereserve or closed reserve at the Robinson Library. Reference lists suggesting chapters, articles and
intervention materials will also be provided for each lecture topic. It is advised that students examine a range of
texts, that cover both theoretical and applied issues, and in addition, familiarise themselves with relevant journals such as Journal of Child Psychology and Psychiatry, Child Development, Journal of Clinical Child and Adolescent Psychology, Journal of Abnormal Child Psychology, and Journal of Consulting and Clinical Psychology.

Unit Texts

This book is available in an e-book for those who like to use this medium

Other Useful Texts
Press.
approaches to prevention and treatment. New York: Routledge,
Blackwell.


SYLLABUS

The aim of the unit is for trainees to become adept at conducting an initial intake interview using appropriate counselling skills, to be able to write a case formulation, and to become familiar with ethical issues related to the professional practice of a clinical psychologist.

LEARNING OUTCOMES

On completion of the unit, students can:

1. Identify and resolve professional and ethical issues involved in the practice of clinical psychology.
2. Undertake a competent clinical assessment.
3. Write a case report and formulate a case conceptualisation for adults and children.
4. Competently use the range of counselling micro-skills.

OUTLINE

There are three main components to this unit.

1. Professional and ethical issues.
2. Interviewing and clinical/counselling skills.
3. Case reports and case formulation.

UNIT OUTLINE

Week 1: Overview and introduction to counselling skills (I)
Week 2: Counselling skills (II)
Week 3: Counselling skills (III)
Week 4: Counselling skills (IV)
Week 5: Content and structure of an initial interview and practice
Week 6: Case formulation (I)
Week 7: Case formulation (II)
Week 8: Suicidality assessment
Week 9: APS code of ethics and legal issues (I)
Week 10: APS code of ethics and legal issues (II)
Week 11: Culturally appropriate psychotherapeutic approaches
Week 12: Self Care, private practice, motivational interviewing
Assessment:

1. **Videotaped interview**
   Trainees are required to conduct a role play which will be an assessment with a client (in role play), to be videotaped in the clinic and handed in for marking and feedback. For an adult client, the video will involve two sessions, firstly involving a general intake interview followed by a diagnostic interview. The video should be approximately two hours duration and will be assessed for demonstration of the skills covered in this unit. A checklist of skills to be assessed will be provided. A role-play for a client and further details will be provided (50%).

2. **Case report**
   Trainees are required to write a case report containing a formulation of the client you have assessed. A list of headings for the case formulation will be provided (50%).

**References**
Students will be asked to read one to three references before each seminar. There are two recommended texts to purchase or read in the reserve collection that have been outlined below.

**Unit texts**

PSYCHOLOGY 711: PSYCHOLOGICAL ASSESSMENT

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<td>Credit Points:</td>
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<td>Unit Requisites:</td>
<td>Admission to Master of Psychology or PhD Clinical course or permission of the Unit Coordinator</td>
</tr>
<tr>
<td>Unit Coordinator</td>
<td>Dr Melissa Davis (9266 2601)</td>
</tr>
<tr>
<td></td>
<td>Room: 401.330</td>
</tr>
<tr>
<td></td>
<td>email: <a href="mailto:m.davis@curtin.edu.au">m.davis@curtin.edu.au</a></td>
</tr>
<tr>
<td>Lecturers</td>
<td>Dr Melissa Davis, Dr Fiona Michel, Dr Natalie Gasson, Dr Lynn Priddis, Mr Peter Clissa, Mr Darren Garvey</td>
</tr>
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</table>

Syllabus
This unit provides students with the practical skills to complete comprehensive psychological assessments within adult and child clinical contexts. Students will learning skills required to select, administer, score and interpret the results of commonly used psychological tests, and to integrate assessment results and present findings in client-focused reports.

Learning Outcomes
On successful completion of this unit students can:

1. Integrate a number of assessment strategies in the completion of comprehensive psychological assessments.
2. Administer, score, and/or interpret the some of the most frequently used tests of intellectual functioning, personality and psychological/emotional symptoms in adults and/or children.

Unit Outline

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<tr>
<td>1</td>
<td>The art, science and ethics of psychological assessment</td>
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<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
<td>Assessment of Adult Intellectual functioning II</td>
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<td>The Assessment report</td>
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<td>Assessment of children and adolescents I</td>
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<td>Assessment of Children and adolescents II</td>
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<td>Assessment of older adults</td>
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<td>11</td>
<td>Assessment with Indigenous clients</td>
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<td>12</td>
<td>Projective assessment</td>
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</table>
Assessment:

1. **Administration and scoring of a standardized test of intellectual functioning** (20%)
   Students complete a videotaped administration of a standardised assessment of intellectual functioning with a peer. Video-tapes and test protocols will be peer assessed for accuracy or administration, scoring and score computation.

2. **Child Psychological Assessment and Report** (50%)
   Students complete a psychological assessment of child client and present the findings in an integrated report.

3. **Adult personality assessment scoring and interpretative report** (30%)
   Students score and interpret a personality profile for an adult client and present the results in a written report of a maximum of 5 A4 pages.

Unit Text:
Recommended texts:

Other Useful Texts:
PSYCHOLOGY 722: ADULT PSYCHOPATHOLOGY

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<td>Credit Points:</td>
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<td>Prerequisites:</td>
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Unit Coordinator
Assoc. Prof Clare Rees
Room 401:317
Phone: 9266 3442

Lecturer
Assoc. Prof Clare Rees

Syllabus
This unit aims to increase students' understanding of common psychological disorders, including their aetiology, maintaining mechanisms, and effective treatment.

Learning Outcomes
On completion of the unit, students can:
1. provide accurate and comprehensive diagnostic formulations of persons with complex clinical presentations.
2. formulate theory-based conceptualisations of psychological disorders and develop accurate, comprehensive, and theoretically-coherent conceptualisations of persons with complex clinical presentations.
3. select treatments that are effective with specific psychological disorders and develop feasible and appropriate treatment plans for persons with complex clinical presentations.

Unit Outline
Week 1: Formulation and Treatment Planning. Panic Disorder/Agoraphobia
Week 2: Obsessive-Compulsive Disorder
Week 3: Post Traumatic Stress Disorder
Week 4: Social Phobia
Week 5: Generalised Anxiety Disorder
Week 6: Major Depression/Dysthymia
Week 7: Eating Disorders. Body Dysmorphic Disorder
Week 8: Personality Disorders I
Week 9: Personality Disorders II
Week 10: Bipolar Disorder and Psychosis
Week 11: Hypochondrias. Impulse Control Disorders.
Week 12: Pharmacotherapy
Assessment:
1. Literature Review: students are required to choose an Axis I disorder and review the latest literature regarding how this disorder is currently conceptualised (major theories), assessed and treated. (50%)
2. Formulation and Treatment Plan Case Study: Based on case information, students will formulate a case and devise a comprehensive evidence-based treatment plan. (50%)

Unit Required Texts

Note: Additional readings will be supplied.
PSYCHOLOGY 724: CHILD PSYCHOTHERAPY AND DEVELOPMENTAL DISABILITY

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<td>Prerequisites:</td>
<td>Admission to Master of Psychology or PhD Clinical course or permission of the Unit Coordinator. Clinical Child Psychology 693 or Psychology 793 – Clinical Child</td>
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<td>Co-requisites:</td>
<td>Psychology Practicum Units 696/796, 697/797, or 698/798 Conducted in a child/adolescent Setting (or approved alternative source of current child/adolescent clinical cases)</td>
</tr>
<tr>
<td>Unit Coordinator</td>
<td>Assoc. Prof. Clare Roberts, Room 401.206, Tel: 9266 7992 Email: <a href="mailto:C.Roberts@curtin.edu.au">C.Roberts@curtin.edu.au</a></td>
</tr>
</tbody>
</table>

Syllabus
The first part of the unit provides students with an understanding of the physiological, behavioural and social consequences associated with developmental disabilities, and strategies to assess, intervene and support the quality of life of individuals with a disability and their families.

This second part of this unit provides students with child and adolescent psychotherapy skills and processes. It includes; (i) core principles of child, adolescent and family psychotherapy processes; (ii) skills development in the application of psychotherapy processes; and (iii) review of student videotaped psychotherapy sessions.

Unit Outcome
The overall aim of the unit is to enhance participants’ understanding, skills, and self-confidence in the process of psychotherapy with children/adolescents, and interventions for people with developmental disabilities.

Learning Outcomes
On the completion of the first part of the unit, students can;
1. identify conditions that hinder the social, emotional & physical development of individuals with developmental disabilities.
2. assess and implement treatments designed to improve the quality of life for individuals with developmental disabilities and their families.
3. construct an individual service plan for an individual with a developmental disability.
On completion of the second part of this unit, students can:
1. conduct psychotherapy with children, adolescents and their families;
2. respond appropriately and effectively to different client presentations;
3. manage their relationship with a client.

Self -Disclosure
Self-disclosure is expected as part of this course. This unit will be conducted in accordance with the APS Code of Professional Conduct; in particular Section D. no 2, as follows:

*It is unethical for psychologists who are providing supervision or training, to require or coerce supervisees or trainees to disclose personal information either directly or in context of any training procedure. Where self-disclosure is a normal expectation of a given training procedure, participation must be genuinely voluntary and informed consent must be obtained from participants prior to training.*

Self-Disclosure:

1. *Is always under the control of the participant. She/he may choose to stop any process or procedure at any time. No further discussion of the incident may occur without the expressed consent of the person.*
2. *The person acting as a client is expected to use ‘real’ material unless a role-playing situation is prescribed.*

Unit Outline
- WEEK 1: Introduction to intellectual disabilities
- WEEK 2: Integration
- WEEK 3: Early intervention
- WEEK 4: Family support
- WEEK 5: Individual program planning and quality of life
- WEEK 6: Challenging behaviour
- WEEK 7: Introduction to process of child psychotherapy.
- WEEK 8: Techniques and processes in psychotherapy with children.
- WEEK 9: Techniques and processes in psychotherapy with adolescents.
- WEEK 10: Techniques and processes in family therapy.
- WEEK 11: Techniques and processes in working with groups.
- WEEK 12: The Role of Therapist Characteristics in child and adolescent psychotherapy.

Assessment
Performance in child and adolescent psychotherapy will be assessed by means of two case studies, one that focuses on “process” issues and one that focuses on “content” issues. Each case study will include: (i) a brief case summary; (ii) a review of relevant theory and research; (iii) a discussion that integrates case material with the professional literature; and (iv) a videotape of a relevant psychotherapy session.

1. **A Developmental Disability Case Study of an Individual Service Plan (50%)**
Students will be given a case study relating to the developmental disability course content. Students are required design an appropriate intervention strategy taking into account individual, family and systems/community variables. The intervention strategy should include both short term and long-term goals, and any indicate any possible negative consequences. Empirical evaluation measures should also be provided.
2. **A Case Study of Process (25%)**
   This case will be chosen because it illustrates how one or more process issues have been important to the outcome of psychotherapy. The case summary will have a greater emphasis on describing the relationship between therapist and client or adolescent and the course of psychotherapy; the literature review will focus on theory and research germane to the specific process issue(s); the discussion will highlight how theory and research inform our understanding of the eventual outcome of the case.; the videotape will provide an example of the psychotherapy process under discussion.

3. **A Case Study of Content (25%)**
   This case will be chosen because it illustrates how one or more content issues have been important to the outcome of psychotherapy. The case summary will have a greater emphasis on describing the assessment and case conceptualisation; the literature review will focus on theory and research germane to case conceptualisation issues; the discussion will highlight how theory and research inform our understanding of the eventual outcome of the case; the videotape will provide an example of the content issue under discussion.

**Unit Texts**
Students are asked to read one or two references before each lecture. These references are available from the reserve section of the Robinson Library and through e-reserve.

Reference lists suggesting chapters, articles and intervention materials will also be given for each lecture topic.
No formal textbook is required for this unit. The following general texts are recommended:

**Developmental Disability**

**Child Psychotherapy**
PSYCHOLOGY 702: PSYCHOTHERAPY

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<td>Prerequisites</td>
<td>Admission to Master of Psychology (Clinical); Psychology 722</td>
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<tr>
<td>Co-requisites</td>
<td>Psychology Practicum Units 696, 697, or 698 (or approved alternative source or current clinical cases)</td>
</tr>
<tr>
<td>Unit Coordinator</td>
<td>Assoc. Prof Clare Rees, room 401:317, 92663442, <a href="mailto:c.rees@curtin.edu.au">c.rees@curtin.edu.au</a></td>
</tr>
</tbody>
</table>

### Syllabus
This unit provides for the participants to develop all aspects of their competence as psychotherapists. The unit has three main components: (i) a theoretical component in which core principles of the psychotherapy process are introduced and discussed and in which research on the components of effective therapy are reviewed; (ii) a skills development component in which the application of psychotherapy processes are modelled, practiced, criticised, and rehearsed; and (iii) a supervision component in which videotapes of participants’ psychotherapy sessions are reviewed.

### Unit Outcome
The overall aim of the unit is to enhance participants’ understanding, practical competence, and self-confidence in the process of psychotherapy.

### Learning Outcomes
On completion of the unit, students can:
1. accurately monitor the quality of therapeutic relationships when observing videotapes of psychotherapy sessions;
2. describe how specific psychological disorders affect a client’s behaviour in psychotherapy;
3. describe how a psychotherapist’s behaviour needs to vary to meet the needs of different clients in psychotherapy and different needs at different stages of psychotherapy;
4. demonstrate understanding of their own characteristic interpersonal style by enacting new ways of relating to clients that are more appropriate to the clients’ needs.

### Self-disclosure
Self-disclosure is a part of this course. This unit will be conducted in accordance with the APS Code of Professional Conduct; in particular Section D. no 2, as follows:

It is unethical for psychologists who are providing supervision or training, to require or coerce supervisees or trainees to disclose personal information either directly or in context of any training procedure. Where self-disclosure is a normal expectation of a given training procedure, participation must be genuinely voluntary and informed consent must be obtained from participants prior to training.

Self-Disclosure:
- Is always under the control of the participant. She/he may choose to stop any process or procedure at any time. No further discussion of the incident may occur without the expressed consent of the person.
- The person acting as a client is expected to use ‘real’ material unless a role-playing situation is prescribed.
Unit Outline

Week 1: Content, Process, and Interactions in Psychotherapy
Week 2: Self-practice and the therapy training group
Week 3: Empathy, genuineness and the working alliance
Week 4: Group Psychotherapy
Week 5: Transference and Countertransference
Week 6: Repeating the past
Week 7: Supervision
Week 8: Interpersonal Themes
Week 9: Integrating Content and Process
Week 10: Client motivation, resistance and insight
Week 11: Class debate and discussion
Week 12: Personal practice integration and review

Required Texts:

Other readings will be provided.

Assessment

Performance in psychotherapy will be assessed by means of two case studies, one of which focuses on “content” and the other of which focuses on “process” issues. Each case study will include: (i) a case summary; (ii) a review of relevant theory and research; (iii) a discussion that integrates case material with the professional literature; and (iv) a videotape of a relevant psychotherapy session.

Cases should be chosen for the assignments because they illustrate how one or more process issues or one or more content issues have been fundamentally important to the outcome of the psychotherapy.

Content will be covered as follows: the case summary will describe the assessment and case conceptualisation; the literature review will focus on theory and research germane to case conceptualisation issues; the discussion will highlight how theory and research inform our understanding of the eventual outcome of the case (whether the outcome was good or less good); the videotape will provide an example of the content issue under discussion.

Process will be covered as follows: the case summary will include a description of the relationship between therapist and client and the course of psychotherapy; the literature review will focus on theory and research germane to the specific process issue(s); the discussion will highlight how theory and research inform our understanding of the eventual outcome of the case (whether the outcome was good or less good); the videotape will provide an example of the psychotherapy process under discussion.

Note: It is unfortunately true that we frequently learn more from our “failures” than from our “successes.” For this reason, I wish to emphasise that these case studies will be graded according to what they reveal about your critical understanding of psychotherapy rather than what they may reveal about your performance as a psychotherapist with a particular client.

NON-GRADED REQUIREMENTS:
Participants are required to provide a videotape of a recent clinical interview for presentation during the “supervision” component of the unit.
Participants are also required to engage in ongoing self-examination in terms of some of the issues and approaches covered in class, and to participate in in-class discussion of their experiences of engaging in this self-examination.
PSYCHOLOGY 703: RESEARCH METHODS

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<td>Unit Requisites:</td>
<td>Admission to Master of Psych course or permission of Unit Coordinator.</td>
</tr>
<tr>
<td>Unit Coordinator</td>
<td>Dr Robert Kane (9266 7515), Room: 401. 204, Email: <a href="mailto:r.t.kane@curtin.edu.au">r.t.kane@curtin.edu.au</a></td>
</tr>
<tr>
<td>Lecturer</td>
<td>As above</td>
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**Syllabus**
RM703 reviews emerging strategies in applied psychological research. The emphasis is on research design rather than statistics. The unit consists of eight core modules, and three elective modules. Students are expected to complete all the core modules plus two of the three elective modules.

**Core modules:**
1. Pitfalls for new (and not so new) researchers.
2. Measuring, analysing and interpreting behavioural change.
3. Correlation and causal modeling.
5. The analysis of data from intact social groups and dyads.
7. Single-subject designs.
8. Developing screening instruments.

**Elective modules:**
9. Structural equation modeling (SEM).
11. Qualitative research methods.

This is an on-line unit, although two computer labs have been scheduled. The computer labs will show you how to use SPSS and LISREL to implement some of the statistical procedures discussed in the modules. One-on-one meetings are available by appointment.

**Learning Outcomes**
On successful completion of this unit, you should be able to:
1. Design and conduct research in applied settings.
2. Critically evaluate research publications and reports.
3. Appreciate the factors that affect the success of applied research.
4. Appreciate how research informs the practice of psychology.

**Learning Activities**
There are on-line reading materials for each of the 11 modules. You will have the opportunity to apply the knowledge that you have gained from these readings by:
1. Answering the carefully selected questions on each module.
2. Writing a research critique.
3. Participating in the computer labs.
Assessment
There is one assignment worth 40%, and an in-class test worth 60%. You need to obtain a total mark of at least 50% to pass the unit.

1. Research critique (40%)
   Select a recently published research study in your area of interest and write a critical review of the paper. The emphasis should be on the methodological adequacy of the study, and you should make recommendations on how the methodological flaws that you identify can be rectified. The critique (2000 - 3000 words), which must conform to APA Publications Manual (6th Edition) format, must be submitted to the School of Psychology and Speech Pathology office (or emailed to the unit coordinator) no later than 5pm on the due date. A copy of the research paper must be attached to the assignment.

2. In-class Test (60%)
   This is a closed book test. There will be two short-answer questions on each of the 11 modules (8 core modules plus 3 elective modules). Students should answer questions for all the core modules (16 questions), and for 2 of the 3 elective modules (four questions). Each of the 20 questions is worth three marks, giving a maximum total score of 60. Some of the questions may require longer answers than others, but no answer should be longer than about half a page. You have three hours to finish the test, so there shouldn’t be any time pressure.
PSYCHOLOGY 723: SOCIAL AND BEHAVIOURAL HEALTH

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<td>Admission to the MPsy (Clinical) Course or permission of the unit coordinator</td>
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<tr>
<td>Unit Coordinator</td>
<td>Dr Rosie Rooney, Room 401:319 Tel:92663050 email: <a href="mailto:r.rooney@curtin.edu.au">r.rooney@curtin.edu.au</a></td>
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Syllabus

The content of this unit has been designed to foster an understanding of both clinical health problems and health promotion in health psychology. There will be a strong emphasis on conceptualisation of clinical health problems as well as evidence based interventions. The unit starts with an overview of health psychology and the first set of seminars cover the clinical health problems of postnatal depression and sexual dysfunction where re-occurring issues concerning relationship problems are addressed and an introduction to couple therapy is provided. Additional clinical problems covered include pain and obesity. Finally, health promotion and prevention issues, as well as cross-cultural and indigenous issues in health psychology will be presented. The content is structured so that theoretical perspectives of health psychology are integrated with practical applications of interventions.

Learning Outcomes

On completion of the unit, students can:

1. Describe psychological factors affecting health and illness.
2. Identify appropriate conceptualisation, assessment procedures and interventions for clinical health problems.
3. Describe the theory and practice of health promotion, prevention and cross-cultural and indigenous issues in health psychology.

Unit Outline

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<td>Pain I</td>
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<td>Pain Assessment</td>
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<td>Prevention I</td>
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<td>Week 11</td>
<td>Prevention II</td>
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<tr>
<td>Week 12</td>
<td>Indigenous issues in health psychology</td>
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</table>
Assessment

1. A videotaped session illustrating key aspects of a client with chronic pain will be shown in class. A brief case history will also be provided. Students will then be required to answer questions concerning the videotaped interaction, and to outline recommended assessment and intervention strategies, as well as likely confounding psychosocial factors (50%).

2. A take home exam on the lecture material covered during the semester (50%).

Unit Texts

There is no set text for the unit as there is none that is suitable for a post-graduate Clinical Masters unit so readings will be provided from a set of texts and journals prior to each seminar. The following are some examples of material that provides an overview of health psychology.


PSYCHOLOGY 725: ADDICATIONS, CLINICAL NEUROPSYCHOLOGY

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<tr>
<td>Tuition Pattern:</td>
<td>4 hours per week, Tuesday 3pm – 7pm, Building 302, Rm. 002</td>
</tr>
<tr>
<td>Credit Points:</td>
<td>25</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Admission to Master of Psychology course or permission of the Unit Coordinator.</td>
</tr>
<tr>
<td>Unit Coordinator</td>
<td>Assoc. Prof. Clare Roberts</td>
</tr>
<tr>
<td>Lecturers</td>
<td>Dr Brendon Dellar; <a href="mailto:b.dellar@curtin.edu.au">b.dellar@curtin.edu.au</a></td>
</tr>
<tr>
<td></td>
<td>Dr Carmela Pestell; (Clinical Psychologist &amp; Clinical Neuropsychologist) <a href="mailto:Carmela.Pestell@health.wa.gov.au">Carmela.Pestell@health.wa.gov.au</a></td>
</tr>
</tbody>
</table>

Syllabus:
The unit is divided into two content areas: addictions and clinical neuropsychology.

PART 1 – ADDICATIONS - LECTURER Dr Brendon Dellar

Syllabus
Students will be provided with an understanding of addiction behaviour and how to respond to it from a psychological perspective. The addiction seminars will focus on etiology, assessment, case conceptualization and a range of responses to people with addiction problems. There will be particular emphasis on responding to clients with addiction and other psychological difficulties.

Outcome
To enhance participants’ understanding of issues relating to clinical interventions with problem drug users, with a particular focus on responding to clients with complex psychological problems in addition to their problem drug use.

Learning Outcomes
On completion of the first part of the unit, students can:
1. conduct a motivational interview
2. demonstrate knowledge of conditions affecting relapse and relapse prevention
3. demonstrate knowledge of psychological and pharmacological therapies for addictions.
4. demonstrate knowledge of the rationale for, and some strategies for achieving, harm reduction
5. conceptualise cases involving comorbid drug and psychological disorders and discuss treatment approaches and process issues relevant to such cases

Outline
WEEK 2 Motivational interviewing review and practice
WEEK 3 Harm reduction and brief intervention, pharmacological approaches
WEEK 4 Relapse and relapse prevention.
WEEK 5 Self help, case studies
Assessment: Examination: (50% of the total mark for the unit)
The exam involves viewing, as a group, a recorded assessment session with a “client” with addiction-related problems, and from this information writing a case formulation, making tentative diagnoses supported with evidence from the assessment, a tentative treatment plan, discussion of implications for the therapeutic relationship, and noting what further information needs to be obtained. Students will have a week to write the case up.

Note
The course assumes knowledge of psychological disorders. All Masters students are welcome to take the unit, but students who have not completed an Adult Psychopathology unit, and who have had no experience at case formulation can find the assessment somewhat difficult.

Unit Texts

Other Useful Texts:

PART 2 – CLINICAL NEUROPSYCHOLOGY - LECTURER Dr Carmela Connor

Syllabus:
The clinical neuropsychology seminars aim to develop generalist skills and knowledge related to the understanding, assessment, and intervention of brain related disorders. It will include a review of neuroanatomy, neurological disorders, neuropsychological assessment, and various methods of intervention including rehabilitation, cognitive retraining and counselling.

Outcome
To introduce students to the general concepts and methods of neuropsychological assessment and rehabilitation, within a framework of Clinical/Health Psychology practice.

Learning Outcomes:
On completion of the second part of the unit, students can:
1. Describe methods of neurological assessment, including the neurological physical examination, neuro-imaging techniques (CT, MRI, PET, SPECT), and EEG
2. Describe major Adult and Older Adult neurological disorders of the brain, including traumatic brain injury, cerebrovascular disorders, dementia & tumours
3. Demonstrate understanding of the use of the Wechsler tests and other common neuropsychological tests in screening for and assessment of brain injury in the Adult and Older Adult
4. Develop an appropriate management plan for the Adult or Older Adult based on a client's past history, test results, and current situation

Outline

WEEK 6: Introduction to Clinical Neuropsychology within Australia.
Current concepts & contemporary issues.
Principles of assessment & referral issues.
Functional neuroanatomy: An overview


WEEK 8: Neuropsychological assessment: Part I. Neuropsychological tests & screening tools

WEEK 9: Neuropsychological assessment: Part II.
Test Interpretation/Case Studies/Report Writing

WEEK 10: Neuropsychological assessment of the Older Adult
Current concepts & contemporary issues
Common neurological disorders

WEEK 11: Neuropsychological assessment of the Older Adult:
Assessment issues & clinical interventions.

WEEK 12: Neuropsychological Interventions
Feedback, Cognitive rehabilitation and Clinical Management

Assessment: 50% of the final mark

This assignment requires students to write an assessment report/intervention plan based on a provided case study.

Recommended Text


In addition, it is highly recommended that students ensure access to a recent anatomy and physiology reference book, such as:

PSYCHOLOGY 699: RESEARCH DISSERTATION

Syllabus
These two units involve the planning, execution and reporting of a suitable applied research project, relating to the coursework undertaken.

Learning Outcomes
On completion of these units, students can;
1. plan and execute a substantial research investigation.
2. maintain ethical standards in the collection and reporting of research data.
3. report on a substantial applied research investigation at a publishable level.

Full time students should complete the dissertation over one year, part time students over two years.

Policy
The research dissertation must conform to a number of requirements:
1. The dissertation must not have been submitted previously as a requirement for another degree. However, similar methodology may be adopted if a new piece of research is carried out.
2. Archival data from previous research will only be accepted as part of the dissertation requirement if the student carries out additional research/data collection as part of the dissertation.
3. Students are encouraged to carry out research where they already have contacts or resources, such as the student's place of employment. However, the research carried out and presented, as the dissertation must be an original piece of work. For example, if you are already carrying out a research project in your position as Research Assistant, you might develop an additional area of interest with specific hypotheses, and collect these data at the same time. However, a research project that has been designed and developed by others must not be presented as your dissertation proposal.
4. You may analyse data that have already been collected, but you must show that you have developed a specific research proposal and that you are using the data to explore your own specific hypotheses.
5. As with all pieces of work presented at Curtin, the student must abide by the plagiarism guidelines. Please familiarize yourself with these prior to submitting any work. Academic disciplinary/plagiarism issues are referred to the School's Disciplinary Committee.
6. The research project should be written up as outlined below, and should follow the guidelines set out in the American Psychology Association's (2009) 6th Edition Publication Manual.

Finding a Supervisor
It is the student's responsibility to approach and select a supervisor. You should begin thinking about your dissertation research area at least a semester prior to developing the proposal and carrying out the research. Many students discuss research interests with several people before deciding on their research area. The primary dissertation supervisor must be a staff member from the School of Psychology and Speech Pathology at Curtin. However, students may also have a co-supervisor who is either internal or external to the School. You can approach staff members from a number of perspectives:
(a) knowing the area in which you would like to conduct research, and approaching an appropriate staff member with a request for supervision,
(b) having a few general areas of interest and discussing these with one or more members of staff,
(c) possibly fitting into an ongoing research project being carried out by a staff member or
(d) having no idea what you want to research and seeing if you get interested in one whilst talking to a staff member.

It is important that you select a supervisor with whom you can work effectively. It is useful to discuss supervision styles and see how they fit in with your working pattern. For example, a good "fit" would be a supervisor who is comfortable with weekly meetings, and a student who likes regular contact and discussion. A bad "fit" would be a supervisor who lets the student set the pace (meetings etc), with a student who prefers a more structured, consistent working relationship (or who knows they need a bit of pressure!). It is also important to consider supervisor availability with regard to long service leave and study leave.

The Supervisor's Role
The role of supervision is to provide academic guidance, advice and support for the research dissertation to be prepared by the student. It is expected that the supervisor will assist with directing the student to appropriate reference reading, discuss the theoretical and practical issues associated with the development of the proposal and carrying out the research, and provide feedback on draft copies of the proposal and dissertation. Supervision sessions should be carried out regularly. These are likely to vary depending on phase of the research. For example, a supervisor could meet with a student for an hour a week as they prepare the proposal and discuss the feedback from draft documents. This may reduce to half an hour every two weeks as data are being collected, then an hour every week as data are analyzed and the dissertation written up. It is expected that the supervisor will provide feedback on at least two written drafts of each section of the dissertation, although supervisors may vary on the number of times they eventually read the dissertation.

Once the student has completed the dissertation, they must submit 2 temporarily bound copies to the psychology office with a cover sheet attached. In the case of changes being necessary to the dissertation, it is expected that the student will liaise with the supervisor until the changes have been completed in a satisfactory manner and the final grade (PASS/FAIL) awarded.

Assessment
Psychology Dissertation I – 699
Dissertation Proposal
A requirement of your enrolment in the Research Dissertation-I Unit is your attendance at the dissertation meetings planned for the beginning of the semester. Students enrolled in Dissertation-I will be notified of the dates, time and location of these meetings. These will provide you with information that is directly relevant to the development of your dissertation proposal, and later work on your dissertation. Ethical issues and information regarding development of the Ethics proposal, as well as structural information on writing a proposal are covered.
**Dissertation Proposal**

The format should follow that required in an Australian Research Council submission, and not exceed **nine** single spaced pages (excluding references and appendices). The proposal needs to demonstrate that the student understands the area of research he/she is undertaking (reflected in the literature presented), that an appropriate rationale for the research is offered, clear hypotheses and expected statistical analyses have been considered, and a realistic timetable is offered.

**DUE DATE:** 18\(^{th}\) April, 2011

(for those part-time students who choose to do Psychology 699-I in Semester 2, the due date is the 26\(^{th}\) September, 2011)

**Format**

*Literature overview*

*Hypotheses, aims, and significance of the project*

*Research plan, including Participants, Research Design, Apparatus/Measures, Procedure, Proposed statistical analysis*

*Budget - funding required and justification of budget (discuss with supervisor)*

*Timetable for the project*

*References*

*Summary of Ethical issues*

Once the proposal has been developed in conjunction with your supervisor, please submit **two (2)** copies to the Dissertation Coordinator, who submits the proposal to the clinical staff for approval. The Dissertation Coordinator then provides feedback to the student. If necessary, the student may be requested to revise and resubmit the proposal. Feedback to the student concerning the proposal will be along the following guidelines: “Approved”, “Approved: make minor changes to the satisfaction of the supervisor” or “Resubmit: make suggested changes and resubmit to the clinical staff for approval”.

All students should seek the advice of the statistical expert associated with the program (Dr Bob Kane) on research design, methodology and appropriate statistical analyses before submitting the proposal.

*If the project requires the cooperation of another organisation, approval MUST be obtained from that organisation prior to submitting the proposal.*

**Ethics Proposal**

An ethics proposal must be prepared in conjunction with the dissertation proposal. Most projects will require a Form A (Application for Ethical Approval of Research Involving Humans) which needs to be submitted to the Secretary, Human Research Ethics Committee (HREC) for review. A Form C (Application for Approval of Research with Minimal Risk) application is especially designed for research projects that are considered to be minimal risk. *Minimal Risk* projects are those where "the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life".

For example if the project is part of a larger one that has already obtained ethical approval through the HREC then Form C would only be required. Form C applications are reviewed by the School of Psychology and Speech Pathology ethics committee and should be forwarded to Dr Lyndall Steed. All projects that are not *minimal risk* will require submission of a Form A, to the Secretary, HREC Please consult with your supervisor to determine which form you require for ethics.

Please refer to the following website for details on the preparation of the ethics proposal and to download the appropriate forms:


Some guidelines that may be useful, and examples of a Consent form and a Participant Information Sheet, are appended to this outline.
It is important to note that even if the student’s research has been approved by another institution (such as The University of Western Australia, Princess Margaret Hospital, Sir Charles Gairdner Hospital); Curtin ethics approval must also be obtained prior to the research commencing. A copy of ethics approval must then be sent to the Ethics Chairperson for the School of Psychology and Speech Pathology (Dr Lyndall Steed).

**Ethics approval must be obtained prior to commencing any research.** The student should allow at least a month for approval to be granted from the HREC. If ethics approval is not granted, the student may need to make some amendments before resubmitting the ethics proposal and commencing the research.

**Using Students as Participants**
If you plan to recruit students via lectures, this requires contacting lecturers from various schools in the University. You need to get University permission to do this. Once you have ethics approval, you need to let the dissertation coordinator know that you are planning to approach lecturers and provide your ethics approval number.

**Test Library**
The Test Library (located in 401:117) stores a number of psychological tests and research instruments. David Garratt-Reed is the Test Library Officer. He can be contacted at specified times on 9266 – 2559. When planning the research, the student should examine what is available in the Test Library before deciding on appropriate questionnaires, surveys or other instruments. If the student wishes to use a particular instrument that is not available from the Test Library, there are a number of options: the student may purchase the test from their own funds, approach the supervisor regarding the possibility of purchasing the test from research funds, or make a case to the Test Library Committee (Chair of this committee is Dr Melissa Davis) for purchasing the test. A test or instrument would only be purchased by the Test Library if a case can be made that other students would be likely to utilize the test in subsequent research.

**Psychology Dissertation II – 699**

**Dissertation**
Students are required to prepare a research dissertation in accordance with current university regulations. The research will be in an area of clinical psychology and must have applied relevance.

Students are required to submit their dissertation as a *journal article* with an extended literature review. This format provides experience in writing journal articles, and also, the final product is in a format that can be sent to a journal to be considered for publication.

The dissertation consists of the following:

a. A title page, declaration, acknowledgments and contents page as per the traditional dissertation format (see attached example of title page).

b. An abstract presented at the beginning of the dissertation prior to the literature review.

c. Section 1: consists of a 5,000 word literature review with its own reference list. The literature review should be prepared in accordance with the usual guidelines regarding dissertations, and should end with the aims of the project.

d. Section 2: is a journal article no more than 5,000 words long. This should be prepared in APA format and consist of the following:
   - A separate specific abstract
   - A separate shorter introduction that provides a brief review of the background for the project, the rationale for the research and the research hypotheses.
   - Method, results and discussion sections. Figures and tables should be in the main body of the text (as per normal dissertation format).
   - A separate reference list.
e. Supplementary material should be provided at the end of the dissertation as a hard copy or on a disk. This includes any additional material needed by the examiner to assess the dissertation, such as copies of test materials, and a copy of the SPSS output files. Although this material will not need to be referred to in the main text of the journal article (as is usual for appendices) it should have a separate Table of Contents at the beginning of the dissertation.

Although the journal article must be prepared to a standard which the supervisor believes is publishable, its grading will be based on the work presented and is **NOT** contingent upon actual publication of the article.

**Dissertation Drafts**

As you are probably aware, your supervisor is likely to be supervising a number of research projects, including PhD, Masters and Honours students. It is therefore important to give your supervisor sufficient time to read the draft versions of your dissertation. Please allow at least two weeks’ turn around time for receiving feedback on your drafts. You will need to plan this time into your submission timetable. The Clinical Staff have made a commitment to reading two full draft versions. If you would like to make use of this feedback, please ensure that you begin submitting drafts allowing enough time for the feedback process. This principle will be discussed with other staff supervising Masters’ Clinical dissertations. Naturally, supervisors may use their discretion when reading further drafts of the student’s work.

**Dissertation Submission**

On completion of the dissertation, **two** temporarily bound copies need to be forwarded to the dissertation coordinator. These should be either spiral or heat bound. If spiral binding is used, the width of the left margin needs to be increased to accommodate this.

**Date of Submission**

- The date of submission for the dissertation is **October 21st, 2011** (for people enrolled to complete the course at the end of semester 2), or **May 30th, 2011** (for part time students enrolling to complete the dissertation/article at the end of semester 1). Submission by these dates makes it more likely that the dissertation will be marked by the end of semester, which is likely to result in an earlier final completion date.
- If the student does not think they will be able to submit their dissertation by the due date, then they should withdraw from 699-II by the last withdrawal date of that semester to avoid penalties. The student should then re-enrol in 699-II a second time to complete the dissertation (for example, in semester 1 of the following year). This may only be carried out with the knowledge and approval of your supervisor.
- Only under special circumstances will an extension be granted. An extension must be requested in writing to the Dissertation Coordinator and requires the support of the student’s supervisor(s). If the dissertation is not submitted by this day, a DNC (did not complete) will be recorded against the student’s grade for Dissertation 699-II. If this occurs, the student must then re-enrol in 699-II and complete the unit in order to ensure a P (Pass) grade is awarded.
- Deferrals will only be considered when an application is made to the Head of School, accompanied by medical and/or psychological evidence which indicates that it would be impossible for the student to submit the dissertation on the due date.
- If the student receives a deferral, a D (Deferral) grade will be awarded for 699-I or 699-II and this will be changed to a P (Pass) once the student has successfully completed.

**IMPORTANT NOTE**

As the marking, feedback and modifications process can sometimes take up to six weeks months, students need to be aware that this has implications for employment and supervision as a Clinical Psychologist (Registrar). Some organizations will not employ a student who has not completely passed their dissertation component.
If dissertations are submitted by the earlier dates, it is likely that you will be able to complete the dissertation unit by the end of that semester. The University has no control over, and is not responsible for any registration problems incurred as a result of not having fully completed the dissertation component of your degree.

Assessment

Following completion, an internal marker who is a member of staff from the School of Psychology and Speech Pathology will mark the dissertation. Markers are provided with standardized forms detailing dissertation requirements, the possible gradings, and dissertation feedback forms (copies of these are attached). Examiners are requested to return the marked dissertation within one month. Upon receipt of the markers’ reports, the Dissertation Coordinator together with the Clinical Staff decide on the initial grading of the dissertation:

A. **Unconditional Pass** – contains only minor, typographical errors which must be corrected prior to permanent binding
B. **Conditional Pass** - contains deficiencies other than minor typographical errors, which require minor amendments. These need to be corrected to the satisfaction of the student’s supervisor(s) prior to permanent binding.
C. **Resubmit** – major amendments are required. Once recommendations from both examiners have been addressed, the thesis is then resubmitted for examination by the examiner(s) who requested a resubmit. This must be within one month of receipt of the examiners’ initial reports. The revised thesis will then be marked either a PASS or FAIL.
D. **Fail** – where additional work or modification will NOT raise the dissertation to an acceptable standard.

As with the other units in the course, the student must achieve a Pass for the dissertation before he/she can be awarded the Master of Psychology degree.

**Appeals:** If a student believes that she/he has received an inappropriate grading for the dissertation, they may appeal in writing to the Dissertation Coordinator. This will then be discussed by the Masters Committee, who decide whether the student has grounds for an appeal. If this is the case, a third, external examiner (chosen by the student’s supervisor in consultation with the Dissertation Coordinator) will examine the dissertation. The third examiner will mark the thesis in accordance with the above guidelines.

Binding

At least two permanently bound copies of the dissertation are required - one for the supervisor and one for the School of Psychology and Speech Pathology (students usually order a personal bound copy as well). The student is responsible for organizing permanent binding of the dissertation. You need to fill in a Request for Binding form which is available on the Curtin website (a copy is also appended here), which needs to be signed by a staff member. The dissertation is bound in official School colours and is presented with a Curtin logo. (Please note that if spiral binding is used for the temporary binding, these copies cannot then be permanently bound. New copies will need to be printed.)

*The dissertation unit will NOT be passed until evidence of binding is presented to the Dissertation Coordinator. This may be either the two bound copies of the dissertation or a receipt for the cost of binding two copies of the dissertation.*

Graduation

Although every effort will be made to facilitate dissertations being marked and processed to enable graduation in the ceremonies for each semester, it is not possible to guarantee a date by which a grade will be provided. This is due to availability and time constraints of individual dissertation markers, and the rate at which the student is able to make any changes, which have been recommended by the markers.
Costs
The student needs to be aware of the costs that may be incurred by their research. The student, the supervisor’s research funds, alternative funding bodies, or place of employment where the research is carried out, may need to finance some of the research costs. This point should be kept in mind when developing the research proposal. The Research Centre for Applied Psychology (ReCAP) may meet some costs. Applications for support should be made through the supervisor to the Manager, ReCAP.

Publication of Research Findings
Students should think seriously about publishing their work. This is an area that should be negotiated with the supervisor. In most instances, the person who writes up the research in publishable format will have their name on the paper first, followed by other authors with input into the paper (usually the supervisor/s). If the journal article submitted as part of the dissertation is suitable to submit to a journal without major changes, then in most cases the student would be the first author. However, if substantial changes are required before submission then author order needs to be discussed BEFORE these changes are made.

References/Resources
For some excellent information on the development of a research proposal and dissertation, two references are:
The title page of the dissertation is to be presented as follows:

STRESS AND COPING AMONGST CLINICAL MASTERS STUDENTS

by

Student Name

This dissertation is submitted in partial fulfillment of the requirements for the degree of Master of Psychology (Clinical) at Curtin University.

October, 2011
ETHICS COMMITTEE APPROVAL OF PROJECTS INVOLVING HUMAN PARTICIPANTS

Each research project at the University which involves the collection of data from human participants is required to submit an application for ethical approval of the project before any data are collected. The ethics approval will give you the endorsement of the University to conduct the research and demonstrates to people outside the University (including potential participants) that participants’ rights are treated seriously. Although there are many ethical issues in research, the issues on which applications are currently assessed are:

1. whether your participants were adequately informed about the project before agreeing to participate,
2. that participants agreed to participate of their own free will,
3. that the data on individual participants and organisations will remain confidential, and
4. the costs of any invasive procedures to be used are appropriate given the gains expected from the research and competence of the researcher.

Currently, all projects above postgraduate diploma level have to be assessed by the University Human Research Ethics Committee. MPsych students need approval before commencement of data collection.

The guidelines for submission and relevant forms can be found at the following website:
http://research.curtin.edu.au/guides/human.cfm#guidelines
http://research.curtin.edu.au/forms/ethicsforms.cfm

In summary, the proposal should contain the following:

1. Project aims, objectives and methods: A summary of the aims and methods is required. MPsych students should either use their research proposal (if a proposal has been developed for the project) or an overview of the background, rationale and aims of the project, plus a detailed description of the methods and procedures to be used in the project.

2. Informed consent of the participants: You need to demonstrate that the participants will be adequately informed about the project before taking part and that they will take part of their own free will. In many cases, you may be able to use a separate information sheet and a consent form to demonstrate informed consent. The use of a consent form is required unless you argue that by asking a subject to sign a consent form you would be seriously affecting the study, or the willingness of the subject to participate. If a consent form is not used, you need to argue why you believe your participants will have voluntarily taken in the study. If you intend to use a consent form, a typical form is attached which you can adapt for your study. Also attached is an overview of information which might go onto an information sheet. Adapt these as you think is appropriate for your study. You should attach a copy of the information sheet and consent form to the ethics application if used.

3. Confidentiality: You need to state how you will maintain the confidentiality of the participants, both in presenting results to other people and in storing data for processing.

4. Other ethical considerations: If you believe that your project has other ethical considerations, discuss them in detail (for example if you want to use invasive procedures such as injections).

5. Compliance with NH&MRC guidelines: Read the NH&MRC guidelines on research available on the above web-site and include a statement which says that you have read them and that the research complies with them.

6. Appendices: Attach copies of information sheets, consent form or non-standard questionnaires/materials which you will give to participants (if applicable).

The original plus two copies of the Ethics Proposal, including Form A should be forwarded to:
Secretary, Human Research Ethics Committee
C/- Office of Research & Development
Curtin University, GPO Box U1987, PERTH WA 6845
Proposals are normally processed within two weeks. If you have not heard from the committee within two weeks, or if you urgently require ethics approval, then contact the University Secretariat directly. Initial ethics approval is granted for one year. The HREC will contact you at a later date to check if your project is still ongoing and if so, whether any significant changes have been made to the project since ethics approval was granted.

**CONSENT FORM**

The Human Research Ethics Committee requires all applicants to submit a Consent Form or to show why this is inappropriate. An adequate consent procedure is necessary to ensure that the interests of the researcher, the institution, and the participants are properly protected. In other settings, the most common cause for delay in consideration of projects has been an inadequate consent procedure. Examples of suitable information and consent forms are available from the following website.

http://research.curtin.edu.au/guides/human.cfm#guidelines

The participants’ consent is required for all procedures and treatments undertaken on them of a research nature. If the Ethics Committee has agreed that written consent is impractical then there must be adequate provision in the subject’s introduction to the research project for him/her to decline to be involved or to withdraw at any point without prejudice to either party.

It is intended that the consent form remain a simple document and that only basically items of a procedural nature be listed. The information that is required to give informed consent is to be discussed and given in the Participant Information Sheet.

On the advice of the solicitors in other settings, it has been recommended that in any case where a research participant is to receive payment for his or her assistance, the required consent form should include the following statement:

“acknowledge that I have been informed of my right to withdraw from participation (in this experiment) at any time and that any payment made to me is by way of a gratuity for assistance.”

An outline for the approved Consent Form is as follows. The witness should be someone other than the researcher where confidentiality, anonymity and practicality allow.
CONSENT FORM

I, ..........................................................................................................................................................

authorise ..............................................................................................................................................

to ...........................................................................................................................................................

I acknowledge that the nature, purpose and contemplated effects of these procedures have been explained to my satisfaction.

I have been provided with a Participant Information Sheet.

I understand that the procedure may not be of any benefit to myself, and that I may withdraw my consent at any stage without affecting my rights or the responsibilities of the investigator in any respect.

(Any other appropriate statements)

I declare that I am over the age of 18 years.


Signature: .................................................. Date ........................................

Signature of Witness .................................................... Date ..............................
PARTICIPANT INFORMATION SHEET

A Participant Information Sheet must accompany each Consent Form. It must be written in simple language and must not contain technical terms or jargon. It is to be given to, and remain the property of the volunteer.

The information necessary to provide informed consent will include, if relevant, the following:

- The purpose of the study.
- The benefits that can be expected from the study (either for the subject or for the community).
- An account of all procedures to be performed.
- The risks and adverse effects, if known, that are likely to be experienced by the subject.
- A comparison of the likelihood, their nature and probability, of adverse effects from the procedure proposed by the researcher as against other procedures used for the same purpose.
- An explanation that a placebo is involved.
- The discomforts, inconveniences and restrictions, both immediate and late that will be involved, e.g., travel, absence from work.
- A statement that the subject may withdraw from the study at any time with prejudice, i.e.,

  “Your involvement in this study is entirely voluntary. Your non-participation or a decision to withdraw from this study may be done freely and will not affect your rights or the responsibilities of the researchers in any respect”.

- Assurance of confidentiality.
- The name and telephone number of at least one member of the research group who can be contacted by the subject if any problems arise, i.e.,

  “should you require further details about the study, either before, during or after the study you may contact .......................................................... Tel ..........................................

The information contained in the Information Sheet must be discussed with the participants before they are asked to sign the Consent Form
GUIDANCE NOTES FOR EXAMINERS OF DISSERTATIONS

The written report of a dissertation is partial fulfillment of the requirements for the degree of Master of Psychology (Clinical) and is expected to enhance scientific knowledge. This is different from the research thesis, which is expected to be a piece of original research and make a contribution to knowledge in the area. The dissertation should meet the following criteria:

1. It should define a problem.
2. The essential components should be summarised and put into context of a critical review of relevant literature.
3. The research hypotheses should be clearly defined.
4. The methods used to investigate the problem should be appropriate and clearly described.
5. The results should be properly reported and interpreted.
6. The discussion should show how the results are evaluated.
7. Appropriate conclusions and recommendations should be presented.

The dissertation should be assessed against the seven criteria identified above.

Dissertation Format

The dissertation consists of the following:

a. A title page, declaration, acknowledgments and contents page as per the traditional dissertation format (see attached example of title page).

b. An abstract presented at the beginning of the dissertation prior to the literature review.

c. Section 1: consisting of a 5,000 word literature review with its own reference list. The literature review should be prepared in accordance with the usual guidelines regarding dissertations. This section is designed to indicate a thorough knowledge of the literature and conceptual basis of the area.

d. Section 2: is a journal article no more than 5,000 words long. This should be prepared in APA format and consist of the following:
   - A separate specific abstract
   - A separate shorter introduction that provides a brief review of the background for the project, the rationale for the research and the research hypotheses.
   - Method, results and discussion sections. Figures and tables should be in the main body of the text (as per normal dissertation format).
   - A separate reference list.

e. Supplementary material should be provided at the end of the dissertation. This includes any additional material that may be needed by the examiner to assess the dissertation, such as copies of test materials and data output files. Although this material will not need to be referred to in the main text of the journal article (as is usual for appendices) it should have a separate Table of Contents at the beginning of the dissertation.

The marker should use the same standards as for a traditional dissertation. Grading of the journal article should be based on the work presented and is not contingent on the actual publication of the article. The grading criteria are the same as that for the traditional dissertation – that is Unconditional Pass, Conditional Pass, Resubmit or Fail.

SCOPE

The scope of a project may be:

1. A critical examination of a methodological problem in the clinical, laboratory or fieldwork setting.
2. Research covering study design, data collection and analysis, interpretation and evaluation of the results and discussion. (For a dissertation, this would be on a limited scale compared with a thesis).
3. The analysis of archival data, together with an interpretation and discussion of results.
4. The development and/or evaluation of an intervention program.

It is essential that the dissertation is the student’s own work.
In Confidence

CURTIN UNIVERSITY

MASTER OF CLINICAL PSYCHOLOGY DISSERTATION

EXAMINERS’ REPORT

1. Name of Candidate ________________________________

2. Title of Dissertation ________________________________

3. Date of Submission ________________________________

4. Name of Examiner ________________________________

RECOMMENDATIONS OF EXAMINER (delete inappropriate paragraphs)

1. After examination of this project I recommend that:

   (a) the dissertation should be PASSED unconditionally without further examination;

      The examiner may specify this category for a project which contains minor, unimportant typographical errors. The School of Psychology and Speech Pathology will require that the candidate correct such errors as are pointed out by the examiner prior to permanent binding.

   OR

   (b) the dissertation should be classified as PASSED conditionally with minor amendments being made to the satisfaction of the Clinical Staff Committee as outlined in the Examiner’s Report;

      The examiner may specify this category for a dissertation which requires correction of deficiencies other than minor typographical errors but which are not of sufficient importance to warrant formal revision and re-submission for examination;

   OR

   (c) the dissertation be RESUBMITTED in a revised form;

      The examiner may specify this category for a dissertation which requires major amendment and resubmission for examination. The examiner in their report should give detailed guidelines which may be given to the candidate to assist in revision prior to re-examination.

   OR

   (d) The dissertation should be classified as FAILED.

      The examiner may specify this category when a limited amount of additional work or modification will not raise the dissertation to an acceptable standard.
2. **Examiner's Report**

2.1 The examiner is requested to state concisely the grounds on which the recommendation is based, indicating fully the strengths and weaknesses of the dissertation and any amendments which may be necessary. You may attach additional pages where necessary.

2.2 The examiner is invited to indicate which part of the report may be released to the candidate, or to write a separate report for the benefit of the candidate.

Signature of Examiner  

__________________________________________

Date  ________________________________

_The forms should be completed and forwarded to:_

Dissertation Coordinator  
Master of Psychology (Clinical) Program  
School of Psychology and Speech Pathology  
Curtin University  
GPO Box U1987  
PERTH WA  6845
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PRACTICUM PLACEMENTS (Psychology 696, 697, 698)

Master of Psychology: Psychology Practicums (Clinical) 696, 697, 698
Index Numbers: 06726, 06727, 06728

Doctor of Philosophy: Psychology 796, 797, 798
Index Numbers: 309526, 309527, 309528

Credit Points: 25 each.
Prerequisites: Admission to the Master of Psychology (Clinical)/or Doctor of Philosophy (Clinical) course; satisfactory completion of Psychology 795 (Preparation for Professional Practice) and satisfactory completion of Psychology 722 (Adult Psychopathology) for an adult placement, or Psychology 793 (Child Psychopathology) for a child placement.

Coordinator: Dr Fiona Michel/Dr Sarah Egan, rm 401: 334
Ph: 9266 2367, email: s.egan@curtin.edu.au

Syllabus
All three practicum placements provide opportunities for participants to practice clinical skills such as, assessment, case conceptualization, treatment (individual, group and family), and rehabilitation, under the supervision of registered clinical psychologists. The specific opportunities and learning outcomes will depend on the particular placement.

Unit Outcomes
The student, on completion of these practicum units, will be able to demonstrate behaviour consistent with a beginning level of independent practice as a clinical psychologist.

Learning Outcomes
On completion of each of these units, students can; demonstrate performance of their individually specified learning outcomes.

Placements and hours
Masters and Clinical PhD students are required to complete three placements, one of which will be at the Curtin Adult or Child clinic, and two of which will be at outside agencies. Placements are 45 days each, with a day consisting of 7.5 hours. This means a total of 135 days are spent on placement (1020 hours). These 1020 hours should aim to incorporate a minimum of 400 hours face-to-face contact with clients. This is equivalent to 134 hours of face-to-face contact with clients per placement. In addition to treatment sessions these client contact hours may include duties such as phone screening of potential clients, telephone calls to clients/parents/teachers etc, observation of children at schools, and other relevant work that is clinical contact. The face-to-face client hours does not include writing notes about the client or reading material in regards to the presenting problem. All students must complete their first placement in the Curtin Clinic. All students are required to do 3 placements.

Practicum experience for trainees is essential with both adult and child problems. Each trainee should have opportunities to work in acute and rehabilitation settings, both inpatient and outpatient and in both medical and non-medical settings within institutions and the community. The three placements that must be covered are child, adult and rehabilitation. Example of rehabilitation placements are; disability placements, Hospital (inpatient) settings (e.g., mental health services, pain services), older adult services, drug and alcohol services etc.
For part-time students to commence the practicum, previous completion of the following units is necessary:

- Preparation for Professional Practice 695.
- Adult Psychopathology 622 (for adult placement) or Child Clinical Psychology 693 (for child placement).

Students doing a clinic placement generally spend 2.5 days over 18 weeks on placement. Students on internal placement attend at least 1.5 hours of supervision per week and weekly team meetings of one hour duration. Throughout the placement students are expected to keep an ongoing diary (log) detailing activities in which they have been involved. This log can be used in assessing the placement, in planning future placements, and assessing the number of hours of face-to-face contact completed with clients. The log book should include no identifying information about clients, but should be a summary of work done, e.g., types of problems assessed and treated. Supervision for both internal and external placements should involve no less than 1.5 hours per week supervision.

External placements occur in outside agencies and usually involve 2, 2.5 or 3 days per week (7.5 hour days), though there is often a degree of flexibility in these arrangements depending upon agreements negotiated between trainees and supervisors. There are no placements that accept students for more than 3 days per week, and this is not encouraged. Students are expected to maintain a log of activities for these placements also. All supervisors should be registered Clinical Psychologists, and will be contacted regarding placements by the university, not the student. It is important to note in regards to external placements that there are limited placements available, and particularly there is currently a shortage of external child placements. While all students will receive a placement, it is unlikely that you will receive a placement that is your first preference, although every attempt is made to try and secure one of your placement preferences. This is the same situation faced by all Clinical Masters and Clinical PhD students in WA. There are also sometimes options available if students are interested for rural placements (e.g., Albany, Bunbury, Geraldton), please speak to the placement supervisor if you are interested. Sometimes students may also have an interest in completing a placement overseas if they have an opportunity provided to them (e.g., to complete a placement in a leading clinical research facility in the area of their PhD research) they may wish to discuss with the placement co-ordinator. However, students are not covered by Curtin University for indemnity or personal injury or accident insurance thus would need to take out their own insurance policy, and the supervisor must be a registered Clinical Psychologist. Sometimes there are also opportunities for placements to be completed over summer, please specify on your placement preferences if you would like a summer placement.

GUIDELINES FOR PRACTICUM PLACEMENTS

Requirements for placement experiences
Practicum experience for trainees is essential with both adult and child problems. Each trainee should have opportunities to work in acute and rehabilitation settings, both inpatient and outpatient and in both medical and non-medical settings within institutions and the community. Students will also be encouraged to spend some proportion of their practicum in consultation, liaison, prevention or community intervention. Notwithstanding this component, direct client contact must be a major component of each practicum. The APS recommended minimum requirement is 3 hours of direct face-to-face client contact per placement day.

Requirements for police clearance, working with children clearance and vaccinations
You need to complete these requirements prior to starting your first placement. This applies to both new students who have not yet been on placement, and existing students who have some placements still to complete. Some individuals may have already completed some of these aspects (e.g., police clearance), if you have already completed these, you do not need to reapply, but copies must be provided to Sarah Egan before you go on placement. If you are an international student you will need a police clearance from your home country before you can commence your placements. Please be aware this process may take 6-8 weeks depending on the country, so please attend to ASAP.
(1) **Criminal Record Screening**
It is compulsory that you must apply for an Australian wide Police Clearance. The form is available within this placement handbook. There is a charge for this service and this is incurred by the student. A criminal record does not necessarily preclude a student from participating in a placement. However, convictions leading to 12 months imprisonment (or more) for serious crimes of violence or a sexual nature, drug dealing, or fraud, are likely to lead to refusal of any placements. Further information on police clearance is available at: http://www.health.wa.gov.au/publications/CRSU/crsguidelines.pdf
If you have concerns about obtaining police clearance, you are able to contact the Health Department’s Criminal Record Screening Support Unit on (08) 9222 2289 (on a confidential basis).

(2) **Working with Children Check**
As you may be aware, there is legislation that requires people working with children in either a voluntary or paid capacity to undergo a separate record check for specified criminal offences involving children. You need to apply for this in addition to having a Federal police clearance. The check costs $10. Application forms are available from Post Offices, and completed forms with 100 point identity check documentation are to be lodged in person at Post Offices with photographic facilities (similar to the procedure for gaining a passport). A list of Post Offices where you can apply is available at: http://www.nowhere.com.au/austpost/postofficelocator/default.aspx
For more information, please refer to the Working With Children Checks website at: http://www.checkwwc.wa.gov.au/default.htm

(3) **Screening and Vaccination for Preventable Diseases: Requirement for Health Department Placements**
In 2006 an agreement was put into place between Universities and the Health Department of Western Australia. There are various clauses by which Universities and the Health Department need to comply. Section 4.17a of the agreement states that all University staff and students involved in placements at the Health Department of WA need to be screened for and vaccinated against the following vaccine preventable diseases – Hepatitis B, Measles, Mumps, Rubella, Varicella, Poliomyelitis, Diphtheria, Tetanus, Influenza, Pertussis and Tuberculosis (TB). Please note that this is a requirement of all Health Science students at all Universities who are doing placements in the Health Department. This can be done through your general practitioner, or through a GP at the Curtin University Health Service; however the cost of this is to be covered personally by students. It is recommended where possible to use the University GP service as they are aware of the needs of Health Sciences students going on placement with the Health Department, thus it is the most efficient way of you gaining these requirements. You should retain original copies of your police screening check, working with children check, and disease screening and vaccination records. Copies of these must be sent to Sarah Egan prior to you starting your first placement, and will be retained on your student file. http://healthsciences.curtin.edu.au/current_students/immunisation/

**Qualifications of supervisors**
All trainees should be supervised by an endorsed clinical psychologist who will receive an appropriate appointment by the University. Other health professionals may be involved in supplementing this supervision in limited areas at the discretion of the main supervisor.

**Placement allocation process**
The University placement coordinator will talk to all first year students in a Preparation for Professional Practice class about clinic placements. The placement coordinator will send a letter to all students in the latter half of each semester asking for 5 placement preferences for the next semester. Students are welcome to discuss placement preferences with the coordinator. Placement coordinators from the 4 Universities in Perth then meet to allocate placements between them. As there is considerable competition for some placements, students will not always get their preferences. After placements are allocated at the coordinators’ meeting, the university coordinator contacts placement supervisors, and then the students. Students then contact their supervisors and arrange to meet them for an initial interview to ensure that they and their supervisors will suit each other. It is not until after
students have met their supervisors that placements are finally agreed upon. Once placements have been definitely arranged, each student will also be allocated a University supervisor who will act as a consultant to the establishment and operation of the placement for that student.

**Setting up the placement**
At the start of the placement the placement supervisor should meet the trainee for a detailed discussion of what experience is to be provided in the placement. The aims of the placement will be set down in the form of a contract. The University supervisor will be a joint signatory to the contract and will indicate the role of the particular placement. Consideration should be given both to the range of opportunities available in the placement, and to the needs, interests and previous experience of the trainee. Particular efforts should be made to fill major gaps in the trainee’s experience, and records of the trainee’s previous experience should be available for this purpose.

**Placement contract**
Flexibility should be exercised in applying the following guidelines. The special characteristics of each placement preclude the adoption of a rigid set of guidelines. It is important that the contract be developed and approved by the student, clinical/agency supervisor and university supervisor before the placement begins or no later than the second week of placement. **The student must return the placement contract to their University supervisor no later than the second week of placement.**

**Drawing-up the Contract**
- Identification of signatories to the contract (to include Field Supervisor, Trainee, and University Supervisor).
- Statement of intent to abide by the conditions of the contract.
- Conditions for re-negotiating the contract.
- Three copies: one for each of the three signatories.

**Agency Characteristics**
- Brief description of physical characteristics of setting/s.
- Identification of agency’s service goals and operations.
- Statement of role of clinical psychologist within the agency.

**General Conditions**
- Specification of places/times for attendance.
- Consultation arrangements with Supervisor.

**Specific Goals**
- Description of proposed activities and experiences.
- Identification of specific skills to be developed.

**Review**
- Mechanism for reviewing fulfillment of contract arrangements (e.g. review of case load, written reports, completed projects, audio or video-taped sessions etc.).
- Mechanism for correcting deviations from contract arrangements.

**University supervisor**
The University supervisor’s responsibility is to assist in the arrangement of the placement, to monitor the progress of the student and to assess together with the field supervisor, whether the requirements of the practicum are being met. Students should ensure that the university supervisor signs and retains a copy of the placement contract. The university supervisor meets with student and supervisor at the placement venue for the mid-placement review. It is the responsibility of the student to arrange this meeting, and a mid-placement review must be completed. Please be aware that if you are experiencing a problem on placement or in supervision (e.g. not receiving enough supervision), you should contact your University supervisor early to discuss these problems. For students on their first clinic placement, it is recommended that you meet with your University supervisor four weeks into your first placement to discuss how your placement is going.
Indemnity
Students are covered on placement for personal accident and indemnity insurance. Please see details attached at the back of this section on what is covered under this insurance policy.

Log books
Students should keep a log book, which documents the type of client seen (relevant demographics, type of problem, etc.), how many sessions they were seen for and a summary of the intervention and outcome. This can be used to document the placement experience when applying for specialty registration. It may also be necessary if when applying to a foreign country for membership/registration (i.e. United Kingdom/British Psychological Society). Furthermore, the log book will help to determine the number of face to face client contact hours that are being completed.

Mid-placement review
There should be a meeting towards the middle of the placement: (a) to review how well the planned experience has materialised; (b) to give mid-placement feedback to the trainee concerning clinical performance, and (c) to allow the trainee to comment on the adequacy of the placement. Of course, these matters are likely to be discussed on various occasions, but it is necessary to arrange a mid-placement review meeting between the Field Supervisor, University Supervisor and student, which is held at the placement site. It is the student’s responsibility to organise this placement with adequate notice for the parties (i.e., several weeks before the mid-placement review is to be held).

Supervision times
The supervisor and trainee should meet each week for a formal scheduled supervision session. This should be a minimum of 1.5 hours duration per week. The APS Clinical College have recommended no less than 70 mins supervision per day on placement. This supervision time may also include reading and providing feedback on the student’s clinical reports and file notes. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions, and have some system for how students can contact them in times of a clinical emergency that may arise in the students work.

Shared clinical work
In addition to discussing clinical work, it is essential that trainees and supervisors have opportunities of seeing each other at work. Trainees can learn much from watching their supervisors. Also, it is essential if the supervisors are to give the trainees accurate and constructive feedback that they should make first-hand observations of the trainee’s performance. Placements differ in the most appropriate opportunities for such direct contact. Some may use joint clinical work of some kind. Others may prefer audiotape, videotape or one-way screen. However, some form of mutual observation of clinical work should be regarded as essential, particularly video or audio tape supervision of student’s clinical work.

Quantity of clinical work
Supervisors should ensure that trainees do an appropriate quantity of clinical work. There are dangers in both extremes. Trainees who are receiving limited amounts of clinical experience have little opportunity for learning. On the other hand, it is unhelpful for trainees to become so overburdened that they cannot give adequate time to planning their work. Supervisors should be alert to the dangers of time being lost at the start of a placement through suitable work not being available straight away.

Adapting supervision to the trainee’s experience
Supervisors should be prepared to adapt their style of supervision to the stage of the course a trainee has reached. New trainees require a considerable amount of the supervisor's time. It is necessary to ensure that trainees have an adequate grasp of techniques they are asked to use. It may be necessary to describe the basic clinical procedures in detail. Such detailed training in techniques should be available to more experienced trainees if required. Supervisors should be prepared to assist in the adaptation of the student's skills to the setting. A different style of supervision is needed for trainees reaching the end of their training. Though they should be encouraged to work with increasing independence, supervision should continue to have an educational, not
merely a monitoring function. Supervisors should also remember that they have the clinical responsibilities for their trainees.

**Differences of orientation between the supervisor and trainee**
Trainees and supervisor may find that they have different interests and orientations. Where this happens, tolerance should be shown on both sides. Trainees should be helped to see that they might learn much that is valuable from a supervisor whose approach they may not ultimately wish to adopt. On the other hand, supervisors should see it as one of their functions to help trainees develop their own interests in an appropriate way. Where supervisors feel that they must overrule the way the trainee wishes to work, they should explain their reasons with care, rather than simply asserting that this is how things should be done. On the other hand, if trainees can present sound reasons for adopting a different approach, supervisors should be prepared to support this unless they have serious doubts about its effectiveness or the possibility of harm to clients. In situations where serious differences emerge, the University supervisor in conjunction with the placement supervisor and the student will seek to achieve a solution.

**Clinical reports and communication**
(a) Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion is often more important than formal written reports in terms of its effects on clinical decision and action. Since the relative importance of written and oral communication is likely to vary between settings, supervisors will need to identify the most important channels of communication in their placement and to train the trainee to use these channels effectively and efficiently. Training in effective communication will involve both observation of the supervisor's behaviour, and practice by the trainee with ample opportunity for feedback.

(b) There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information that is provided. It is important to develop a policy about basic and essential aspects of reporting and to avoid a situation where trainees are given contradictory advice by different supervisors. If there is agreement about minimal requirements of clarity and relevance in reports, exposure to individual differences between supervisors is more likely to be a constructive rather than a confusing aspect of training. Trainees should be encouraged to write reports that are appropriate to the recipient (whether this is a professional colleague or a client), avoid jargon, distinguish clearly between fact and opinion and provide consistent clarity of expression. Both supervisor and trainee should be aware of the potential conflict between communicating fully to the professional colleagues and maintaining confidentiality.

**Use of academic knowledge**
Supervisors have a crucial role in contributing to the integration of the academic and practical aspects of the course. They should discuss literature relevant to the clinical work in hand, and suggest suitable reading and resources to the trainee. Supervisors should help trainees to develop a scholarly and critical approach to clinical work, and help trainees develop a scientist-practitioner approach to clinical practice in using the evidence base to inform assessment and treatment approaches.

**Relationship issues**
Supervisors should be prepared to discuss seriously and sympathetically any general issues of relationships with patients or staff that arise in the course of clinical work. They should also be sensitive to any personal issues that arise for the trainee in relation to the clients and be prepared to raise these issues for discussion in a supportive way when they are considered to affect the trainee's work. The range of personal problems that can be raised by clinical work is wide and includes, for example, over-involvement with clients and despair over work with chronic patients. However, supervisors should not enter into a therapeutic relationship with the trainee whereby personal issues are addressed that are not directly related to the trainee's clinical work.
Scope of involvement in the placement
Supervisors should take care to involve trainees in all aspects of their role, not just in work with individuals. Trainees should have opportunities for participating in teaching, research, team meetings, and in organisational and community work.

Assessment
The overall result for a placement unit is either pass or fail, the student will not receive a grade of High Distinction, Distinction, Credit or Pass as for other coursework units. The final assessment at the completion of each placement will be determined by the contract having been met and by a report completed by the field supervisor on the student’s performance and skills. A number of areas of competency are listed for the supervisor to indicate whether the student has performed satisfactorily or not (see “Placement supervision report” for first and subsequent placements).

The ongoing diary (log) of placement activities maintained by students will also contribute to the assessment process. The student will also be required to complete a placement evaluation form at the conclusion of the placement (see “Student evaluation of practicum placements” form). Copies of both the supervisors and students evaluation must be sent to the placement co-ordinator at the end of placement in order to pass the placement unit, and this is the student’s responsibility.

In addition, there is a placement checklist that must be completed and signed by the Field Supervisor and student at the end of placement and also sent to the Placement Co-ordinator in order to pass the placement. This checklist is available at the end of this handbook.

Supervisors should try to set aside personal feelings about trainees, either positive or negative, in making evaluations. In particular, if they are seriously unhappy about aspects of a trainee’s performance they should regard themselves as under an obligation to the profession and indicate them to the trainee and the University supervisor. Feedback should be detailed and constructive, and designed to help trainees improve their performance where necessary. Supervisors, as good psychologists, should avoid a situation in which they are providing totally negative criticism, which does not encourage or guide the trainee to develop a range of effective and appropriate skills.

In cases where trainees have displayed unsatisfactory behaviour, such as regular and serious lateness for clinical appointments, the trainee should be left in no doubt about the problem. The supervisor should discuss with the University supervisor what action should be taken. Where the supervisor indicates significant inadequacies in the student’s performance and/or substantial sections of the contract have not been met, the student will be required to undergo further training in this practicum for criterion to be achieved. Failure to do this will result in failure in this practicum, although this should be a rare occurrence. The purpose of the mid-placement review will have been to remedy any ongoing problems or foreseeable shortfalls in experience or skills.

Failure of a placement
If an external supervisor has concerns that a student’s performance is not adequate, the supervisor must notify the student as early as possible of their concerns, and work with the student on ways to overcome the difficulties and improve their skills. If the external placement supervisor believes the student is not improving sufficiently and that they should be recommended to fail the placement they should contact the University supervisor as soon as possible to discuss the situation. If there are concerns for a student’s progress, this should be discussed no later than at the mid placement review. The final grade of pass or fail is the responsibility of the University placement co-ordinator, which is made based on the recommendation of the field supervisor. The following procedures apply for failure of a placement;

Procedure for failure of a placement
In order to pass the whole placement unit, trainees are required to demonstrate that on the rating of their overall performance they meet “satisfactory performance” (3). If their overall performance is deemed to be either below standard (2) or well below standard (1), students will be deemed to have failed the unit. Furthermore, all criteria in
the ratings of professional practice must be passed (all ratings at a satisfactory standard – 3), as these are considered essential. Failing any of these professional practice criteria will mean the student fails the unit.

Students must abide by the APS Code of Ethics at all times on placement. Failure to follow the APS Code of Ethics could be grounds for failing the unit. Where a student fails the internal clinic placement (696), approval may be given by the chair of the Clinical Psychology Program to repeat the unit.

**Grounds for appeal against the failure of a placement**

If a student believes a placement supervisor who has recommended they should fail the unit has unfairly assessed them, the first step for the student is to try an informal resolution of the matter in the form of a meeting between the student, field supervisor and placement co-ordinator. If after an informal resolution procedure a student wishes to make a formal appeal against a grade of fail for the placement unit they may seek assistance and advice from the University Counselling Services, the Curtin Student Guild, academic staff and/or Student Services in preparing an appeal. A student may appeal the result in writing to the Head of the School of Psychology and Speech Pathology no later than 10 working days after the grade has been given. A student may appeal provided they can clearly demonstrate they have completed all the essential requirements of the work under dispute, provide documentation confirming a medical condition or illness that has affected performance, demonstrate that the work has not been assessed in a fair and equitable manner, and carried out the work tasks required in the set time frame.
AGENCIES AND SETTINGS

Graylands Hospital

A placement at Graylands Hospital will only be considered if students meet the following criteria specified by the Clinical Psychologists at Graylands.

Essential Criteria:

1. Professional practice and experience at least equivalent to a substantial period of paid employment as a registered psychologist in a counselling position (or other relevant applied psychology practice position) or one university placement in the field working with clients with major, or severe clinical problems.
2. Substantial experience in test administration. This includes competency in administering the WAIS III, WMS III, and MMPI–2 to a clinical population. The level of competency should be such that:
   3. The supervisor does not have to teach test administration method or scoring.
   4. The supervisor does not have to check more than one test protocol to confirm accuracy.
   5. The student has a good understanding of individual sub-scales of tests and competency in interpreting test results.
   6. Competence in formulating and carrying out treatment plans. The level of competency should be such that the student requires little teaching in generally applicable skills such as analysis of clinical needs, desensitisation of anxiety, relaxation training, social skills training, design and implementation of behaviour management programmes, refining observational data into clinically meaningful summaries and drafting preliminary management plans for individual problem behaviours.
   7. Competency in preparing written reports.
   8. A willingness to adhere to Hospital and Departmental policies and practices.
   9. The ability to function as a member of a multi-disciplinary team with respect for the knowledge and experience held by other professional staff in the hospital.
   10. Respect for patients and consideration of features of their illnesses. One consequence is that students must give such factors serious consideration in relation to themselves e.g. one small but sometimes very important aspect is the adoption of a sensible personal dress code.

Desirable Criteria:

1. Personal development, which has features of emotional robustness, combined with sensitivity; the ability to respond to subtle cues in what could be an emotionally demanding workplace. This ability needs to be at a level sufficient for at least circumscribed in-patient clinical practice with persons who are severely psychotic or depressed; have severe personality disorders and/or are suicidal.
2. Commitment to the profession of Clinical Psychology with the firm personal intention of preparing for becoming a practising clinical psychologist on completion of training rather than for possible employment in a different specialty or in research.
3. Preparedness to attend placement for a minimum of 2.5 days per week.
Department of Health

This department has various requirements for clinical psychology students seeking training placements, in child, adult and older adult mental health services, and child development centres.

This document was prepared by the Student Placements Working Party in consultation with the Placement Coordinators of the four universities. The document was ratified in principle at the Department of Health Clinical Psychology Reference Group meeting of 13 December 2004. Later drafting changes added the text for Child and Adolescent / Child Development and Adult Mental Health Services, and the preamble to Appendix A was updated to refer to the current draft of the document to which it refers. This document should be read in conjunction with:

Appendix A: Extracts from Draft 10a “Agreement for the educational institution staff and students to have access to the premises and facilities controlled by the minister of health for the purposes of the clinical placements program” Health and universities’ student placement agreement working party, January 2005.

1. Introduction
The Department of Health is responsible for the efficient provision of high quality mental health care via multidisciplinary teams. Mental health consumers of DoH clinical services are in the severe part of the spectrum and typically have disorders that are complicated by co-morbidities and by problematic personal histories. DoH Clinical Psychologists carry a high level of clinical responsibility and carry substantial case-loads.

Trainee clinical psychologists act as working members of the Health Service they enter. Their role is that of a trainee clinical practitioner rather than that of a university student. The role they assume has to accord with the operational and professional requirements of that Health Service and the care they deliver to consumers has to meet that Service’s standards.

Most trainee placements will be in one of the mental health Streams: Child and Adolescent, Adult, and Older Adult Streams. In-patient services in each Stream differ in certain respects from outpatient services. Some placements will be in more specialised services such as CCI, Next Step, State Wide Forensic, and YouthLink.

a) Child and Adolescent Mental Health Services and Child Development Centres:
   CAMHS: Children 0-18 years are referred by schools, GP’s and other agencies where there are concerns about the mental health of the child/adolescent. Referrals are not received directly from parents. Examples of the sort of difficulties seen in these services include: depression and self harm behaviours, severe anxiety disorders and complex school refusal, first psychosis presentations, severe trauma and PTSD, mixed conduct and emotional difficulties.
   CDCs: children 0-12 years with developmental delay or difficulty in one or more areas such as speech, motor skills, eating and toileting, generalised delay, attention deficit disorder, behavioural disorders, autism and accompanying psychological difficulties which often includes anxiety disorders and socialisation difficulties.

b) Adult Mental Health Services offer community based assessment and treatment to adults aged 18 and older, with major mental health disorders. Services may also be provided to carers and families. Treatment is mainly voluntary but may be involuntary (community treatment order CTO).
c) Older Adult Mental Health Services deal with mental illness that has its first presentation in an older adult or with mental health issues that arise due to the process of ageing. The age group is generally 65 years and above but services are also offered to families and carers of patients/clients.

d) In-patient Mental Health Services: patients are admitted when their conditions require 24-hour care; many adult patients are admitted involuntarily under the Mental Health Act due to level of severity or risk.

2. Technical preparation

Pre-placement
The intending trainee should have prepared for the pre-placement interview by preliminary reading appropriate to the particular health service. The amount of reading needed will vary according to the amount of relevant content already covered in their university courses. Trainees will need to satisfy the interviewer that they are aware of the basic types of clinical activities which that health service carries out, and that they have the personal initiative and ability to prepare them in a professional manner.

On-placement
The trainee should carry out supplementary reading and skills practice, which supports their clinical activities.

3. Essential criteria

Status and experience
1) Enrolment in a Clinical Psychology masters or doctorate program but not in some other specialty program or in a research degree.
2) Pass in university clinic placement: ECU, Murdoch, Curtin, UWA.

Assessment
1) Experience in test administration with the major tests used in the health service.
Minimum requirements in each Stream are as follows. The trainee will be expected to develop skills with some shorter tests while on placement.

   i) Child and Adolescent: WISC-IV, WPPSI-III
   ii) Adult: WAIS-III, WMS-III, and one of the major objective personality tests e.g. MMPI-2
   iii) Older Adult: WAIS-III, WMS-III

The level of competency should be such that:

   i) The supervisor does not have to teach test administration or scoring procedure.
   ii) The supervisor does not have to check more than one test protocol to confirm scoring accuracy.
   iii) The trainee has a good understanding of individual sub-scales of tests and basic competency in interpreting test results.

2) Experience in conducting initial assessment interviews with consumers and their families and some knowledge of conducting functional analyses of challenging behaviours.

3) Competence in formulating client/patient needs.
4) Competence in formulating client/patient needs.
Intervention

1) Experience with psychological intervention in an applied setting:
   Competence in formulating and carrying out treatment plans.
   The level of competence should be such that the trainee requires little teaching in general clinical psychology skills but requires training and experience in those clinical skills, which are relatively specific to the placement.

2) Willingness and ability to develop new therapeutic skills and to develop understanding of therapeutic modalities that are new to them.

Communication and interpersonal skills

Ability to function as a working member of the Health Service, including:

1) Ability to communicate effectively in written and oral form including:
   Advanced competence in written and oral communication such that the trainee can function effectively, and without linguistic limitations in English, in the context of applied clinical psychology practice.
   Evidence of satisfactory assessment of the trainee’s interpersonal skills in therapeutic interaction in a University placement, in which the assessment has been carried out via videotape or direct observation of the trainee in clinical interaction with clients.
   While professional report formats vary across settings, the trainee should have competency in preparing written psychological reports in at least one setting. The trainee will be expected to develop competency in preparing reports in formats specific to the placement.

2) Satisfactory professional interaction skills including:
   Willingness and ability to function as a trainee professional in a team framework. Willingness and ability to function with respect for the different perspectives held by other clinical specialties. Willingness to attend required professional/clinical supervision meetings and clinical team meetings, and to undertake required preparatory work. Willingness and ability to incorporate feedback from placement supervisors into the trainee’s own psychological work and their professional presentation and behaviour.

3) Respect for client / patient needs and consideration for features of their illnesses and disorders in relation to the trainee’s personal presentation and behaviour e.g. the adoption of a sensible personal dress code.

4) Personal development, which has features of sensitivity, combined with emotional robustness: the ability to respond to clinical cues in what could be an emotionally demanding workplace. This ability needs to be at a level sufficient for at least circumscribed clinical practice with persons who may have severe disorders.

Attendance

Preparedness to attend placement for a sufficient number and spread of days and part days to be able to provide designated clinical services in accord with the operational requirements of the health service and to manage the caseloads expected.
APPENDIX A

Extracts from Draft 10a of the document entitled:
Agreement for the educational institution staff and students to have access to the premises and facilities controlled by the minister of health for the purposes of the Allied Health student clinical placements program Health and universities’ student placement agreement working party January 2005.

The above Agreement is a superordinate agreement between the Department of Health and all Allied Health student clinical placement programs. Matters relating to certain items which first appeared in earlier versions of this Agreement had been highlighted in DoH Clinical Psychology Reference Group Working Party meetings with the Placement Coordinators of the four universities in 2004. It was agreed to proceed on the basis of agreement in principle with these sections, which were then in the early draft of the parent document. The text below is unchanged from the drafts agreed to, but some items are re-numbered to conform to numbering in draft 10a.

4.7 The EI Staff shall advise each Student that if the Student is aware of any personal matters which could impact upon the safety of Patients or the Student’s own safety or which could impact on the Student’s capacity to meet the Health Service’s standards of Patient care the Student should disclose the personal matter to the FCC.

5.4 The EI will give the final decision regarding competence or the success or failure of the Student in the CP Program in the event of a dispute between EI Staff and FCC or FCE.

5.5 The EI must ensure that the Student’s level of preparation is sufficient to meet the level of competence required for the clinical placement undertaken by the Student.

9.2 The EI shall ensure that the EI Staff acquaint the appropriate employees or agents of the Board at the Health Service (FCC / FCE) with the Students’ levels of learning or curriculum covered, and those aspects of total patient care or professional service for which the Students have not been prepared or are unable to perform.

9.3 The EI shall advise the Board and the appropriate employees or agents of the Board at the Health Service of the current level of training of the Student and the Board will not assign tasks to the Student that are beyond the Student’s current level of training.

9.4 The responsibility for Patient care lies with the Board, and the FCC / FCE can withdraw a Student from the clinical area to maintain Patient safety.

13.3 The Board reserves the right to withdraw or exclude individual Students from the clinical area. Any such exclusion shall be reported by the FCC / FCE to the Head of the School at the EI.

EI = Educational Institute; CP = Clinical Placements; FCC = Facility Clinical Coordinator; FCE = Facility Clinical Educator; Board = “facility where the Student may be placed”.

EI Staff = Educational Institute Staff; FCC = Facility Clinical Coordinator; FCE = Facility Clinical Educator; Board = “facility where the Student may be placed”.

CP Program = Clinical Placement Program.
APPENDIX B

CLINICAL PSYCHOLOGY PLACEMENT PROCEDURES

University Placement Coordinators

1. Placement Coordinators (PCs) contact field supervisors for availability of placements in the next semester, and details of any special requirements (particular days, number of days, etc.)

2. PCs organise the number of students in their respective programs requiring a range of field placements and bring those to a meeting of all PCs twice a year (usually November for summer placements and Semester 1 placements for the following year, and May for Semester 2).

3. Potential allocation of trainees to agencies and individual supervisors, in most cases, is negotiated at this meeting. PCs have a good idea about each trainee’s strengths and areas for development, as well as the demands of the agency, and attempt to match their trainees to the demands and resources of the particular placement.

4. PCs contact field supervisors with details of prospective trainees and an initial meeting is arranged between each field supervisor and prospective trainee. The form of contact may vary according to how well the PC knows the supervisor and the agency – some do this in person, some by email, some phone - and this can be negotiated. This is the point at which, if there were any concerns about a trainee’s performance, or any recommendation about particular areas for development, the PC would inform the supervisor. This would occur in the knowledge that, hopefully, most field supervisors would not automatically decline to take a trainee where there has been frank discussion about areas where the trainee may need particular development. If there appear to be problems associated with this process, PCs and Health Department representatives will review the situation. The PCs are generally able to reassure field supervisors that any serious concerns that university clinical supervisors have had about a trainee working in the University Clinic would lead to the trainee either failing the internal placement or being given an opportunity for remediation before being progressed to an external placement unit.

5. After meeting with the trainee, the supervisor has the option of declining to take the trainee if there are doubts about their suitability. (Happily, this is not a common occurrence.)

6. If the trainee is deemed suitable, an agreement is reached between the supervisor and the trainee about the number of days of placement, the starting date and the end date, and the PC is notified by the trainee. The process here may vary but usually there will be some kind of Placement Agreement Form with these details included. Although this locks the placement in, it is understood by all parties that the first 4-6 weeks of the placement are seen as a period in which to review the student’s progress and to ensure that s/he is performing adequately on the placement.

7. Within two weeks of starting the placement, if not before, specific placement objectives are agreed upon and sent to the PC. Again, the process may vary but the PC should ensure that the field supervisor has information about insurance cover, and two evaluation protocols – one to be completed half way through the placement as a guide on progress, and the other for a final formal evaluation.
8. It is important that there is a mechanism that does not single any student out, but allows for a general monitoring of any student's progress on placement. This may take the form of a phone call or visit by the PC in the early part of the placement, after sufficient time for the field supervisor to have assessed whether there are any major concerns about a student. If there are problems, further visits or phone calls may be negotiated.

9. If the trainee was concerned about any aspect of the placement and felt unable to discuss it with the field supervisor, s/he would be expected to contact the PC to discuss the matter as soon as possible and agree on a process for resolution.

10. If the supervisor has any concerns at any other time, s/he is strongly encouraged to contact the PC as soon as possible if a resolution is not possible between the supervisor and the trainee.

11. If the situation cannot be resolved satisfactorily then either the field supervisor may terminate the placement, or the PC may withdraw the trainee from the placement.

12. Any decision to fail the trainee's placement rests ultimately with the PC but frank feedback from the supervisor is considered a vital part of the information that is taken into account in that decision.

AGENCIES AND SETTINGS

A description of agencies along with evaluations of these agencies can be found in the Curtin Psychology Clinic. It is recommended that all students seeking a placement read these files before making their placement preferences. The following agencies are potentially able to have student placements, subject to vacancies being available, but note that agencies change from year to year. It is always advisable to check with the placement coordinator about other possibilities as well.

<table>
<thead>
<tr>
<th>Department</th>
<th>Site</th>
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<tbody>
<tr>
<td>Curtin Psychology Clinic</td>
<td>Curtin University</td>
</tr>
<tr>
<td>- Adult Psychology Clinic</td>
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<tr>
<td>- Child Psychology Clinic</td>
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</table>

Health Department – Adult Placements

Armadale Clinic (outpatient)
Bentley, Mill St Centre
- Adult Mental Health (outpatient & inpatient)
- Geriatric Medicine (outpatient/inpatient)
- Mental Health Service for Older Adults (outpatient/inpatient)
Centre for Clinical Interventions - Northbridge
Fremantle Hospital
- Alma St Clinic (outpatient/inpatient)
- Pain (outpatient)
- Sexual Health Unit (HIV/AIDS, Hep C)
- Moss Street Older Adult
Graylands Hospital (inpatient)
Joondalup Health Campus (outpatient or inpatient - two separate placements)
King Edward Memorial Hospital (inpatient/outpatient)
Mirrabooka Clinic (outpatient only)
Osborne Park
  - Outpatient Clinic (Adult Mental Health)
  - Restorative Unit (older adults cognitive issues/memory clinic)
  - Lodge (Older Adult Mental Health)
Peel Mental Health Service (Mandurah) (outpatient)
Rockingham-Kwinana Mental Health Service; Early Episode Psychosis Unit and general adult placement (outpatient)
Royal Perth Hospital
  - Inner City Mental Health Service (outpatient/inpatient)
  - Inner City Mental Health Service for Older Adults
  - Consultation-Liaison Service (psychiatric treatment for medically ill patients at RPH)
  - Sexual Health Unit (HIV/AIDS) (inpatient/outpatient)
Royal Perth Rehabilitation Hospital (Shenton Park) (inpatient/outpatient)
Selby Lodge (Older Adults) – Shenton Park
Sir Charles Gairdner Hospital
  - Psychiatric unit (primarily inpatient work)
  - Pain Clinic
Swan Clinic (Midland) (outpatient/inpatient)

Other Adult Placements
Curtin University Student Counselling Service
ECU Student Counselling Service
Hollywood Private Hospital - Nedlands
  - General (PTSD group work with Vietnam Veterans primarily)
Drug & Alcohol Services - East Perth/Fremantle

Occupational Services - Perth
Palmerston Farm (Drug & Alcohol) - Wellard

Perth Clinic – West Perth (primarily inpatient group CBT work for adults – 5 days per week)

Police Health Services – Perth (counselling for police)
Rockingham-Kwinana Division of General Practice – (2 day per week placement in a GP surgery in Rockingham with supervision provided on site by Clinical Psychologist of your choice)
Sexual Assault Referral Centre - Subiaco
UWA Student Counselling Service
Vietnam Veterans’ Counselling Service

Health Department – Child Placements

Child Development Centres (CDCs), see children from 0-12 years with suspected/known developmental difficulties, services include developmental & individual assessment and treatment of a range of problems secondary to developmental problems (e.g., anxiety & mood disorders, behavioural problems, social deficits, parenting issues etc.).
Child & Adolescent Mental Health Service (CAMHS) placements in the North Metropolitan region cover a range of offices e.g., Clarkson, Warwick, Hillarys, Shenton Park. If you are allocated a CAMHS North Metropolitan placement it could be based at any of these offices, and that students must first attend an interview to determine their suitability for the placement, and then if suitable, will be allocated to the appropriate office that is available to take a student for supervision. The contact person for North Metropolitan region CAMHS placements is Paul Jeffery, who organises the interview and allocation process for supervision.

Andrea Way CDC – Queens Park

Armadale CAMHS
Armadale CDC
Bentley CAMHS (Bentley Family Clinic)
Bentley Way Centre (inpatient child/adolescent)
Fremantle CAMHS
Joondalup CDC
Kalamunda CAMHS
Kelmscott CAMHS
Koondoola CDC
Lockridge CDC
Midland CDC
North Metropolitan Region CAMHS
Clarkson CAMHS
Hillarys CAMHS
Selby CAMHS (in Shenton Park)
Warwick CAMHS
Princess Margaret Hospital
  • General
  • Eating disorders
  • Consultation-Liaison (psychiatric input for medically ill children at PMH)
Rockingham CAMHS
Southwell Child Development Centre – Hamilton Hill
State Child Development Centre (West Perth)
Stubbs Terrace Hospital
Swan Child & Adolescent Mental Health Service
Youthlink (Adolescent) – Northbridge

Other Child Placements
Rockingham-Kwinana Division of General Practice –

Department for Community Development
Armadale office
Busselton office
Cannington office
Cloverdale office
Fremantle office
Joondalup office
Midland office
Mirrabooka office
Peel Office (Mandurah)
Perth Office
**Ministry of Justice**  
DOJ Community Justice Services  
DOJ Offender Services Programs  
Juvenile Justice

**Disability Placements**  
Cerebral Palsy Association (Coolbinia)  
Disability Services Commission (DSC)  
- Accommodation Services (Dianella)  
- Metro Autism Services (East Victoria Park)  
- DSC North Metropolitan Region (Joondalup)  
- DSC Southern Metropolitan Region (Myaree)
STUDENT EVALUATION OF PRACTICUM PLACEMENTS

NAME OF PLACEMENT

______________________________________________

NAME OF SUPERVISOR

______________________________________________

YEAR IN PROGRAM

______________________________________________
(Eg, Year 1, 2, Placement 1, 2, 3)

DATE _____

The questions contained in this evaluation are designed to help us evaluate the quality of your practicum experiences to date. This feedback will provide us with valuable information to enhance the quality of your placement learning experiences. Please remember to return this evaluation to the placement co-ordinator.

Description of Placement

Please provide a brief description of the agency, what tasks you did as a Trainee Clinical Psychologist, and other relevant info (e.g., models of therapy used, caseload expected to work with, types of problems seen etc).

__________________________________________________________________________________________

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Please reflect back upon your clinical experiences in your last practicum as a student. Use the following key to answer the questions:

1 = poor  2 = adequate  3 = good  4 = very good

1. The orientation program at the facility/agency which I undertook my placement was  

   1  2  3  4
2. My field supervisor/s provided me with an opportunity to:
   a. discuss and understand performance objectives
   b. discuss and understand my role and responsibilities
   c. discuss and understand the evaluation procedures
   d. acquire new knowledge and clinical skills
   
3. During my last placement there were sufficient opportunities to practice:
   a. assessment and problem-solving skills
   b. application and planning of interventions
   c. evaluation and progression of interventions
   d. implementation of specific intervention programs
   
4. My clinical field supervisor/s:
   a. provided me with appropriate supervision within the constraints of their workload.
   b. served as a role model/mentor
   c. provided me with progressive and appropriate independence/responsibility
   d. used effective methods to facilitate my acquisition or integration of skills
   e. provided me with timely and appropriate feedback in a constructive and discrete manner.
   f. was available and receptive to questions
   g. was able to assist me in identifying my strengths and weaknesses
   h. was open and receptive to my concerns or comments
The most positive aspects of this practicum experience have been:

__________________________________________________________________________________________
__________________________________________________________________________________________
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Some suggestions for adding to this practicum experience are:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Thank you for completing this questionnaire.
Curtin University Clinical Psychology Placement Checklist

To be completed at the end of placement, please note all areas must be completed to pass the placement. This form should be sent to Sarah Egan (Placement Co-ordinator)

1. Completed insurance form and sent to Placement Coordinator at start of placement.
2. Sent copy of placement contract to University Supervisor within 2 weeks of start of placement, contract signed by student, supervisor and University supervisor (signed copies given to all parties to keep).
3. Field supervisor has completed a check of file notes on official agency files to check adequate file records are kept.
4. A mid placement review has been completed, which the student has arranged, involving the university Supervisor, Placement Supervisor and student at the placement agency.
5. Student has completed all reports on clients seen prior to the end of the placement (including initial assessment reports and termination reports).
6. Student has arranged all follow up details, including outside referrals where necessary, for clients who they have to finish treatment with due to completion of placement or who have not attended treatment sessions (where appropriate).
7. Student has completed their evaluation of the placement and sent to Placement Co-ordinator.
8. Student has given field supervisor a copy of the final placement supervisor report; ratings have been completed, and sent a copy to both the University Supervisor and Placement Co-ordinator.

Signed:

_________________________  _________________________
Field Supervisor                     Student

_________________________  _________________________
(Printed Name)                    (Printed Name)
INSURANCE COVER FOR PLACEMENTS

Curtin University: Acknowledgement of Insurance Provided for Students Involved in Authorised Activities

Enrolled students of the University undertaking approved work/field experience, may be covered under the University Personal Accident Insurance Policy in the event of injuries sustained while involved in authorised activities.

Cover under these policies is limited to Australia and may only be provided where:

- the work/field experience is a formal requirement of the student’s course/unit;
- the School/Department/Area has approved the work/field experience;
- the student is an enrolled student of the University at the time of the work/field experience;
- the student does not receive any remuneration for the work experience placement (In this case the student would be covered by the host organisation workers' compensation policy);
- a copy of the ‘Student Work/Field Experience, Voluntary Worker Declaration’ has been completed by the relevant School/Department/Area and lodged with the Corporate Risk and Compliance Area, Office of the University Secretary prior to commencement of the work/field experience.

The Personal Accident insurance provides the following benefits:

- Death and Capital benefits: $100,000
- Home Tutorial Benefits: $200 per week
- Loss of income (if employed): $200 per week
- Non-Medicare Medical Expenses (if applicable): $10,000 (except in respect of physiotherapy, chiropractic, or osteopathic expenses which are limited to $500 any one injury). Please note: There is a $25 excess payable by the student applicable to this section of the cover.
- Funeral Expenses: $5,000

Principal exclusions:

The policy is restricted to injuries sustained in Australia and is subject otherwise to the following principal exclusions:

- Sickness;
- Injury whilst received under the influence of intoxicating liquor (as defined) or being under the influence of any other drug unless prescribed by a qualified medical practitioner;
- Any psychological or psychosomatic or mental or nervous condition.

Non-Medicare medical expenses

This benefit is defined as:

- Expenses that is not subject to any full or partial Medicare rebate, or recoverable from any other source.
- Expenses must be paid by the student or by the University on the student’s behalf and be for treatments certified necessary by a legally qualified practitioner to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services.
- The benefit does not include the cost of medical supplies or ambulance hire.
- The benefit does not cover the cost of dental treatment unless it is necessarily incurred to sound and natural teeth, other than dentures, and is caused by injury.
Personal Accident Claims

In the event of injury to a student, which may entitle the student to a claim under the Personal Accident policy, a claim form should be completed by the relevant School/Department/Area and forwarded to the Corporate Risk and Compliance Area, Office of the University Secretary together with any supporting certificates or documentation. The initial recovery of medical expenses must be made through the student’s private health fund, Medicare or overseas student health cover, whichever is applicable. The balance of any non-Medicare medical costs may be claimable under this policy.

Student declaration acknowledging insurance provided for authorised activities

I hereby acknowledge

- that I have read and understand the nature of Curtin University’s insurance cover provided for authorised student activities;
- that in the event of injury which may entitle me to make a claim under the Personal Accident policy, I am responsible for furnishing all relevant details/documentation relating to the injury to my School/Department/Area so as to facilitate the claim process;
- that I am responsible for the payment of initial medical expenses through my private health fund, Medicare or overseas student health cover, as appropriate, and
- that in respect of all claims made under the personal accident insurance policy, I will be responsible for a $25 excess applicable to non-Medicare medical expenses.

Signature of Student: ____________________________________________  
Date:____________________  

Signature of Placement Co-ordinator: ________________________________  
Date:____________________
DUE TO SECURITY THIS FORM MUST BE POSTED IT WILL NOT BE ACCEPTED IN PERSON.

STAFF-IN-CONFIDENCE (when completed)

DEPARTMENT OF HEALTH
CRIMINAL RECORD SCREENING CONSENT FORM

University Effective 1st December 2005

In accordance with the endorsed Criminal Record Screening Policy, this Consent Form is applicable for those who require a Criminal Record Screening to work in, or provide services to, the Department of Health only. It should not be used for any other purposes.

PLEASE COMPLETE IN BLOCK LETTERS.

ALL QUESTIONS MUST BE ANSWERED AND THE CORRECT FEE ATTACHED BEFORE THE REQUEST WILL BE PROCESSED

Family Name (Current) ___________________________ Given Names (Current) ___________________________

PLEASE ENSURE YOU SIGN THIS CONSENT FORM

AGENCY DETAILS

UNIVERSITY NAME: ________________________________________________________________

FACULTY/COURSE: ____________________________________________________________

OTHER PERSONAL INFORMATION

MAIDEN NAME(S): ___________________________________________________________
ANY OTHER NAMES BY WHICH I AM, OR EVER HAVE BEEN, KNOWN (including changes by Deed Poll):

<table>
<thead>
<tr>
<th></th>
<th>Surname</th>
<th>Given Names</th>
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</thead>
<tbody>
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<td>1.</td>
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<td>2.</td>
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</tbody>
</table>

RESIDENTIAL ADDRESSES:

CURRENT

(Number and Street Name – not PO Box)

Town/Suburb  State  Postcode

PREVIOUS

(Number and Street Name – not PO Box)

Town/Suburb  State  Postcode

SEX:  M  F  (Please Circle)

DATE OF BIRTH:  _____ / _____ / _____

Date  Month  Year
PLACE OF BIRTH:_________________

PASSPORT NUMBER: (If Applicable) ____________________

---

NAME TO APPEAR ON CLEARANCE CARD (Please print clearly)

---

CHECKLIST

Before you forward this Consent Form to the Criminal Records Screening Unit for processing please initial the boxes provided below to ensure all relevant documentation is attached. An incomplete Consent Form will be returned YOU.

☐ Consent Form completed and signed;
☐ Photocopies of Documentary evidence that has been signed by the person who has sighted the originals;
☐ Correct Cheque / Money Order made payable to The Department of Health;
☐ Name and contact number of the person signing the photocopies of the documentary evidence as sighting the originals.

Name:_________________________________________ (of the person who has sighted the original documentation, which can be anyone who has known you for at least 12 months excluding family members)

Contact Number:______________________________
CRIMINAL HISTORY RECORD INFORMATION

A) Do you have any adult convictions or findings of guilt in relation to any offence that are NOT protected by Commonwealth, State, or Territory spent convictions legislation or information release policies?  YES  NO

(If you answered YES please attach details on separate sheet.)

B) Are you the subject of any criminal or traffic charges (not including parking infringements) that are still to be determined or finalized?  YES  NO

(If you answered YES please attach details on separate sheet.)

YOU MUST SIGN THIS CONSENT FORM OR IT WILL BE RETURNED.

Signature________________________________________________ Date  ____/____/______
Telephone Number:

ACCEPTABLE IDENTIFICATION FOR THE PROVISION OF SERVICES WITHIN THE DEPARTMENT OF HEALTH.

You must submit photocopies of documentary evidence of Identification to the value of 100 points together with the Criminal Record Screening Consent Form prior to commencing employment within the Department of Health. Where you have changed your name (i.e. through marriage or deed poll) evidence must be produced to support this.

Only one item from each box is permitted to make up the 100 point total.

<table>
<thead>
<tr>
<th>TYPES OF IDENTIFICATION</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Birth Certificate (original, certified copy or extract)</td>
<td></td>
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<tr>
<td>• Current Passport/international travel document</td>
<td></td>
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<tr>
<td>• Citizenship certificate (original or certified copy)</td>
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<tr>
<td>Use only one of the above</td>
<td>70</td>
</tr>
<tr>
<td>• Drivers licence/permit</td>
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</tr>
<tr>
<td>• Public Service ID card</td>
<td></td>
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<tr>
<td>• Social Security benefits card</td>
<td></td>
</tr>
<tr>
<td>• Tertiary student ID card</td>
<td></td>
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<tr>
<td>Name, signature and photograph where applicable must be supplied. Use only one of the above.</td>
<td>40</td>
</tr>
</tbody>
</table>
A signed written reference from:

- a financial body
- an acceptable referee

The reference must confirm a twelve month association with the recommended applicant. Use only one of the above.

| Medicare Card                          | 25 |
| Membership Card                        | 25 |
| • Union or trade/professional bodies   | 25 |
| Recent arrival in Australia (less than six weeks) |
| • passport (resident)                  | 100 |
| Isolated Area Aborigine                | 100 |
| • A written statement of confirmation of identification signed by two acceptable referees. |

I (Insert Name) ______________________________

1. Acknowledge that I have been provided with all of the information that I require about the Criminal Record Screening Policy, details of the checking process and the grievance resolution mechanism available to me. All of my queries have been satisfactorily answered.
2. Certify that the personal information I have provided on this form relates to me, is complete and is correct.
3. Consent to the Department of Health being provided with the following information:
   - Whether or not my name is recorded on the Police Reference System as having a criminal history in any Australian state or territory or the Commonwealth; and
   - All disclosable court outcomes recorded against my name(s) in any Australian state or territory.
4. Understand that, subject to paragraph 6, this information will be held in the strictest confidence and will not be used by the Department of Health for any purpose other than to determine my suitability for the provision of services to clients of the Department of Health. Outcomes of the criminal history record checking process will be held only by the Criminal Records Screening Unit in Perth.
5. I acknowledge that any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes including the investigation of any outstanding criminal offences.
6. Understand that this information will not be disclosed by the Department of Health except as provided for in the Criminal Records Screening Policy or as required by law (e.g. Freedom of Information Act).
7. Hereby agree to release the State of Western Australia, the Department of Health, the Minister for Health, the Agency, and all of their respective officers, members, employees and agents, from any claim, action, proceeding, suit, demand, costs or expenses (“claims”) which I have now or may have at any time in the future in relation to the criminal history records checking process or its outcomes (except to the extent my claims relate to a breach of confidentiality by any of these parties in breach of the Criminal Records Screening Policy)
8. Understand that the Criminal Record Screening is in accordance with the endorsed Criminal Record Screening Policy of the Department of Health.
9. I consent to the CrimTrac Agency making enquiries to Australian Police Forces and those Australian Police Forces extracting from their records details of criminal and/or traffic records relating to me pending before a court, and/or details of convictions or findings of guilt which have been recorded against me, and forwarding relevant information to CrimTrac.

10. I consent to the Department of Health forwarding details obtained from this form to the CrimTrac Agency and/or to the Australian Federal Police, State/Territory police services or other relevant law enforcement agencies.

DUE TO SECURITY THIS FORM MUST BE POSTED IT WILL NOT BE ACCEPTED IN PERSON

- WHERE TO SEND YOUR COMPLETED CONSENT FORM

Your completed Consent Form together with the $33.00 (please staple your cheque/money order made payable to the Department of Health to the Consent Form), should be forwarded to:

The Criminal Record Screening Unit
Department of Health

Locked Bag 60
PERTH BUSINESS CENTRE WA 6849

Phone: 08 9222 2353
Fax: 08 9222 2143
Email: CR.Screening@health.wa.gov.au

DUE TO SECURITY THIS FORM MUST BE POSTED IT WILL NOT BE ACCEPTED IN PERSON
Curtin University Clinical Psychology Program

Clinical Supervision Rating Forms

Master of Psychology (Clinical)
PhD (Clinical Psychology)
Master of Psychology & PhD (Clinical)

PLACEMENT SUPERVISOR REPORT – FIRST YEAR PLACEMENT

Trainee

Field Supervisor

University Supervisor

Agency

Address

Phone

Date of Commencement of Placement

Date of Interim Report

Date of Final Report
NOTES FOR SUPERVISOR REPORT – FIRST YEAR PLACEMENT

This report is to be used for students in their first year of the Master of Psychology program. The aims of this report are:

1. To provide information on whether the student has reached a satisfactory level of performance in the first placement.

2. To provide the students with feedback on their performance and to point out areas of strength and weakness in their clinical work.

This report covers a number of general areas on which to assess students completing a Clinical psychology placement. Please note that the first section on Professional Practice is mandatory and student must reach a satisfactory level of performance on all items in the section (rating of 3), to pass their placement. In the following sections, not all areas of evaluation will be applicable to all placements. If an item is not relevant please mark the column not applicable. In some placements the specific goals and objectives of the Placement Contract will provide additional information about the activities, experiences and skills the student hopes to complete. The objectives relating to these specialized activities and skills should be rated on the Placement Supervisor's Report.

This report should be completed at the end of the student placement. The report should be discussed with the student prior to the final placement visit of the University Supervisor. The details of the report and the completion of the Placement Contract may then be discussed at the final placement meeting. Please contact the Curtin supervisor if you have any concerns about the student's performance on placement. It is very important that we maintain the integrity of the placement and the programme. Such concerns may then be addressed either prior to or at the mid-placement review.

Evaluations should be made on a 5 point rating scale. The supervisor should evaluate students against the referent group of first year Clinical Psychology Masters’ students. To assist the supervisor in making these evaluations the following interpretations of the numerical ratings are provided.

1. **Well Below Standard** – achieved few requirements; seldom equaled the performance level expected for a first year Masters’ student.

2. **Below Standard** – achieved some but not all requirements; occasionally equaled the performance of a first year Masters’ student experience.

3. **Satisfactory Standard** – achieved all requirements; usually equaled the performance level expected for a first year Masters’ student.

4. **Above Standard** – always equaled the performance level expected of a first year Masters’ student; occasionally exceeded this level of performance.

5. **Well Above Standard** – always equalled the performance level expected of a first year Masters’ student; frequently exceeded this level of performance.
## PROFESSIONAL PRACTICE

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## COMMUNICATION AND ORGANISATION SKILLS

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<td>5. Ability to target reports to the appropriate audience</td>
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<td>7. Performance at meetings and conferences</td>
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<td>2. Obtaining information through observation</td>
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<td>3. Demonstrates knowledge of test administration and technical aspects</td>
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<td>4. Establishes rapport with clients during test administration</td>
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<td>5. Interpretation of test results and/or protocols</td>
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<td>7. Integration of information obtained in assessment</td>
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<td>8. Ability to provide assessment feedback to clients</td>
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#### Comments

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## INTERVIEWING SKILLS

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<tr>
<th></th>
<th>Establishing early rapport with clients</th>
<th>Maintains effective relationship with client</th>
<th>Shows empathic understanding of the client’s situation</th>
<th>Awareness of own strengths limitations and impact upon clients</th>
<th>Demonstrates appropriate blend of styles of questioning</th>
<th>Demonstrates appropriate listening techniques</th>
<th>Shows good exploration and clarification of problem related information</th>
<th>Shows congruence between non-verbal and verbal behaviours</th>
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**Comments**

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<td>1.</td>
<td>Demonstrates ability to identify presenting problems</td>
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<td>2.</td>
<td>Demonstrates ability to formulate &amp; analyse presenting problems</td>
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<td>3.</td>
<td>Demonstrates ability to plan relevant intervention programs for different problems</td>
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<td>4.</td>
<td>Good use of theory and/or research in choosing interventions</td>
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<td>5.</td>
<td>Uses intervention techniques effectively in therapy</td>
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<td>6.</td>
<td>Demonstrates good management of time during the session</td>
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<td>7.</td>
<td>Maintains focus on relevant problems during the session</td>
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<td>8.</td>
<td>Demonstrates ability to implement total intervention programs</td>
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<td>9.</td>
<td>Regularly monitors and reviews intervention progress</td>
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<td>10.</td>
<td>Shows good use of relevant homework assignments between sessions</td>
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<td>11.</td>
<td>Works well with others in implementing interventions</td>
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<td>12.</td>
<td>Shows good attention to maintenance and follow up</td>
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<td>13.</td>
<td>Demonstrates ability to evaluate total interventions</td>
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## ASSESSMENT OF SPECIFIED PLACEMENT GOALS

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OVERALL PERFORMANCE IN THIS PLACEMENT WAS

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Comments on the student’s strengths

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If you rate the student’s performance as **Below Standard** please complete the following section.

The student requires further supervised experience in the following activities relevant to this placement.

____________________________________________________________________________
____________________________________________________________________________

Signed (Supervisor): ___________________________________________________________

Date:
Master of Psychology & PhD (Clinical)

PLACEMENT SUPERVISOR REPORT – SECOND YEAR PLACEMENT

Trainee..............................................................................................................................................

Field Supervisor ...................................................................................................................................

University Supervisor ............................................................................................................................

Agency...................................................................................................................................................

Address..................................................................................................................................................
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Phone.....................................................................................................................................................

Date of Commencement of Placement .................................................................................................

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Date of Final Report .............................................................................................................................

NOTES FOR SUPERVISOR REPORT – SECOND YEAR PLACEMENT

This report is to be used for students in their second year of the Master of Psychology program. The aims of this report are:

1. To provide information on whether the student has reached a satisfactory level of performance in the second or third placement.
2. To provide the students with feedback on their performance and to point out areas of strength and weakness in their clinical work.

This report covers a number of general areas on which to assess students completing a Clinical psychology placement. Please note that the first section on Professional Practice is mandatory and student must reach a satisfactory level of performance on all items in the section (rating of 3), to pass their placement. In the following sections, not all areas of evaluation will be applicable to all placements. If an item is not relevant please mark the column not applicable. In some placements the specific goals and objectives of the Placement Contract will provide additional information about the activities, experiences and skills the student hopes to complete. The objectives relating to these specialized activities and skills should be rated on the Placement Supervisor’s Report.

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Evaluations should be made on a 5 point rating scale. The supervisor should evaluate students against the referent group of second year Clinical Psychology Masters’ students. To assist the supervisor in making these evaluations the following interpretations of the numerical ratings are provided.

1. **Well Below Standard** – achieved few requirements; seldom equaled the performance level expected for a second year Masters’ student.

2. **Below Standard** – achieved some but not all requirements; occasionally equaled the performance of a second year Masters’ student experience.

3. **Satisfactory Standard** – achieved all requirements; usually equaled the performance level expected for a second year Masters’ student.

4. **Above Standard** – always equaled the performance level expected of a second year Masters’ student; occasionally exceeded this level of performance.

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**Comments**

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<td>3. Ability to communicate ideas and opinions</td>
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<td>4. Ability to write in a professional manner</td>
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<td>5. Ability to target reports to the appropriate audience</td>
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<td>6. Oral communication skills, e.g., case presentation</td>
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<td>7. Performance at meetings and conferences</td>
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<td>8. Initiative/independence e.g., organization of time</td>
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<td>9. Other (specified)</td>
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### ASSESSMENT SKILLS

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<tr>
<td>1. Selection of appropriate assessment methods</td>
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<td>2. Obtaining information through observation</td>
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<td>3. Demonstrates knowledge of test administration and technical aspects</td>
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<td>4. Establishes rapport with clients during test administration</td>
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<td>5. Interpretation of test results and/or protocols</td>
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<td>6. Understanding of rationale for assessment methods used</td>
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<td>7. Integration of information obtained in assessment</td>
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<td>8. Ability to provide assessment feedback to clients</td>
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## INTERVIEWING SKILLS

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<tr>
<td>1. Establishing early rapport with clients</td>
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<tr>
<td>2. Maintains effective relationship with client</td>
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<td>2</td>
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<td>3. Shows empathic understanding of the client’s situation</td>
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<td>4. Awareness of own strengths limitations and impact upon clients</td>
<td>1</td>
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<td>5. Demonstrates appropriate blend of styles of questioning</td>
<td>1</td>
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<td>6. Demonstrates appropriate listening techniques</td>
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<td>7. Shows good exploration and clarification of problem related information</td>
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<td>8. Shows congruence between non-verbal and verbal behaviours</td>
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Comments

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## INTERVENTION AND THERAPY SKILLS

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<tr>
<td>1.</td>
<td>Demonstrates ability to identify presenting problems</td>
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<td>2.</td>
<td>Demonstrates ability to formulate &amp; analyse presenting problems</td>
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<td>3.</td>
<td>Demonstrates ability to plan relevant intervention programs for different problems</td>
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<td>4.</td>
<td>Good use of theory and/or research in choosing interventions</td>
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<td>5.</td>
<td>Uses intervention techniques effectively in therapy</td>
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<td>6.</td>
<td>Demonstrates good management of time during the session</td>
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<td>7.</td>
<td>Maintains focus on relevant problems during the session</td>
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<td>8.</td>
<td>Demonstrates ability to implement total intervention programs</td>
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<td>9.</td>
<td>Regularly monitors and reviews intervention progress</td>
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<td>10.</td>
<td>Shows good use of relevant homework assignments between sessions</td>
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<td>11.</td>
<td>Works well with others in implementing interventions</td>
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<td>12.</td>
<td>Shows good attention to maintenance and follow up</td>
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<td>13.</td>
<td>Demonstrates ability to evaluate total interventions</td>
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## ASSESSMENT OF SPECIFIED PLACEMENT GOALS

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OVERALL PERFORMANCE IN THIS PLACEMENT WAS

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Comments on the student’s strengths

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If you rate the student’s performance as **Below Standard** please complete the following section.

The student requires further supervised experience in the following activities relevant to this placement.

__________________________________________________________________________________________________________________________________________

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__________________________________________________________________________________________________________________________________________

Signed (Supervisor): _____________________________________________________________________

Date:
DOCTOR OF PHILOSOPHY (CLINICAL PSYCHOLOGY)
DOCTORAL THESIS - PSYCHOLOGY

Index No: 99173
Teaching School School of Psychology and Speech Pathology
Content hours 1.5 hours individual supervision per week
Credit Points 575 pts
Unit Coordinator Assoc. Prof Clare Rees, room 401:317, 92663442, c.rees@curtin.edu.au

Introduction
A Doctor of Philosophy (PhD) (Clinical Psychology) indicates that a student has contributed substantially to the knowledge or understanding in a field, and is capable of carrying out independent research. For the PhD in Clinical Psychology the project must have some relevance to clinical psychology. Doctoral research degree candidates should uncover new knowledge either by the discovery of new facts, the formulation of theories or the innovative re-interpretation of known data and established ideas.

Students enrolling in the Clinical PhD are strongly encouraged to read the comprehensive course handbook (Information for HDR Students), which is available from the course coordinator Assoc. Prof Clare Rees and the psychology main office.

Subject to and in accordance with Curtin's Higher Degree by Research Regulations for Doctoral Degrees, a Doctor of Philosophy (PhD) in Clinical Psychology shall be awarded for a combination of a thesis and coursework in which the coursework component does not exceed one-third of the total doctoral degree program. In all cases the thesis must in the opinion of the Examiners be a substantial original contribution to the knowledge or understanding of clinical psychology and demonstrate the capacity of the candidate to conceive, design and carry to completion independent research.

University Entry requirements for a PhD
Graduated with or qualified for the award of the degree of Master within the University which requires the completion of a publicly available thesis or research project to an acceptable standard;
or
Graduated with or qualified for the award of the degree of Bachelor with First Class Honours or Upper Second Class Honours within the University;
or
(i) Graduated with a Bachelor's degree and completed a Postgraduate Diploma or its equivalent, or completed a Master's degree by Coursework, with, in both cases, a course-weighted average of not less than seventy percent within the University; and
(ii) Demonstrated the capacity to undertake significant research;
or
Obtained qualifications from another institution which are recognised by tertiary admission authorities in Australia and which are deemed to be equivalent to, or a satisfactory substitute for, any of the qualifications prescribed above;
or
Enrolled in a research Master's degree for the equivalent of at least one semester full-time, and shown exceptional ability in the conduct of the early stages of the research project which is clearly capable of being extended and converted to Doctoral level. Conversion of enrolment from Master's to a Doctoral program requires the approval of the Faculty Graduate Studies Committee.
Selection of Potential Doctoral Students by the School

In addition to the University application form, the School of Psychology and Speech Pathology requires applicants to submit examples of their previous research endeavours, together with academic references and a written account of their skills, objectives and motivations for undertaking the PhD (Clinical Psychology) program. The application also requires a brief description of the proposed research (maximum of two pages).

**Applicants are required to approach suitable staff members prior to submitting their application to determine if they are willing to be on the supervision team.** The Postgraduate Coordinator can provide information on who may be appropriate for a particular topic. Further information is provided on the School’s website (http://psych.curtin.edu.au/).

The application will be reviewed by the School’s Graduate Studies Committee, and/or other staff members considered appropriate for the applicant and their proposed area of study. Consideration of whether an appropriate supervisory panel can be provided, and whether facilities necessary for research in the area signalled by the applicant can be made available, will affect the selection of suitable postgraduate students.

The Federal government now funds postgraduate research places at each University on a complex formula with penalties for students who fail to complete and rewards for students whose completion is “timely”. The potential of the student to complete the thesis and the potential of the project to be done in the minimum time are considered when determining the suitability of a student to the program.

**Postgraduate Scholarships**

Full-time students enrolled in the PhD (Clinical Psychology) program who have first class Honours or the equivalent are eligible to apply for a Commonwealth Research Award (Australian Postgraduate Award; APA) or a Curtin University Postgraduate Scholarship (CUPS) for a three year period of doctoral study. The ‘equivalent’ of first class honours may be considered as one or more of the following: students who have achieved candidacy, published papers in refereed journals or demonstrated in other ways progress towards the PhD. Students can apply at any time throughout their PhD. Further information is available at the following web site: http://scholarships.curtin.edu.au/

External scholarships are also available from granting bodies such as: Healthway WA, NHMRC and the Australian Rotary Health Research Fund. For information on these, students should contact the University’s Research & Development Office, or visit the appropriate organisation’s website. Additional scholarships are also available from the School of Psychology and Speech Pathology.

**Forms for Postgraduate Studies**

As you progress through your postgraduate studies you will require many forms throughout the various stages of your program. These are available on the University website, at: http://research.curtin.edu.au/graduate/forms.html

These can be downloaded to a PC or Mac for completion. Forms are often updated and it is much safer to download the most recent ones than to rely on ones that may have been printed off some time ago. The forms that you may need include:

**Admission to PhD Programs**

- Request for Extension of Time to Submit Candidacy Application
- Application for Candidacy and Conversion - Higher Degree by Research
- Ethics forms from the Human Research Ethics Committee (HREC)
- Application for Variation to Candidacy Details - Nomination of Examiners
- Application for Leave of Absence and Enrolment Amendment
- Application for Conference Support - Doctoral Students
Who Can Help?

**The Faculty of Health Sciences**
Dean Newman (9266-7652) is the Graduate Studies Administrator within the Faculty of Health Sciences.

**Postgraduate Coordinator**
The position of Postgraduate (PG) Coordinator is currently held by Assoc. Prof Clare Rees. The PG Coordinator is usually the Chair of the Thesis Committee for each postgraduate research student unless that person is a Supervisor or Associate Supervisor for the student. In this case, another Chair for the thesis committee is appointed from the School of Psychology and Speech Pathology staff. This is usually the Deputy PG Coordinator, currently Dr Neville Hennessey. If the PG Coordinator is unavailable for any reason, the Deputy should be contacted.

**Supervisor/Co-supervisor**
It is usually the student’s responsibility to find a supervisor. However, if the student is unsure, the Postgraduate Coordinator may assist in making recommendations based on the research topic of interest. The supervisor must be a member of the academic staff.

**Associate Supervisors**
Associate supervisors can be either internal or external to the University. Associate supervisors external to the University must provide written confirmation of their willingness to take this role.

**Candidacy**
For general information on candidacy, refer to University guidelines:
http://www.curtin.edu.au/research/currentstudents
Application for candidacy must be made within six months of initial enrolment for full-time students and 12 months for part-time students. Students must apply for candidacy at both the School and Faculty levels. Candidacy at the School level must be approved before it is submitted at the Faculty level.

**Requirements for Candidacy at the School level**
Once accepted into the course, the students’ first objective will be to produce a document consisting of:

**Abstract:** provide a half page explanation of the research in plain English.

**Objectives:** provide a clearly defined statement of the objectives of the research.

**Background:** provide the background to the proposed research program including a review of the literature that covers theoretical perspectives and previous research within the field you propose to study.

**Significance:** describe the significance of the proposed research program.

**Research Method:** include the rationale, hypotheses, methodology and analyses to be adopted in the research program.

**Ethical Issues:** provide a clear statement that demonstrates consideration of all ethical issues which may arise and the manner in which they will be addressed. Refer to the NHMRC National Statement on Ethical Conduct in Research Involving Humans, available at the following website:

**Facilities and Resources:** provide details of the facilities and resources required to complete the research. This includes a comprehensive annualized budget. Please note: the Head of School will not sign off on an application which has a large budget accompanied by the comment that external funding will be sought. In some cases, the budget is large because the project is part of an externally funded grant to the supervisor. In this case it is vital to spell out what questions are the intellectual property of the student and which were part of the supervisor’s grant.

**Time Line:** include the period from the beginning of the research to submission of the thesis.
References
This document must be in APA format (see APA publications manual). It should be no more than 35 double spaced pages excluding references. Sections 4 to 8 above should take up a larger proportion of the document than sections 1 to 3. Once completed this document needs to be submitted to the School’s statistics committee (via the PG Coordinator) who will ensure that the data analysis is appropriate for the aims and hypotheses of the study. If there are any problems then the committee will make recommendations on how these problems can be addressed. Once the statistics committee are satisfied with the data analysis section, then the student can organise their candidacy presentation. The candidacy document must be given to the Postgraduate Coordinator for distribution AT LEAST two weeks prior to the candidacy presentation. If this does not occur, the presentation will be rescheduled for a later date. The document will be circulated to staff who are encouraged to provide feedback to the student and supervisor on any issues of concern prior to the candidacy presentation.

All staff and postgraduate students are invited to attend the candidacy presentations. These should take no longer than an hour. Students are given approximately 30 minutes to present their research rationale and methodology, followed by 30 minutes of question time. The student should not review the literature during this presentation as it is assumed that staff will have read the candidacy document. However, the research rationale should include models/theories/previous research that is essential for understanding the proposed study. Staff are encouraged not to ask questions throughout the presentation but to wait until students have completed their presentation. At the end of the presentation, the PG committee, supervisor(s) and interested staff have a brief meeting to discuss ways that the project can be enhanced. This constructive feedback is then provided to the student via the supervisor(s). Please note: The aim of this presentation is to help the student towards a project that is achievable in the time and budget, and that will have little difficulties at the examination stage.

Requirements for Candidacy at the Faculty Level
Faculty candidacy is sought following approval of the project presented to the School of Psychology and Speech Pathology at the candidacy meeting. The initial candidacy document needs to be reduced by about half to 10 page (+ references/ single spaced) for presentation at the Faculty level. Details of the requirements by the Faculty and application forms are given at the following website: http://research.curtin.edu.au/forms/

Once submitted, the applications are reviewed at the next DGSC meeting. If concerns have been raised, supervisors and students may be asked to attend this meeting. If they are not present, then the School’s PG Coordinator can defend the proposal.
NOTE: there are very clear deadlines for the DGSC meeting agenda to close. Not getting your application in on time may result in it being held over for another month. The deadlines for the next meeting will be discussed with you after your School candidacy presentation.

Ethics Approval
Ethical clearance must be obtained from the University’s Human Research Ethics Committee (HREC), preferably after the proposal has been approved by the Faculty for candidacy, as NO research can be initiated until the project has received HREC approval. Professor David Hay is a member of the HREC and can advise students on the preparation of the ethics submission. The forms are available at the following website:
http://research.curtin.edu.au/forms/ethicsforms.cfm
Research Seminars

The Denis Glencross Memorial Student Conference

PhD students are required to make two presentations throughout the period of their studies at the Denis Glencross Memorial Student Conference, which is usually held in July. The first presentation is to be made once candidacy has been awarded and is of 10 minutes duration. The second presentation will be in the final months of study and be of 20 minutes duration. Masters students are required to make one 20-minute presentation towards the end of their studies.

School of Psychology and Speech Pathology Research Seminars

Postgraduate students are also encouraged to attend the research seminars presented within the School of Psychology and Speech Pathology. These are presented periodically during teaching weeks at 12.00noon on Wednesdays in 401:329, the Psychology boardroom. Students will be notified of these via email.

The Mark Liveris Health Sciences Research Student Seminar

This seminar is held by the Faculty of Health Sciences at the end of the each year. Students are encouraged to make an oral presentation if they are within 6 months of thesis completion, or present a poster if they are in the earlier stages of their research.

Resources

Essential facilities

From 2011, PhD students will be situated in the Faculty of Health Sciences Student HDR Hub. This state-of-the-art research facility provides all PhD and Masters by Research students with desk space, computing and other essential facilities. The Hub is located within Technology Park, at Sarich Way. The University has invested 2.5 million dollars into creating this dedicated facility for HDR students. Students will be provided with access to a computer, which has appropriate software packages and internet facilities.

Test Library: Psychological tests are available at the test library (room 114). The Test Library Officer’s phone number is 9266 3037.

Research Funds

School Funds: Students have $1500 per year available for their PhD budget. Details as to which items can be included in the budget are available in the ‘Information for HDR’ booklet. A copy of the budget, once approved at candidacy, is given to Maureen Bell in the office, who is responsible for managing the PhD funds.

Other Grants/Scholarships: Relevant grants and scholarships are usually broadcast through email. Further information can be obtained from the Faculty office, or from the Office of Research and Development website: http://scholarships.curtin.edu.au/postgraduate/current.cfm

Conference Support

Doctoral students are encouraged to attend at least one conference throughout their studies. The School currently provides $1,500 (subject to change) towards the cost of this, and the Faculty provides $2,000. They must also provide a written report on the conference to the HOS within a month of their return from the Conference.
School Requirements
Once the student and supervisors consider that the thesis is ready to be submitted for examination, it must then be forwarded to the PG Coordinator for internal review by a staff member of the School of Psychology and Speech Pathology who is not the student’s Supervisor or Associate Supervisor. This is not an examination in the formal sense but more a means of letting someone who has not been involved with the project do quality control to decide if it is ready to go out for examination.

University Requirements
All thesis examination procedures are governed by the ‘Higher Degree by Research (HDR) Regulations for Doctoral Degrees’.
These documents are available on the web at:
http://research.curtin.edu.au/graduate/hdrguidelines/thesisub.cfm#submitting

CURTIN UNIVERSITY POLICIES

YOUR ATTENTION IS DRAWN TO THE FOLLOWING
All units, including this unit, for enrolled Curtin University students are subject to the following policies –

1. The University statement on the nature and unacceptability of academic dishonesty including cheating, plagiarism and the fabrication or falsification of data.

2. The University statement on individual rights and responsibilities regarding the proper use of copyright material.

3. Student Charter.
   This Charter states the expectations of students and staff in their interactions as members of the Curtin community.

4. Grievance Procedures
   This policy covers “Any real or perceived ground for complaint including perceived racial or sexual harassment; discrimination on the grounds of disability, race, religious belief, political viewpoint, sex, marital status or pregnancy; or any other unfair or improper treatment.”

It is your responsibility to familiarise yourself with these policies, details of which can be found at the URL
http://policies.curtin.edu.au/policies/students.cfm
**Copyright Requirements**

As a student of Curtin you must be familiar with the requirements of the University’s Copyright Procedures. Guidance is available to you at the following web page (under the heading *Information for All Students*). Curtin’s Copyright Procedures can be found under the heading *Related Curtin Policies and Procedures* whilst the Copyright Act can be accessed from the *Additional information* heading at that web site should you wish to understand the source of the Procedures.

Failure to comply with the University’s policies and procedures on Copyright and IT/IS use may include suspension or termination of enrolment, fines, withdrawal of privileges for use of the University's ICT facilities and services and, depending on what is copied, stored or communicated, may also render you liable to prosecution in the courts."

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**Policy on Assignment Submission, Extensions, and Academic Misconduct**

Assignments must be submitted to the Psychology office by 8.00am on the morning following the date due. Assignments submitted after this time will have 5% deducted from the assignment mark for every day late (as indicated by the date stamped on the assignment). Assignments will not be marked if they are submitted more than two weeks after the due date (or revised due date if an extension has been granted).

Note that due dates may only be altered with the consent of the majority of students.

**Remember - it is your responsibility to retain a copy of your assignment.**

Never hand in an assignment to anywhere other than the Psychology Office.

**Extensions**

Please note that due dates are final and extensions or deferments will only be considered on -

1. medical grounds supported by a medical certificate
2. psychological grounds supported by a letter from a registered psychologist
3. special consideration by the Head of the School of Psychology and Speech Pathology

If you wish to apply for an extension then your application should be submitted in writing to the Unit Controller/Lecturer. Applications for extensions will not be accepted after the due date for an assignment.

**Supplementary Exams**

The School of Psychology and Speech Pathology does not give supplementary examinations.

**Academic Misconduct**

The School of Psychology and Speech Pathology and Curtin University considers academic misconduct a very serious offence. Make sure that you are aware of the policies relating to academic misconduct (look at this web site for the University’s policy on academic misconduct and plagiarism and ask a staff member if you are not sure about what constitutes misconduct. [http://policies.curtin.edu.au/policies/students.cfm](http://policies.curtin.edu.au/policies/students.cfm))

An extraction of the Curtin University academic misconduct policy procedure reference no: B004/P1.1 document effective from 30/11/2001 follows:
2.1 **Academic misconduct** is defined as acting dishonestly or unfairly in connection with any examination or other academic work. It includes

i) withholding or falsifying information relevant for admission, advanced standing, deferred assessment or leave of absence;

ii) presenting copied, falsified or improperly obtained data as if it were the result of laboratory work, field trips or other investigatory work;

iii) including in the student’s individual work material, which is the result of significant assistance from another person if that assistance was unacceptable according to the instructions or guidelines for that work;

iv) assisting another student in the presentation of that student’s individual work in a way that is unacceptable according to the instructions or guidelines for that work;

v) cheating; or

vi) plagiarising.

2.2 **Cheating** means dishonest conduct in relation to assessment. It includes

i) copying from other students;

ii) use of cheat notes and inappropriate use of graphic calculators in examinations;

iii) accessing inappropriate information, materials or equipment within an examination environment;

iv) falsification of identification; and

v) substitution of material.

2.3 **Plagiarism** means knowingly presenting the work or property of another person as if it were one’s own without appropriate acknowledgment or referencing. It includes

i) word for word copying of sentences or paragraphs from one or more sources which are the work or data of other persons (including books, articles, theses, unpublished works, working papers, seminar and conference papers, internal reports, lecture notes, tapes or works of creative art);

ii) closely paraphrasing sentences, paragraphs or themes;

iii) using another person’s ideas, work or research data without due acknowledgment;

iv) submitting work which has been produced by someone else on the student’s behalf as if it were the work of the student;

v) copying or submitting computer files in whole or in part without indicating their origin;

vi) in the case of collaborative projects, falsely representing the individual contributions of the collaborating students where individual contributions are to be identified.

4.7 **Penalties**

On determination that academic misconduct has taken place, the penalty which may be imposed on the student by a Head of School or Executive Dean is one or more of the following:

4.7.1 A reduced or nil result for the assessment item affected by the academic misconduct;

4.7.2 an ANN grade for the unit in which academic misconduct occurred;

4.7.3 an ANN grade for other units taken in that semester

4.7.4 suspension for up to 15 teaching days;

4.7.5 a fine

4.8 Referral to a Board of Discipline or the Academic Registrar under Statute 10, Student Disciplinary Statute:

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1 This is the definition in the Student Disciplinary Statute.

* ANN – result annulled due to misconduct
4.8.1 If the Head of School or Executive Dean believes a more serious penalty is warranted, they may request the Vice-Chancellor to refer the matter to a Board of Discipline. A Board of Discipline may impose any penalty provided for in Statute 10, including exclusion and expulsion.

4.8.2 Where the misconduct has been dealt with by a Head of School or Executive Dean, the student may appeal against the penalty to the General Manager, Student and Staff Services.

4.8.3 Where the misconduct has been dealt with by a Head of School or Executive Dean, the student may, with the leave of the Academic Registrar, appeal against the finding or the penalty to a Board of Discipline.

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1 Please note: second hand copies available from http://www.amazon.com/