

**APS COLLEGE OF  
CLINICAL  
PSYCHOLOGISTS**

**COURSE APPROVAL  
GUIDELINES**

**Updated, November 2006**

## **1. General Introduction and Principles**

The College of Clinical Psychologists of the Australian Psychological Society is committed to the development of a culture of excellence in the education, training and practice of clinical psychologists.

This document sets out guidelines and standards for the evaluation of University post-graduate education and training courses in clinical psychology. It has been prepared to assist in the development and continued appraisal of high quality courses, and to guide the process of APS College of Clinical Psychologists approval of courses for the purposes of determining College membership eligibility.

The course approval process assures the Society, through the College, that those successfully completing an approved course will be able to function at a level of professional competence and responsibility that meets the needs of clients, and enhances the standing of psychologists and psychology.

The College considers the guidelines and standards to be both feasible and desirable at the present stage of development of psychology in general, and clinical psychology in particular. Where guidelines are inappropriate or unfeasible because clinical training and practice occurs in a rural or remote setting, AOU's are encouraged to gain approval for alternative but effective arrangements *prior to* rather than after the accreditation process.

What is required for the approval process to proceed is evidence that the course meets the required standards, or it is practicable for the course to reach the standards within a reasonable period of time, **and** there is the necessary commitment and determination to attain the standards.

As part of the accreditation process, site visitors will obtain feedback about the course from key persons involved including teaching staff, clinic staff, field supervisors and students. This feedback may be obtained by email and/or in face to face meetings.

It is recognised, however, that differences of opinion may arise in the application of the present guidelines and standards. If such differences do arise, the APS Clinical College Course Approval Committee will make every effort to bring about a resolution by negotiation.

The APS College of Clinical Psychologists endorses the long-standing policy of the Australian Psychological Society that the preparation of clinical psychologists should be based on the "scientist-practitioner" model.

The basic assumptions of this model are as follows: Psychological research, teaching of the basic discipline of psychology, professional training of psychologists, and the professional practice of psychology are inter-related parts of a single system, with responsibility for the total system devolving upon all who work within its various components.

The education and training of professional psychologists according to the scientist-practitioner model proceeds at several levels:

- 1.1 Mastery of the knowledge, principles and methods of the basic discipline of psychology.
- 1.2 Training in the conceptual skills required to apply the basic knowledge principles and methods to problems of professional practice.
- 1.3 Acquisition of specific skills in the use of relevant procedures, technologies and techniques.
- 1.4 Development of an orientation or mind-set which includes:
  - (a) a respect for evidence;
  - (b) a constant endeavour to achieve rigorous appraisal of and improvement in one's own practice;
  - (c) a constant effort to **increase** the component of psychological practice that is based firmly on scientific principles and evidence, and to **decrease** the component that is based on unsubstantiated speculation, unanalysed experience, intuition or art. It is recognised however that science progresses by a fusion of these types of cognitive processes, i.e., hypothesis generation often involves intuition and creative speculation followed by experimental justification of these hypotheses.

Thus within a scientist-practitioner model clinical psychologists maintain a scholarly and critical approach to the scientific foundations of their profession, and to the evaluation of their own practice. They also retain a desire to contribute to the further development of scientific clinical psychology, and to keep abreast of, and critically appraise, developments by others.

## **2. General Program Requirements**

It is not the intention to specify detailed course content, but rather to suggest principles and ground rules that should be followed in constructing curricula.

- 2.1** Students, staff and supervisors should be provided with a Clinical Course Handbook which contains:
- (a) the Guidelines of the APS College of Clinical Psychologists Course Approval Committee;
  - (b) the reciprocal responsibilities and obligations of academic staff, supervisors and students;
  - (c) the compulsory and optional components of the course;
  - (d) the particular requirements of each section of the course;
  - (e) the methods of assessment to be used;
  - (f) the standards required;
  - (g) the practical requirements of the course.
- 2.2** The program must be general in character, i.e., it must cover those aspects of clinical psychology that are common to all areas of clinical practice, thereby providing a basis for possible later specialisation (after completing the requirements of the APS College of Clinical Psychologists for membership).
- 2.3** The program must be of relevance to a wide range of presenting problems across age ranges from birth to death and across a variety of clinical settings.
- 2.4** The program must maintain a reasonable balance between the transfer of knowledge, skills acquisition and professional socialisation.
- 2.5** Procedures and techniques taught must be derived from scientifically sound theory and must be evidence-based. The College will be guided by current, peer-reviewed scientific literature (e.g., Cochrane database reviews) and APS, BPS, and APA publications on evidence based practice and evidence based treatments.
- 2.6** The presentation and discussion of evaluation research data relevant to each of the areas of assessment and intervention covered are essential. Where possible, emphasis should also be given to primary prevention approaches to psychological and physical problems.
- 2.7** Students must be encouraged to think critically about the scientific basis of their work, and to question theories and procedures that, although widely accepted, have no scientific basis.
- 2.8** Questions of ethics must be raised as and where appropriate, and linked with the development of formal codes of ethics. Time should be set aside for the examination and discussion of particular ethical issues and dilemmas in clinical

practice and of their resolution; it is also desirable that students' understanding of ethical issues be assessed.

- 2.9** The course must ensure that all students become sensitive to the needs of people from a range of cultural backgrounds, especially Aboriginal and Torres Strait Islander Australians.
- 2.10** The course must demonstrate a commitment to systematic and ongoing evaluation of coursework, research and practicum components to ensure standards are maintained. Evaluation processes must include regular clinical supervisor assessments of student performance and student evaluations of teaching (e.g., teaching quality surveys, exit surveys) and, preferably, of clinical supervision. Results of these evaluations must be made available to site visitors. Course reviews by independent experts (e.g., course advisory committees) and by staff (e.g., annual planning days) are encouraged.

### **3. Resourcing the Program**

- 3.1** It is not required that all staff contributing to the course be eligible for membership of the APS College of Clinical Psychologists, but it is obligatory that all University staff undertaking direct clinical supervision be so qualified.
- 3.2** Evidence should be provided that:
- (a) the staffing of the course is adequate to offer effective education and training (APAC Standards 2.4.9 to 2.4.11);
  - (b) staff-student ratios are adequate (APAC Standards 4.1.6 and 4.2.5);
  - (c) the course has adequate administrative and clerical support, i.e., it must be demonstrated that there are sufficient staff members to carry out the required tasks including teaching, providing clinical supervision, organising, co-ordinating and monitoring clinical placements, providing support for field supervisors, offering liaison with external organisations (e.g., hospitals, community health centres and Departments of Health) and offering research supervision, assessment and monitoring of students.
- 3.3** Staff involved in clinical teaching should be involved in regular clinical work which has relevance to the course, and there should be evidence that this work is recognised and supported by the University.
- 3.4** It is also desirable that all staff members, especially those who teach clinical research skills, continue to participate in research projects of a clinical nature.

- 3.5** The bulk of the coursework should be taught by academics with clinical qualifications. When other staff are used, they should possess suitable qualifications or expertise. When student presentations occur, they should constitute no more than 15% of the overall teaching program.

#### **4. Content of Coursework**

Knowledge, and where appropriate, associated skills must be gained with individuals at all stages of the lifespan and across diverse clinical settings in the following core areas through formal academic teaching:

**Note:** The numbers in the brackets represent the required minimum number of teaching hours.

- 4.1** The systematic study of the mechanisms and aetiology of psychological disorders. (Students must gain a critical awareness of major psychiatric systems and diagnostic criteria.) (50)
- 4.2** The principles and methods of behavioural, psychometric and clinical assessment of significant psychological problems. (50)
- 4.3** The principles, procedures and techniques of psychological intervention and rehabilitation and primary prevention of psychological disturbance. (75)
- 4.4** Psychopharmacology. (10)
- 4.5** Research methods and evaluation. (25)
- 4.6** Health psychology, behavioural medicine and rehabilitation. (35)
- 4.7** Ethics and professional standards, including coverage of appropriate legislation and the National Practice Standards for the Mental Health Workforce (24)
- 4.8** The additional, advanced coursework prescribed by the APAC for professional doctoral degrees must comprise a minimum of 48 teaching hours over the entire program (48).

#### **5. Research**

See APAC Standards 4.1.20 to 4.1.25 for details concerning the research component for the Clinical Masters and 4.2.19 to 4.2.24 for the research concerning the Clinical Doctoral degree. It is expected that the research will have direct relevance to the field of

clinical psychology. Site visitors must be provided with titles of research dissertations and theses completed since the last site visit.

## **6. Practical Placements**

Practical experience is an important component of the preparation of students for independent professional roles in the clinical/health field. Its essential purpose is to ensure that students have appropriate opportunities to apply, under supervision, the knowledge and skills they have acquired in the education and training program.

### **Models of Clinical Training**

The preferred model for clinical training is the problem formulation and hypothesis testing approach.

Following this model, individualised treatment programs are constructed on the basis of detailed psychological assessments and history taking, and a preliminary formulation of the problem, with hypotheses to be tested. Following monitoring of the client's response to the initial intervention, the process is revised appropriately. On completion of the postgraduate program in clinical psychology, the student should be capable of:

- 6.1** Reaching a detailed problem formulation on the basis of both standardised and unstandardised assessments, and
- 6.2** Designing and conducting appropriate individual, group, and family treatment intervention programs, with ongoing monitoring, and revision of problem formulation and interventions where necessary.

Two approaches to the teaching of clinical expertise should be avoided.

**Unstructured** training, in which the psychologist's role is presented as essentially the practice of an art which must be acquired on the basis of long experience, has no place in courses of training for scientist-professionals.

The “**cookbook**” approach, in which a package program (or set of assessment instruments) is selected on the basis of pre-determined criteria, is also insufficient in the teaching of clinical interventions. Standardised treatment programs provide a useful starting point and are appropriate for group interventions, but the teaching of such programs alone encourages an over-simplistic view of client problems.

### **6.3 General Requirements for Practical Training**

The *Clinical Course Handbook* should include a section on professional practice that sets out:

- (a) (if applicable) details of the initial supervision of professional practice in the departmental clinic, including aims, purposes, requirements, responsibilities, methods, log keeping and assessment procedures;
- (b) guidelines for field placement training including: course requirements; organisation and administration of placements; the nature and requirements of the supervisory contract; the supervisory process; the responsibilities of the field supervisor, the University clinical supervisor, and the student under training; methods of evaluation; details of the basic field placement contract, assessment procedures; and student log books requirements.

- 6.4** Formal practical training should not begin until the students have demonstrated adequate knowledge of clinical theory and practice, usually by the second half of the first year of the course.
- 6.5** In order to ensure the closest possible links between the knowledge base of the course and clinical practice, it is desirable that the initial placement occurs in the AOU's own clinic under a systematic program of observation and supervision. When the initial placement occurs in the field, the AOU assumes responsibility to demonstrate that all appropriate learning outcomes are met. These outcomes include: (i) that clients are selected to match the developmental level of students (ii) that students receive high levels of supervision by qualified clinical psychologists committed to the scientist-professional model, and (iii) that student performance is observed regularly (e.g., by videotapes) to ensure shaping of clinical and professional skills.
- 6.6** In planning courses of practicum training, the requirements of State and Territory Psychologists Registration Boards should be kept in mind. Practicum within the master's course must meet requirements specified in the APAC standards. In addition, at least 400 of the total 1000 practicum hours shall be in face-to-face client contact in individual or group contexts. In rural settings, 100 of these contact hours may be via tele/videolink. Practicum within the professional doctoral course must meet requirements specified in the APAC standards. In addition, at least 600 of the 1500 practicum hours shall be in face-to-face client contact in individual or group contexts.
- 6.7** The program of clinical supervision must be designed to fulfill the student's changing developmental needs and meet standards for good client care. A minimum of 1 hour of supervision per placement day should occur in each placement, and

total supervision time with the clinical supervisor(s) shall be at least 180 supervision hours. Doctoral students must meet supervision requirements specified for the Masters course AND obtain 50 additional hours of supervision during the 500 hours of advanced practicum.

- 6.8** When students are on clinical placements they should, at a minimum, have access to a shared office, with own desk and arrangements for secretarial support. They should also have access to telephone facilities and a clinical consultation room for appointments.
- 6.9** After the initial clinical skills training under the close supervision of course staff, students should receive further supervised experience in at least 3 field placements.
- 6.10** It is essential that the placements provide students with the experience of dealing with a wide range of client problems (e.g. acute as well as chronic disorders), across varying age ranges (child, adolescent, adult, older adult), settings (e.g. inpatient/outpatient, community), and use of a variety of clinical skills (assessment, treatment, and professional). Each placement should be different in focus so that each of the above dimensions is covered adequately.
- 6.11** It is highly desirable that placements be of sufficient duration (e.g., 2-3 days per week for 2-3 months) to enable students to take responsibility for a number of cases.
- 6.12** In accordance with the APAC Standards 4.1.34 - 4.1.37 and 4.2.34 – 4.2.37 for practicum placements, the reciprocal responsibilities of the field supervisor, the student, and the University supervisor should be agreed formally in writing. All parties should agree on the type of student experience to be provided, the methods of monitoring student progress, and reporting and final assessment procedures.
- 6.13** In consultation with supervisors, strategies should be developed to ensure the maintenance of standards in field placements.
- 6.14** Mechanisms should be provided for ongoing assessments of the contribution particular placements are able to make to the professional development of the student.
- 6.15** A log of casework and supervision, duly signed by supervisors, must be maintained for each placement to demonstrate that College requirements governing nature and hours of casework and supervision are satisfied.

- 6.16** All placements should be visited by a member of the course team at least once during each placement. Ideally there should be a visit at the mid-point of placement.
- 6.17** Both the supervisor and the student should submit a report on the student's experience and performance at the end of each placement, with provision for the student to respond to comments by the supervisor.
- 6.18** The clinical program should provide workshops in collaboration with field supervisors relating to supervision skills to encourage high standards of supervision.
- 6.19** The clinical program should provide continuing education programs which supervisors and graduates can attend.
- 6.20** Distance supervision may apply only where the actual travelling distance between the approved supervisor and the placement setting is in excess of one (1) hour or 100 kilometres and in a placement setting where there is no other qualified and experienced supervisor available.
- 6.21** Distance supervision may be appropriate whether the student is enrolled on a full or part-time basis.
- 6.22** Nor more than 300 hours of practicum time may be supervised by the distance supervision method.
- 6.23** Distance supervision may not apply to the student's first placement, unless the student has had at least two (2) years of employed experience as a psychologist in a clinical setting.
- 6.24** Face to face contact between the student and intending distance supervisor must occur prior to the start of a distance placement, for the purpose of ensuring placement readiness. Adequate competency with test administration, interviewing and therapy procedures should be determined at this time.
- 6.25** A regular distance supervision contact time must be specified. A one (1) hour telephone contact each week is the minimum acceptable contact time.
- 6.26** The student must provide the distance supervisor written reports of the previous session and plans for the next session, for each client, at least 24 hours before the distance supervision weekly contact. This may be an email, fax or posted written report.

**6.27** The student must submit to the distance supervisor a minimum of one (1) audio-taped session for each client seen. Client consent forms must be obtained, indicating an understanding that taped sessions may be sent by secure post to the distance supervisor, and subsequently erased.

**6.28** Course criteria for an appropriate distance supervision setting must be specified in writing, in advance of the placement, and maintained on file. The following should be specified:

- A written description of the placement setting, including treatment orientation;
- An indication of the type of clients attending the setting;
- Basic materials available to the student (tests, treatment handbooks);
- Agency guidelines for client emergencies;
- Senior personnel available to the distance student (whether or not such persons have psychological training).

**6.29** The post-graduate clinical course must provide a basic set of handbooks for loan to the distance student, in the event there are insufficient assessment/therapy resources in the distance placement setting.

**6.30** Course staff undertaking distance supervision of a student must have had previous supervisory experience in a regular (non-distance) placement situations and preferably this should have occurred at the same academic institution where distance supervision is to be undertaken.

**6.31** In the event of a distance supervision placement failure, the student's "make-up" placement may not occur in a distance supervision situation.

**6.32** Students in the distance supervised placement must satisfy all other requirements for placements specified in the Course Approval Guidelines. In the case of the requirement to maintain a log of client contact hours and supervisory time: it is recommended that supervisory method be specified (phone, video, audio-tape, teleconference, etc.).

## **7. Assessment**

Assessment components in coursework and assessment methods in clinical practica must be carefully designed to capture application and skill competencies in both clinical assessment and intervention domains. An excessive reliance on essays, seminar presentations, and self report of one's case management is inadequate.

- 7.1** Assessment of student competence should include performance in academic, clinical (professional) and research domains.
- 7.2** Programs have a responsibility to develop assessment processes that are appropriately objective, and will ensure that students whose behaviour is professionally incompetent or unethical do not obtain a formal qualification in clinical psychology.
- 7.3** Programs must specify the general criteria for satisfactory performance in clinical placements, and in order to facilitate evaluation of student skill development, criteria for competent clinical performance, should be specified in writing.
- 7.4** The assessment of clinical competence should include evaluation of a minimum of four written case reports (of at least 2000 words) at some point in the program. The reports should provide details of the presenting case, describe the trainee's work, and justify the methods used.
- 7.5** Assessment of case material should be carried out by qualified clinical psychologists.
- 7.6** Programs should ensure there is a procedure to deal with placement failure, such as extension of the training period if continuation of training is judged to be appropriate.