

Handbook 2009



Psychology

Clinical Psychology
Graduate Programmes



THE UNIVERSITY OF
WESTERN AUSTRALIA
Achieving International Excellence

PREFACE

The purpose of this Handbook is to give an overview of the MPsych (Clinical), DPsych (Clinical) and combined MPsych/PhD programmes. It has been prepared mainly for students completing these degrees, but also with a view to providing information for others who may be interested (prospective students, field supervisors, academic colleagues etc). It is by no means comprehensive, and students attending the courses will receive many additional handouts (reference lists, detailed programmes, etc).

Feedback concerning the MPsych, DPsych and combined MPsych/PhD (Clinical) programmes, or this Handbook, would be very much appreciated. Please direct any comments to the Coordinator of Clinical Programmes, Mr Neil McLean, on 6488 3580.

This Handbook is also available on the web at:

http://www.psychology.uwa.edu.au/for/prospective_postgraduates

Related material can be found at:

http://www.hr.uwa.edu.au/publications/code_of_ethics
(The UWA Code of Ethics)

<http://www.psychology.org.au/about/ethics>
(APS Code of Ethics)

<http://www.secretariat.uwa.edu.au/home/policies/charter>
(The Charter of Student Rights and Responsibilities)

http://www.psychology.uwa.edu.au/robin_winkler_clinic
(Robin Winkler Clinic)

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INTRODUCTION

The University of Western Australia School of Psychology

The University of Western Australia (UWA) is Western Australia's premier tertiary institution. Established in 1913 and moving to its present location in 1930, the University boasts one of the most picturesque campuses in the country. The University is situated about halfway between the city of Perth and the Indian Ocean and is 10 minutes drive or 20 minutes bus journey from each. The campus is a garden setting that extends along the banks of the Swan River and at the southern end is a popular windsurfing area of international status. Restaurants, coffee shops, and hotels are close by the campus. Accommodation is available within walking distance of the University in Colleges, flats and houses.

Since being established in 1930, the second psychology department in Australia and the first to offer a full undergraduate course, the School of Psychology at UWA has maintained its reputation for innovative research and teaching. The School has approximately 25 full-time academic staff (see Appendix 1), 1000 undergraduates, and more than 85 students enrolled in higher degree programmes.

Staff and research students are actively involved in a broad range of fundamental and applied research programmes. The research is supported by University funding and by grants from government and private funding agencies. Many projects require a team approach to research problems and several involve interdisciplinary collaboration. Much of the research is accomplished in special-purpose laboratories and other projects take place in community settings such as schools and industrial organisations. Research activities in the School are supported by technical staff operating from well-equipped mechanical and electronic workshops. The School has developed a well-deserved reputation for being successful at winning financial support from outside the University for basic and applied research and attracts substantial external research grants.

The School is well equipped with teaching, laboratory, workshop, and office space. In addition, it has two centres located on the campus - the Child Study Centre (which incorporates a learning clinic, a kindergarten, a pre-primary and a special education unit) and the Robin Winkler Clinic. These centres provide excellent teaching and research facilities, and have made a major contribution towards establishing the School's reputation for applied and community research. A Test Library is located in the Main Office of the main Psychology Building (see Appendix 3).

The School has been recognised as one of the leading psychology departments in Australia in its use of computers in different areas of research. It has developed its own computing facilities networked with a variety of personal computers located in offices, teaching areas, and laboratories. These computing facilities are used in a diverse range of specialized research projects and also provide general facilities for data analysis, manuscript preparation, and electronic mail. Information about the computer network and how students gain access to it is given in Appendix 4. The School also provides excellent support for teaching and research that requires the use of audio-visual technology. In addition, photographic equipment is available with full support from an audio-visual technician.

MISSION STATEMENT

The School of Psychology has decided that its mission is to advance the scientific discipline of psychology at an international level:

- through the publication of basic research and applied research findings which further the understanding of psychological processes;
- through the provision of undergraduate and postgraduate training which enables and encourages our graduates to participate actively in the production and dissemination of new psychological knowledge;
- and through the promotion within the community of the important benefits of psychological research.

STAFF-STUDENT LIAISON

Much of the teaching in the program takes place in small groups, and direct access to the relevant staff member is usually straightforward in these contexts. Normally, an issue relating to a specific unit should be raised with the appropriate lecturer or Unit Co-ordinator (as listed in this Handbook) in the first instance.

Students should feel free to raise any issues related to the course with Neil McLean (6488 3580, neil@psy.uwa.edu.au) who is the Coordinator of Clinical Programs.

FEES COMMITMENT

Fees are payable at the time of enrolment. For all enquiries regarding fees please contact the Administrative Officer (HECS/Enrolments), Student Administration on **6488 4674** or Student Enquiries on **6488 2469** or **6488 8916** or visit the Web site at: <http://www.studentadmin.uwa.edu.au> .

TRAINING IN CLINICAL PSYCHOLOGY

The School of Psychology first offered systematic training in clinical psychology in 1949 with a one-year postgraduate course. This was the first postgraduate qualification in psychology in Australia. The course was expanded into a three year postgraduate Diploma in Clinical Psychology in 1956. The Bachelor of Psychology and Master of Psychology degrees were introduced in 1964. A combined MPsych/PhD programme was first offered in 1983 and the DPsych (clinical) programme was introduced in 2006.

The Master of Psychology (MPsych) degree represents the core of the clinical training programmes. It remains the qualification that provides the entry point to the profession of clinical psychology and is completed in two years full-time or four years part-time. In this Handbook, the work to be completed by full-time students in their first year and part-time students in their first and second years will be referred to as MPsych I or first-year work. Similarly, MPsych II or second-year work will refer to the programme that full-time students complete in second-year (part-time students in their third- and fourth years of enrolment).

The Doctor of Psychology (DPsych) programme is a three year full time sequence of study that offers extended clinical and research training. DPsych students complete all the MPsych coursework, with advanced courses offered in the third year of the programme. A clinical internship in the third year of the programme allows students to gain more intensive and specialised clinical experience. The research component of this degree is more extensive than for the MPsych and allows students to pursue research programmes that are not possible within the time constraints of the MPsych programme.

The MPsych/PhD is a full-time course of study that involves concurrently completing the MPsych coursework and the doctoral research over a four-year period. It is intended for students who not only wish to acquire the skills to practice as a clinical psychologist, but also wish to make an 'original and substantial contribution to knowledge' concerning clinical psychology through their doctoral research. It is also possible for students who successfully complete MPsych I to apply to transfer to the combined MPsych/PhD programme. This essentially involves them completing a PhD over the following three years in the usual manner, and completing the MPsych II requirements over the same period. Students successfully completing all requirements for both degrees would then take out both degrees.

The Postgraduate Clinical programmes are predominantly organised and taught by staff from the School of Psychology who are clinically trained and have acknowledged expertise in clinical research. Their expertise is reflected in their contribution to the discipline. In recent years they have contributed to the most prestigious journals in the field, such as *Journal of Abnormal Psychology*, *Archives of General Psychiatry*, *Annual Review of Psychology*, *Psychological Bulletin*, *Clinical Psychology Review*, *Behaviour Research and Therapy*, and *American Journal of Psychiatry*; on topics ranging from the training of clinical psychologists to the theory, diagnosis, assessment, and treatment of psychological disorders. Further, they have contributed to and written books on clinical psychology in Australia, behaviour therapy, cognitive psychology and emotional disorders, and published treatment programmes for anxiety disorders, self-esteem, assertion, and drinking problems. Some courses are offered by clinical psychologists from the field.

The Clinical Training programmes are based on a scientist-practitioner model of clinical psychology. Consequently, the programmes can be conceptualised as having three interrelated components:

1. an academic component which aims to provide students with the necessary theoretical and empirical base,
2. a clinical component which focuses on teaching students practical skills and techniques, and
3. a research component which aims to train students to critically read research reports and carry out research projects so that these skills can be translated into their future work.

The programmes are essentially divided into coursework, field placements, and a research dissertation. There are obviously parallels between the three components listed above and these three divisions of the programme, but the links are quite complex as evidenced in the following pages.

STRUCTURE OF THE MPSYCH, DPSYCH AND MPSYCH/PHD CLINICAL PROGRAMMES

MPsych Programme

The MPsych programme represents the core of the three postgraduate clinical programmes. The overall structure of the MPsych programme is as follows:

During first semester of **first-year**, there is an extensive coursework programme but no external clinical placements. Some of the coursework is designed specifically to prepare students for their first clinical placement.

Halfway through first semester students take on a caseload within the Robin Winkler Clinic. Students see individual cases and in most instances are also given experience working with a group. This caseload continues for twelve months, except for a short break over the Christmas period.

There is a six-week period between first and second semesters. During the first three weeks of this period, the only student commitment is the continuing caseload within the Robin Winkler Clinic. During the latter three weeks students begin their first external placement, attending three days per week. Once second semester begins, students attend placements for two days per week (normally Tuesdays and Thursdays).

During second semester coursework is scheduled for Mondays, Wednesdays and Fridays. External placements end on completion of second semester but students continue with their caseload within the Robin Winkler Clinic until early December.

Second-year work begins with an external placement commencing three weeks before first semester. As with other placements, students attend the placement for three days per week during vacation and two days per week during semester. This caseload continues until halfway through first semester. Coursework is scheduled on Mondays and Fridays, and is mainly confined to first semester. Students begin their final placement halfway through the six-week period between semesters.

Students are expected to make every effort to attend all teaching sessions and placement days. When they cannot be present they must notify their lecturer (teaching session) or supervisor (placement day) beforehand.

The dates for the University year in **2009** are:

First Semester: **Monday 23 February – Friday 29 May**

Second Semester: **Monday 20 July – Friday 23 October**

There are periods during each semester in which no classes will be scheduled. Placements will continue through these periods. These non-teaching study breaks or vacations are scheduled from:

13 April – 17 April (non-teaching study break)

1 Jun – 17 July (inter semester break)

7 September – 11 September (non-teaching study break)

DPsych Programme

The MPsych and DPsych programmes share a common first year with the only minor difference being the scope of the research proposal. The second year is also essentially the same for the two programmes.

In third year DPsych students complete two additional courses designed to allow them to pursue advanced training in areas of particular interest. They are also required to complete an internship; this practicum experience extends across the third year and gives students the chance to gain more intensive training in one of a number of clinical specialties. Their DPsych dissertation is submitted towards the end of the third year of enrolment.

MPsych/PhD (Clinical)

The MPsych/PhD programme offers an integrated clinical-research training to those individuals who want not only to acquire the skills of a professional clinical psychologist, but wish to make an 'original and substantial contribution to knowledge' relevant to abnormal and clinical psychology through their doctoral research and thereafter. The recommended sequence of study is as follows:

Year 1 Clinical Psychology

PSYC8510	Evaluation and Research Methodology (sem 2)
PSYC8566	Psychopathology and Clinical Problems (sem 1)
PSYC8568	Adult and Child Psychotherapy I (sem 1)
PSYC8567	Clinical Health Psychology (sem 2)
PSYC8569	Adult and Child Psychotherapy II (sem 2)

Year 2 Clinical Psychology

PSYC8552	Assessment (sem 1)
PSYC8575	Internal Practicum Part 1 (sem 1)
PSYC8565	External Practicum (sem 2)
PSYC8564	Internal Practicum Part 2 (sem 2)

Year 3 Clinical Psychology

PSYC8661	Special Topics (sem 1)
PSYC8667	Internal Practicum Part 1 (sem 1)
PSYC8662	Internal Practicum Part 2 (sem 2)
PSYC8663	External Practicum 1 (sem 1 or 2)

Year 4 Clinical Psychology

PSYC8664	External Practicum 2 (sem 1 or 2)
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With respect to the completion of the coursework, it is important that you liaise with the MPsych/PhD Clinical co-ordinator (Mr Neil McLean) to ensure that you are completing all requirements of the programme. With respect to the research, it is important that you liaise with both the MPsych/PhD Clinical (Mr Neil McLean) and PhD (Dr Andrew Page) co-ordinators **but you must:**

1. submit a PhD proposal to the School's review panel within five months of enrolment,
2. meet annual milestones as set by your review panel, and

- 3. complete the research and thesis within 4 years of enrolment.**

TRANSFER TO THE DPSYCH OR MPSYCH/PHD PROGRAMMES

It is possible for students in the MPsych degree to request to transfer to the DPsych or MPsych/PhD degrees.

MPsych students who wish to transfer should request permission to do so from the Co-ordinator of Clinical Programmes (Mr Neil McLean). This would normally be done by the end of the first year of enrolment.

RULES AND GUIDELINES FOR COMPLETING MPSYCH PART-TIME

The basic principal underlying completing the MPsych programme part-time is that the requirements for each of the two years can be completed over two years rather than one. First-year requirements must be completed in two years and second-year requirements in the following two years. Students can apply to change their enrolment to full-time after two years (ie after completing first-year requirements) but not after one or three years. Conversely, full-time students can apply to change their enrolments to part-time following completion of first-year work.

Students are normally expected to complete approximately half the coursework each year. Part-time students are advised to complete Psychology 552, 566, 567, 568 and 569 in their first-year of enrolment. In second-year, they complete Psychology 510, 574/564 and 565. There is some provision for flexibility in terms of the order of units taken by part-time students but the sequence outlined is the preferred option.

Part-time students are expected to gain clinical experience in the same way as full-time students (ie a caseload at the Robin Winkler Clinic over a one-year period, and three external placements including adult, child and institutional placements). The caseload at the Robin Winkler Clinic should begin in the second-year of enrolment and the three external placements should be carried out at the rate of one per year over the final three years of enrolment. All placements must involve a minimum of two days attendance per week and a total of at least 37 days, but it is not necessary to follow the format of three days per week for three weeks of vacation followed by two days per week for 14 or 15 weeks of semester.

If a part-time student is working in a setting that could provide the basis for a placement then the student can apply to carry out one of their three placements in their current work setting, but the placement must not be made up of the student's normal duties. To arrange such a placement, the student must submit a written work placement request to the Field Placement Co-ordinator (Mr Neil McLean). This request should state:

1. the nature of the work the student will undertake on the proposed placement,
2. how this differs from the student's normal duties, and
3. the name of the supervisor of the placement and the frequency of supervisor/student supervision meetings.

This request should be submitted not less than four weeks before the proposed placement is to begin. The Field Placement Co-ordinator will discuss the proposal with the student and proposed supervisor before final approval is given.

All part-time students must submit for approval, in writing, a plan of the courses they intend to pursue in the ensuing year to the Director of Clinical Psychology Training (Mr Neil McLean) by the first week of first semester.

RECOMMENDED GENERAL COURSE READING

- Barlow, D.H., Hayes, S.C., & Nelson, R.O. (1999). *The scientist practitioner: Research and accountability in the age of managed care* (2nd ed.). New York: Pergamon.
- Barlow, D. H. (Ed.). (2001). *Clinical handbook of psychological disorders: A step-by-step treatment manual*. (3rd ed.). New York: Guilford.
- Beck, J. S. (1995). *Cognitive Therapy: Basics and beyond*. New York: Guilford.
- Castonguay, L.G. @ Beutler, L.E. (Eds.) (2006) *Principles of therapeutic change that work*. Oxford; Oxford University Press
- Clark, D.M. & Fairburn, C.G. (Eds.). (1997). *The Science and practice of cognitive behaviour therapy*. New York: Oxford University Press.
- Dobson, K.S., & Kendall, P.C. (1993). *Psychopathology and cognition*. San Diego: Academic Press.
- Nathan, P.E., & Gorman, J.M. (2002). *A guide to treatments that work* (2nd ed.). New York: Oxford University Press.
- Norcross, J.C. (Ed) (2002) *Psychotherapy relationships that work: therapist contributions and responsiveness to patients* Oxford; New York: Oxford University Press

THE ROBIN WINKLER CLINIC

The Robin Winkler Clinic, which is based within the Clinical Unit, provides a clinical service to members of the public. It operates for two principal reasons. First, it provides a teaching resource within the internal placement units. Second, it provides a research resource which can be drawn upon by students while conducting their MPsych and PhD research studies, and by all academic staff within the School of Psychology to support their own research programmes. Clients are charged a modest fee to obtain clinical services through the Robin Winkler Clinic. However, fees may be reduced further under special circumstances, or may be waived if clients agree to contribute to specific research projects of the School of Psychology. All information material, forms, and procedures relating to client services can be found in the Clinic Manual.

The Robin Winkler Clinic operates between 8.30 - 5.00 on Tuesdays, Thursdays and Fridays, between 8:30 - 8:00 on Mondays, and between 8.30 - 7:30 on Wednesdays. It makes use of a suite of rooms within the Clinical Unit which provide facilities to support individual, couple, family, and group therapy. These rooms are fitted with videotape equipment and are linked by one-way screens to viewing rooms that allow direct observation of therapy sessions. Sessions are videotaped and these tapes are then used in supervision sessions. Occasionally, with the written consent of the client, a particular videotape may be kept for teaching or research purposes. However, in general, tapes are erased immediately after each supervision session.

Clients may self-refer, or may be referred to the Robin Winkler Clinic by another agent such as their GP. Clients are usually placed on a waiting list. However, if clients are seeking urgent help, they will be provided with information about other appropriate service providers. Adults, children and adolescents with a wide range of presenting problems are referred to the Robin Winkler Clinic, which in recent years have included fears and phobias, mood disturbances, sexual problems, marital and relationship difficulties, headaches, insomnia, appetite disorders, and substance abuse. In addition, our health psychology services offer programmes in smoking cessation and weight management. Clients can be seen individually, or can be assigned to group-based intervention programmes.

The Robin Winkler Clinic represents a very valuable facility for recruiting those particular categories of clinical research participants required to conduct clinically-oriented research programmes, and students are strongly encouraged to think about ways in which this facility could be developed to support their own research needs. One particularly efficient approach is to mount a group-based intervention programme designed to treat the target disorder which a student's research programme is designed to investigate, and to widely promote the availability of this treatment programme to a variety of referral sources within the general community. Often, researchers are assisted in conducting their specific assessments and/or treatments by the current student therapists at the Clinic, who can receive client contact hours for their involvement. Students wishing to make innovative use of the Robin Winkler Clinic to support their programmes of research are encouraged to discuss their needs and ideas with the Robin Winkler Clinic Co-ordinators, who are extremely enthusiastic about developing the full research potential of this tremendous School asset.

GENERAL PRINCIPLES OF ASSESSMENT

Assessment in the clinical programmes takes many forms including essays, literature reviews, theses, exams, vivas and reports of various kinds.

Requests for extensions of the submission deadlines for written work must be made to the appropriate programme co-ordinator, not the unit co-ordinator, in which the extension is sought. Extensions will normally be granted only in instances where an unforeseeable and unavoidable event, such as illness, prevents the work from being submitted by the due date. Extensions to the deadline will not be granted for holidays, professional and sporting commitments, or clashing assignment deadlines. Late assignments will be penalised by 5% of the available marks for each day after the published submission deadline. You should note that work submitted on the due day but after the submission time specified will be recorded as one day late (see Appendix 2).

Students are expected to pass all units in the course. Students can request that failed assessments be check marked and students may be given the opportunity of resubmitting once. The maximum mark awarded on the second marking will be 50%. Students who fail exams may be offered a supplementary examination.

Decisions concerning whether students are permitted to enrol in subsequent years, whether they are granted extensions, and whether they take out the degree, are made by the Higher Degrees Committee of the Faculty of Life and Physical Sciences, taking into account the recommendation of the School of Psychology.

Please note that the School takes a strong line against students involved in plagiarism, and students should read the School statement on plagiarism in Appendix 2.

FIRST YEAR

TIMETABLE AND UNITS

TIMETABLE – MPSYCH I**First Semester**

Monday	1.00 – 5.00	Internal Practicum 575 <i>Supervision (2 hr group)</i>
Tuesday	10.00 – 1.00	Internal Practicum 575 <i>Preparation for Placement (weeks 1-10)</i>
	2.00 – 5.00	Assessment 552
Wednesday	9.00 – 11.00	Psychopathology & Clinical Problems 566
	11.00 – 1.00	Internal Practicum 575 <i>Clinic Meetings</i>
	2.00 – 4.00	Adult and Child Psychotherapy 1 568
	5.00 – 7.00	Statistics for Field Research 510/512
Thursday		No classes
Friday	9.00 – 1.00 or 9-00 – 5.00	Workshop Programme (as listed)

Students begin their Robin Winkler Clinic caseload from around week 10 of first semester and commence the first external placement midway through the intersemester break.

Second Semester

Monday	9.00 - 11-00	Adult and Child Psychotherapy 2 569 (<i>adult stream</i>)
	1.00 – 5.00	Internal Practicum 2 564: <i>Supervision (2 hr group)</i>
Tuesday	9.00 – 5.00	Placement - External Practicum 565
Wednesday	9.00 – 11.00	Clinical Health Psychology 567
	11.00 – 1.00	Internal Practicum 2 564 <i>Clinic Meetings</i>
	12.00 – 1.00	Internal Practicum 2 564: <i>Intake Overflow</i>
	2.00 – 5.00	Adult and Child Psychotherapy 2 569 (<i>child stream</i>)
Thursday	9.00 – 5.00	Placement - External Practicum 565
Friday	9.00 – 1.00 or 1.00– 5.00	Workshop Programme including 510

ASSESSMENT TIMETABLE: MPSYCH I**Semester 1**

Due	Unit	Form of Assessment
20 April	Assessment 552	Observation Report
20 April	Adult & Child Psychotherapy 1 568	Critical Review
4 May	Assessment 552	Assessment Report
28 May	Psychopathology & Clinical Problems 566	Essay
6 June	Adult & Child Psychotherapy 1 568	Essay
TBA	Assessment 552	Class Presentation
TBA	Psychopathology & Clinical Problems 566	Group Presentation

Semester 2

Due	Unit	Form of Assessment
Five months after enrolment	MPsych/PhD Combined Students	PhD Thesis Proposal
21 September	Evaluation & Research Methodology 510	Literature Review (MPsych and DPsych)
5 October	Evaluation & Research Methodology 510	Research Proposal (MPsych and DPsych)
23 or 30 September	Clinical Health Psychology 567	Class Presentation
7 or 14 October	Clinical Health Psychology 567	Promo Project
TBA	Clinical Health Psychology 567	Group Presentation

UNIT DESCRIPTIONS

Unit Code	Evaluation and Research Methodology: PSYC8510 (6 pts)
Unit Name	Research Methods in Applied Settings/Statistics for Field Research
Coordinator	Dr Sue Byrne: RWC Rm 22, sbyrne@psy.uwa.edu.au
Lecturers	Dr Tim (Chas) Skinner: Dr Davina French: Main Bldg M307, davina@psy.uwa.edu.au

Note	This unit involves two components. One component is for MPsych and DPsych students only and takes place mainly in semester two. The second component is for MPsych/PhD students only and takes place in semester one.
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MPSYCH AND DPSYCH STUDENTS

Time and Place Semester One

Workshop: Friday April 24, 9.00-12.00
Getting started with a thesis: supervisors and topics
(Dr Sue Byrne)

Individual work with supervisor:
Week 8 semester one onwards

Semester Two

This unit will be run in workshop format and is taken in conjunction with PSYC8513. Details on timetabling and venue for semester two TBA.

Description

The training in all aspects of applied psychology at this University has developed with a strong emphasis on the relevance of scientific approaches to real-world problems. An important premise of such a model is that one's practice is guided by research findings. Scientific advances, evolving professional standards, shifting community needs, pressures from diminishing budgets, and uncertainties associated with relative distribution of resources, all make it imperative that students are not only trained to meet the standards of today's professional practice, but they also have the generic skills that make them capable of evaluating, adapting and contributing to the development of new knowledge.

Outcomes

Students will:

- be familiar with advanced methodologies and statistical techniques important for designing and evaluating research in applied psychology
- have gained knowledge about methodological and practical issues important for implementing these techniques and how they might be applied to their own research
- be able to identify the relevance of appropriate designs and statistical analysis for evidence-based practice

- acquire knowledge and skills in the generation of a research proposal appropriate for their MPsych or DPsych programme
- acquire knowledge and skills in areas selected in discussion with their supervisor.

Assessment

Students will demonstrate their knowledge and competencies through:

1. A 4,000-word literature review of publication standard providing a critical methodological review of the research in the area of the planned empirical thesis (it is not the introduction to the thesis). As such it should be written in the form of an article suitable for submission to a journal such as *Psychological Bulletin* or *Clinical Psychology Review*. The review should be submitted to the Psychology Department main office by 10:00am Monday 21st September 2009.
2. Submission of an acceptable proposal for research to be carried out by the student in 2010 by 10:00am on Monday 5th October. See Appendix 5 for guidelines. Students should submit their proposals to the Psychology Department main office.

Note

Further details on assessment of the unit together with deadlines will be provided at the first class.

MPSYCH/PhD STUDENTS

Time and Place Semester One

Lectures/Seminars:
Wednesdays, 5.00 - 7.00pm
Room 2.33 Main Psychology Building

Labs:
Thursdays, 2.00 - 4.00pm
Venue TBA

Description

This unit provides instruction in the conceptual and methodological issues relevant to conducting advanced multivariate statistics such as Confirmatory Factor Analysis and Path Analysis. Students are taught the skills and knowledge needed to conduct qualitative and quantitative literature reviews in applied psychology. This unit included instruction in the use of current Software packages associated with both advanced statistical analysis and meta-analysis.

Outcomes

Students will:

- be familiar with the major forms of data analysis required in the process of identifying causal relations among data collected in field settings
- acquire the knowledge and skill to evaluate research in applied settings

- acquire the knowledge and skill to conduct qualitative and quantitative reviews of the current literature.

Assessment

Students will demonstrate their knowledge and competencies through:

1. an assignment reporting a statistical analysis (50% of the marks)
2. a quantitative literature review (50% of the marks).

Both components must be passed for the unit to be passed.

References, resources and reading materials

These will be provided by the lecturer or supervisor when relevant.

Note

A full unit outline will be provided at the first class.

Unit Code	Assessment PSYC8552 (6 points)
Unit Name	Assessment
Coordinator	Assoc Prof Janet Fletcher
Other lecturers	Assoc Prof Andrew Page Dr Allison Fox
Supervisors	Ms Cath McPhee

Time and Place:	<i>First Semester:</i>
	Weeks 1 – 6: Tuesday, 2.00 - 5.00, CSC Lecture Theatre
	Week 4: Friday, 9.00 - 12.00, Clinical Unit Seminar Room
	Weeks 7 – 13: Tuesday, 2.00 – 4.30, Clinical Unit Seminar Room
	Weeks 12 & 13: Friday, 9.00 – 12.00, Clinical Unit Seminar Room

General Description

This unit provides an *introduction* to the assessment of individuals across the lifespan. It provides a basis for an understanding of more specialised assessment procedures. For this reason it is a core unit for students in the Educational and Developmental, Clinical and Neuropsychology graduate programmes.

Student Outcomes

Students will:

- gain an understanding of the rationale for and ethics of assessment
- develop an understanding of, and experience with, the *process* of assessment
- develop an awareness of the major concerns that individuals coming for an assessment present with at different stages of the lifespan
- gain familiarity with diagnostic criteria provided by the DSM-IV and the ICD-10
- gain experience with the major assessment strategies and techniques that are used to gather information about clients
- gain experience with interpreting assessment data
- gain experience in communicating assessment outcomes both orally and in written form to varied audiences.

Students will gain this knowledge and develop these competencies through:

- direct input from lecturers
- observation and discussion of recorded assessment sessions
- observation of experienced clinicians
- reading and discussion of referral forms, case notes, test protocols and reports
- direct experience with tests and other assessment strategies

Assessment

Students will demonstrate that they have attained these outcomes through:

- active participation in class activities.
- carrying out and reporting on a structured observation. The report should be submitted to the Main Psychology Office by 10.00am, **Monday 20 April**. This report will count for 30% of the final grade.
- an assessment report based on a case workshopped in class. A video and protocols from the assessment will be provided. The report should not exceed 2000 words and should meet the requirements of an assessment report as outlined in class. The report should be submitted to the

Main Psychology Office by 10.00am **Monday 4 May**. This report will count for 35% of the final grade.

- demonstration of standardised administration of one of the Wechsler scales. A Pass/Fail grade will be awarded.
- Brief (i.e., 5 minute) class presentation of a psychometric test and a **CONCISE** summary of the test (i.e., no more than 2 pages). Students will be given presentation times in class. These will account for (35% of total mark in the unit).

Test review structure:

1. Name, original publication, copyright status, and commercial address

2. Construct and Aims

Provide information about the underlying theoretical construct that the instrument attempts to measure. You may wish to consider how these constructs differ from others measured by different instruments (i.e., is there anything new, unique, or specific?).

3. Description

Provide information on:

- Item source and construction
- Sample characteristics, describing sample used to create the measure
- Item analysis results and selection criteria
- The theoretical basis of test construction
- Item format (or response alternatives), administration, test instructions, number of items, and time to administer.

4. Factor Structure or Test Dimensions

Provide a detailed description of any specific analyses and procedures used to determine the dimensions (e.g., factors). Deviations from the test's original structure in replication studies and/or different samples might also be reported.

5. Reliability

Report internal consistency coefficients (e.g., Cronbach's alpha), inter-correlation coefficients, test-retest reliability coefficients, etc. Additional information on the sample from which the measures were derived may be mentioned.

6. Validity

Outline crucial investigations of all aspects of validity. Also identify areas where the test has not been validated and any restrictions on interpretations of test results.

7. Application

Identify the instrument's form (and alternatives), the instructions, and feasibility (e.g., simplicity, duration). Provide information on data processing, suitable research fields, and research on target populations. The existence (or not) of norms should be noted. Note possible risks in application of the instrument and risks in abuse.

PART 1: CHILD AND ADOLESCENT ASSESSMENT

Description

Children do not self-refer for assessment. This raises a range of ethical and practical issues. Typically they are referred for assessment by parents, carers, teachers or other professionals working with them. The issues for which they are referred are of concern to the referring party. They are usually, but not necessarily, of concern for the child. Issues that cause most concern vary with the age of the child but typically include problems with development, learning and behaviour.

Topics Weeks 1-6

Week 1: Setting the scene: What is assessment? Why & when should we assess? Working with children – practical and ethical issues; normal development; developmental delay.

Tools/techniques:

- Developmental scales: Vineland-II; Bayley 3rd Ed
- Intelligence tests: WPPSI-III

Week 2: Autism.

Tools/techniques:

- Intelligence tests cont.: WISC-IV
- Performance tests of intelligence: Leiter-Revised

Week 3: Differential diagnosis; normal learning; learning disorders.

Tools/techniques:

- Attainment tests: Neale 3rd Ed; SAST; Woodcock; WIAT-II
- Language screening: CELF-IV
- Tests of processing difficulties: CTOPP; TOWRE

Week 4: Behavioural problems: ADHD, CD and ODD.

Tools/techniques:

- Rating scales: CBCL; SDQ; Connors – Revised
- Structured observation techniques

Workshop: Practice with process

Week 5: Anxiety & mood disorders; Report writing.

Tools/techniques:

- Ratings scales cont.: CDI; STAIC
- Interviews

Week 6: Re-examining assessment process: from referral to recommendations.

Part 2: Adult clinical assessment

Description

While children and adolescents with clinical, educational, and neuropsychological problems will often present for assessment in a school-based educational context, by adulthood they will have completed their basic education and will frequently be encountered by government agencies (e.g., Department of Health, Disability Services Commission, Department of Community Development) and non-government organizations (NGOs). In this context “The collection of outcome data is no longer limited to the randomized controlled trial ... Data are routinely collected within agencies of all types regarding the quality and outcomes of interventions provided” (Ogles et al., 2002). Thus, assessment is no longer seen as an optional extra engaged in by psychologists alone and the Commonwealth has identified the need to use assessment information to improve clinical practice as a core priority in coming years. How can psychologists retain pre-eminence within a professional context where organizations are developing routine assessment and evaluations?

Building on the foundation laid by Dr Fletcher, we will consider the assessment of adults in a variety of perspectives informed by a model of scientist-informed clinical practice described by Page and Stritzke (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge: Cambridge University Press.

1 Student Outcomes Specific to Adult Assessment

Students will develop:

1. Familiarity with a variety of adult assessment instruments
2. Awareness of adult diagnostic assessment methods
3. Exposure to a method of formulating clinical information collected
4. Understanding of the ways that assessment with adults can guide and evaluate an intervention

2 Topics weeks 7-13

Week 7: Adult Assessment and Interviewing

Week 8: WAIS-III: An introduction

Week 9: Interpreting test profiles: WAIS-III as an example

Week 10: No Class (Test preparation and practice)

Week 11: Diagnostic Interviewing and The Mental State Examination

Week 12: Test Presentations

Week 13: Using assessment to guide treatment planning and Clinical significance

Tests to be reviewed:

Millon Clinical Multiaxial Inventory	Brief Psychiatric Rating Scale	MMPI-II
Trail Making Test A&B	Beck Anxiety Inventory	RSES
Spielberger Anger Scales	Personality Assessment Inventory	NEO-PI-R
Butcher Treatment Planning Inventory	Spielberger Anxiety Scales	SF-36 & 12
Consumer Satisfaction Survey	Katz Adjustment Scales	DASS
Hamilton Depression Inventory	Client Satisfaction Questionnaire 8	BASIS-32
California Verbal Learning Test (II)	Outcomes Questionnaire 45	WCST
Boston Naming Test	Rey Osterreith Complex Fig. Test	Q-LES-Q
Geriatric Depression Scale	Adult Personality Inventory	Hamilton
Quality of Life Inventory	Beck Hopelessness Scale	BDI II
Montgomery-Asberg Depression Rating Scale	CESD	WMS
SCID	CORE	SCAN
CIDI	Mini Mental State	

Useful References

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders (4th ed.) Text revision*. Washington: APA.
- Antony, M. M., & Barlow, D. H. (2002). *Handbook of assessment and treatment planning for psychological disorders*. New York: Guilford
- Cohen, R.J., Swerdlik, M.E. & Phillips, S.M. (1996). *Psychological testing and assessment: An introduction to tests and measurement*. (3rd ed.). Mountain View, CA: Mayfield.
- Gelfand, D.M. & Hartman, D.P. (1984). *Child behavior analysis and therapy*. (2nd ed.). New York: Pergamon Press.
- Groth-Marnat, G. (2003). *Handbook of psychological assessment (4th Ed.)*. New Jersey: Wiley.
- Maruish, M. E. (2004). *The use of psychological testing for treatment planning and outcomes assessment Vol. 3 (3rd Ed.)*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Ogles, B. M., Lambert, M. J., & Fields, S. A. (2002). *Essentials of outcome assessment*. New York: Wiley.
- Page, A. C., & Stritzke, W. G. K. (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge: Cambridge University Press.
- Sattler, J.M. (2001). *Assessment of children: Cognitive applications (4th Ed.)*. San Diego: Jerome M.Sattler Publisher.
- Sattler, J.M. (2002) *Assessment of children: Behavioural and clinical applications (4th Ed.)* San Diego: Jerome M.Sattler Publisher
- World Health Organization (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: WHO.

Unit Code	Psychology PSYC8565, 663 and 664	
Unit Name	External Practicum	565 (Semester 2)
		663 (Semester 1)
		664 (Semester 2)

Field Placement Co-ordinator Mr Neil McLean

As part of the requirements for the MPsych and MPsych/PhD programmes, students undertake three supervised field placements in approved agencies. DPsych students also complete three placements and in addition complete an additional placement in the third year of their enrolment. We encourage students to choose placements that will provide them with a range of experience. All students must complete at least one child and one adult placement (see placement options in Appendix 10).

Students on placement are normally expected to spend two days per week during semester (normally Tuesday and Thursday) and three days per week during the three weeks of University vacations (normally Tuesday to Thursday) in supervised field work. As placements differ in their requirements there may be some room for negotiation in terms of the hours/days spent on placement, but the overall length of the placement must be at least 37 days.

Dates for Field Placements **2009 (recommended dates but may need to be varied according to placement requirements)**

(a) MPsych I

First Placement	29 June to 23 October
3 days/week:	29 June to 17 July
2 days/week:	20 July to 23 October

(b) MPsych II

First Placement:	2 February to 29 May
3 days/week:	2 February to 20 February
2 days/week:	23 February to 29 May

Second Placement:	29 June to 23 October
3 days/week:	29 June to 17 July
2 days/week:	20 July to 23 October

Procedure for Negotiating Placements

1. In order to arrange a placement, students will be asked to list three or more placement options several months before the start of each placement.
2. The Placement Co-ordinator will then contact the relevant Field Supervisor to confirm that a placement position is available. At no time may a student contact a potential Field Supervisor to negotiate a placement.
3. If the placement position is available, the student may then contact the Field Supervisor to arrange a meeting time during which the proposed placement will be discussed more fully and the Supervision Contract negotiated.
4. If both student and Field Supervisor agree to the placement being accepted then the Supervision Contract should be completed. One photocopy should be retained by the Field Supervisor, one by the student, and the original forwarded to the Placement Co-ordinator no later than ONE WEEK after the commencement of the placement.

If the student and Field Supervisor cannot negotiate a Supervision Contract, then the student should promptly contact the Placement Co-ordinator to negotiate an alternative placement.

Please note that whilst the Placement Co-ordinator will attempt to organise one of the placements requested by a student, this will not always be possible and students need to be prepared to work in placement settings they may not have listed.

Student's Placement Reports (Appendix 8)

Students are required to submit a Student's Placement Report in the standard format to the Placement Co-ordinator within one week of the end of the placement. Photocopies of these reports (minus the Field Supervisor's comments) may be kept in the Placement File in the Clinical Unit for general perusal by students. This provides a varied and insightful account of students' experiences in various agencies and helps to guide students and the Placement Co-ordinator in the selection of future Placements.

Supervisor's Placement Report (MPsych I and MPsych II - Appendix 9)

It is requested that the Supervisor's Placement Report be completed by the Field Supervisor and forwarded directly to the Placement Co-ordinator not later than one-week following the placement period. Its aim is to provide the student with feedback on performance in the placement and to point to areas of strength and weakness in clinical skills, while providing information to the Course Controller on how the student is performing in an applied setting.

Mid-Placement Meetings

The Placement Co-ordinator will contact all current Field Supervisors during the placement in order to establish that placements are progressing satisfactorily. A meeting with student and Field Supervisor will be convened if it is considered necessary by any of the relevant parties. This should ensure that any significant concerns that arise are addressed early.

New Placements

Students interested in undertaking a placement at an agency not included in the Placement File should discuss this with the Placement Co-ordinator. The qualifications and expertise of the prospective Field Supervisor, as well as the suitability of the experience offered by the agency, will be taken into account when considering whether an agency meets the requirements of an approved placement.

Changes in Placements

A student who wishes to alter placement arrangements for research or other reasons must first discuss the proposed changes with the Placement Co-ordinator.

Out-of-State and Overseas Placements

It may be possible for students to negotiate placements in other states or overseas during University vacation (full-time placements) periods. However, as it is difficult to arrange a placement outside WA there needs to be good reason why the student sees such an arrangement as advantageous. In order for this to be approved, students must first discuss their plans with the Placement Co-ordinator. There may also be the opportunity to work in rural settings within WA. Once again, students should not make any approach to potential supervisors.

Requirement of students

It is a requirement of the Masters (Clinical) programme that all students pass each of their placements. Whilst the Field Supervisor's assessment of the student during the placement and their subsequent Placement Report make a most significant contribution to determining this outcome, the final decision for a Satisfactory Performance on an External Practicum will remain with the Placement Co-ordinator.

Unit Code	Psychology PSYC8566 (6 points) (Semester 1)
Unit Name	Psychopathology and Clinical Problems 566
Co-ordinator	Assoc Prof Andrew Page
Time	First Semester, Wednesday, 9.00 - 11.00
Internet	http://www.psy.uwa.edu.au/users%20web%20pages/andrew/teach.htm

Course requirements

1. Attendance at all classes. If a student cannot attend a class, they must notify the lecturer beforehand.
2. Completion of all assessments.

Assessment

1. 45% - Essay due **28 May, 2009**: - up to 2000 words. Regarding the case of Carl Landau (Brown & Barlow, 2007) prepare a dialogue in which you deliver your diagnosis and outline your formulation to him and his parents with empathy and sensitivity. They have accompanied their son to treatment and commented that if their son prayed in faith he would be healed from his spiritual affliction.

Starting References

Page, A. C., & Stritzke, W. G. K. (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge: Cambridge University press. (Chapters 2 & 3 and see Chapter 5 for example dialogues.)

Prather, R. (2000). Obsessive-compulsive disorder. In M. Hersen & A. S. Bellack (Eds.), *Psychopathology in adulthood* (Second Edition; pp. 232-251). Neeham Heights MA: Allyn & Bacon.

Worthington, E. L. Jr., & Sandage, S. J. (2002). Religion and spirituality. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 383-399). Oxford: Oxford University Press.

2. 45% - Answer the following questions about a client shown. What is your provisional DSM-IV diagnosis/es? (10%) Include a list of the symptoms for each disorder or disorders that the client would meet or had met diagnostic criteria for? (20%) Identify why you ruled out other key disorders (10%). Construct a case formulation (but omit a treatment plan; 50%) and briefly indicate any additional information you would need to seek and why (10%)?
3. 10% - Group presentation. Each group will be given a reference. For those presenting before Week 12 this will be a 15 minute presentation that (i) describes an aspect of case formulation and (ii) a role play illustrating key points (From Kuyuken, W., et al., (2009). *Collaborative case conceptualization: Working effectively with clients in cognitive-behavioral therapy*. New York: Guilford.). For those presenting in Week 12 this will be a 15 minute presentation (i) describe key issues when working with indigenous clients, (ii) role play how not to deal effectively with indigenous clients, (iii) role play how to deal effectively with indigenous clients, and (iv) comment on the matters in the role play.

Outcomes

This unit is primarily intended to provide a framework for understanding adult clinical problems. The areas that will be covered in these classes have been chosen because they represent the general range of adult psychopathology frequently encountered by clinical psychologists practising in Western Australia.

In so doing, the unit aims:

1. To provide a conceptual framework by which students can understand psychopathology and clinical problems.
2. To develop skills in recognising the main areas of psychopathology.
3. To provide a strong theoretical basis for clinical practice.

Training in Case Formulation.

The first phase of the unit addresses case formulation. The objective is that we learn how to conduct case formulation chiefly from a cognitive-behavioural perspective.

Identifying Clinical Problems.

Having discussed case formulations, we will spend time watching and discussing one or two videos each week of individuals with certain mental disorders. These will cover instances from each of the main categories of adult mental disorders.

The objectives of going through these exercises will be that:

- we can learn to recognise the major categories of mental disorder
- we can learn the process of identifying mental disorders
- we can become aware of the issues that each class of mental disorders is going to bring into therapy, and
- we can identify some of the potential pitfalls in assessment and respond appropriately.

Linking theory to treatment

The next component of the course will involve student presentation, linking the reading with the videos we have watched. The presentation will be upon one area of clinical psychology and your task will be to identify the main theoretical model(s), critically evaluate their status and thereby arrive at a conceptual model of the disorder(s) that can be used to guide treatment. One possible structure is to try to identify for each relevant model the:

- predisposing factors (i.e., those factors that lay the foundation for development of the problem)
- precipitating factors (i.e., those factors that triggered the problem in the first instance)
- perpetuating factors (i.e., those factors that maintain the problem)
- protective factors (i.e., those factors that protect a person from developing the problem or stop the problem becoming more severe), as well as
- prescriptions for intervention or treatment.

The chief objectives of this section are to:

- evaluate the main models in clinical psychology
- clarify the links between theory and treatment

Week 1: Assessing Clinical Problems: Diagnosis with DSM-IV and ICD-10

- Assessing clients: Chapter 3 in Page, A. C., & Stritzke, W. G. K. (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge: Cambridge University Press.

Week 2: Case Formulation I

- Linking assessment to treatment: Case formulation: Chapter 4 in Page, A. C., & Stritzke, W. G. K. (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge: Cambridge University Press.

Week 3: Case Formulation II

- Sections in ICD: F42 and DSM: Anxiety and Adjustment Disorders
- Persons, J. B., & Tompkins, M. A. (2007). Cognitive-behavioral case formulation. In Eells, T. D. (Ed.), *Handbook of psychotherapy case formulation* (2nd Ed.) (pp. 290-316). New York: Guilford.

Week 4: Anxiety and Adjustment Disorders

- Sections in ICD: F40-41 and DSM: Anxiety Disorders
- Wells, A. (2006). Cognitive therapy case formulation in anxiety disorders. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 52-80). East Sussex: Routledge.

Week 5: Anxiety and Factitious Disorders

- Sections in ICD: F43 & 68 and DSM: Anxiety and Factitious Disorders
- Lee, D. (2006). Case conceptualisation in complex PTSD: Integrating theory with practice. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 142-167). East Sussex: Routledge.

Week 6: Mood Disorders

- Sections in ICD: F32-39; F53 and DSM: Mood Disorders
- Blackburn, I. M., James, I. A., & Flitcroft, A. (2006). Case formulation in depression. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 113-141). East Sussex: Routledge.

Week 7: Mood Disorders and Sleep Disorders

- Sections in ICD: F30-31; F51 and DSM: Mood & Sleep Disorders
- Jones, S. (2006). Bipolar disorders. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 188-215). East Sussex: Routledge.

Week 8: Schizophrenia and Related Disorders

- Sections in ICD: F20-29 and DSM: Schizophrenia and Related Disorders
- Tarrier, N. (2006). A cognitive-behavioural case formulation approach to the treatment of schizophrenia. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 167-187). East Sussex: Routledge.

Week 9: Psychotic, Impulse Control and Personality Disorders

- Sections in ICD: F00-09; F60-69 and DSM: Personality Disorders & Mental Disorders due to a General Medical Condition
- Davidson, K. M. (2006). Cognitive formulation in personality disorders. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 216-237). East Sussex: Routledge.

Week 10: Eating and Somatoform Disorders

- Sections in ICD: F45, F48; F50 and DSM: Eating and Somatoform Disorders
- Lavender, A., & Schmidt, U. (2006). Cognitive-behavioural case formulation in complex eating disorders. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 238-262). East Sussex: Routledge.

Week 11: Substance-Related and Sexual Disorders

- Sections in ICD: F10-19; F51-52-39; F44; F48 and DSM: Dissociative Disorders and Delirium ..., Substance and Sexual Disorders
- Brown, R. J. (2006). Medically unexplained symptoms. In N. Tarrier (ed.), *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases* (pp. 263-292). East Sussex: Routledge.

Week 12: Psychopathology and Indigenous Clients

- Respecting the humanity of clients: Pages 217-224 in Page, A. C., & Stritzke, W. G. K. (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge: Cambridge University Press.
- Ridley, C. R., & Ridley, S. M. (2007). Multicultural considerations in case formulation. In Eells, T. D. (Ed.), *Handbook of psychotherapy case formulation* (2nd Ed.) (pp. 33-64). New York: Guilford.
- Detailed Example of Case Formulation (Padesky).

Week 12: Case Formulation – Putting it altogether

Unit Code	Psychology PSYC8567 (6 points) (Semester 2)
Unit Name	Clinical Health Psychology
Co-ordinator	Dr Werner Stritzke
Time	Second Semester, Wednesday, 9.00 - 11.00

A clinical health psychologist applies, in professional practice, the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health; the prevention, treatment, and rehabilitation of illness, injury, and disability; the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction; and the analysis and improvement of the health care system and health policy formation (Adapted from Matarazzo, 1980).

Outcomes

This unit focuses on the role of psychological services in general health care settings. Students will be able to integrate key knowledge and concepts about:

- psychologists as health care providers in a competitive health care market
- accountability and efficiency in service delivery
- psychological services in health care and corporate settings, and
- psychological aspects of physical health.

Students will acquire skills in:

- Marketing psychological services
- Using psychological interventions to enhance health
- Adapting psychological practice to medical settings

Teaching Program

22 July	Psychologists as health care providers
29 July	Practice Module 1: Utilising emotion to enhance health (e.g. emotion-focused therapy)
5 August	Practice Module 2: Adapting psychological interventions to medical settings (e.g. stress management)
12 August	S1: Psychoneuroimmunology S2: Psychologists in medical settings (1)
19 August	Practice Module 3: Smoking cessation I
26 August	Practice Module 3: Smoking cessation II
2 September	No class
9 September	Study break
16 September	S3: Psychologists in medical settings (2) S4: Psychologists in medical settings (3)
23 September	Mini-presentations I
30 September	Mini-presentations II
7 October	S5: Psychologists in medical settings (4) S6: Psychologists in medical settings (5)
14 October	Practice Module 4: Substance abuse treatment
21 October	Psychologists and the market place: From niches to riches

Requirements and Assessment

1. Attend all lectures/seminars and contribute to class discussions.
2. Conduct an individual course project and give a brief class presentation of the project in Week 10 or 11 of the semester (i.e. **23 September or 30 September**). 30% of total mark.
3. Submit printed 'promo' of individual course project 2 weeks after the oral presentation (i.e. by **7 or 14 October, 9:00am** in Robin Winkler Clinic Office (details of format will be announced in first week). 40% of total mark.
4. Conduct a group-based seminar (details of format will be announced in first week). 30% of total mark.

Readings

Page, A. C., & Stritzke, W. G. K. (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge University Press. [Ch. 6, Ch. 13]

Stritzke, W. G. K., Chong, L. Y., & Ferguson, D. (2009). *Treatment Manual for Smoking Cessation Groups. A guide for therapists*. Cambridge University Press. [relevant chapters]

Other readings will be assigned throughout the course. These references will be made available after the course commences as the basis for class and seminar preparation and discussion.

ADULT AND CHILD PSYCHOTHERAPY 1 (568) and 2 (569)

Adult and Child Psychotherapy is taught across two units (568 and 569) and two semesters. The units aim to introduce students to key issues associated with the psychotherapeutic management of problems presented by children, adolescents and adults.

Unit Code	Psychology PSYC8568 (4 Points) (Semester 1)
Unit Name	Adult and Child Psychotherapy 1 568
Co-ordinator	Mr Neil McLean
Time	Wednesday 2.00 - 4.00
Place	Clinical Unit Seminar room

This unit has three broad aims:

1. to introduce the scientist practitioner model of clinical practice and to examine the research base for psychotherapy
2. to examine the nature of psychotherapeutic process and the therapeutic relationship
3. to examine the historical, philosophical and theoretical bases of the cognitive behavioural therapies

This unit will start with a general introduction to psychotherapy, including discussion of topics such as:

- the history and evolution of psychotherapy
- the therapeutic relationship
- non-specific factors in psychotherapy
- public image of psychotherapy
- common elements of psychotherapy
- motivation and readiness to change
- the process of change
- evaluation of psychotherapy
- empirically supported therapies

This will be followed by an introduction to the theory and application of cognitive behavioural therapies. Topics discussed will include:

- basic tenets and historical antecedents of cognitive behavioural therapies
- interaction between cognition, affect and behaviour
- assessment of cognition
- cognitive and behavioural change within a developmental framework
- theory and practice of Rational Emotive Therapy
- theory and practice of Beck's Cognitive Therapy
- information processing and emotional dysfunction
- attribution theory and emotional dysfunction
- schema theory
- interpersonal psychotherapy
- mindfulness and cognitive therapy

Unit Outcomes

- students will have an understanding of the complexity of psychotherapeutic research
- students will be able to evaluate the evidence base for different models of psychotherapy
- students will have an understanding of the complex interplay between technique and process in psychotherapy
- students will have an understanding of the key elements of effective therapeutic relationships
- students will be aware of the evolution of cognitive behavioural therapies and understand the broad theoretical base of contemporary cognitive behavioural interventions, and
- students will have exposure to and practice in rudimentary behavioural and cognitive interventions.

Requirements and Assessments

1. Attendance and participation at all lectures and seminars.
2. Evaluation of psychotherapy: a critical review of an aspect of psychotherapy process or outcome research (1500 words), 40% of final grade. Due **10:00am Monday, 20 April** to the Clinical Unit office.
3. An essay of 3000 words (60% of final grade) to be handed into the Clinical Unit office at **1000am Friday 6 June**.

Unit Code	Psychology PSYC8569 (Semester 2)
Unit Name	Adult and Child Psychotherapy 2 569
Co-ordinator	Neil McLean
Time	Monday 9.00 -11.00 (Adult Stream) Wednesday 2.00-5.00 (Child Stream)

This unit builds on the material covered in First Semester by focusing on the application of psychotherapeutic techniques in the management of a range of psychological problems with adults, children and adolescents. Students are required to attend two classes each week; the child stream is on Wednesday afternoon and the adult stream is on Monday morning. In line with the practical orientation of this unit, seminars will include case discussions, video case presentations and/or clinical simulations. There will be a number of workshops on Fridays to supplement the lecture/seminars. Discussion will focus on treatment programmes that have empirical support, and problems covered will include:

- Depression
- Anxiety disorders
- Eating disorders
- Pain
- Anger
- Marital conflict
- Sexual dysfunction
- Personality disorder, and
- Insomnia.

The Wednesday classes will provide an introduction to issues involved in working with children and adolescents. These sessions will be taken by clinical psychologists currently working in the Health Department and private practice and topics covered will include:

- Depression in children and adolescents
- Anxiety disorders in children and adolescents
- Attention Deficit / Hyperactivity Disorder
- Disruptive Behaviour Disorders
- Early Episode Psychosis
- Suicidal and self harming behaviours
- Pervasive developmental disorders
- Parenting programmes

Requirements and Assessments

1. Attendance at seminars
2. Presentation of seminar (10% of unit grade)
3. Child and adolescent exam (45%of unit grade)
4. Adult psychotherapy case management viva (45% of unit grade)

References

Reference lists will be provided during the course as required. The following texts are recommended for general reading for Adult and Child Psychotherapy 1 (568) and 2 (569). The books listed represent a selection of seminal works in the area of cognitive behavioural therapy and a number of more recent publications.

- Abramson, L.Y. (Ed.). (1988). *Social Cognition and Clinical Psychology*. New York: Guilford.
- Andrews, G., Crino, R., Hunt, C., Lampe, L., & Page, A. (1994). *The treatment of anxiety disorders: Clinician guides and patient manuals*. New York: Cambridge University Press.
- Beck, A.T. (1976). *Cognitive therapy and emotional disorders*. New York: International Universities Press.
- Beck, A.T., & Emery, G. (1985). *Anxiety disorders and phobias*. New York: Basic books.
- Beck, J.S. (1995). *Cognitive Therapy: Basics and beyond*. New York : Guilford.
- Braswell, L., & Bloomquist, M.L. (Eds.) (1991) *Cognitive-behavioural therapy with ADHD children: child, family, and school interventions*. New York: Guilford Press.
- Brewin, C.R. (1988). *Cognitive foundations of clinical psychology*. London: Lawrence Erlbaum Associates.
- Clark, D.M., & Fairburn, C.G (Eds.). (1997). *The Science and practice of cognitive behaviour therapy*. New York: Oxford University Press.
- Davidson, K.M. (2008) *Cognitive therapy for personality disorders* London; New York: Routledge
- Dobson, K.S. (Ed.). (1988). *Handbook of cognitive-behavioural therapies*. New York: Guilford.
- Ellis, A., & Grieger, R. (Eds.). (1977). *Handbook of rational-emotive therapy*. Hollywood: Wilshire Books.
- Free, M.L. (2007) *Cognitive therapy in groups: guidelines and resources for practice* Chichester: Wiley.
- Friedberg, R.D., & McClure, J.M. (2002) *Clinical practice of cognitive therapy with children and adolescents: the nuts and bolts*. New York : Guilford
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Unit Code	Psychology PSYC8575 & PSYC8564 (6 points)
Unit Name	Internal Practicum I (Part 1 and 2) 8575/8564
Co-ordinators	Assoc Prof Andrew Page Dr Werner Stritzke
Lecturer	Mr Neil McLean
Time	Monday 1.00 – 5.00 Supervision (2 hr supervision group) Tuesday 10.00 – 1.00 (weeks 1 – 10) Preparation for Placement Wednesday, 11.00 – 1.00 Clinic Meetings

The Robin Winkler Clinic, which is based within the Clinical Unit, provides a clinical service to members of the public. It operates for two principal reasons. First, it provides a teaching resource within the two internal placement units Psychology 564/662. Second, it provides a research resource which can be drawn upon by students while conducting their research studies, and by all academic staff within the School of Psychology to support their own research programmes. Clients are charged a modest fee to obtain clinical services through the Robin Winkler Clinic. However, fees may be reduced further under special circumstances, or may be waived if clients agree to contribute to specific research projects of the School of Psychology. All information material, forms and procedures relating to client services can be found in the Clinic Manual.

The Robin Winkler Clinic operates between 8:30am until 8:00pm on Monday, Tuesday, and Wednesday, and from 8:30am until 5:00pm on Thursday and Friday. It makes use of a suite of rooms within the Clinical Unit which provide facilities to support individual, couple, family, and group therapy. These rooms are fitted with videotape equipment and are linked by one-way screens to viewing rooms that allow direct observation of therapy sessions. Sessions are videotaped and these tapes are then used in supervision sessions. Occasionally, with the written consent of the client, a particular videotape may be kept for teaching or research purposes. However, in general, tapes are erased immediately after each supervision session.

Clients may self-refer, or may be referred to the Robin Winkler Clinic by another agent such as their GP. Clients are usually placed on a waiting list. However, if clients are seeking urgent help, they will be provided with information about other appropriate service providers. Adults, children, and adolescents with a wide range of presenting problems are referred to the Robin Winkler Clinic, which in recent years have included fears and phobias, mood disturbances, sexual problems, marital and relationship difficulties, headaches, insomnia, appetite disorders, and substance abuse. In addition, our clinical health psychology services offer programmes in smoking cessation and weight management. Clients can be seen individually, or can be assigned to group-based intervention programmes, such as in the social phobia programme.

The Robin Winkler Clinic represents a very valuable facility for recruiting those particular categories of clinical research participants required to conduct clinically-oriented research programmes, and students are strongly encouraged to think about ways in which this facility could be developed to support their own research needs. One particularly efficient approach is to mount a group-based intervention programme designed to treat the target disorder which a student's research programme is designed to investigate, and to widely promote the availability of this treatment programme to a variety of referral sources within the general community. Often, researchers are assisted in conducting their specific assessments and/or treatments by the current student therapists at the Clinic, who can receive client contact hours for their involvement. Students wishing to make innovative use of the Robin Winkler Clinic to support their programmes of research are encouraged to discuss their needs and ideas with the Robin Winkler Clinic Co-ordinators, who are extremely enthusiastic about developing the full research potential of this tremendous School asset.

Objectives

1. to become aware of the legal and ethical principles that guide the practice of clinical psychology
2. to become competent in carrying out clinical assessment interviews
3. to develop ability to present interview reports, and to recommend on alternative possible courses of action

4. to acquire supervised clinical experience working with individual clients
5. to acquire supervised clinical experience working with groups
6. to become familiar with external field placement opportunities
7. within Psychology PSYC8667/8662, to gain supervisory skills in guiding more junior therapists.

Description of Internal Practicum Units

Many elements within our clinical programmes are designed to train students in the assessment and treatment of clinical conditions. Much of this training takes place through external field placements, where students work within a variety of agencies under the supervision of professional clinicians. Details of such placement opportunities are kept on file in the Robin Winkler Clinic. The types of experience gained within external placements are diverse and depend upon the particular setting. However, prior to the commencement of these external placements, students complete a highly structured internal training programme within Psychology 8575/8564. This first provides formal tuition in the use of elementary clinical skills, then takes students systematically through supervised exposure to a range of clinical experiences, commencing with the execution of clinical interviews and leading to the implementation of clinical treatment programmes. This continues into Psychology 8667/8662, which also provides students with the opportunity to acquire some basic supervisory experience through the provision of guidance to more junior peers.

Recommended readings are chapters 8 and 9 of Page, A. C., & Stritzke, W. G. K. (2006). *Clinical psychology for trainees: Foundations of science-informed practice*. Cambridge: Cambridge University Press. The content of these chapters will be frequently referenced during weekly intake meetings when discussing the management of cases.

The four major components within Psychology 8575/8564 are as follows:

1. Professional Practice

In the first half of first semester, students complete an intensive introduction to key aspects of professional practice, designed to prepare them to function in their internal and external placements.

These sessions will include consideration of the ethical guidelines and legal responsibilities that relate to clinical practice and the standards of behaviours that are expected of a clinical psychologist. An overview of placement options will be provided, with discussion of the experiences to be gained across the range of agencies, and types of supervision that are offered.

Students will be exposed to a range of case studies to illustrate aspects of professional practice.

2. Introduction to Interviewing

Interviewing skills represent a cornerstone of clinical practice, and it is an essential component of almost all aspects of assessment and intervention. It is important that students develop the capacity to communicate effectively with a range of clients.

This component will introduce students to three key aspects of interviewing:

- (i) *Structure:* components of the interview; how to start and finish; different models of interviewing.
- (ii) *Content:* material to be covered in an initial interview; behavioural assessment; client expectations; broad vs narrow focus interviews.
- (iii) *Process/style:* establishing rapport; developing listening skills; styles of questioning; using empathy, confrontation, definition and clarity.

There is a strong practical emphasis within these sessions, and students will be given the opportunity to practice the relevant skills within a range of interview settings.

3. Introduction to Intervention Strategies

This component provides an introduction to techniques that form the basis of many psychological interventions. Obviously, in such a short time, only limited objectives can be met, and more detailed discussion and practice of techniques is incorporated in other units (e.g., Psychotherapy). However, in these sessions students will be introduced to techniques and procedures such as relaxation training, self-monitoring, goal-setting and the assignment of homework exercises. Opportunities to practice these techniques will be provided by role-plays and *in vivo* exercises.

References

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4. Supervised Clinical Experience

Co-ordinated by Associate Professor Andrew Page and Dr Werner Stritzke; supervisors vary.

Students will see clients recruited through the Robin Winkler Clinic, based within the Clinical Unit. There are four primary training goals:

(1) Assessment, Case Formulation, and Treatment Planning.

Every student will carry out a significant number of initial clinical interviews and will present a report of every such interview, together with clinical recommendation, at the weekly intake session. The group discussion of each new case presented at intake sessions then will determine whether the client can be treated within the Robin Winkler Clinic; if so, then who will handle the case; and if not, then to which alternative agency the client should be formally referred (with this referral being carried out by the student who performed the initial assessment).

(2) Individual Therapy.

Every student will carry an individual client caseload, which varies between one and two clients depending on the phase of training. These clients will be assigned during the weekly intake session. When a client completes treatment, his/her therapist will take on a new client. The internal placement is structured into five rotations. The first rotation begins in the second week of classes. New students will attend and observe the weekly intake and case presentation meetings to become familiar with the clinic process. In addition they will be assigned to a supervision team to observe the weekly supervision sessions of advanced students. (Note: During this rotation, new students will also complete Preparation for Placements). At the end of this rotation, new students will pick up their first assessment case. Advanced students are expected to carry one to two clients during this rotation. The second rotation begins after completion of the Preparation for Placements unit. New students will complete their first assessment and then will pick up one treatment case. Toward the end of this rotation, new students are expected to increase their client load from one to two. Advanced students are expected to reduce their client load during this rotation and work toward termination of all their clients by the end of this rotation. During the third rotation, "new" students are expected to carry two clients. Advanced students will *not* take on new clients during this rotation. Instead, they will contribute to the supervision of "new" students by providing co-supervisory feedback and support to new students with the guidance of the supervisor. During the fourth and fifth rotation, "new" students will continue carrying two clients. (Note: The Robin Winkler Clinic will be closed between the fourth and fifth rotation for a two-week Christmas break).

(3) Group Therapy.

Students will be given the opportunity to carry out group-based interventions. The amount of such experience that is available will depend upon the number of treatment groups being offered within the Robin Winkler Clinic at any point in time.

(4) Supervision.

Weekly supervision sessions will be delivered to small groups of students and are designed to meet four specific goals:

- to provide students with guidance and feedback concerning their cases
- to provide students with the opportunity to work with a variety of supervisors
- to expose students to a greater variety of cases through involvement in the supervision of cases from other members of the supervision team, and
- to provide advanced students with the opportunity to acquire supervisory skills in their role as "co-supervisors" of beginning student therapists.

Requirements and assessment

1. Attendance at all lectures/seminars.
2. Completion of the minimum required number of client contact hours (20), with the quality of this work being deemed satisfactory on the basis of supervisor reports. It is expected that therapists will aim to complete 25-30 client contact hours to ensure that supervisors have sufficient information to judge performance as satisfactory. (Note: In recent years, the mean number of client contact hours for therapists was well above the minimum of 20). Contact hours for groups are divided by the number of facilitators (e.g., 1 contact hour = 2 hours of

group treatment with 2 facilitators) and each student can claim no more than 10 contact hours of group treatment towards the total contact hours of 8575/8564 and 8667/8662.

3. Regular attendance of weekly clinic intake meetings and supervision sessions.
4. Regular attendance at formal case presentations held by 2nd year students following the weekly intake meetings.
5. Satisfactory performance at clinic intake meetings, including clear and appropriate presentation of initial interview reports and participation in discussions to determine appropriate courses of action.

WORKSHOP PROGRAMME 2008

Co-ordinator Mr Neil McLean
Time and Place Friday, either half day (morning or afternoon) or full day
 Seminar Room, Clinical Unit

Objectives

1. To provide intensive training in specific practical techniques and/or professional skills.
2. To deliver teaching sessions that augment the teaching delivered within other units.
3. To serve as a venue for presentations by academics and other visitors to Perth who bring an expertise that would add to the programme.

Description

This series of workshops is offered throughout the year to supplement the teaching programme. The workshop formats will vary; in some instances a workshop is very practically orientated and is designed to assist the development of professional skills, whereas other workshops will be arranged to allow for a more intensive coverage of a particular topic. It is hoped that in addition to the workshops listed below, we will be able to schedule sessions with visitors to Perth who bring an expertise that would add to the programme. Students are required to attend the workshops linked to the units in which they are enrolled.

First Semester

Date	Presenter	Topic	Duration
20 Mar	A/Prof Janet Fletcher	Process of assessment: PSYC8552	Half day am
24 April	Dr Sue Byrne	Developing a thesis proposal: PSYC8510	Half day am
1 May	Dr Werner Stritzke	Supervision in professional settings PSYC8575	Half day am
TBA	Ministerial Council on Suicide	Suicide and suicide prevention PSYC8568	Full day
22 May	Dr Allison Fox	WAIS/WMS assessment (part 1): PSYC8552	Half day am
29 May	Dr Allison Fox	WAIS/WMS assessment (part 2): PSYC8552	Half day am

Second Semester

Date	Presenter	Topic	Duration
7 Aug	Dr Jan Fletcher and Dr Steve Heath	Running groups	Half day
TBC	Mitch Hart	Post-traumatic stress disorder: Assessment and treatment PSY8569	Full Day
14 Aug	Dr Sue Byrne	CBT treatment of eating disorders PSYC8569	Half day am
21 Aug	Dr Sue Byrne	CBT treatment of obesity PSYC8569	Half day am
9 Oct	Neil McLean	Responding to alcohol problems PSYC8569	Half day am
16 Oct	Dr Werner Stritzke	Supervision in Professional Settings 2 Psychology 564	Half Day

SECOND YEAR

TIMETABLE AND UNITS

TIMETABLE – MPSYCH II**First Semester**

Monday	9.00 – 12.00	Special Topics 661.2 <i>Family therapy</i> 23 Feb; 2, 9, 16 March; 4, 11, 18 May;
	9.00 – 5.00	Special Topics 661.1 <i>Intellectual Disability</i> 20 April. Other sessions TBC
	1.00 – 5.00	Internal Practicum 667 <i>Supervision Internal Placement</i>
Tuesday	9.00 – 5.00	External Practicum 663
Wednesday	9.00 – 11.00	Study
	11.00 – 12.00	Internal Practicum 667 <i>Clinical Intake</i>
	11.00 – 1.00	<i>Clinical Intake Overflow</i>
Thursday	9.00 – 5.00	External Practicum 663
Friday	9.00 – 12.00 or 9.00 – 5.00	Workshop Programme 661.3 <i>See dates listed under unit outline</i>

Second Semester

Monday	9.00 – 12.00	Study
	1.00 – 5.00	Internal Practicum 662 <i>Supervision Internal Practicum</i>
Tuesday	9.00 – 5.00	External Practicum 664
Wednesday	11.00 – 12.00	Internal Practicum 662 <i>Clinical Intake</i>
	11.00 – 1.00	<i>Clinical Intake Overflow</i>
Thursday	9.00 – 5.00	External Practicum 664
Friday	9.00 – 5.00	Study

ASSESSMENT TIMETABLE: MPSYCH II

Semester 1

Due	Unit	Form of Assessment
TBA	Internal Practicum 662	Case Presentation
TBA	Internal Practicum 662	Case Report
TBA	Special Topic 661.2	Class Presentation
1 June	Special Topic 661.1 / 661.3	Essay

Semester 2

Due	Unit	Form of Assessment
5 Oct	Dissertation 610/613	Empirical Thesis

Unit Code	Psychology Dissertation Part 1: PSYC8613 (Semester 1) Psychology Dissertation Part 2: PSYC8610 (Semester 2) (24 points in total)
Co-ordinator	Assoc Prof Andrew Page (Semester 1) Dr Sue Byrne (Semester 2)

Objectives

To develop and assess each student's ability independently to design, execute, and analyse a high quality research study with direct relevance to clinical psychology, industrial and organisational psychology, or educational and developmental psychology (depending on the student's enrolment), and to present this in a manuscript format suitable for publication within the most appropriate research journal. Since the dissertation unit exists within a professional degree programme where students are acquiring the skills to work as clinical psychologists, industrial and organisational, or educational and developmental psychologists, it is reasonable for topics to reflect the research questions, the research methodologies, and analytic methods applicable to these settings.

There are many different types of research projects that could be suitable and these are often not experimental laboratory-based studies. Appropriate research could include:

- a program evaluation,
- a quantitative review (e.g., a meta-analysis),
- a novel analysis of an existing data set, and
- analyses of part of a data set collected by in collaboration with research partners (e.g., Institute of Child Health Research) as well as
- laboratory-based experimental research.

What is important is that your thesis makes explicit the contribution that you have made to data collection, analysis, etc. and makes clear the relevance to your area of postgraduate study.

Description

Students work independently on this unit, which has no lecture or tutorial components. Drawing upon their own intellectual resources, and making constructive use of the feedback provided by their research supervisor, students must complete an empirical research dissertation.

If required, all students are expected to have already obtained approval from the Human Research and Ethics Committee and no testing is permitted without this approval.

It is a unit requirement that students have a research proposal by 2 March 2010 (which in usual circumstances will be completed in the MPsych first year research methods unit; PSYC8510 or PSY8513).

The dissertation should **concisely** report the individual research project carried out by the student, using the manuscript format specified by a chosen leading journal appropriate for the publication of this work. Students will, of course, have been expected to have discussed their research in detail with their supervisors, who are permitted to provide feedback on written drafts of the Introduction, Method, and Results sections of the dissertation. However, while students are free to talk through ideas with their supervisor, it is not permitted for supervisors to view any written work pertaining to the Discussion section of the dissertation. Supervisors may read and comment on up to two drafts of the dissertation.

Part of the student's task is to select a suitable research journal which would be appropriate for the publication of the research study, and to ensure that the manuscript conforms to this journal's requirements. However, you need to remember that the markers of your dissertation will have expertise in psychology, but may not be expert in the area of your research. Therefore, the research needs to be understandable to a reader with a general knowledge of psychology. This requires that each student:

- Select, in consultation with their supervisor(s), the most suitable journal for submission of a manuscript describing the findings of the research project.

- Write a brief summary (one page maximum) identifying the chosen journal and justifying this choice. This summary statement should be signed by both the student and the supervisor and appended to the dissertation.
- Prepare a manuscript suitable for submission to the selected journal. This requires that the manuscript adhere closely to the Guidelines for Contributors provided within the chosen journal. A copy of these Guidelines for Contributors must accompany the dissertation as an appendix. Over-riding any formatting requirements of the journal, however, is the need to leave a margin of 3.5cm on the left-hand side so that the dissertation can be read when bound.
- At the very end of the manuscript the student is to include a copy of the information sheet, the consent form, and the debriefing information given to participants, as well as a completed Committee for Human Rights Annual/Final Report Form, including the one page report requested by that document.

Each student is required to submit to the Psychology General Office (i.e., Pamela Slobe) by **10.00am Monday 5 October 2009**, the following:

- One CD containing (i) a copy of dissertation (formatted for Microsoft Word) and appendices, (ii) a complete raw data set (iii) and either a text file explaining layout (i.e., identifying the variable name, the construct or variable the variable corresponds to, and, when appropriate, the labels corresponding to each value) OR an SPSS file where the variable and value labels are completed for each variable. Labels for the CD will be available at the Psychology front office.
- **Two** bound copies of the dissertation. There is a binding machine available for use in the Psychology General Office.
- **Length of dissertation.** Since the aim is to write a manuscript-style presentation rather than a thesis, examiners are expecting submissions that are typically 6,000 words but there is a maximum of 8,000 words (excluding references and appendices). Dissertations in excess of 8,000 words will not be accepted and the student will be required to revise and resubmit the dissertation; late penalties will apply from the original date of submission (i.e., 5 October, 2009). Therefore, strive for brevity and clarity in what you write.

If any of these components is not submitted by this deadline, then the dissertation shall be deemed late, and the standard penalty for late submission will accrue until all components have been submitted.

Document content

The contents of the submitted document should thus be:

1. Title page as for a dissertation, i.e. with statement that it is being submitted "as a partial requirement for the degree of Master of Psychology" etc.
2. Acknowledgments.
3. Table of contents which should indicate where the journal article starts and finishes and what is provided in the appendices.
4. Title page for the journal article following the guidelines for the journal to which it is being submitted.
5. Remainder of the journal article, again with format completely in keeping with the intended journal requirements.
6. Appendix 1: guidelines for authors from the intended journal.
7. Appendix 2: justification of choice of journal.
8. Appendix 3: information sheet, consent form, and debriefing information, as well as a completed Human Research and Ethics Committee Annual/Final Report Form.
9. Appendix 4 - if needed. This should be included only if you choose to provide extra information for the examiners. There is no assumption that any additional material will be included.

NOTE: In some cases, students may have enlisted the assistance of external organisations (e.g., schools, clinics, or other workplaces) in the course of data collection. In such instances, it is good

practice to acknowledge the relevant individuals or organisations in the dissertation acknowledgements. You must also discuss with your supervisor the best way to provide feedback to those who have assisted (and before providing the feedback).

Dissertation examination

Two individuals appointed by the Programme Co-ordinator will examine the research dissertation. One examiner will always be internal to the School of Psychology, while the other may be appointed from outside the School. The thesis grade comprises 100% of the final grade in this unit. The marking criteria are as follows:

H1: HD+ (90-100): For an outstanding dissertation that is in a conceptually or practically challenging or difficult area; demonstrating excellence in terms of conceptualisation, theoretical framework or previous empirical research leading to derivation of the research question as described in the introduction, the use of rigorous or innovative methodology, a mastery of relevant statistical methods and presentation of the results, the capacity to discuss the results in an analytic manner, skilful treatment of unexpected or inconsistent results, or a recognition of some limitation of the methodology, and integration of the findings within the background outlined in the introduction or an alternative framework if appropriate. Excellent written expression, organisation and format.

H1: HD- (80-89): As for HD+, but with some trivial weakness, such as in the presentation or structure, or some minor inconsistency or oversight in the arguments or a discussion that does not fully exploit the findings or links with theory or previous empirical research.

H2A: D+ (75-79): For a dissertation showing excellence in one or two aspects of conceptualisation, methodology, statistical analysis or discussion but no particular strengths elsewhere or, generally sound dissertation, but with some weaknesses or flaws which are offset by some excellent features.

H2A: D- (70-74): For a dissertation that is consistently sound piece of work with well-structured arguments leading to a development of a research question, appropriate methodology and statistical treatment and an accurate interpretation of the results but no particular strengths elsewhere.

H2B: CR (60-69): For a dissertation that is a consistently sound piece of work with well structured arguments leading to the development of a research question, appropriate methodology and statistical treatment and an accurate interpretation of the results but no particular strengths elsewhere.

H3: Pass (50-59). A dissertation that contains important misconceptions, inconsistencies or omissions in one or more areas, or poor organisation or incorrect interpretation of some of the results or an inability to recognise some limitations of the methodology but otherwise sound. These misconceptions are such that they do not affect the basic thrust of the dissertation or its conceptual impact.

Fail: N+ (<50). A dissertation that contains a number of serious misconceptions, inconsistencies, omissions, or incoherence and serious unrecognised deficiencies in methodology or a serious unrecognised misinterpretation of data.

When there are grounds, students may appeal a thesis mark, but students (including those with a Fail grade) will not be permitted to revise the thesis in the same year.

In all grade categories credit will be given to those students who have tackled more intellectually and practically demanding topics with some success.

Storage of completed theses

Copies of each successful MPsych dissertation from recent years are held in the Test Library in the Main Office. Students are encouraged to consult these theses as a means of helping them judge the type and scope of research appropriate for an MPsych project.

Student's responsibilities following submission of dissertation

When the dissertation has been completed to the satisfaction of the examiners, a CD copy of all dissertations will be given to the Test Librarian for filing in the School's Test Library and one CD will be given to the student's supervisor. Students will receive a copy of examiners' comments after Examiners' Meeting and a CD with copies of all MPsych dissertations.

IMPORTANT DATES

Deadline for submission of dissertation: **10.00am Monday 5 October 2009.**

Unit Code **Psychology PYSC8661 (6 points) (Semester 1)**

Unit Name **Special Topics 661**

Co-ordinator Dr Sue Byrne
Room G27, Clinical Psychology Unit

This unit is divided into 3 components.

1. Intellectual Disability 8661.1
2. Family and Systems Therapy 8661.2
3. Workshops in Psychotherapy 8661.3

Requirements and assessment

1. Attendance at all sessions.
2. The course will be evaluated by two assignments, each worth 50% of the marks. One assignment will be presented in class (8661.2), the due date to be announced by the lecturer. The second assignment (8661.1 / 8661.3) will take the form of a brief 1500 word report and is due 9:00am 2nd June at the Clinical Unit Office.

Component: Intellectual Disability 8661.1

Coordinator: Ms Kathryn Falloon (Disability Services)
Other Staff Staff from DSC and in private practice in the disability area

Time Monday 20th April
Full day workshop (9:00am – 5:00pm)
Lecurer Ritu Campbell

TBA (second half of first semester)
two half-day workshops

Venues TBA

Format

The course will involve one full-day and two half-day workshops.

Areas covered will include:

- What is intellectual disability?
- Assessment / diagnostic issues
- The role of the psychologist working in the field of intellectual disability
- Models of intervention
- Key issues (and challenges) working within the disability area

Case studies will be used throughout to illustrate key points.

Component: Family and Systems Therapy 8661.2

Lecturer Mr Andrew Relph (Clinical Psychologist in Private Practice)

Time: Monday 9.00 – 12.00

Dates: February 23, March 2, 9, 16, and May 4, 11, 18.

Outcomes

1. An introduction to the perspective, theory and techniques of Family and Systemic Therapy. At the conclusion of the course, a participant could expect to feel equipped to undertake supervised family therapy.
2. The demonstration and where possible practice of practical skills and useful techniques in a range of clinical situations.
3. A guide to the context of family therapy amongst other therapeutic schools, potential dangers and pitfalls, and clinical evaluation.

Structure and methods

The three-hour sessions will include:

- Reading and prepared review.
- Lectures and group discussions.
- Video presentations.
- Role play and experiential exercises.

Assessment

The component is worth one half of the marks for Psychology 661 and will include:

1. Evaluation of prepared reviews (20% of marks in this section). Further details and the due date will be provided by the lecturer.
2. Group participation (10% of marks in this section).
3. A written analysis of a family therapy session shown in class (70% of marks in this section). Further details and the due date will be provided by the lecturer.

Participants will also be asked to evaluate the course and contribute ideas to its development.

Content

Amongst other things this may include:

- Structural theory
 - Cybernetics
 - Family assessment
 - The referring context
 - Family of origin
 - Structural, strategic and systemic interventions
 - Post-modern and collaborative perspectives
 - Termination
 - Application to specific problems
-

Component: Workshop 8661.3**Time:** Friday, either half day (am) or full day**Place:** Venues TBC**Objectives**

1. To provide intensive training in advanced or novel practical techniques and/or professional skills.
2. To serve as a venue for presentations by academics and other visitors to Perth who bring an expertise that would add to the programme.

Description

The workshop will usually be practically oriented and is designed to assist the development of professional skills. Students are required to attend the workshops linked to the units in which they are enrolled or make alternative arrangements.

WORKSHOP PROGRAM 2009

Date	Presenter	Topic	Duration
27 March	A/Prof Andrew Page	Interpersonal Psychotherapy for Depression	Half Day
17 April	Bruce Campbell	Psychopharmacology	Half Day
15 May	Marcia Mumme	Mindfulness-based approaches to psychotherapy	Full day
22 May	Claudia and Zish Rosenbach-Ziembinski	Introduction to Gestalt Therapy	Full Day
TBC	Ministerial Council for Suicide Prevention	Suicide and suicide prevention	Full day

Unit Code: Psychology PSYC8667 & PSY8662 (6 points) (Semesters 1 and 2)
Unit Name: Internal Practicum II (Part 1 and 2) 8667/8662
Co-ordinator: Associate Professor Andrew Page (First semester)
 Dr Werner Stritzke (Second semester)

This unit builds on the practical training completed in Internal Practicum I in the first year. In Internal Practicum II, trainees will develop more advanced skills in (a) clinical practice and (b) formal, detailed case presentations.

Objectives

1. To become proficient in considering the legal and ethical principles that guide the practice of clinical psychology.
2. To achieve competency in carrying out clinical assessment interviews.
3. To achieve competency in developing ability to present interview reports, and in recommending alternative possible courses of action.
4. To acquire supervised clinical experience working with individual clients.
5. To acquire supervised clinical experience working with groups.
6. To gain supervisory skills in guiding more junior therapists.
7. To enhance clinical expertise through discussion of detailed case management issues across a variety of presenting problems, client characteristics, and treatment settings.
8. To achieve competency in case presentation skills.
9. To enhance the ability to give and utilise constructive feedback in a team setting.
10. To achieve competency in case report writing.

Case Presentations

Note: The formal, detailed case presentations are scheduled immediately following the weekly intake meetings, i.e., from 12.00 – 1.00.

This component of the unit consists of students presenting cases and receiving feedback from peers and the unit co-ordinator. The classes are integrated with the weekly intake meetings and are structured to reflect the type of meetings that clinical psychologists regularly encounter in their careers such as 'case conferences', 'ward rounds' and 'peer review groups'. This series will help students perform in these settings both as presenters and as providers of feedback.

Deciding on an appropriate 'case' for presentation

A 'case' is defined broadly as any example of your work. In most instances a case will be a particular individual, couple or family that you saw, but could be a group or evaluation project in which you participated.

How do you decide what case to present? The following are some guidelines to bear in mind:

1. The success of treatment should not be a criterion. Often more can be learnt from treatment failures than treatment successes. It is quite possible to listen to someone describe a treatment success and feel critical of his or her case management, or conversely, for someone to describe a treatment failure and feel impressed by his or her case management.
2. Select cases that raise interesting issues and are likely to stimulate debate. Highlight these issues in your presentation.
3. The series works much better if students present different sorts of cases, different in terms of client biographical variables (gender, age, occupation, etc), presenting problems (acute, chronic, etc.), and settings (institutions, community, etc).
4. Generally, 'completed' cases work better than uncompleted cases. However, incomplete cases are acceptable if there is sufficient material that warrants a presentation, especially if they

highlight the transition from one phase of treatment to another, and the changes in goals and strategies that this shift might require.

If you are not clear whether the case that you want to present is appropriate, then discuss it with the unit co-ordinator prior to presentation.

Presenting a case

With case presentations, everyone has to develop his or her own style, as with clinical work generally. Note, however, that many practice settings have very ritualized forms of case presentations, often guided by strict time management principles. Thus, there is no one way of doing it, but some ways work much better than others and time efficient delivery is always important. Below are guidelines for you to keep in mind.

1. Summary

This should follow the format of the intake report listed in the appendix and should last only a few minutes. Note: In most clinical settings this is all that would be covered in a case presentation. It is therefore important that you learn how to deliver this part in a maximally informative, yet parsimonious, way.

2. Assessment techniques

Discuss how you assessed the case. For example, did you interview anyone in addition to the client, and did you administer any tests/inventories/questionnaires? What self-monitoring did you use? Provide a rationale for your choice of assessment techniques/instruments. Prepare handouts with copies of any instruments/scales etc., (or description if copy righted) you used, so others can build a file of scales etc. that are useful to have handy. Be sure to include information on reliability/validity/norms for these instruments or any recent revisions, and provide a copy of most relevant reference(s).

3. Case Formulation

Present your analysis or understanding of the problems. That is, discuss the mechanisms of the client's problems. Why do the problems occur at one time rather than another, why is the client suffering from the problems at this stage in his or her life rather than at other stages, and so forth. What are the implications of your formulation for treatment planning? Make reference to the theoretical and empirical literature that you are basing your case formulation on. This is a very important part of your presentation, as it constitutes the "bread and butter" of a good therapist. Note though, that this part is often not included explicitly in a "real world" case presentation or is only very briefly stated, but it is assumed that you have done this. In other words, your summary (see Point 1 above) must be guided by your case formulation.

4. Treatment goals and outcome

Your treatment goals, and to what extent they were met, should have been briefly described in your summary (see Point 1 above). Outline here why you selected the strategies that you used, and how you assess goal attainment. Did you use any objective measures of treatment outcome? (of course you did as a UWA therapist!). If you are presenting an ongoing case, explain what the remaining treatment goals are and when and how you anticipate meeting them. Describe what happened in treatment. Did you follow your plan or revise it? If you revised your plan, why? How did the client respond as treatment unfolded? What was the final outcome? Discuss any unintended effects that occurred (positive and negative) as well as intended effects. If applicable, discuss follow-up results.

5. Critique

Finally, critique your case. Would you do anything differently next time? What turned out to be especially effective? What did you find challenging, unsettling, or rewarding? What did you learn from your case?

6. Presentation

When you are preparing your presentation could you please prepare a folder for each member of the audience that contains relevant background material on the case. This should include copies of assessment instruments used including articles/chapters etc. that document them (scoring, reliability, validity, norms etc.), treatment manuals or parts thereof if they are not already available for standard use in the Robin Winkler Clinic, novel treatment materials generated by the presenter (e.g., in previous years some students have created really good materials for working with children) and so on. The idea is not to make this comprehensive, but to help build a resource file for everyone on issues and techniques that not everyone has yet experienced, or where our material can benefit from additional or updated material. This is a useful professional skill, because when you graduate one of the ways that you will benefit from your colleagues and a way that you can assist your colleagues is by sharing your knowledge and experience.

Written case report

Your case should be submitted in the form of written case report not exceeding 1000 words. This word limit will force you to write concisely but is consistent with clinical practice. Your report will include the material often presented in two reports, an assessment report and a treatment report, and a total length of 1000 words (approximately 2½ pages with single spacing) is about right for these two reports. Long reports tend not to get read in professional settings. State the word length of your report on the coversheet. (Note: Any material presented in the report that exceeds the stipulated maximum word length will NOT get marked. That is, if critical material is presented in those 'extra' lines, substantial loss of points toward the total mark of this assignment is likely the consequence)

The first half of the written case report generally should follow the format of the intake report listed in the Clinic Manual, but in a much-condensed format. Thus, the first part concludes with a brief summary paragraph stating your integrative summary/formulation and specific treatment goals. It is very important that you state your formulation of the case with direct reference to the descriptive information you provide (i.e., the 'facts' of the case as you see them). Although other professionals who are reading your report will want to know your opinion, as psychological specialists/experts they are often interested in the 'bottom line', they may also want to know the information that you based your opinion on, because they might disagree with a particular conclusion, may have conflicting information from a different source, or may have certain constraints in their particular setting that might call for a modified course of action. In the second half of the report, you should summarise the progress (or lack thereof) with respect to treatment goals during the course of therapy, and conclude with an explicit statement about treatment outcome and any further recommendations (if applicable). It is very important that you support any statements about treatment outcome with direct reference to data, and that you clearly identify the source of these data (e.g., standard tests, scales, monitoring, client self-report, observation, etc.).

Requirements

1. Attendance at all sessions. Any absence from a case presentation will incur a proportional deduction from the clinical practice portion of the total mark to a maximum of 30% of the total grade. That is, up to one half of the available clinical practice grade can be lost due to unexplained non-attendance. For example, if you missed 2 out of 12 presentations, your class attendance mark would be $30\% - 5\% = 25\%$. If the absence was due to an emergency or medical reason, it must be verified by a medical certificate, copy of accident police report or towing company etc., in which case no points will be deducted from the attendance mark. All other absences will incur a proportionate deduction of points.
2. Presentation of a case.

3. Submission of a written case report (maximum of 1000 words). The final deadline for submission is 10.00 am on the Wednesday two weeks after their oral presentation.
4. Completion of the minimum required number of client contact hours (30), with the quality of this work being deemed satisfactory on the basis of supervisor reports. Note: Client contact hours in excess of 20 accumulated in Psychology 8575/8564 can be applied toward the required minimum number of client contact hours in Psychology 8667/8662 (For example, if you accumulated 30 client contact hours in Psychology 8575/8564, you can apply 10 hours of that toward the Psychology 8667/8662 minimum requirement, which means that you only need to accumulate another 20 client contact hours in Psychology 8667/8662). It is essential that each student has a minimum of 30 contact hours of therapy (as opposed to assessment). Contact hours for groups are divided by the number of facilitators and each student can claim no more than 10 contact hours of group treatment towards the total contact hours of 8575/8564 and 8667/8662. It is expected that therapists will aim to complete 55-60 client contact hours over two semesters to ensure that supervisors have sufficient information to judge performance as satisfactory.
5. Satisfactory completion of supervised internal practicum. Failing the practicum will incur a mark of 0% for the clinical practice section of the unit.

Breakdown of Assessment

Oral presentation	20%
Written case presentation	20%
Clinical practice	60%

CASE PRESENTATION FEEDBACK FORM

Presenter: _____

Date: _____

Presentation

Easy to follow	10—9—8—7—6—5—4—3—2—1—0	Difficult to follow
Good use of presentation aids	10—9—8—7—6—5—4—3—2—1—0	Poor use of presentation aids
Good time management	10—9—8—7—6—5—4—3—2—1—0	Poor time management

Introductory Summary

Sufficient detail	10—9—8—7—6—5—4—3—2—1—0	Insufficient detail
Parsimonious	10—9—8—7—6—5—4—3—2—1—0	Long-winded

Assessment Methods

Rationale for selection clear	10—9—8—7—6—5—4—3—2—1—0	Rationale unclear
Good use of objective measures	10—9—8—7—6—5—4—3—2—1—0	Poor/no use of objective measures
Good integration of assessment data	10—9—8—7—6—5—4—3—2—1—0	Poor integration of data
Well documented diagnosis	10—9—8—7—6—5—4—3—2—1—0	Poorly documented diagnosis

Case Formulation

Good analysis of presenting problem	10—9—8—7—6—5—4—3—2—1—0	Poor analysis of problem
Good use of literature	10—9—8—7—6—5—4—3—2—1—0	Poor use of literature

Treatment Goals and Outcome

Specific, quantifiable treatment goals	10—9—8—7—6—5—4—3—2—1—0	Vague, non-quantifiable goals
Good assessment of goal attainment	10—9—8—7—6—5—4—3—2—1—0	Poor assessment of goal attainment
Good presentation of Tx progress	10—9—8—7—6—5—4—3—2—1—0	Poor presentation of Tx progress
Convincing critique of case	10—9—8—7—6—5—4—3—2—1—0	Unconvincing critique

General Comments

DPSYCH (CLINICAL) 3RD YEAR

In third year of the DPpsych (Clinical) program students complete two advanced courses (PSYC9905 and PSYC9906), an extended external Placement (PSYC9907/9908) and their research thesis.

Unit Code	Advanced Topics in Clinical Psychology 1 PSYC9906 (6 points)
Unit name	Evaluation of change in individuals and groups
Coordinator:	Assoc Prof Janet Fletcher Room G20, Child Study Centre 6488 3259
Other staff:	Andrew Page; Neil McLean
Seminar Time:	First Semester, Mondays 10.00 – 12.00
Place:	Group Room, G10, Child Study Centre

Description

Clinical Psychologists are frequently asked to evaluate treatments or interventions for individuals and/or groups. The focus may be centred on evaluating the needs for a program, the process of the program implementation or on the program outcomes. Important decisions frequently hinge on these evaluations: Will a particular treatment be continued or changed? Will an agency provide funding for a particular program? It is, therefore, important that the psychologist knows the strengths and limitations of the evaluation design being employed and is aware of what conclusions can be drawn from the data.

Scientific advances, evolving professional standards, shifting community needs, pressures from diminishing budgets, and uncertainties associated with relative distribution of resources, all make it imperative that clinical psychologists develop competency in program evaluation.

Students will have the opportunity to apply the information covered in the seminars by completing an evaluation of a clinical agency or program.

The course is taught across 12 x 2 hr seminars.

Student Outcomes

Students will:

- be aware of the ethical and practical issues in measuring the level of success of an intervention or program
- develop skills in measuring behaviour change in individuals
- learn to identify stakeholder groups when carrying out program evaluations
- learn techniques for evaluating needs
- learn techniques for evaluating process
- understand the differences in the research designs used to evaluate efficacy, effectiveness and efficiency of a program or treatment
- develop skills in interpreting evaluation data
- develop skills in reporting on an evaluation of an intervention, treatment or program to the stakeholder(s)

Students will acquire knowledge and competencies through:

- direct input from lecturer
- participation in class discussion based on readings and on examination of evaluation briefs and reports
- group work to carry out and report on an evaluation of needs, process and/or outcome of an intervention
- participation in clinic supervision sessions

Assessment

- participation in class activities and exercises based on set readings (20%)
- written critique of program evaluation reported in a journal (30%). This assignment should be submitted to the Main Psychology office by 10.00am on Mon 4th May.
- individual report on evaluation project written to person or group commissioning the evaluation (50%). This assignment should be submitted to the Main Psychology office by 10.00am on Mon 18th May.

Recommended Reading

- Posavac, E.J. & Carey, R.G. (2007). *Program evaluation: Methods and case studies* (7th ed.). Englewood Cliffs, NJ.: Prentice Hall. (Note: This edition is available from the bookstore. The 2nd Ed is on reserve in the library)

References

- Altschuld, J.W. & Engle M (Eds.) (1994). *The preparation of Professional Evaluators: issues, perspectives and programs*. San Francisco: Jossey Bass.
- McDavid, J.C.& Hawthorn, L, R.L.(2006). *Program Evaluation and Performance Measurement: an Introduction to Practice*. Thousand Oaks: Sage publications
- Wholey, J.S. Hatry, H.P & Newcomer, K.E. (Eds.) (1994) *Handbook of Practical Program Evaluation*. San Francisco: Jossey Bass

Unit Code	Advanced Topics in Clinical Psychology 2 PSYC9905 (6 points)
Unit name	Human Change Process
Coordinator:	Neil McLean
Other staff:	Dr Sue Byrne
Seminar Time:	Second Semester, Mondays 4.00 – 6.00
Place:	Clinical Unit

Unit description

This unit gives final-year Doctor of Psychology (Clinical) students a detailed understanding of the processes and factors that facilitate human change in the psychotherapeutic setting. The unit will focus on “generic” factors associated with change such as client motivation, locus of control, attributional style and ‘therapeutic self efficacy’, as well as the therapist’s management of issues such as problem conceptualization, incorporation of relevant out of session therapeutic activities (“homework”) and managing therapeutic resistance.

The unit is based around observation of clinical cases managed by experienced clinical psychologists. Students observe at least two cases, and seminar discussions centre on issues arising from these clinical interactions. There is opportunity to observe and discuss client issues as well as to gain an understanding of the clinical decision making underlying the clinicians’ case management.

This course is taught across 12x2 hr seminars and 2 hrs per week of direct case observation.

Student Outcomes

Students will

- gain a better understanding of the processes associated with human behaviour change
- become aware of the role of a range of “intra client variables” that impinge on therapeutic process and outcome
- learn how to recognize and manage the impact of these variables within the therapy sessions
- enhance their awareness of process issues within the therapeutic interaction
- will gain better understanding of the role of language in psychotherapy and the use of metaphor
- develop an understanding of the decision making underlying therapeutic interventions and process

Students will acquire knowledge and competencies through

- direct input from lecturers
- direct observation of at least two cases managed by experienced clinical psychologists
- post session discussion with clinical psychologists
- participation in class discussion based on case observations and associated readings
- literature review of one aspect of therapy process

Assessment

- Literature review of one aspect of therapeutic process or theory (30%).
- Case reports on two clients (35% for each report).

References

Gilbert, P. & Leahy, R.C. (Eds.) (2007) *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies*. London: Routledge.

- Hayes, S.C., Follette, V.M. & Linehan, M.M. (Eds.) (2004) *Mindfulness and Acceptance: Expanding the Cognitive-Behavioural Tradition*. New York: Guilford
- Mahoney, M.J. (Ed.) (1995) *Cognitive and Constructive Psychotherapies: Theory, research and Practice*. New York: Springer
- Norcross, J.C. (Ed.) (2002) *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients*. Oxford: Oxford University Press

Unit Code: PSYC9907 Clinical Internship (Part1) (Semester one)
PSYC9908 Clinical Internship (Part2) (semester two)

Unit name: Clinical Internship

Coordinator: Neil McLean

Unit description

This unit is taken over two semesters and parts 1 and 2 must be completed to fulfill the requirements of the unit. The unit gives final-year Doctor of Psychology (Clinical) students extended clinical experience in a specialist area of interest to the student. The placement is negotiated in the same mode followed for External Placements across the clinical program (see procedure for negotiating placements in the PSYC8565, 663 and 664 section of this handbook).

Given that by the third year of the DPsych program students will have clinical and coursework experience comparable to that of a Clinical Psychology Registrar, it is expected that they will take on greater responsibility and work with greater autonomy in this placement.

Assessment

The Internship assessment follows the same processes required for other External Placements (see the PSYC8565, 663 and 664 section of this handbook).

STUDENT EVALUATION OF CLINICAL TRAINING

Each year efforts are made to improve the MPsych and MPsych/PhD programmes. To help staff achieve this, students are requested to give feedback on all aspects of the programme. In some units, students will complete SPOT (Student Perceptions of Teaching) and SURF (Students' Unit Reflective Feedback) questionnaires which are administered and scored by the UWA Centre for Staff Development.

The MPsych and MPsych/PhD Course Co-ordinator will meet with first and second-year students for feedback sessions. If students have complaints or concerns about the programme or have problems with satisfying course requirements, they are encouraged to make an appointment to see the Clinical Course Co-ordinator.

APPENDIX 1: STAFF: ACADEMIC RESEARCH INTERESTS - ADMINISTRATIVE STAFF

Subject	Staff Member	E-mail Address
Abnormal psychology		
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Intelligence

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Job design and productivity

Assoc Prof David Morrison	6488 3240	davidm@psy.uwa.edu.au
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Measurement

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Dr Davina French	6488 3015	davina@psy.uwa.edu.au

Memory and information processing

Dr Donna Bayliss	6488 3850	donna@psy.uwa.edu.au
Assoc Prof Janet Fletcher	6488 3275	jan@psy.uwa.edu.au
Dr Allison Fox	6488 3265	afox@psy.uwa.edu.au
Professor Stephan Lewandowsky	6488 3231	lewan@psy.uwa.edu.au
Professor Colin MacLeod	6488 3273	colin@psy.uwa.edu.au
Assoc Prof Murray Maybery	6488 3255	murray@psy.uwa.edu.au

Mental models

Professor Stephan Lewandowsky	6488 3231	lewan@psy.uwa.edu.au
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Mood and cognition

Professor Colin MacLeod	6488 3273	colin@psy.uwa.edu.au
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Motor control

Professor Geoff Hammond	6488 3236	geoff@psy.uwa.edu.au
Dr Andrea Loftus	6488 3249	andrea.loftus@uwa.edu.au

Neuropsychological Assessment

Dr Michael Weinborn	6488 1739	mweinbo@psy.uwa.edu.au
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Neuropsychological Rehabilitation

Dr Michael Weinborn	6488 1739	mweinbo@psy.uwa.edu.au
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Obesity

Dr Sue Byrne	6488 3579	sbyrne@psy.uwa.edu.au
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Occupational health and safety

Assoc Prof David Morrison	6488 3240	davidm@psy.uwa.edu.au
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Organisational and industrial psychology

Assoc Prof David Morrison	6488 3240	davidm@psy.uwa.edu.au
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Ostracism

Dr Vance Locke	6488 3272	vance@psy.uwa.edu.au
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Perception

Professor Gillian Rhodes	6488 3251	gill@psy.uwa.edu.au
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Perceptual Asymmetries		
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Personnel selection and training		
Assoc Prof David Morrison	6488 3240	davidm@psy.uwa.edu.au
Phobias		
Assoc Prof Andrew Page	6488 3577	andrew@psy.uwa.edu.au
Physiological psychology		
Dr Allison Fox	6488 3265	afox@psy.uwa.edu.au
Professor Geoff Hammond	6488 3236	geoff@psy.uwa.edu.au
Prejudice		
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Prospective Memory		
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Pseudoneglect		
Dr Andrea Loftus	6488 3249	andrea.loftus@uwa.edu.au
Psychophysiology		
Dr Allison Fox	6488 3265	afox@psy.uwa.edu.au
Dr Werner Stritzke	6488 3578	werner@psy.uwa.edu.au
Psychotherapy		
Mr Neil McLean	6488 3580	neil@psy.uwa.edu.au
Assoc Prof Andrew Page	6488 3577	andrew@psy.uwa.edu.au
Racial attitudes and stereotypes		
Dr Vance Locke	6488 3272	vance@psy.uwa.edu.au
Reading and reading disabilities		
Professor David Badcock	6488 3243	david@psy.uwa.edu.au
Assoc Prof Janet Fletcher	6488 3275	jan@psy.uwa.edu.au
Reasoning/problem-solving		
Professor Stephan Lewandowsky	6488 3231	lewan@psy.uwa.edu.au
Assoc Prof Murray Maybery	6488 3255	murray@psy.uwa.edu.au
Research design and statistics		
Dr Davina French	6488 3015	davina@psy.uwa.edu.au
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Assoc Prof Murray Maybery	6488 3255	murray@psy.uwa.edu.au
Schizophrenia		
Dr Michael Weinborn	6488 1739	mweinbo@psy.uwa.edu.au
Sensory processing and perception		
Professor David Badcock	6488 3243	david@psy.uwa.edu.au
Dr Dave Van Valkenburg	6488 3257	dvanv@psy.uwa.edu.au
Sexism		
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Short-Term Memory and Working Memory		
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Social Psychology Dr Vance Locke	6488 3272	vance@psy.uwa.edu.au
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Sport and exercise psychology Mr Neil McLean	6488 3580	neil@psy.uwa.edu.au
Stereotypes Dr Vance Locke	6488 3272	vance@psy.uwa.edu.au
Stroke Rehabilitation Dr Andrea Loftus	6488 3249	andrea.loftus@uwa.edu.au
Symptom Validity Evaluation Dr Michael Weinborn	6488 1739	mweinbo@psy.uwa.edu.au
Unilateral Neglect Dr Andrea Loftus	6488 3249	andrea.loftus@uwa.edu.au
Visual perception Professor David Badcock	6488 3243	david@psy.uwa.edu.au
Visuomotor Adaptation Dr Andrea Loftus	6488 3249	andrea.loftus@uwa.edu.au

PROFESSIONAL STAFF

Staff Member	Position	Phone	E-mail
Mrs Ann Deveson-Kelly	Admin Officer (Accounts & Purchasing)	3572	ann@psy.uwa.edu.au
Mrs Rose Elias	Admin Officer (Human Resources)	2977	rose@psy.uwa.edu.au
Ms Erica Hodgson	Admin Officer (Student Services)	3256	erica@psy.uwa.edu.au
Mrs Dianne Bettis	Admin Assistant (General Office Reception)	3267	dbettis@cyllene.uwa.edu.au
Mrs Marilyn Bacus	Admin Assistant (Undergraduate)	3933	mbacus@psy.uwa.edu.au
Ms Pamela Slobe	Admin Assistant (Postgraduate)	3247	pamela@psy.uwa.edu.au
Ms Prue Radinger	Admin Assistant (Test Library)	4507	prue@psy.uwa.edu.au
Ms Margaret Yull	Admin Assistant (Robin Winkler Clinic)	2644	clinic@psy.uwa.edu.au
Mrs Lyn Edgar	Admin Assistant (Child Study Centre)	3195	lyne@psy.uwa.edu.au
Dr Craig Clark	School Manager	2282	craig@psy.uwa.edu.au
Mr Matt Huitson	Senior Research Officer	3269	matt@psy.uwa.edu.au
Mr Herb Jurkiewicz	Senior Technician (Audio Visual)	2654	herb@psy.uwa.edu.au
Mr John Love	Engineeer (IT Enquiries)	3277	john@psy.uwa.edu.au
Mr Brian Pepler	Senior Technician (Facilities Management)	2633	brian@psy.uwa.edu.au
Mr Doug Robb	Computer Systems Administrator	2507	doug@psy.uwa.edu.au

2.1.1 **APPENDIX 2:
THE UNIVERSITY OF WESTERN AUSTRALIA
SCHOOL OF PSYCHOLOGY**

GE-00

3

Ethical Scholarship, Academic Literacy and Academic Misconduct-2007

3.1 **POLICY ON ASSIGNMENTS**

This document describes the policy of the School of Psychology on academic misconduct in written and other assignments and the penalties applied for late submission of written assignments.

This policy is consistent with the University policy on Ethical Scholarship, Academic Literacy and Academic Misconduct, which is posted on the web at http://www.teachingandlearning.uwa.edu.au/tl/academic_conduct. *It is the responsibility of students to have read and understood the University policy, the policy of their Faculty, and the Policy of this School, which applies to all units taught in the School of Psychology.* Additional information relevant to the individual assessment items in any particular unit may appear in that unit's outline or Assessment Mechanism Statement. In this case, it is also your responsibility to have read that information prior to submitting the work in question. Students are required to sign a declaration that they understand the policies covering academic misconduct when they submit any written work.

Academic misconduct includes, but is not limited to:

- Plagiarism, which is defined below.
- Inappropriate collaboration or collusion between students on pieces of work that should be completed independently. Each unit co-ordinator can provide advice on the extent of acceptable collaboration within their unit.
- Submitting the same work, or substantially the same work, for more than one assessment unless this is permitted in the unit Assessment Mechanism Statement. Such recycling of work, either within or between units, is a form of self-plagiarism and is unacceptable unless the subsequent use is cited in the usual way (see below).
- Falsifying or fabricating data or research findings.
- Cheating in examinations.

This handout provides definitions of some of these activities, and advice on how to avoid committing academic misconduct. Plagiarism and its avoidance are also addressed directly in Level 1 Psychology units. Additional guidance and support may be sought from the UWA Student Services Learning Skills Advisers.

The penalties associated with particular instances of academic misconduct depend upon the student's year of study and any previously recorded instances of misconduct. These penalties are set by the University and are outlined in the policy above.

In 2008 several students were found to have committed acts of misconduct, in units at all levels. The penalties associated with these acts resulted in several students failing a unit that they might otherwise have passed. In other cases students received final grades that were substantially lowered by penalties applied to all or part of assignments. In many instances a student would have been more likely to pass the unit if he or she had not submitted the piece of work in question, or had submitted it late in order to complete the work fairly, rather than submitting a piece of work that was not their own. When you are feeling under pressure to complete a piece of work **do not be tempted**; plagiarism is detectable and the penalties are not worth the risk.

1. PLAGIARISM IN WRITTEN ASSIGNMENTS

It is expected that any work submitted for assessment will be the sole work of the student concerned and that any contribution included in an assignment taken from the work of others (whether ideas or particular statements) will be given due acknowledgment by referring to the source from which the contribution was taken. If such acknowledgment is not given by one of the means outlined below, the student will have engaged in plagiarism.

It is expected that all students should inform themselves about plagiarism and know how to avoid committing the offence. What follows are the School of Psychology's guidelines with respect to the offences, which are in accordance with accepted academic conduct.

Definitions

Plagiarism is the use of the work of others as if it were one's own. It is a serious offence in scientific or other serious writing. The scope of sources to which plagiarism may relate includes both published material, for example in journals or on the internet, and the work of other students when it is used without their knowledge or permission.

The new University guidelines specify three levels of plagiarism, which attract differing penalties depending upon the year of study. These levels are defined in terms of the percentage of the piece of work that has been plagiarised. This is normally the percentage of the words included in the word count, for example 300 words in a 3000 word assignment would be 10%. Our policy regarding the components of an assignment that are included in the word count is detailed at the end of this document.

Minor plagiarism occurs when small quantities of an assessment piece, normally less than 10%, have been copied from unattributed sources as described in this document. Instances are deemed minor only when the purpose of the assessment remains largely uncompromised.

Moderate plagiarism generally occurs when more than 10% but not more than 25% of the assessable work has been plagiarised.

Major plagiarism occurs when more than 25% of the assessable work has been copied from unattributed sources.

The School of Psychology will refer also to the nature of the plagiarism in reaching a decision about its seriousness. You should note that:

- (i) Plagiarism of less than 10% may be deemed more serious than minor, and less than 25% more serious than moderate, where the purpose of the assessment has been seriously compromised, for example where the plagiarised section addresses the main learning objective for the assignment.
- (ii) Any quantity of plagiarism found in a thesis or dissertation will always be treated as major. For this purpose, the major assignments submitted in the core Honours units, Psychological Approaches to Understanding 1 and 2, will be treated as dissertations.

Students should also take note of these definitions in the context of gaining assistance with writing style. Plagiarism includes the use of both the words and the ideas of others without acknowledgement. The use of any commercial service that offers to write, edit or re-write work for you would therefore be considered a breach of the guidelines if the work is then submitted without acknowledgement. For students who have difficulty expressing their ideas in writing, student services at UWA are able to offer help with writing skills and English language usage; they do so in ways that ensure the integrity of the final submitted work. Use of this service is recommended by the School of Psychology as a fair and honest way to improve your writing style.

Collusion is when two or more students work together on an assessment but represent it as individual work. Each unit co-ordinator will make clear in the context of their assessment pieces, how much collaboration is acceptable. Collusion also takes place on any occasion where one student knowingly allows another to copy their current or previously completed work and submit it as their own.

Background

All students and scholars need on many occasions to use the work of others when preparing their own work. There are also many occasions when it is desirable for students to work together, and some units in the School of Psychology in which students collaborate in executing a project. It is essential, therefore, that a clear distinction be made in all such cases between the work of *the author(s)* and the work of the *other individuals* which might appear in the said work.

In some cultures it is seen as a sign of respect to describe ideas in exactly the same words as have been used by acknowledged experts. In some educational systems, copying from published source material is also often allowed, without the insistence upon proper acknowledgement of these sources. ***In the academic tradition to which this University and School belongs, these practices are unacceptable and there are strict rules governing the use of other people's ideas, from whatever source they come.***

When the work of *other individuals* appears in any author's work there is a tacit understanding that the work is being used as a *reference source*. That is, the author is referring to the work of others for a specific academic purpose such as to support a line of argument or to describe what facts and ideas exist in a particular body of work. For this reason it will be referred to hereafter as a *source work*.

When taking notes, you should be aware of failing to distinguish between the author's words and your own ideas. It is an insufficient excuse to claim that you have incorporated other writers' work because you forgot to mark your notes in quotation marks and then transferred them to your assignment. This forgetfulness results in plagiarism.

Guidelines

There are specific procedures governing the ways in which such *source work* must be acknowledged. Detailed instructions on how to acknowledge *source work* can be found in the references at the end of this document.

- If a *source work* has been used in the preparation of an author's work, it must be referred to in the bibliography. Use of any ideas, plans, research results, conclusions, or any other intellectual property in a *source work* must be acknowledged. The source of ideas which have not been published – for example, the ideas of students working on the same project – should be referenced as a *personal communication*.
- On each occasion that a *source work* is used in the body of an author's work, its use must be acknowledged by citing the author(s). Furthermore, if it is either desirable or necessary to use the exact words from a *source work*, these words must also be enclosed in quotation marks.
- The use of footnotes should be restricted to the acknowledgement of unpublished *source work* or personal correspondence (e.g., lecture notes).
- If you have reason to refer to words or ideas that you have used yourself in another assignment, you should cite yourself as the *source work*.

Grey Areas

There are practices where it can be very difficult to allocate credit appropriately and other practices which can be classified as plagiarism. These practices should be avoided:

- If a student's work contains nothing more than quotations from *source work*, the only possible credit attributable to the student is for putting the sources together in one place. The appropriate use of quotations therefore avoids plagiarism, but may not earn marks.
- If the student largely paraphrases *source work*, even though it may be correctly cited, the student's contribution is also minimal and attribution of credit is difficult.
- When the use of paraphrasing blurs the distinction between the intellectual property of the *source work* and that of the student, then plagiarism is the result. This form of the offence occurs when a

source work is paraphrased in and among the student's own words and the citation does not clearly identify the paraphrased sections.

The University Guidelines on Academic Conduct specify the penalties that will result from varying levels of academic misconduct. These can be severe, especially if the misconduct is serious or is repeated. It is essential therefore that you are familiar with the guidelines and that you ensure that your work is always your own. *Talk to your tutor or unit co-ordinator if you are in doubt about the distinction between acceptable and unacceptable practice.*

Students are also advised to consult the following reference works for additional guidance:

- O'Shea, R.P. (2000). *Writing for Psychology* (3rd Ed.). Marrickville, NSW: Harcourt Brace Jovanovich.
 Smyth, T.R. (2004). *The Principles of Writing in Psychology*. UK: Palgrave MacMillan

If a student is suspected of academic misconduct their case will be dealt with as outlined in the University policy. If you find yourself in this position, advice can be sought from the Guild Education Office.

You have a right of appeal against a finding of academic misconduct, and/or the penalty imposed in such cases, via written appeal within ten working days of notification to the next most senior staff member or body under academic misconduct procedures. In such instances, you are strongly advised to seek further advice from the Guild Education Office or your Faculty.

2. PENALTIES FOR LATE SUBMISSION OF WRITTEN ASSIGNMENTS

Requests for extensions of the submission deadlines for written work must be made to the appropriate year co-ordinator, *not* the unit co-ordinator, in which the extension is sought. Extensions will normally be granted only in instances where an unforeseeable and unavoidable event, such as illness, prevents the work from being submitted by the due date. Extensions to the deadline will *not* be granted for holidays, professional and sporting commitments, or clashing assignment deadlines. Extensions must be signed by the student and the year co-ordinator.

Late assignments will be penalised by 5% of the available marks for each day after the published submission deadline. You should note that work submitted on the due day *but after the submission time specified* will be recorded as one day late.

3. WORD LENGTH OF ASSIGNMENTS

It is important to write succinctly, and many assignments will have a set word length.

Coversheets for all assignments which have set word limits will include a place for a word count and a declaration that the word count is accurate. The word count itself should not include the Abstract or the Reference List, but must include all other sections. Appendices do not count, but these sections (if used) must not contain information that is integral to the assignment. The word count given by a word processor is preferable; if counting words by hand, any character or character string preceded and followed by a space or a punctuation mark counts as a word.

Markers will stop reading assignments at the word limit and will assign a mark *as if the read portion constituted the entire assignment*. Written work that exceeds the word limit will not receive credit or be given feedback.

4 APPENDIX 3: TEST LIBRARY

Procedures for staff and students in the School of Psychology, The University of Western Australia.

1. Contents

The Test Library contains an extensive collection of psychological and educational assessment tools: tests, questionnaires, developmental scales etc., as well as recent theses which have been completed within the School.

Please note that all stopwatches are borrowed independently from tests. These are available from Herb Jurkiewicz in room G.04 in the Main Building (6488 2654, herb@psy.uwa.edu.au), and should be returned to him when no longer required.

2. Location

School of Psychology Main Office, Room G.02.

3. Library Hours

Please email Prue Radinger (prue@psy.uwa.edu.au) with all requests for test library materials. Tests may be collected between 10:00am and 12:00 noon, Monday to Friday. If this time is not suitable please email Prue to arrange a more convenient time.

4. Borrowing of Test Material

The availability of many of the tests in the Library is restricted either to persons qualified to use the tests, or to a person who will be supervised by a qualified user of the tests. Full details of ACER regulations governing test use are available at the Library. In essence they state that a person normally must have had four years undergraduate training with psychology as the main component **plus** two years' experience under the supervision of a qualified psychologist. Consequently the following can be taken to apply:

Academic Staff

All academic staff in the School of Psychology may borrow tests.

Students

Most students will not be qualified to use tests (i.e., they will not have four years undergraduate experience plus two years post graduate experience). These students can only obtain access to specific tests if they have an authorisation note from a supervisor or course controller who is qualified to use the tests. Authorisation forms are available from the Test Library.

Please note that authorisation is only valid for specific tests. Supervisors cannot give students authority for general access to the Library.

There will be some students who are qualified to use the tests. These students will be supplied with tests without authorisation forms if they provide proof of qualifications (e.g., degree certificate, letter from postgraduate supervisor, etc.) when first using the Library.

5. Period of loans

Tests may be borrowed for a maximum of two weeks. Extensions may be granted by special arrangement. Tests will not be sent in the mail. Borrowers must collect, and sign out, and return material in person to the School of Psychology Main Office. ***Borrowers will be held responsible for material not returned.***

6. Number of loans

Only two tests may be borrowed at any one time **except** when tests are required for teaching undergraduate and postgraduate courses.

7. Theses

The Library has a stock of Masters and PhD theses that have been completed within the School in the previous five years. Honours theses from 1999 onwards are available in CD format from the Front Office, as will MPsych theses from 2008 onwards. All of the above may be borrowed for two weeks, or longer by special arrangement. A list of postgraduate theses held in the Library is available from the Test Librarian.

8. Copyright

Most of the tests, books and materials held in the Library are copyright. Unauthorised reproduction of any of these, or part of them, is a breach of copyright. Consequently material borrowed from the Library must **not** be copied.

9. Ordering of Test Materials

Recommendations for purchasing new test material or renewing stocks of existing material should be given to the Test Library Committee chairperson, Associate Professor Janet Fletcher.

Note: As the time required for supplies to arrive is variable and to some extent unpredictable, it is wise to place orders well in advance. Staff or students who will be using large numbers of test answer sheets, questionnaires, etc. for teaching or research purposes should also check well in advance that sufficient copies are held in the Library.

10. Information

The Library does not have a full-time staff member. Thus, unfortunately because of other commitments, the Librarian cannot provide a general information service. Whereas information concerning tests held in the Library is available, the Librarian is not able to spend time pursuing inquiries about suitability of tests and availability of other test material.

APPENDIX 4: COMPUTER NETWORK

The School of Psychology has an extensive computer network connecting more than 350 PCs situated in laboratories, offices and student computer/common rooms at four sites spread across campus; the Robin Winkler Clinic, the Child Study Centre, the Sanders Building, and the Main Psychology Building. Each postgraduate student has access to shared printing, photocopy and computing facilities in one or more of these sites. The computers provided for shared access are equipped with a standard suite of applications for email and internet (Internet Explorer), word processing (MS-Word), graphing (PRISM, MS-Excel) and statistical analysis (SPSS).

Student accounts for email and internet access are now managed centrally by ITS but students needing to access the school network will need an account for computer and printer access. Account application forms are available from the Main Office. For any further computing/networking enquiries please email our Technical Services Group (support@psy.uwa.edu.au).

5 APPENDIX 5:

6 PRINCIPLES GOVERNING PREPARATION, PRESENTATION AND APPROVAL OF MPSYCH THESIS PROPOSALS

6.1.1.1 Page 1

The following information should be presented in standard form at the top of the first page.

TITLE:
STUDENT:
SUPERVISOR(S):

Abstract

This should be an outline description of the project. It must be between **200 and 250 words** in length.

Page 2

ESTIMATED COSTS: This should consist of the most detailed possible estimate of costs including "hidden costs" such as photocopying, postage, and telephone calls.

The adviser should check the proposal carefully to ensure that the project can be concluded using available infrastructure and such funding as the adviser and/or student are willing to commit to the project. In research areas in which a suitable project could not reasonably be developed without incurring exceptional costs (e.g. the purchase of test protocols, medical kits, or participant recruitment through newspaper advertising) the school may contribute up to \$250 towards those costs.

If a School contribution is sought, or if hidden costs borne by the school (e.g. photocopy, postage, phone) are estimated to exceed \$250, then the adviser and student should discuss the matter with the Head of School prior to submission of the Proposal.

ESTIMATED TESTING TIME: This should be a realistic estimate of the anticipated testing time, including time to be spent collecting data for preliminary pilot studies. Students should not be involved in more than 80 - 100 hours of testing time.

HUMAN RIGHTS ISSUES: Students are required to complete a Human Rights Ethics Form (see UWA Procedures, Appendix 6) and attach it to the Proposal. In most instances the Human Research Ethics Sub-Committee within the School of Psychology will deal with this application for ethics approval. When a proposal involves more complex ethical considerations the School Sub-Committee may refer it to the University Human Research Ethics Committee for review.

Students intending to use a **Consent Form** should develop an appropriate form and attach it to the proposal (see:

http://www.research.uwa.edu.au/welcome/research_services/Ethics2/human_ethics/forms_guidelines_policies2).

Page 3 onwards

This is the main body of the Proposal. It should not normally exceed **1500 words** in length, but should describe all of the important details of your proposed project. It should consist of the following sections.

Introduction

The Introduction should put the proposed study in its historical and experimental context and then indicate the rationale of the proposed study. It should not be a detailed review of the literature and should normally not exceed **1000 words**.

The Introduction should also state as precisely as possible the question(s) which the proposed study is designed to answer and what the significance of the findings is likely to be.

Method

The Method section should cover the **design** (including specification of the independent and dependent variables), the type of **subjects** to be used (including selection criteria and method of recruitment), the **procedure** (in detail if any unusual subject treatment is contemplated) the **materials**, and the **apparatus**. Pilot data may be included if available. This is not a requirement but may sort out potential difficulties and help assessment of a project's viability. Students might well, for example, draw on knowledge gained in their Honours project.

APPENDIX 6: ETHICS

UNIVERSITY PROCEDURES FOR EXPEDITED REVIEW BY HUMAN RESEARCH SUB-COMMITTEES (HRESCs) (PSYCHOLOGY, HUMAN MOVEMENT, PUBLIC HEALTH, HISTORY AND EDUCATION ONLY)

- Human Research Ethics Sub- Committees, (HRESCs), are given delegated authority to grant ethical approval for research projects with **minimal ethical significance**.
- With the emphasis on minimal ethical significance, approval at HRESC level is extended to applications for projects being conducted by students and staff members. Please note that only staff members may act as Chief Investigators. If a student is involved, the student's supervisor must submit the application and assume the responsibilities of Chief Investigator.
- HRESCs must consist of at least three members: a Chair who is the Head of the School or Faculty or nominee; the honours programme coordinator or the graduate programme coordinator; and a member of the School or Faculty who has recent experience in obtaining ethical approval from the HREC.
- Chief Investigators must complete a full application, i.e. an *Application to Undertake Research Involving Human Subjects (Application)* and prepare the necessary consent documents. If the Chief Investigator seeks HRESC clearance, a copy of the *Application* should be forwarded with a covering *Checklist* to the HRESC. The *Checklist* will assist the HRESC to decide whether the project can be approved by it on the basis that it is of minimal ethical significance.
- If the *Checklist* identifies major ethical issues, the *Application*, consent documents and necessary copies must be forwarded to the HREC for consideration at its next scheduled meeting.
- If the HRESC is satisfied that the project is of minimal ethical significance, **a signed letter of approval must be written by the Chair** to the HREC. The approval letter, the *Application* and consent documents must be forwarded immediately to the Secretary of the Human Research Ethics Committee. (Note: A copy of the full grant/research proposal is not required.)
- A letter will be sent from the Secretary of the HREC to the Chief Investigator advising that approval has been granted in accordance with University procedures. The HREC will endorse the approval at its next monthly meeting. A register will be kept of all applications approved by the HRESCs.
- Random audits will be conducted of projects approved by HRESCs. This will be done for the purpose of providing feedback to the HRESCs of their approval processes.
- HRESCs will be kept informed of any changes in policy.
- Final reports and annual reports will be issued by the Secretary and sent to the Chief Investigator concerned.
- Chief Investigators must advise the Secretary of the HREC of any adverse or unexpected events that affect the ethical issues of a project.
- Chief Investigators must seek permission from the Secretary of the HREC before implementing any amendments to the methodology of a project.
- The Secretary will forward to the Chair of the HRESC copies of correspondence in connection with approvals, adverse events, amendments, renewals, etc.

Please refer to **Human Research Ethics Committee** website

http://www.research.uwa.edu.au/ethicsacu/welcome/Ethics/human_ethics

HOW TO APPLY FOR APPROVAL TO CONDUCT RESEARCH INVOLVING HUMAN PARTICIPANTS

- Refer to Human Research Ethics Committee (HREC) web page at http://www.research.uwa.edu.au/ethicsacu/welcome/Ethics/human_ethics

- Complete *Application to Undertake Research Involving Human Subjects* which can be found at http://www.research.uwa.edu.au/ethicsacu/welcome/Ethics/human_ethics/forms_guidelines_policies and prepare Information Sheet and Consent Form.

**APPENDIX 7:
SUPERVISION CONTRACT**

THE UNIVERSITY OF WESTERN AUSTRALIA
School of Psychology

**SUPERVISION CONTRACT
Master of Psychology (Clinical)**

TRAINEE: _____

AGENCY / INSTITUTION: _____

SUPERVISOR(S): _____

SUPERVISOR'S POSITION IN AGENCY: _____

PLACEMENT PERIOD:

From: _____ To: _____

SUPERVISION:

Hours per week of formal (scheduled) supervision

Style of supervision (e.g. discussion, observation of supervisor, observation of student, provision of sample reports etc)

SUPERVISOR'S REQUIREMENTS OF TRAINEE (includes: pre-placement preparation, caseload, agency requirements etc)

NOTE: This form should be returned to the Placement Co-ordinator prior to the commencement of the placement. One copy should be retained by the student and another by the supervisor.

TRAINEE GOALS AND OBJECTIVES

Specification of trainee goals and objectives for placement may include the following:

- General organisational/procedural functions
- Familiarisation with roles of psychologists and other professionals in the system
- Observation and/or use of particular assessment procedures and instruments
- Observation and/or use of particular intervention strategies
- Development of report writing, professional communication and case presentation skills
- Direct client - student contact (where appropriate)
- Working with clients of particular interest when available (e.g., individual, group, couple, family, organisational, adult, child, etc.)
- Working with particular problems (when available)
- Other issues

The trainee should be aware that often situations change and not all goals may be practicable over the placement period.

DETAILS OF SUPERVISION:

(i) Frequency of meeting with supervisor:

(ii) Nature of contact (e.g., did you sit in on supervisor (or others)? did supervisor directly observe your work? were audio or video tapes made of your work?):

(iii) Style of supervision: (Describe the approach of your supervision)

(a) In general work:

(b) In supervision sessions:

LEARNING EXPERIENCES: (What you learned from the placement, this may include practical and/or personal learning)

ADVANTAGES OF PLACEMENT:

DISADVANTAGES OF PLACEMENT:

SUPERVISOR'S COMMENTS: (on the above or any other parts)

Trainee

Supervisor

**APPENDIX 9:
SUPERVISOR'S PLACEMENT REPORT**

THE UNIVERSITY OF WESTERN AUSTRALIA
School of Psychology

Master of Psychology Clinical

TRAINEE: _____

FIELD SUPERVISOR: _____

AGENCY: _____

ADDRESS: _____

PHONE: _____

PLACEMENT DATES: _____

DATE OF FINAL REPORT: _____

Please Return to: Placement Co-ordinator
 Master of Psychology (Applied Developmental)
 Child Study Centre
 School of Psychology
 University of Western Australia
 Crawley WA 6009

NOTES FOR SUPERVISOR REPORT

The aims of this report are:

1. To provide information on whether the student has reached a satisfactory level of performance in the placement.
2. To provide the student with feedback on his/her performance and to point out areas of strength and weakness in his/her work.

This report covers a number of general areas on which to assess students completing an applied placement. 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 which are very specialized 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 related to these specialized activities and skills should be rated under 'Assessment of Specialized Placement Goals'.

This report should be completed at the end of the student placement. The report should be discussed with the student prior to the end of the placement and the Report then sent to the Placement Co-ordinator.

Evaluations should be made on a 5-point rating scale. **The supervisor should evaluate first-year students and those on their first placement in second -year against the referent group of Masters students in psychology at the same point in their studies. Students completing their final placement in the second-year of the program should be rated against the referent group of new employees who have just completed their training.** 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 reached the expected performance level.
2. **Below standard** – achieved some but not all requirements; occasionally reached expected performance.
3. **Met standard** – achieved all requirements; usually reached expected performance.
4. **Above standard** – always reached performance level expected; occasionally exceeded this level of performance.
5. **Well above standard** – always reached expected standard; frequently exceeded this level of performance.

PROFESSIONAL SKILLS

		Well Below	Below	Met	Above	Well Above	N/A
1.	Punctuality/attendance	1	2	3	4	5	
2.	Work standards eg agency commitments, adequate preparation, workload	1	2	3	4	5	
3.	Response to advice and feedback from supervisor	1	2	3	4	5	
4.	Relationship with other professionals and staff of the agency	1	2	3	4	5	
5.	Protection of confidential information	1	2	3	4	5	
6.	Performance at meetings and conferences	1	2	3	4	5	
7.	Knowledge and practice of professional ethics	1	2	3	4	5	
8.	Initiative/independence e.g., organisation of time	1	2	3	4	5	
9.	Other (specified)	1	2	3	4	5	

Comments

REPORT AND LETTER WRITING SKILLS

		Well Below	Below	Met	Above	Well Above	N/A
1.	General record keeping	1	2	3	4	5	
2.	Ability to organize material	1	2	3	4	5	
3.	Ability to communicate ideas and opinions	1	2	3	4	5	
4.	Ability to write in a professional manner	1	2	3	4	5	
5.	Ability to target reports to the appropriate audience	1	2	3	4	5	
6.	Other (specified)	1	2	3	4	5	

Comments

ASSESSMENT SKILLS

		Well Below	Below	Met	Above	Well Above	N/A
1.	Selection of appropriate assessment methods	1	2	3	4	5	
2.	Obtaining information through interview	1	2	3	4	5	
3.	Obtaining information through observation	1	2	3	4	5	
4.	Demonstrates knowledge of test administration and technical aspects	1	2	3	4	5	
5.	Establishes rapport with clients during test administration	1	2	3	4	5	
6.	Interpretation of test results and/or protocols	1	2	3	4	5	
7.	Understanding of rationale for assessment methods used	1	2	3	4	5	
8.	Integration of information obtained in assessment	1	2	3	4	5	
9.	Ability to provide assessment feedback to clients	1	2	3	4	5	
10.	Other (specified)	1	2	3	4	5	

Comments

INTERVIEWING AND COMMUNICATION SKILLS

	Well Below	Below	Met	Above	Well Above	N/A
1. Establishing early rapport with clients	1	2	3	4	5	
2. Maintains effective relationship with client	1	2	3	4	5	
3. Shows empathic understanding of the client's situation	1	2	3	4	5	
4. Awareness of own strengths, limitations and impact upon clients	1	2	3	4	5	
5. Demonstrates appropriate blend of styles of questioning	1	2	3	4	5	
6. Demonstrates appropriate listening techniques	1	2	3	4	5	
7. Shows good exploration and clarification of problem-related information	1	2	3	4	5	
8. Shows congruency between non-verbal and verbal behaviours	1	2	3	4	5	
9. Other (specified)	1	2	3	4	5	

Comments

INTERVENTION SKILLS

		Well Below	Below	Met	Above	Well Above	N/A
1.	Demonstrates ability to identify presenting problems	1	2	3	4	5	
2.	Demonstrates ability to formulate and analyse presenting problems	1	2	3	4	5	
3.	Demonstrates ability to plan relevant intervention programs for different problems	1	2	3	4	5	
4.	Good use of theory and/or research in choosing interventions	1	2	3	4	5	
5.	Uses intervention techniques effectively	1	2	3	4	5	
6.	Demonstrates good management of time during the session	1	2	3	4	5	
7.	Demonstrates ability to implement total intervention programs	1	2	3	4	5	
8.	Regularly monitors and reviews intervention progress	1	2	3	4	5	
9.	Works well with others in implementing interventions	1	2	3	4	5	
10.	Shows good attention to maintenance and follow-up	1	2	3	4	5	
14.	Other (specified)	1	2	3	4	5	

Comments

ASSESSMENT OF SPECIALIZED PLACEMENT GOALS

(As specified in the Placement Contract)

	Well Below	Below	Met	Above	Well Above
1.					
	1	2	3	4	5
2.					
	1	2	3	4	5
3.					
	1	2	3	4	5
4.					
	1	2	3	4	5
5.					
	1	2	3	4	5
6.					
	1	2	3	4	5
7.					
	1	2	3	4	5

Overall performance in this placement was

Well Below	Below	Met Standard	Above	Well Above
1	2	3	4	5

Comments

If you rate the student's performance as unsatisfactory or if you are undecided please complete the following section.

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

Signed: _____ (Supervisor)

Date: _____

APPENDIX 10 PLACEMENT AGENCIES

Students are required to undertake three external supervised field placements during the MPsych program as well as maintain a caseload in the Clinic through the training (with a Christmas break over December and early January). The three external placements should include one adult, one child and one institutional placement. However, a student can arrange a child or adult placement in an institutional setting.

Students are encouraged to plan their placements well in advance in order for them to meet the above criteria and to ensure that they obtain the placements of their choice. To assist in the planning of placements, a list of many agencies currently available appears below. Details of placements, supervisors and the type of experience available at these agencies are in the Placement File in the Clinic.

1. Health Department of Western Australia

Adult Outpatient Clinics

Bentley Clinic
Osborne Clinic
Mirrabooka Clinic
Fremantle Clinic
Armadale-Kelmscott Clinic
Avro Clinic
State Head Injury unit
Neuroscience Unit
Sexual Assault Referral Centre
Perth Clinic (Private)
Fremantle Pain Clinic

Child and Adolescent Outpatient Clinics

Andrea Way Community Health Centre
Armadale Community Health Centre
Warwick Clinic
Hillview Clinic
Fremantle Child and Adolescent Clinic
Southwell Clinic
Youthlink
Child Development Centre
Koondoola Clinic
Kwinana Clinic
Bentley Child and Adolescent Clinic
Swan Child and Adolescent Clinic
Kalamunda Child and Adolescent Clinic

General Hospitals

Royal Perth Hospital
Royal Perth (Rehabilitation) Hospital
QEII Medical Centre
King Edward Memorial Hospital
Fremantle Hospital Pain Clinic
Hollywood Hospital
Joondalup Hospital

Princess Margaret Hospital

Psychiatric Hospitals

Graylands Hospital
Early Psychosis Unit, Rockingham

Geriatric Units

Bentley Geriatric Centre
Selby Lodge
Osborne Lodge and Restorative Unit

2. Disability Services Commission**Adult**

East Metro Regional Office
 North Metro Regional Office
 South East Metro Regional Office
 South West Metro Regional Office

Child and Adolescent

East Metro Regional Office
 North Metro Regional Office
 South East Metro Regional Office
 Mildren Creek (Autistic)
 South West Metro Regional Office

3. Department for Community Development**Child and Adolescent**

Metropolitan Offices

Armadale
 Canning
 Victoria Park
 Belmont
 Fremantle
 Scarborough
 Midland
 Mirrabooka
 Perth
 Rockingham

Institutions

McCall Centre

4. Next Step – WA Alcohol and Drug Services

Central Drug Unit

5. Ministry of Justice

Young Offenders Treatment Team

6. Miscellaneous

Police Welfare
 Occupational Services
 Relationships Australia
 Centrecare
 Student Counselling UWA

There may be other placements from which to choose, but the availability of an appropriate supervisor may determine whether they can be selected. The availability of any of these placements cannot be guaranteed.

APPENDIX 11: FACULTY OF LIFE AND PHYSICAL SCIENCES UNIT POINTS

MPsych I (first year)

Coursework

PSYC8510	Evaluation and Research Methodology	6 Points
PSYC8552	Assessment	6 Points
PSYC8566	Psychopathology and Clinical Problems	6 Points
PSYC8567	Clinical Health Psychology	6 Points
PSYC8568	Adult and Child Psychotherapy I	6 Points
PSYC8569	Adult and Child Psychotherapy II	6
	Points	

Practicums

PSYC8564	Clinical Practicum	6 Points
PSYC8565	External Practicum	6 Points

MPsych II (second year)

Coursework

PSYC8661	Special Topics	6 Points
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Practicums

PSYC8667	Internal Practicum Part 1	3 Points
PSYC8662	Internal Practicum Part 2	3 Points
PSYC8663	External Practicum	6 Points
PSYC8664	External Practicum	6 Points

Research

PSYC8610	Dissertation Part 1	12 Points
PSYC8613	Dissertation Part 2	12 Points

DPsych

(first and second years as above)

Coursework

PSYC8905	Advanced topics in Clinical Psychology 1	6
	Points	
PSYC8906	Advanced topics in Clinical Psychology 2	6
	Points	

Practicums

PSYC8907	Clinical Internship 1	6 Points
PSYC8908	Clinical Internship 2	6 Points

Research

PSYC8909	Clinical Psychology Research Thesis 1	24 Points
PSYC8910	Clinical Psychology Research Thesis 2	24 Points

APPENDIX 12: THESIS LEARNING OUTCOMES

Postgraduate students in the MPsych and DPsych programmes conduct a research project in an area of direct relevance to their area of specialisation. The ability to design, conduct and report research is an important component of the scientist-practitioner model that underpins all training, and it is also important that you, as postgraduates, are active participants in your education. Therefore, we are asking that you make explicit the learning outcomes that you hope to achieve. The following questionnaire will be included with your thesis proposal, and should be completed in collaboration with your supervisor.

There are a variety of learning outcomes that a Master or Doctor of Psychology thesis may achieve and by discussing these with your supervisor it will become clear the extent to which these possible outcomes are being achieved. To this end, students and supervisors are asked to consider how the proposed project will permit you to learn something in the following areas.

Learning Outcomes

Please consider the possible learning outcomes listed below and indicate their level of importance to your proposed research on a 7-point scale where 1 = of no importance and 7 = of major importance

1. Provide a critical review of the relevant literature.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. Independently develop important research questions or hypotheses with scientific merit.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. Independently develop a novel piece of research methodology (e.g., questionnaire, treatment program, experimental paradigm).

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. Acquire skills in the use of existing research methodologies.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. Develop skills in applying existing approaches to conceptually novel domains (e.g., novel client groups).

1	2	3	4	5	6	7
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6. Independently conduct and interpret statistical analyses.

1	2	3	4	5	6	7
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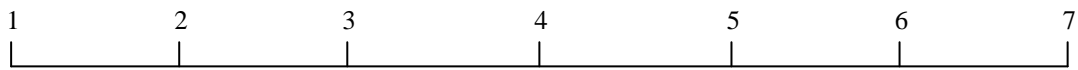
7. Learn new (to you) analytic methods.

1	2	3	4	5	6	7
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8. Evaluate and discuss an important research finding.

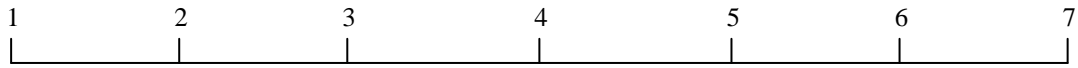
1	2	3	4	5	6	7
---	---	---	---	---	---	---

9. Identify the potential for these results to have a major impact within psychology.



10. Other (Please specify)

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.....



Briefly indicate how your proposed research will enable you to achieve your most important learning outcomes.

Information in this publication is correct as at 23 February 2009 but is subject to change from time to time. In particular, the University reserves the right to change the content and/or the method of presentation and/or the method of assessment of any unit of study, to withdraw any unit of study or programme, and/or to vary arrangements for any program.