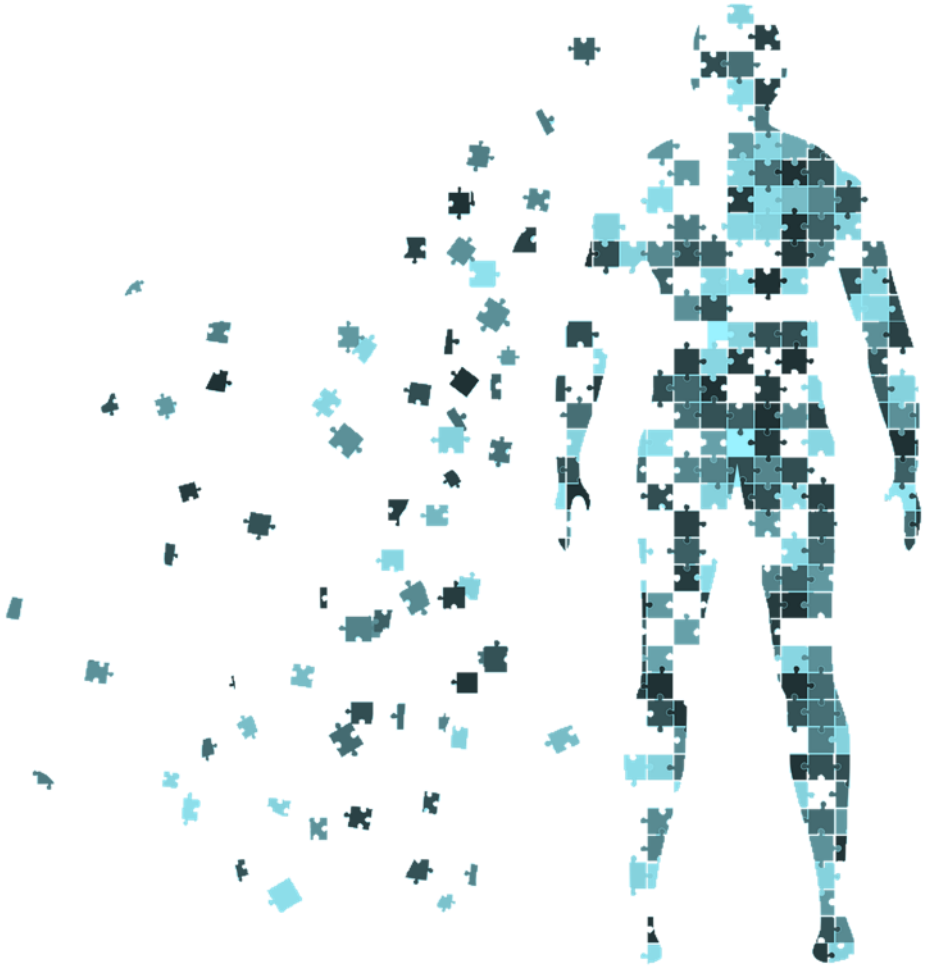
HEALTH PSYCHOLOGY PRACTITIONER TRAINING PROGRAMME

Handbook 2022



Department of Psychological Medicine

THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

MEDICAL AND HEALTH SCIENCES

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CONTENTS

Appendices

HEALTH PSYCHOLOGY AT THE UNIVERSITY OF AUCKLAND

This document outlines the Health Psychology Practitioner Programme that is taught within the Department of Psychological Medicine in the Faculty of Medical and Health Sciences at the University of Auckland.

The programme consists of a Masters in Health Psychology and the Postgraduate Diploma in Health Psychology. However, this handbook focusses on the components that are specific to the practitioner training programme i.e., the Postgraduate Diploma in Health Psychology. The Masters in Health Psychology is described more fully in the Health Psychology Postgraduate Handbook and the Health Psychology Programme Guide for Graduate Students.

REGULATIONS FROM THE UNIVERSITY OF AUCKLAND CALENDAR

Postgraduate Diploma in Health Psychology – PGDipHealthPsych
The regulations for this postgraduate diploma are to be read in conjunction with all other relevant statutes and regulations including the Academic Statutes and Regulations.

The most recent regulations can be viewed online at
https://www.calendar.auckland.ac.nz/en/progreg/regulations-medical-and-health-sciences/pgdiphealthpsych.html

Admission

1. In order to be admitted to this programme, a student needs to have completed the requirements for a Masters Degree in Health Psychology or its equivalent, as approved by Senate or its representative.
2. A student who has not completed all of the requirements for a Masters Degree in Health Psychology (or its equivalent), but who has completed 120 points towards that degree (or its equivalent) may, with the approval of the programme director, enrol for this postgraduate diploma. The requirements for the Masters degree must be completed within 12 months of the commencement of the Postgraduate Diploma in Health Psychology. Should these requirements not be completed within these 12 months, enrolment for the Postgraduate Diploma in Health Psychology will be suspended until they are completed.

Note: This is a limited entry programme as per the Limitation of Entry Statute 1991 and selection criteria apply. Selection criteria are available from the Faculty of Medical and Health Sciences.

Duration and Total Points Value

3. A student enrolled for this postgraduate diploma must:
   (a) pass courses with a total value of 150 points
   and
   (b) complete within the time limit specified in the General Regulations – Postgraduate Diplomas.
4. The total enrolment for this postgraduate diploma must not exceed 180 points.

Structure and Content

5. A student enrolled for this postgraduate diploma must pass 150 points from the courses listed in the Postgraduate Diploma in Health Psychology Schedule.
6. A student admitted to this programme must complete the University of Auckland Academic Integrity Course as specified in the Enrolment and Programme Regulations, Academic Integrity, of the *University Calendar*.

Variations

7. In exceptional circumstances Senate or its representative may approve a personal programme which does not conform to these regulations.

Amendment

8. These regulations and/or schedule have been amended with effect from 1 January 2014.

Deferred Results

9. Where a student has not achieved a pass in a particular component or components of HLTHPSYC 745, the Examiners may withhold the result pending the completion of specified additional work and/or examination to the satisfaction of the Examiners. If, in the opinion of the Examiners for PGDipHealthPsych, a particular weakness in a component or components is such that it cannot be addressed by the setting of additional work and/or examination, the student will fail that course.

Postgraduate Diploma in Health Psychology (PGDipHealthPsych) Schedule Requirement:

- 150 points: HLTHPSYC 742, 745, 746

MISSION AND OBJECTIVES

Mission:

To improve the health and wellbeing of health consumers by training psychology practitioners in culturally appropriate, ethical, evidence-based assessment, interventions and research focussed on psychological contributions to the development and sequelae of illness. This broad mission incorporates a number of more specific objectives.

Objectives:

1. To provide opportunities for students to acquire sufficient knowledge and judgment through an academic course of study, extensive case discussion and supervised practice to practice ethically, safely, effectively, and culturally appropriately as scientist-practitioner psychologists.

2. To offer a programme of training that allows graduates with the academic knowledge and research skills learned during a Masters in Health Psychology to develop practitioner skills to help patients and their whānau effectively deal with the psychological impact of their illness and its medical treatment, and to improve their quality of life through evidence-based assessment and interventions.

3. To augment the knowledge and skills acquired during a Masters in Health Psychology with the requisite training and experience that allows programme graduates to develop, administer and monitor safe and maximally effective primary and secondary prevention, and health promotion interventions.

4. To provide a route to registration as psychologists for Masters in Health Psychology graduates. Thus the programme will ensure graduates achieve the competencies required to work within the psychologist scope of practice, as a health psychologist.

5. To produce health psychology practitioners that have an understanding of the dynamism within health psychology that requires continued learning and skill development throughout a professional career.

6. To assist the development of the sub-specialty of health psychology practice in New Zealand.

GOVERNANCE

This programme consists of a Masters in Health Psychology, which is a masters degree within the Faculty of Medical and Health Sciences. This is followed by a Postgraduate Diploma in Health Psychology, also administered by the Faculty of Medical and Health Sciences. The Masters in Health Psychology, the PGDipHealthPsych, and the PhD in Health Psychology are all overseen by a Board of Studies that has representatives from the Faculties of Science and Medical and Health Science and the Department of Psychology and the Department of Psychological Medicine as well as representatives from the community (See Board of Studies terms of reference).

The PGDipHlthPsych is administered through the Department of Psychological Medicine within the Faculty of Medical and Health Sciences. The Head of Department is Associate Professor Trecia Wouldes and the Head of the Health Psychology Section is Professor Keith Petrie. The current director of the Masters in Health Psychology is Elizabeth Broadbent. The current director of the PGDipHlthPsych and the Practitioner Training Programme is Dr Lisa Reynolds. There is also a clinical advisory committee whose mission and function are described below.

Clinical Advisory Committee

This Committee has the role of formulating policy and developments for the programme which will then be initially presented to the staff and then to the Board of Studies for ratification. The Committee also monitors the programme and acts as a conduit for student concerns. The terms of reference are:

Functions:

1. Monitor functioning of PGDipHlthPsych
2. Act as conduit between stakeholders, students, graduates, supervisors, and programme
3. Overview processes, procedures and documents of the programme
4. Provide advice regarding programme changes and improvements

Membership:

a. Programme Director
b. Programme graduates. It is anticipated that some will be members of the Institute of Health Psychology and some will be supervising students in the programme
c. At least one present student of the programme
d. At least one Māori representative
e. Senior health psychology practitioner(s)
f. Director of the Masters in Health Psychology programme or their representative

Procedures:

The Committee meets at least twice a year, although special meetings and subcommittees are arranged and formed as they are needed. Typically these are organised to deal with special issues such as formulation of new feedback forms etc. The standard agenda for the meeting allows first for the opportunity for the student members to raise issues arising from the programme students.

PROGRAMME PHILOSOPHY

Research:

The Health Psychology Programme adheres to the scientist-practitioner model of practitioner training. This means that the programme not only considers that practitioners should be familiar with and able to use the scientific literature related to the field but also that practitioners will have research experience and be active researchers. Research has a pre-eminent place within the programme for several reasons.

1 Research expertise is often an important additional skill that a psychologist can offer researchers in clinical settings. In many of these settings, an appropriately trained psychologist will have the greatest research training and experience. For example, recent initiatives towards quality assurance and evidence-based treatment in health services have led to greater involvement by psychologists in research projects and other related endeavours [e.g. producing empirically driven guidelines for practice].

2 Our understanding of the causes of the various problems for which clients present to psychologists is not exhaustive. Furthermore, we do not completely understand the reasons for our therapeutic impact. Practising psychologists are in a unique position to enhance this knowledge. Although few practitioners in New Zealand produce substantial amounts of research, the research orientation of the scientist-practitioner model fosters thinking in research terms and graduates have a demonstrated capacity to conduct research.

3 The influence of psychological factors on health and physical/medical conditions has relatively recently become a focus of interest. This has led to the need to examine the effects of modifying these factors on disease management, adherence and health outcomes. While there are others in the helping professions who also possess the assessment and intervention skills that are at the core of most psychology practice, it tends to be psychologists who approach this work more comprehensively and from a scientist-practitioner perspective.

4 Clients will often either demand or be reassured by research information supporting health service delivery. We are in a unique position to increase initial treatment expectancies [i.e., hope] through the provision of such information. These expectancies can then mediate treatment gains.

Teaching:

The internship year is the year in which the challenging transition from being a psychology student to being an independent professional psychologist is made. This involves students going from being strongly guided in their behaviour and directed towards resources, to being responsible for their own learning and performance. This self-responsibility is fostered within the programme by flexibility around the timing and inclusion of specific taught content and allowing interns a measure of control over this, with their needs often determined by the cases they are managing. In addition to teaching being guided by cases that are currently being seen by class members, extensive use is made of paper referrals to focus discussion and learning.

At the end of the programme, interns should be able to practice in a safe and culturally appropriate manner. This means they should have sufficient knowledge and skills to be aware of the limitations in their knowledge and skills, but also understand the path required to overcome these limitations and to recognise that an area of practice as dynamic as health psychology requires a commitment to lifelong learning and search for improvement.

The programme is designed to equip graduates with skills to function effectively in the many roles that health psychology practitioners might be asked to undertake. While not all diplomates will have experienced all roles, their knowledge base and experience in other settings should allow them to rapidly develop the required knowledge and skills.

Te Tiriti o Waitangi:

Te Tiriti o Waitangi / The Treaty of Waitangi is New Zealand's founding document and represents a contract between all New Zealanders and Māori. In accord with this contract, the programme intends to equip trainees with the knowledge, skills and, perhaps more importantly, the attitudes to practice in a manner that ensures the rights of Māori enshrined in the Te Tiriti are respected and promoted. In this way graduates will achieve the Cultural Competencies prescribed by the Psychologists Board and adhere to the Psychologist Board's Guidelines for Cultural Safety.

Eva Morunga (Te Rarawa, Ngāpuhi) is Kaiarahi for the practitioner programme and a graduate of the PGDipHlthPsych who has several years clinical experience as a psychologist. Eva provides teaching and cultural support to ensure that, by graduation, students have acquired the competencies required for registration as a psychologist. Amber Logan-Riley (Ngāti Kahungunu) is also a graduate of the PGDipHlthPsych who has many years clinical experience (emorunga@adhb.govt.nz; amber.maoridevelopment@gmail.com) and is also available for cultural consultation. Both Amber and Eva are well aware of the types of issues that students are confronted with in their work and this, along with their interest in and deep knowledge of tikanga, means they are uniquely able to provide information and support. In addition, most services in which pre-interns and interns complete placements will have their own providers or arrangements for provision of cultural consultation and advice.

As well as programme activities designed to achieve cultural competence, interns are advised to attend cultural training courses that may be offered by the organisation in which they are completing their internship. Most DHBs offer cultural training and Treaty of Waitangi/te Tiriti o Waitangi workshops. An informative document in this context that interns and pre-interns are advised to read is the ACC's 'Guidelines for Māori Cultural Competencies for Providers' downloadable from www.acc.co.nz/PRD_EXT_CSMP/groups/.../wcm2_020645.pdf.

Additionally, both interns and pre-interns should consider completing the online courses run by Mauriora Health Education Research (http://www.mauriora.co.nz):

i. Foundation Course in Cultural Competency.
ii. Foundation Course on Healthcare & the Treaty of Waitangi/te Tiriti o

Waitangi.

iii. Healthcare and Tikanga in Practice (when available).

Support of Māori and Pasifika students:

The Health Psychology Practitioner Programme also offers a Whakapakari roopu to provide specific support, mentorship, and networking opportunities to Māori and Pasifika students. Monthly Whakapakari hui are facilitated by Eva Morunga (Kaiarahi) and are attended by current Māori and Pasifika students and graduates.

QUALIFICATIONS AND REGISTRATION AS A PSYCHOLOGIST

The New Zealand Psychologists Board administers the registration of psychologists under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). Prior to commencing their internship, students are required to register as intern psychologists under the intern scope of practice. The qualification achieved by graduates of the Health Psychology Practitioner Programme, the Postgraduate Diploma in Health Psychology, prepares the diplomate to work within the psychologist scope of practice, as a health psychologist.

ENTRY TO THE PROGRAMME

Entry into the Postgraduate Diploma in Health Psychology normally requires a Masters in Health Psychology although a student who has not completed all of the requirements for a Masters Degree in Health Psychology (or its equivalent), but who has completed 120 points towards that degree (or its equivalent) may, with the approval of the programme director, enrol for this postgraduate diploma (this allows students to complete preinternship work, HLTHPSYC 746, alongside their thesis). Thus, the usual first step towards entry to the diploma is application for entry to the Masters in Health Psychology. This is described in the Health Psychology Postgraduate Handbook. This usually allows students with satisfactory grades to enrol in a Masters in Health Psychology (again described in the Health Psychology Postgraduate Handbook). Applications for the Postgraduate Diploma in Health Psychology close on November 1st and entry interviews are held in November/December. Usually students apply in the year that they are doing their Masters papers and as mentioned above, acceptance allows them to complete the pre-intern placement hours (HLTHPSYC 746) alongside their Masters thesis. If students elect to complete a PhD following their Masters it is possible for them to complete HLTHPSYC 746 during the course of their PhD enrolment.

Candidates who have completed part or all of a graduate programme at other universities may be exempted from various components of the health psychology practitioner programme. The main guideline followed in considering the point of entry (or material exempted) is that candidates should, by the end of the programme, have completed all of the required components or their direct equivalent within the previous six years. If a candidate is currently employed as a psychologist, the six-year stipulation may be partially or completely overlooked. If the six-year criterion is not achieved, some make-up refresher training might be required, determined by the programme director prior to enrolment in the Postgraduate Diploma.

In common with other practitioner training programmes in New Zealand and internationally, there is much competition for entry into the programme. The decisions regarding entry are made by a panel on the basis of the applicant's academic record, relevant experience, referees' letters, personal and/or family statements, and applicant's presentation at the interview. Health screening, police vetting, and screening under the Vulnerable Childrens Act (2014) are also undertaken as part of the admissions process and entry is dependent on satisfactory reports for each of these.

Online applications close on November 1st each year. Applicants are required to supply a copy of their C.V., academic record, and written references from two referees. The referees should comment on the applicant's potential as a psychologist. Additionally, applicants should supply a 500 word statement outlining their motivation for seeking training in health psychology practice. They may also supply supporting family statements. Teaching staff from the Masters in Health Psychology programme who have had a direct involvement with the applicant may also be consulted by the selectors where appropriate. Based on this portfolio, applications are reviewed and the most eligible applicants are interviewed.

Interviews with shortlisted applicants to determine final suitability will generally occur in November/December although applicants may be interviewed at other times of the year should there be pressing reasons for their unavailability at the normal interview time. The interview panel generally consists of the Director of the PGDipHlthPsych, and at least one other person, usually representing the psychologists who supervise interns in their placements.

Selection Interview Format:

During the interview, the following areas are covered:

1 Goals for the future
   * Expectations from the endorsement/diploma programme
   * Motivation to continue learning and to develop as a professional

2 Past supervision/mentor experience
   * Can the applicant take feedback, criticism etc?
   * Does she/he become defensive?
   * What reactions has she/he had to past supervision experiences and what insights have been gained from these?

3 Tolerance, broadmindedness, and breadth of experience
   * Ability to handle client material which is shocking, aggressive or surprising
   * Ability to relate to different ethnic or socio-economic groups

4 Self-awareness and coping behaviours
   * Has the applicant been exposed to trauma?
   * How has the person handled stress in the past?
   * How aware does the applicant seem of their own feelings and reactions?
   * Perception of strengths and weaknesses

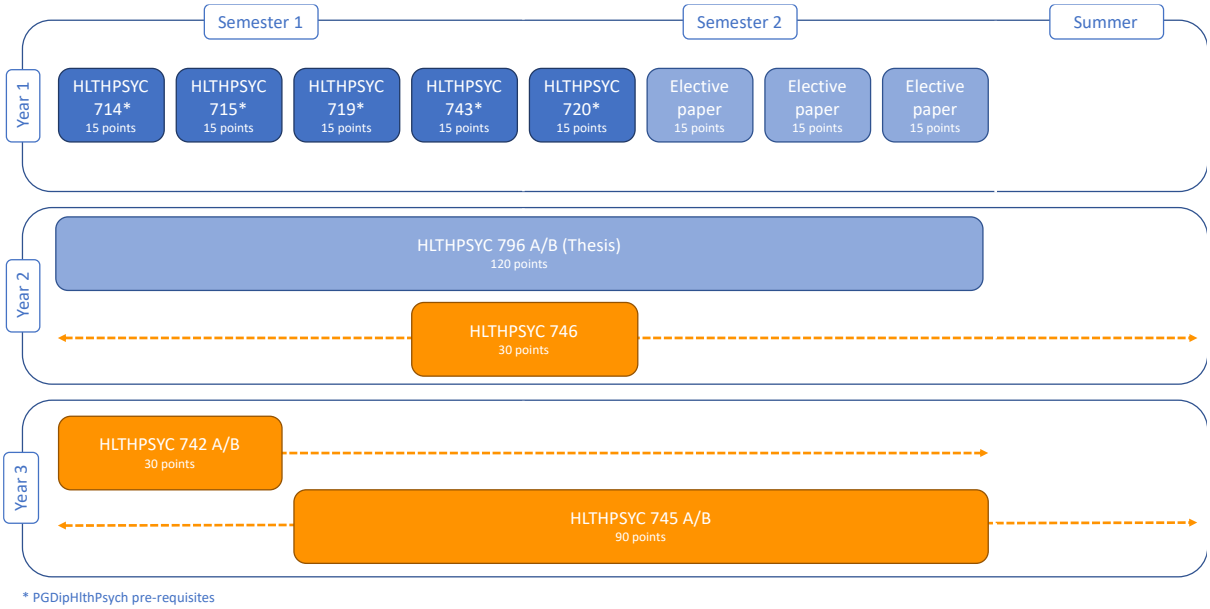
5 History of psychological difficulties, mental health problems or legal difficulties

6 Familiarity with and understanding of the relevance of Treaty of Waitangi/Te Tiriti o Waitangi to health psychology research and practice

Additionally, any anomalous information revealed in the application information or interview will be followed up. Applicants are informed of the success of their application as soon as possible. As the places in the programme are competitive, applicants offered positions are asked to inform the programme director (Lisa Reynolds) whether or not they intend to take up a position within one week of notification.

THE PROGRAMME

The components of the programme are shown below (in the order in which a student will normally complete them).



After successful completion of the first two years of the programme, the candidate will have achieved a Master of Health Psychology. This qualification, or the equivalent, are requirements for enrolment in the Postgraduate Diploma in Health Psychology. The PGDipHlthPsych includes pre-internship placements (usually in year 2, alongside the Master's thesis) and a 12 month clinical internship in Year 3. The internship takes 12 months and must be completed full-time.

Throughout the full period of the candidate's involvement in the programme there are a number of optional activities that they are strongly recommended to attend and participate in.

Year	Compulsory Content	Additional required
1	Masters in Health Psychology (papers year) Compulsory courses are: 1. Health Psychology – HLTHPSYC 714 2. Research Methods in Health Psychology – HLTHPSYC 715 3. Psychological Assessment – HLTHPSYC 719 4. Health Psychology Interventions – HLTHPSYC 720 5. Psychopathology and Interviewing Skills – HLTHPSYC 743	Health Psychology Seminar Series

	Recommended optional courses, three from: • Psychoneuroimmunology – HLTHPSYC 716 • Emotions, Emotion Regulation and Health – HLTHPSYC 717 • Technology and Health – HLTHPSYC 758 • Foundations of Maori Health – MAORIHTH 701 • Research Topic in Health Psychology • Special Topic in Health Psychology	
2	Master of Health Psychology thesis. Preinternship Placements (HLTHPSYC 746, course outline appendix 2)	Health Psychology Seminar Series Workshops Case discussions
3	Internship work Six case studies Clinical log Clinical final examination	Health Psychology Seminar Series Workshops Case discussions Mock examination

First Year:

Normally comprises the following required papers:

HLTHPSYC 714	Health Psychology
HLTHPSYC 715	Research Methods in Health Psychology
HLTHPSYC 719	Health Psychology Assessment
HLTHPSYC 720	Health Psychology Interventions
HLTHPSYC 743	Psychopathology and Interviewing Skills

And three optional courses. The requirements are specified in the Health Psychology Handbook but the following courses are recommended as most relevant to health psychology practice:

HLTHPSYC 715	Psychoneuroimmunology
HLTHPSYC 717	Emotions, Emotion Regulation, and Health
HLTHPSYC 758	Technology and Health
MAORIHTH 701	Foundations of Māori Health
HLTHPSYC 744	Research Topic in Health Psychology
HLTHPSYC 758	Special Topic in Health Psychology

The contents, staff involved, and assessment of these papers are detailed in the Health Psychology Handbook

Second Year:

A Masters in Health Psychology thesis (HLTHPSYC 796 A/B) is undertaken. A wide range of topics are suitable and will be finally determined after discussion with potential supervisors

and/or the Director of the Masters in Health Psychology programme. Topics will usually incorporate both psychological and health variables.

Pre-intern Placements (HLTHPSYC 746 A/B)
Alongside the Masters in Health Psychology thesis, students complete the **Pre-intern Placements** course (HLTHPSYC 746), which involves at least 300 hours of placements, workshops, training sessions, case discussions and the Health Psychology Seminars. The week before they commence their internship (usually the last week in February), students are required to attend orientation and placement preparation workshops. Additionally, they will be required to spend time with the departing intern from their placement, if there is one, familiarising themselves with the setting.

The organisation of pre-intern placements for each student is made according to placement availability, as well as identified student preferences and needs. Overall, a variety of agencies servicing a variety of client populations are sought for each student. As some placements are at District Health Boards, their requirements for student placements must be met including required health checks, vaccinations, police vetting and VCA checking prior to commencing their pre-internship.

Third Year:

HLTHPSYC 742 A/B Professional Practice in Health Psychology
HLTHPSYC 745 A/B Practicum in Health Psychology

Prior to commencing their internship, students must register as an intern psychologist with the New Zealand Psychologists Board (see: http://www.psychologistsboard.org.nz/looking-to-register).

Intern placements
The Department of Psychological Medicine makes every attempt to find suitable intern placements for all of the students that have been accepted into the programme and have met the requirements for and are available to commence their internship. The lack of sufficient intern placements to service the needs of the profession is an issue that is regularly addressed by the New Zealand Psychological Society, the New Zealand College of Clinical Psychologists, and by DHB Psychology advisors and those involved in teaching within psychology practitioner training programmes. However, for this programme in recent years, there have been sufficient positions to accommodate demand. Although most internships have some funding attached, either as a scholarship or where interns are employed and provided a salary, remuneration is not guaranteed.

The suitability of individual settings and supervisors should be discussed with the Director of the Postgraduate Diploma in Health Psychology. Generally, the expected role for the student is that of an intern psychologist in a physical health setting. Supervision will be provided by a suitable psychologist with experience in physical health contexts that has at least three years practice experience as a registered psychologist.

The minimum period of internship is one calendar year. This achieves the 1500 hours minimum required for programmes leading to registration in the Psychologist scope of practice. During the internship, candidates are required to complete six case studies to a satisfactory standard. Their supervisor(s) must also complete two supervision reports (Appendix 4). These reports are completed mid-year as well as prior to the final exam. Supervision reports are made available for assessment by the examiners during the Diploma final examination. The workload for an intern student will normally include 10-15 hours of direct client contact per week. This may vary somewhat as new cases are commenced or the intern has a number of ongoing cases.

Classes

Interns are expected to be on site in their placement for 4 days per week. On the fifth day, students attend class during semester time. During semester break, students will use their fifth day as time for self-directed learning and preparing case studies etc.

Classes cover a range of relevant topics with the years programme overall guided by the 'Core competencies for the practice of psychology in New Zealand' downloadable from: http://www.psychologistsboard.org.nz/cms_show_download.php?id=206 as well as: 'Core skills of a health psychology practitioner' (appendix 1). Classes include training in a variety of therapy approaches, consolidating diagnostic and psychopathology understanding and formulation particularly around case discussions. Professional practice topics will include cultural understanding and safety, ethics, psychopharmacology, legal issues, preparation of case notes and reports, as well as conducting assessments. Specific discussion about physical conditions such as diabetes, heart disease, respiratory disease, pain and neurological conditions also occurs in the context of case discussions.

Case studies

The case studies are intended to showcase some of the work of the intern as well as requiring study of a range of specific areas within the realm of health psychology. At least two of the six case studies will usually describe some aspect of research; one of which may be a publication draft of thesis research (unless this has been completed prior to commencing the pre-internship). The other should represent work carried out during the internship and might be a fully developed proposal or ethics application, a full report of a research study, or another publication draft. At least two of the case studies should describe the intern's work with patients or clients. These should describe an integrated assessment and treatment, although the treatment might not be completed. At least one case study will describe an education, information package, or group session developed by the intern. Evidence of the use of the package or session and recipient feedback or evaluation should be included. All case studies are expected to reflect a scientist-practitioner perspective [e.g., use of single case methodologies].

The case studies should be no longer than approximately 3,000 words, excluding a manuscript publication draft which may be longer and follow the author guidelines of the journal that the manuscript is being submitted to. Appendices are not included in the word total. All case studies require a cover sheet that is signed by both the intern and the supervisor, testifying that the case study represents the intern's work and that the case study was prepared during the placement with the client's approval. Signatures can be

electronic. Where the case study is a manuscript from master's thesis research, the academic supervisor should sign this off. All client names and any other specific information that might allow recognition should be removed and a pseudonym substituted. The case studies should include the following headings; abstract, introduction/literature review, methods (for patient cases this would include details of the client, referral questions, tests, and assessments administered, a summary of the contact and treatments undertaken), results (assessment and treatment outcomes), discussion, and references. Candidates should remember that data should be gathered and single case experimental designs should be used where possible. The candidate should demonstrate their breadth of knowledge and skills as both a clinician and a scholar in their presentations.

Candidates may be questioned regarding aspects of the case studies at the mock examination and the final examination. The first two case studies must be submitted before the first mock exam. The second two are due prior to the final examination in late November. The final set of case studies are due in February. Early case studies can be updated, edited and re-presented and, together, all six cases are assessed in by the examiners at the completion on the internship in February.

Clinical log

The clinical log is the intern's documentation that shows the type and range of work that they have completed during their internship year. The clinical log is due for interim review prior to the mid-year exams and again before the end-of year exams (exact dates are confirmed on Canvas). Final submission of the clinical log is due in February and is reviewed by the examination panel.

<u>Patient Cases:</u>

This section should begin with a summary of clinical work including a table that notes the number of patients seen, the number of total sessions, and the mean number of sessions per patient. We recommend that interns create a spreadsheet with this information at the start of their internships, so that this information is collated on an ongoing basis and graphs of relevant patient metrics can be included (e.g., a breakdown of ethnicity or presenting issues). This summary section should also include a summary table of patients seen including:

- Age, gender, and ethnicity;
- Health condition;
- Reason for referral (a few words only);
- Number of sessions;
- Dates of first and last contact

The summary should be followed by a more detailed discussion of case work which, in addition to the key information listed above, will briefly outline:

1) the referral question or request (this might not always be the same as presenting problem);
2) the presenting problem/formulation – a brief synthesis of the intern and client perspectives on the problem, including a diagnostic formulation if appropriate;
3) a brief summary of sessions including date, location (e.g., outpatient/inpatient); content, and any therapy(s) used;

4) psychometric instruments used and scores if appropriate.

Depending on the placement, much of this information might be included in routine reports or case notes so these can be incorporated into the log. However, if extensive case notes are kept, the log should be summarised to avoid the log being overly long.

Other activities:

The log should also include a summary of supervision sessions and other relevant activities including meetings and any additional professional development such as education, conferences, presentations given and attended. Include any relevant documentation for education and consultancy activities (eg. Powerpoint presentation material).

Case studies:

Your final clinical log should include all 6 of your finalised case studies.

Examinations

There is a written examination during the second semester examination period that covers professional issues and psychopathology and is nominally the examination for HLTHPSYC 742 A/B. This examination is graded pass or fail and the examination must be passed to complete the programme.

The final clinical examination for HLTHPSYC 745 A/B occurs over two or three days usually in the last week of November. This examination will be conducted in person if possible and/or does not require masks to be worn but can be conducted online if required. The examination is chaired by the director of the programme and the panel will usually consist of external examiners who are senior clinical practitioners and/or academics. The decisions of this panel are made by consensus, with the greatest weight being given to the external examiner's opinion. The schedule for the examination will be available to each candidate. The referral is given half an hour prior to the interview. After the interview, the student has three and a half hours in which to write a report. Paper referrals will be provided 24 hours prior to the viva examination. The intern will be examined for 90 minutes in total on their interview, report, and their response to the paper referrals. Depending on student numbers, the viva is sometimes split over two days. Assessment in the final clinical examination focuses on whether the intern has the knowledge, skills and judgement to function safely and effectively as an independent health psychology practitioner. Where an intern does not pass part or all of the examination in November, they will be provided another opportunity for examination in February.

The successful completion of the written examination for HLTHPSYC 742 A/B and the final clinical examination for HLTHPSYC 745 A/B along with 1500 internship hours, supervisor reports, clinical log and case studies completes the requirements for the Post Graduate Diploma in Health Psychology and provides the diplomate with a qualification which permits them to upgrade their Intern scope of practice registration to work within the psychologist scope of practice, as a health psychologist.

ADDITIONAL ACTIVITIES

During the practitioner programme, a number of additional activities are offered. These are designed to help students acquire the skills and information that are essential for successful development as a health psychology practitioner. For example, workshops are used to supplement the curricula of the compulsory papers. These activities also prepare interns for the diploma final examination. A timetable for these activities will be available at the beginning of each semester.

Workshops:
These cover issues relevant to health psychology practice including cultural practice (e.g., marae-based workshop) and therapy approaches such as CBT. All students in the practitioner programme should attend workshops.

Health psychology seminars:
These occur weekly during semesters on a range of topics relevant to health psychology. Students in the PGDipSci and MSc are required to attend and Interns are advised to attend when possible. We understand that when interns are located at a distance, weekly attendance might be unrealistic, however, when seminars are offered via Zoom we encourage attendance.

Paper case discussions:
During the internship year, interns are periodically required to prepare, present and discuss paper case referrals. These paper case sessions are compulsory and if a student is unable to attend the session they will be required to present their paper case at another time. For all paper cases the first consideration should be of cultural, ethical and any other professional issues. Pre-intern students may be invited to attend and observe these presentations and will be encouraged to ask questions and take part in discussions.

Mock examination:
Interns are required to participate in a mid-year mock examination; this simulated exam allows candidates to refine their skills and receive feedback on their performance. It is held over a two or three day period and the interviews are recorded so the intern can view their performance later. The examination mirrors the final examination. During the mock examination, the student interviews a role-playing client while observed by the examiners. A referral letter for the client is available half an hour before the appointment. After their interview, the student has three and a half hours in which to write up a report. Depending on student numbers, vivas will be conducted over 1 to 3 days. During the viva(s), the student is interviewed by the examiners concerning the interview, report, and on paper case studies. Candidates receive a video of their interview for review later and written feedback on what worked well, what did not work well, and priorities for development.

SUPERVISION

Within the practise components of the programme, supervision is the main process by which students gain competence. The importance of the supervision relationship therefore

cannot be overstated. As with every other element of the programme, being active in the process is crucial.

Before, or at the commencement of each placement, the supervisor and supervisee should meet and negotiate a supervision arrangement. We recommend that this includes a formal contract. The arrangement should detail the number of hours that the supervisor will make available to the student and canvas the issues to be dealt with within the supervision relationship. It should also indicate the special areas of experience that the supervisee requires in order to develop particular competencies. It may also specify performance requirements of the student, particularly in terms of keeping the supervisor informed of ongoing workload and providing written feedback on case work.

It may be useful in contemplating the supervision relationship and contract to separate supervision into three components. Firstly, there is case supervision in which the supervisor directly oversees the case work of the supervisee. In this instance, the supervisor is often responsible for the overall management of the case and may be more concerned for the client than the supervisee. Information from case supervision feeds into the 'professional development supervision'. This is supervision in which the supervisor and/or the supervisee recognise particular strengths and weaknesses in aspects of the supervisee's performance as a clinician. The supervisor then provides guidance and feedback to assist the supervisee to gain the necessary knowledge and skills.

The third type of supervision is 'personal supervision' which is the process by which the student comes to understand the personal aspects they bring to clinical practice and to identify those that may be facilitators to work with clients and to overcome any issues that may be barriers to therapeutic effectiveness. Although the awareness of these issues often arises within the clinical supervision situation, in some circumstances, where resolution of the issues requires more in-depth or individual work than would be appropriate in the context of the supervision relationship, these issues may be dealt with best by therapy with someone outside of the training programme.

Our experience of the requirements of intern supervision indicate that time requirements vary throughout the year. Students often need substantial time at the beginning of their placement and again at the end of the placement. Frequently, the middle period is a time during which the supervisee is able to develop and consolidate with less supervision time required. Additionally, the experience of the both the supervisor and the supervisee will impact on the supervision time required. However, it is stressed that the importance of the supervision relationship cannot be overestimated.

Generally, at least one regular hour of professional development supervision per week should be available. This time should be given the highest priority by both the supervisor and the supervisee. Case supervision will normally take a minimum of one additional hour per week. More detailed guidelines for supervision and a sample contract can be found in the New Zealand Psychologists Board's Best Practise Guideline on supervision which can be downloaded from the Board's web pages at:
http://www.psychologistsboard.org.nz/cms_show_download.php?id=220

COUNSELLING/SUPPORT FOR STUDENTS/INTERNS

There may be occasions when issues of some concern arise for students. For those issues related directly to placement, work or supervision, an approach should be made by the student to the Director of the Postgraduate Diploma in Health Psychology and/or Director of the MHlthPsych programme, or the Head of the Department of Psychological Medicine, in that order. For students experiencing distress of a personal nature, unrelated to the clinical programme, assistance will be provided to find an appropriate counsellor. The University of Auckland provides a variety of online and in-person counselling services. More information can be found here:
https://www.auckland.ac.nz/en/on-campus/student-support/personal-support/student-health-counselling/counselling-services.html

ETHICAL ISSUES

Students will be required to sign a confidentiality agreement on acceptance into the Postgraduate Diploma in Health Psychology. All students are reminded that confidentiality must be maintained on **ALL** matters which relate to clients and also related to the wellbeing and practice of other students in the programme. Details of paper case studies, which may be drawn from real clients, as well as information learned during classes and counselling sessions **MUST NOT BE DISCUSSED** with anyone outside the programme. From time to time, students and/or clinical staff may disclose personal information relevant to the discussion. Any such information must also not be discussed outside that group. The ethical guidelines, as set down by the New Zealand Psychologists Board and available for download at http://www.psychologistsboard.org.nz must be adhered to.

PROFESSIONAL AFFILIATIONS

Practitioner programme students are encouraged to become student members of the New Zealand Psychological Society and the Institute of Health Psychology.

APPENDIX 1: Core Competencies for Health Psychology Practitioners in New Zealand

Introduction

All practicing psychologists including health psychologists must be able to demonstrate the foundation competencies outlined in the "Psychologist" scope of practice, as well as the "Standards of Cultural Competence for Psychologists Registered under the Health Practitioners Competence Assurance Act (2003) and those seeking to become registered". These competencies are not repeated in this document. These core competencies are available for download from:
http://www.psychologistsboard.org.nz/cms_show_download.php?id=206

Several of the competencies included in this document overlap with the additional core competencies for psychologists practicing within the "Clinical Psychologist" Scope of Practice. This is because the nature of the difficulties presented by some of the clients presenting to health psychology practitioners, and the predominantly scientist-practitioner approach to case management are similar to those of clinical psychologists.

This document draws on an earlier document 'Core skills for health psychologists in New Zealand' prepared by Malcolm Johnson, which guided the development of the PGDipHlthPsych, and France et al., (2008) which articulates the competencies for the sub-specialty of health psychology in the United States.

The clinical practice of health psychology is a developing area. As such, the aims and methods of practice are continuing to evolve. Some time ago, Feilding and Latchford (1999) suggested six main areas of focus for health psychology practice. These main areas were included in the initial articulation of the core skills, continue to guide the field, and informed the development of these core competencies.

1. Reduce psychological distress that is interfering with treatment, recovery, or quality of life (e.g., depression following a heart attack).

2. Improve poor treatment outcomes (e.g., pain and distress following surgery).

3. Tackle poor adherence to medical treatment (e.g., diabetes).

4. Reduce inappropriate uptake of medical treatment (e.g., somatization).

5. Reduce behavioural risk factors for illness (e.g., smoking)

6. Tackle problems in delivery of healthcare (e.g., staff stress).

1. Discipline, Knowledge, Scholarship and Research

Health psychology practice is largely based on, although not limited to, the scientist-practitioner model. Therefore, health psychology practitioners should be familiar with the psychological literature and able to incorporate evidence from the literature into their practice. Because much of their work is with patients or clients that are medically unwell, this competency incorporates not just psychological knowledge and skills but also basic knowledge of the etiology and management of medical conditions. The psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with diagnostic criteria for mental disorders, their limitations and application as well as major etiological theories of these disorders. Knowledge of etiology, symptoms and signs and primary medical management of medical conditions for which evidence indicates psychological factors have a role in etiology and/or management and medical conditions which have prominent psychological consequences, such as diabetes, respiratory and heart diseases, cancer, neurological diseases, persistent pain. A broad understanding of other chronic diseases and the processes and challenges involved in their management. Familiarity with a range of health psychology models that describe the interface between psychological processes and medical or health behaviours and outcomes such as 'Stages of Change' (Prochaska & DiClemente, 1983), Health Beliefs Model (Becker, 1974) Theory of Planned Behaviour (Ajzen 1985; Ajzen,1988; Ajzen & Madden, 1986), Leventhal's Self Regulation Model (Leventhal, Nerenz, & Steele, 1984) and the illness perceptions conceptualisations that have emerged from the Self Regulation Model. Knowledge of the theories that drive the major psychotherapy approaches such as CBT as well as the evidence that supports the use of these approaches with common presenting problems.	Ability to recognize when the diagnosis of a mental disorder will be necessary and/or beneficial for the psychological wellbeing or medical management of a client or patient. The capacity to accurately assign a DSM diagnosis for mental disorders that particularly affect management of medical conditions or are common consequences of medical conditions. These are anxiety disorders; obsessive-compulsive disorders; trauma and stressor-related disorders; bipolar and depressive disorders; somatic symptom and related disorders; substance-related and addictive disorders; sleep-wake disorders and neurocognitive disorders. The ability to use health psychology models to inform the formulation of client(s) problems and drive interventions in the context of medical illness. Capacity to evaluate research evidence and use it to inform the development of interventions suited to managing client's presenting problems. Ability to complete service based research, including design of studies, preparation of ethics applications, data collection, statistical or other data analysis and preparation of research reports.

Familiarity with research methodologies suited to demonstrating the efficacy of individual and group interventions.	

2. Diversity, Culture and Treaty of Waitangi/te Tiriti o Waitangi

These competencies involve the knowledge, skills and attitudes that will allow the health psychology practitioner to practice in a culturally safe manner. The core of these competencies is the ability to recognise the influences on beliefs and attitudes that are resultant from one's own culture, not to assume they are 'right', and to frame a client or patient's problems and management according to the client's own world view.

This set of competencies is particularly important given the ample evidence of disadvantage in the health system that accompanies minority group membership and the potential of the health psychology practitioner to assist them to negotiate within that system. The psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with health inequalities and how they impact various social and ethnic groups in new Zealand. Knowledge of specific vulnerabilities associated with different disease conditions and their associations with ethnicity, cultural affiliation, and social conditions. For example, genetic and culturally embedded lifestyle risks for heart disease, diabetes, cancer and so on. Knowledge of the understanding that Māori and other cultures might have of the meaning and causes of illness and mental illness. Awareness of the cultural biases that are part of most psychological measures and treatment approaches.	Capacity to identify key individuals and networks within various cultural and ethnic communities. Ability to work with clients to assist them to mobilise culturally appropriate support. Ability to recognise when individuals might be disadvantaged in the health system by virtue of their culture, ethnicity or other diversity and assist them to develop the skills to advocate for themselves within the health system. The capacity to incorporate different cultural understandings of illness and mental illness into the assessment formulations of presenting problems of clients and to create culturally sensitive treatment plans based on this.

3. Professional Legal and Ethical Practice

For the health psychology practitioner, these competencies involve practicing in an ethical and professionally appropriate manner in an environment potentially complicated by patients or clients being impaired physically or psychologically or both, and with colleagues

and team members that may have different practice standards. The psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with the code of ethics for psychologists and laws and statutes that affect the practice of psychology such as the Health Practitioners Competence Assurance Act, The Health and Disability Commissioner Act and Code of Rights, The Privacy Act and Health Information Privacy Code, The Mental Health Act, The Protection of Personal and Property Rights Act.	Ability to interpret and apply the psychologists code of ethics and relevant legislation to a range of situations. In health psychology practice, these situations may include circumstances complicated by the patient or client being compromised in their judgment and/or several clinicians and services being involved in their care.

4. Framing, Measuring, and Planning: Assessment and Formulation.

These competencies involve the effective gathering of information from multiple sources which may include the patient or client, the patient or client's significant others, the patient or client's health and/or mental health records, and the other professionals involved with their care. Methods might include interview, psychometric assessment or other measurements, and observations. The information from these sources is integrated with the psychologist's psychological knowledge, medical knowledge and knowledge of the client's cultural context and background to produce a formulation that can be used to inform the client or patient's psychological and/or medical management. Assessment and formulation are recursive processes and understanding of the client's functioning may change over time altering the formulation. The psychologist will be able to demonstrate:

Knowledge	Skill
Understanding the methods, strengths and weaknesses of the various tools of psychological assessment; interview, psychometric assessment, behavioural assessment and how these might be applied in a health or medical environment. This will involve: Understanding of the importance of the reliability validity and cultural biases of psychometric and other measurement tools Knowing the cultural influences on patient's communications with medical and psychological professionals. Knowledge of how to use clinical and health psychology models, psychological knowledge and medical information in conjunction with the	Ability to engage in an assessment process in which hypotheses are created, tested, and modified using medical and psychological knowledge and information from multiple sources. The knowledge and ability to recognise clues in the client's behavior, symptoms, background, their reports or those of others that lead to the development of hypotheses that attempt to explain key elements of the client's presentation such as their presenting problems. The ability to test these hypotheses using information from:

findings from psychological assessment to create a formulation that places the client or patient's current functioning in a psychobiosocial framework. This formulation is then able to inform the client or patient's medical or psychological management or drive an appropriate intervention.	Interviews conducted in a value independent manner in order to establish rapport and gain accurate information. Suitable information from collateral sources such as family, medical records and other medical team members. Assessment or measurement of personality, psychopathology, physiological functioning, cognitive or mental status functioning. The ability to integrate psychological knowledge with information about the client or patient in order to produce a formulation. This formulation is then a flexible working hypothesis that guides intervention, but is able to be modified or further developed in an iterative process.

5. Intervention

Intervention is usually based on a comprehensive assessment and formulation. Based on the scientist-practitioner model, evidence-based psychological therapies will usually be the first to be considered. However, in some cases the there might not be sufficient evidence to make a decision about the best alternative or there might be features about the case that argue against the most supported intervention. For example, while CBT might be the intervention that has the most research evidence overall for a particular psychological problem, in the context of a medical condition an alternative, acceptance-based intervention such as ACT or mindfulness based stress reduction might be more appropriate. In order to be flexible and able to select an intervention approach with the best chance for success the health psychology practitioner should have knowledge of and the capacity to carry out interventions based on different models. While knowledge of more than one model of intervention is important it is equally important that health psychology practitioners critically evaluate the theoretical underpinnings of the approaches they might consider for their support in the literature and their logical coherence. The psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with models of intervention used to address individual and community health and health-related psychological difficulties. Knowledge of the evidence base for therapies used to address the most common psychological difficulties that either impact on	The capacity to create treatment plans and carry out treatment using evidence-based interventions taking account of the client or patient's medical and psychosocial context. Ability design and carry out community interventions.

medical management or are psychological sequelae of medical conditions. Understanding the process of the therapeutic relationship and how interpersonal variables such as transference and countertransference can influence this process. Knowledge of how to evaluate treatment outcomes .	Ability to evaluate the outcomes of interventions using group or case study methodologies. Ability to recognise when outcomes are unsatisfactory and the flexibility to modify treatment plans to improve them.

6. Communication

The health psychology practitioner will receive referrals from and interact with a variety of other professionals from both within and outside the medical team. These competencies involves understanding the information from the psychologist's interaction with a client or patient that will be necessary or useful for other's management of the person and the ability to communicate the information so it is understood by the recipient. This will rely on awareness of the roles, skills and contributions of other professionals within the health system mentioned below. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of communication skills. Knowledge of techniques and processes for dissemination of findings.	The capacity and judgment to document and communicate assessment findings that are suitably phrased to maintain an appropriate level of confidentiality, while still providing information that will facilitate their care of the patient, to other members of the treatment team or other professionals involved in the patient's care. The ability to communicate effectively using modern technology to patients and other professionals in the health team.

7. Professional and Community Relations, Consultation, Collaboration

For the health psychology practitioner these competencies include particular knowledge of the medical and health system and the community in which the patient or client is located. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of medical services and the interface between primary, secondary and tertiary services.	Ability to engage with other professionals involved in a client or patient's care in order to gain information that might facilitate medical or

Awareness of the roles, skills and contributions of other professions within the health system. Familiarity with community services and resources that might contribute to optimal psychological and healthcare management for patients and clients	psychological management for the client by the psychologist or the overall treatment team

8. Reflective Practice

In a medical environment the health psychology practitioner may be the only professional whose primary concern is the psychological functioning of the patient or client. This can sometimes lead to conflict or feelings of isolation and vulnerability for the psychologist. The psychologist will be able to demonstrate:

Knowledge	Skill
Awareness of emotional and behavioural responses in self or others that might indicate the possibility of burnout or impaired practice.	Once these responses are recognized, the ability to take them to supervision and take steps to alleviate the personal or practice circumstances that might be contributing to the impairment.

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APPENDIX 2: HLTHPSYC 746 Course Outline

Course outline

1. **Learning outcomes**

    - Familiarity with the operation of hospital and medical services.
    - Understanding the process of health psychology assessment, formulation and intervention.
    - Understanding of working with clients from diverse backgrounds and other cultures.

2. **Assessment**

    This course will be assessed based on:

    a. workshop and training session attendance
    b. a case study based on a case seen during a placement
    c. a log of placement experiences (reading, cases seen, activities undertaken)
    d. at least two satisfactory supervisor's reports based on supervisor observations of the students demeanor and behaviour during the placement
    e. No unsatisfactory supervisors reports (defined as scoring below 3 on the rating scale and/or significant concerns raised by the supervisor. The hours of unsatisfactory placements will not be counted toward the final tally of hours.

3. **Workload and contact hours**

    This course will involve approximately 30 hours of workshops and training sessions and approximately 300 hours of placements in suitable clinical settings spread over the year. Usually three to four settings will be experienced. There will be preparatory readings for each placement. Placement timing will be tailored to placement availability and around student's other workload commitments where possible. However, if the university arranges placements that are consistently declined or not attended by students, it is unlikely that students will be able to meet the requirements for their pre-internship year.

4. **Delivery mode**

    Workshops and training sessions will be didactic and experiential as suitable. Placements will be overseen by suitable experienced supervisors and involve observations of patient and patient interactions as well as an opportunity to participate in clinical activities depending upon the students level of skill and experience.

Formal Requirements

1. Students need to keep a log of their placement time. This should include any preparatory or other reading asked to do, time in the placement, and time spent doing any activities requested by the placement supervisor. This log is due on 15 Dec and should be submitted electronically on Canvas.

2. Students should also record activities in the experience record and have each placement supervisor sign this off. At the end of each placement, students should send the record to the course coordinator for HLTHPSYC 746. The original should be provided for updating at the next placement. A final copy should be submitted electronically on Canvas by 15 Dec.

3. A supervisor at each placement will need to complete the supervisor's report. Students should remind the supervisor to complete it and give them a copy of the report form at the beginning of the placement. The supervisor might give the report to the pre-intern to pass on to the course coordinator or they may send it directly. The supervisor's report can be completed online at https://auckland.au1.qualtrics.com/jfe/form/SV_06whpHUTNOHNZoV

4. One case study is required during the pre-internship. This might be about a patient that has been observed. This should be handed in at the completion of the final placement. More details below. This is due on 15 Dec and should be submitted electronically on Canvas.

5. The pre-internship is evaluated on a pass/fail basis according to the following assessment:

    a. A final log & experience record showing approximately 300 hours of placement experience
    b. A satisfactory case study
    c. At least two supervision reports with satisfactory overall ratings.
    d. No unsatisfactory supervision reports

General Guide

Our programme is completely dependent on the goodwill of the clinicians, many of whom are graduates of the programme, who generously offer their time and experience to oversee and supervise placement opportunities. As such it behooves us to make the task as easy and rewarding as possible. This is clearly helped by pre-interns that are motivated, curious, enthusiastic, and respectful (of clients and clinicians).

Be helpful. It may be useful to do some things such as literature searches, preparing resources, and helping with data management, which will free up the clinicians time to offering their supervision time and experience. Thus, a pre-intern might undertake a specific task such as entering data. It is good to clarify this when first discussing the placement with the contact person.

Dress appropriately. Remember this is a professional role and suitable dress and demeanor are important. This will mostly be smart casual. Shorts, jeans, short skirts and revealing tops are usually best left in the closet. Check with the placement contact in the service about what is attire is suitable. Ensure that mobile phones are not used other than for placement-related work.

Pre-internship Case study

Due date: 15 Dec
Please submit the case study electronically on Canvas. The case study is graded on a pass/fail basis and a pass grade is required to complete the pre-internship course.

This case study be no longer than 3000 words. It should be completed at some stage during the pre-internship period. It requires pre-interns to select a client of one of the services where they have had a placement. The client may be someone that has been observed in an assessment interview. It might also be someone where the pre-intern has had some involvement in treating (e.g. conducted relaxation training with).

The case study should begin with a brief (500-750 word) introduction that details the research literature regarding the person's problem presentation. This might be a psychological difficulty they are experiencing or difficulties associated with their medical problem. The rest of the case study should describe the client/patient's background, their presenting problem and any other relevant details. Remember the case study should be anonymous. We should not be able to identify the client.

A statement on the cover page of the case study should say. 'This case study was prepared during the placement with the client's approval' and should be initialed by the placement supervisor.

APPENDIX 3: Placement Experience Record

Pre-intern's name: _____

The placement experience record is kept by the student and informs the supervisor at each successive placement of the experiences already gained and those which remain. This experience record should be completed progressively over the placements. At the completion of the pre-internship it is hoped that most boxes will be ticked however supervisors and pre-interns should not be overly concerned if some categories are not experienced. Satisfactory exposure implies that the student has taken major responsibility for the work. For the therapy categories, responsibility for a single session is sufficient. After each placement, please email a scanned copy of this record to the course coordinator.

	Placement location	Dates	Total hours
1			
2			
3			
4			
5			

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

	Placement				
	1	2	3	4	5
Attend team or group meetings					
Contribute to grading referrals/triage					
Observe client assessment interview					
Participate in a client interview					
Observe psychometric assessment					
Administer psychometric assessment instruments.					
Observe individual therapy in an inpatient setting					
Observe individual therapy in an outpatient setting					
Observe educational/therapeutic group					
Participate in educational/therapeutic group					
Lead educational/therapeutic group session					
Develop patient education/information package					
Administer psycho-education to individual					
Lead teaching session/case discussion					
Design health psychology intervention					
Administer health psychology intervention					
Preparation of case notes/reports					
Contribute to case formulation/treatment plan					
Participate in research data collection/interviews					
Complete research literature search					
Contribute to research design					
Assist to prepare research proposal/grant application					
SUPERVISOR'S INITIALS					

APPENDIX 4: Pre-intern Placement Supervisor's Report

The pre-intern should give this form to you at the start of the placement to indicate the nature of assessment. This form can be completed either in writing or online at https://auckland.au1.qualtrics.com/jfe/form/SV_06whpHUTNOHNZoV

Pre-intern's Name: _____

Supervisor's Name and Signature: _____

Placement Setting: _____

Placement Period: _____

In completing the following questions we encourage you to make additional comments to clarify your ratings where low ratings are given. In all cases ratings should be made according to the student's level of experience. Please circle one of the numbers on each of the 5-point scales to indicate your rating of the pre-intern. Three represents a satisfactory rating, NA indicates you did not assess or are unable to rate. We encourage you to discuss your ratings and give feedback to the student directly however, you are welcome to send this form directly the course coordinator.

1. How well did the pre-intern actively seek additional information to improve their performance during their placement?

	Not at all				Very well
NA	1	2	3	4	5

2. How well did the pre-intern understand of the role of a psychologist in the specific setting?

	Not at all				Very aware
NA	1	2	3	4	5

3. Was the pre-intern sensitive to situations that required particular ethical consideration?

	Not at all				Very sensitive
NA	1	2	3	4	5

4. Was the pre-intern sensitive to cultural, religious, ethnic and gender differences that might influence work in the setting?

	Not at all				Very sensitive
NA	1	2	3	4	5

5. Was the pre-intern punctual for meetings, appointments and arriving at work?

	Not at all				Very punctual
NA	1	2	3	4	5

6. Was the pre-intern methodical and well organised.

	Not at all				Very much
NA	1	2	3	4	5

7. Was the pre-intern accepted in the setting?

	Not at all				Very well
NA	1	2	3	4	5

8. Pre-intern's communication with other staff?

	Poor				Excellent
NA	1	2	3	4	5

9. Was the pre-intern accepting of advice, instruction or supervision?

	Not at all				Very accepting
NA	1	2	3	4	5

10. Did the pre-intern seem aware of personal issues, strengths and weaknesses in relation to clinical practice?

	Not at all				Very much so
NA	1	2	3	4	5

11. To what extent did the pre-intern contribute appropriately to the workplace?

	Not at all				Very much so
NA	1	2	3	4	5

12. How likely would you be to hire this person if a role became available in your team?

Not likely at all				Very likely
1	2	3	4	5

13. How comfortable do you feel about this person progressing to their internship?

Not comfortable				Very comfortable
1	2	3	4	5

14. Please provide an overall rating of the pre-intern

Unsatisfactory		Satisfactory		Excellent
1	2	3	4	5

Do you have any comments or suggestions that will help the pre-intern in their development?

APPENDIX 5: HLTHPSYC 742 Course outline

Learning outcomes

This course, in combination with HLTHPSYC 745 Practicum in Health Psychology and the precurser activities in the programme, is designed to ensure that interns that complete the programme are able to achieve the competencies for psychologists practicing in the "psychologist" scope of practice and the standards for cultural competence documented in the 'Core Competencies For the Practice of Psychology in New Zealand', as well as the Core Competencies for Health Psychology Practitioners in New Zealand.

Specific outcomes:

1. Demonstrate a sophisticated understanding of the code of ethics for psychologists and the legal statutes that affect health psychology clinical practice.
2. Ability to make professional, clinical and academic decisions that demonstrate a knowledge, understanding and respect for professional and clinical ethics required by psychologists.
3. Engage with self-reflection that enables an awareness of emotional and behavioural responses in self and others that influence professional practice.
4. Implement health psychology interventions that are responsive to diversity, culture and Treaty of Waitangi/Te Tiriti o Waitangi, and have the capacity to reduce health inequalities.
5. Promote changes to healthcare systems that incorporate the broader psychological needs of diverse communities and reduce health inequalities.

Assessment

This course will be assessed based on:

- Two satisfactory case studies as described in the Clinical Handbook, based on cases seen and activities and research carried out during the internship
- A final examination during the second semester examination period

Workload and contact hours

This course requires attendance at weekly classes, workshops and training sessions. Contact sessions for this course are combined with contact hours for HLTHPSYC 745.

Delivery mode

Classes, workshops and training sessions will be didactic and experiential as suitable.

APPENDIX 6: HLTHPSYC 745 Course outline

Learning outcomes

This course, in combination with HLTHPSYC 742 Professional Practice in Health Psychology and the precurser activities in the programme, is designed to ensure that interns that complete the programme are able to achieve the competencies for psychologists practicing in the "psychologist" scope of practice and the standards for cultural competence documented in the 'Core Competencies For the Practice of Psychology in New Zealand', as well as the Core Competencies for Health Psychology Practitioners in New Zealand.

Specific outcomes:

a. Demonstrate an understanding of the etiology, symptoms and management of medical conditions and health behaviours which have prominent psychological components.
b. Demonstrate an understanding of health psychology models relevant to psychological processes and medical or health behaviours.
c. Demonstrate knowledge and the practice expertise of the major psychotherapy approaches to psychological intervention.
d. Demonstrate sophisticated methodological approaches in health psychology research including assessment approaches.
e. Demonstrate the ability to integrate the health psychology scientific literature into psychological interventions and medical management with patients.
f. Effectively review and synthesise the scientific literature relevant to clinical practice in health psychology.
g. The ability to draw on the scientific evidence-base to address health-related psychological difficulties.
h. Effectively analyse the critical issues and needs of individuals, groups and communities with health-related psychological difficulties.
i. Demonstrate the ability to conduct targeted, evidence-based psychological interventions with individuals, groups, and communities.
j. Communicate effectively about psychological aspects of patient functioning and the psychological impact of disease with multi-disciplinary healthcare teams, in order to collaborate on the improvement of patient health and wellbeing.
k. Translate complex theoretical ideas and research findings in health psychology in order to realise health and wellbeing benefits with people from diverse cultural and professional backgrounds.

Assessment

This course will be assessed based on:

- Four satisfactory case studies as described in the Clinical Handbook, based on cases seen and activities and research carried out during the internship.
- A log of placement experiences (reading, cases seen, activities undertaken)
- Two satisfactory supervisor's reports based on supervisor observations of the intern's behavior and performance during the internship.
- Passing performance in the clinical final examination (described in the Clinical Handbook).

Workload and contact hours

This course requires 1500 hours of internship placement and attendance at weekly classes, workshops and training sessions. This is normally completed over 12 months. Contact sessions for this course are combined with contact hours for HLTHPSYC 742.

Delivery mode

Classes, workshops and training sessions are didactic and experiential as appropriate. Placements will involve service provision as a health psychology practitioner, engaging research and in assessment and intervention with patients and clients, and will be overseen by suitable experienced supervisors.

APPENDIX 7: Internship supervisor's report

NB. This form can be completed either in writing or online at
https://auckland.au1.qualtrics.com/jfe/form/SV_6EGH36SMl8WhlJj

Intern's Name: _____

Supervisor's Name and Signature: _____

Placement Setting _____

Placement Period: _____

In completing the following questions we encourage you to make additional comments to clarify your ratings, this is particularly important where low ratings are given. In all cases ratings should be made according to the student's level of experience. If you Did Not Assess the trainee in any of the areas outlined please place "DNA" in the right margin next to the 5-point scale. Please circle one of the numbers on each of the 5-point scales to indicate your rating of the trainee. Three represents a satisfactory rating.

Knowledge base and application

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

INSUFFICIENT KNOWLEDGE				SUFFICIENT KNOWLEDGE
1	2	3	4	5

If you rated "3" or below, in which specific areas does the student need to increase their knowledge base? Please list:

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

NO EXPLICIT REFERENCE TO PSYCHOLOGICAL RESEARCH AND THEORY IN WORK				APPLIED PSYCHOLOGICAL RESEARCH AND THEORY APPROPRIATELY IN WORK
1	2	3	4	5

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

DID NOT SEEK ADDITIONAL INFORMATION				SOUGHT ADDITIONAL INFORMATION WITHOUT PROMPTING
1	2	3	4	5

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

POOR UNDERSTANDING				GOOD UNDERSTANDING
1	2	3	4	5

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

DID NOT APPEAR TO RECOGNISE ETHICAL CONCERNS				SENSITIVE TO ETHICAL CONCERNS
1	2	3	4	5

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

INSENSITIVE				SENSITIVE
1	2	3	4	5

Organisation/Work Relationships

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

OFTEN LATE				ALWAYS PUNCTUAL
1	2	3	4	5

8. Was the trainee methodical and well organised.

UNPLANNED AND POORLY ORGANISED				METHODICAL AND WELL ORGANISED
1	2	3	4	5

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

POORLY ACCEPTED				WELL ACCEPTED
1	2	3	4	5

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

VAGUE AND HESITANT				CLEAR AND CONFIDENT
1	2	3	4	5

11. In general, how effectively did the trainee work with other agencies or groups (e.g. DSW, schools, court, police, etc).

DID NOT ATTEMPT TO INCLUDE OTHER AGENCIES WHEN NEEDED				VERY EFFECTIVE
1	2	3	4	5

Psychological testing

Which tests/checklists did the trainee use during their placement? Please list:

12. Did the trainee seek information on the reliability and validity of tests used?

RARELY				ALWAYS
1	2	3	4	5

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

RARELY				ALWAYS
1	2	3	4	5

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

POORLY				WELL
1	2	3	4	5

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

POOR INTEGRATION WITH OTHER RELEVANT INFORMATION				GOOD INTEGRATION WITH OTHER RELEVANT INFORMATION
1	2	3	4	5

Report Writing

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

REPORTS/NOTES OFTEN LATE AND SLOW TO APPEAR				REPORTS/NOTES ALWAYS UP TO DATE AND PROMPT
1	2	3	4	5

17. Was the trainee able to concisely integrate appropriate clinical information into the report (e.g. interview, testing, history, observations)?

LENGTHY AND POORLY ORGANISED INTEGRATION OF INFORMATION				CONCISE AND ACCURATE INTEGRATION OF INFORMATION
1	2	3	4	5

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

LOW QUALITY				HIGH QUALITY
1	2	3	4	5

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

Supervision

19. Was the trainee accepting of supervision?

DEFENSIVE IN SUPERVISION				RECEPTIVE AND OPEN IN SUPERVISION
1	2	3	4	5

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

DID NOT INTEGRATE SUPERVISION FEEDBACK DESPITE THE NEED				CLEAR USE OF SUPERVISION IN SUBSEQUENT WORK
1	2	3	4	5

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

practice?

LOW SELF-AWARENESS HIGH SELF-AWARENESS

1 2 3 4 5

What particular issues do you think future supervision should focus on? Please list:

If the trainee had the opportunity to utilize more specific skills or interventions please comment on these (e.g. behavioural assessment/interventions, systematic desensitization, relaxation training, group work, research etc).

Overall Rating:

Please provide an overall rating of the trainee

UNSATISFACTORY PERFORMANCE SATISFACTORY PERFORMANCE

1 2 3 4 5

How likely would you be to hire this person if a role became available in your team?

Not likely at all				Very likely
1	2	3	4	5

At this stage, how comfortable would you feel about this person progressing to registration as psychologist?

Not comfortable				Very comfortable
1	2	3	4	5

Any additional comments or feedback about the intern?