UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS·UV
DIRECTORATE FOR INSTITUTIONAL
RESEARCH AND ACADEMIC PLANNING (DIRAP)
DIREKTORAAT VIR INSTITUSIONELE
NAVORSING EN AKADEMIESE BEPLANNING (DINAB)

08 May 2015

Qualification reference number: 2730

Authorised Qualification name: Master of Social Science in Clinical Psychology

Directorate: Accreditation

Council on Higher Education

P.O. Box 94

Persequor Park

PRETORIA

0020

Email: heqsfonline@che.ac.za

Dear Colleagues

RESPONSE TO THE DEFERRAL OF THE HEQSF-ALIGNMENT AND ACCREDITATION

HEQSF review comment

"Improvement is needed with regard to programme design as well as the alignment of the design with assessment and learning activities. Information on the management and assessment of the internship needs to be explicit. The duration of this programme is unclear."

Response to Accreditation Panel's comment:

The programme is offered over two years. The aim of this full-time two-year programme is to train students to be able to register at the Health Professions Council of South Africa (HPCSA) as psychologists in the category Clinical Psychology.

Year 1 is completed at the UFS based within the Department of Psychology and the module Clinical Psychology of 120 credits is completed. This includes an integrated WIL (Practical experiential learning, simulated learning, laboratory work, practicals, etc. excluding workplace-based learning) component.

After successful completion of Year 1, students register for the module Clinical Psychology Internship (CLII7900) in Year 2 at the UFS, carrying zero credits at the UFS. The student then also registers at the HPCSA as intern Clinical Psychologist as per HPCSA requirements. For the 12-month internship programme in Year 2 the student registers at an HPCSA accredited training institution. Successful completion of the internship is compulsory for registration as a Psychologist. At the end of Year 2 the student must also submit a mini-dissertation of 120 credits to the UFS.

Interns then become employees of the accredited institution and the credits are applicable to the training programme of the accredited institution. It is for this reason that the module CLII7900 carries no credits at the UFS. The degree can only be conferred when all three modules have been successfully completed.

Programme structure:

Module Code	**Module name**	**NQF Level**	**Credits per module**	**Compulsory/ Optional**	**Year**	**Total Credits per year**
(CLIN7900)	Clinical Psychology	9	120	Compulsory	1	240
(CLIR7900)	Mini-dissertation	9	120	Compulsory	2	240
CLII7900	Clinical Psychology Internship	9	0	Compulsory	2	240
			Compulsory Credits: 240 **Total Credits at NQF 9:** 240			

The learning type activity breakdown:

Type of learning activity	**Hours**	**% of learning time**
Direct contact time	300	12.25%
WIL Practical experiential learning, simulated learning, laboratory work, practicals etc. excluding workplace-based learning. (This refers to the work based learning that takes place during the first year when student do supervised psychotherapy at a number of schools or with individual adult clients. This does not refer to the 12 month internship during the second year).	300	12.25 %
Hours for WIL. This refers to the second year of masters training when	(40 hours per week,	

students do an accredited internship at an HPCSA accredited training institution. The programme must include a 40 hour per week activity grip for a 12-month period. The HPCSA requested that the internship is delinked from the universities, therefore no credits and these hours will not add up to the total hours.	12 month internship at training institution)	
Hours for Independent self-study of standard texts and references and specially prepared materials (study guides, books, journal articles, case studies, multi-media)	500	20.83%
Assessment	100	4.16%
Other: Mini-dissertation	1200	50%
Total	**2400**	**100%**

Management and Assessment of the Internship

The management and assessment of the internship is followed strictly according to the guidelines provided by the HPCSA. Training institutions submit their training programmes and are accredited by the Board. The university remains the overseeing body. The supervising psychologist at the training institution, in collaboration with the university, reviews the intern students' progress and signs the 12 month internship (the intern duty certificate) off after completion; endorsing successful completion of the internship. The internship is thus (although with its own module code) integrated as part of the overall degree programme.

An example of the internship programme of an accredited training institution, The Free State Psychiatric Complex, is attached.

The following guidelines regarding the roles and obligations of collaborating universities (HPCSA: Form 160) specifically refer:

7.2.1 Universities' Departments of Psychology (or the equivalent thereof) act in an overarching supervisory capacity for internship programmes conducted at designated training institutions. This role implies that the internship training institution enters into a collaborative agreement of temporary or extended duration with the supervising university via the Head of the Department of Psychology of the university. In order to act as collaborating university the university must offer master's degree education in the applicable category and be accredited by the Board to do so

7.2.2 The University's Department of Psychology appoints a senior psychologist to oversee the supervision at the training institution on behalf of the Department. The collaborating university's senior psychologist meets with the

interns and the training institution's psychologists twice at a minimum, but preferably four times, per year to ensure good governance and proper execution of internship training programmes. This further implies the monitoring of intern' progress reports and portfolios of evidence

7.2.3 Should an intern fail to comply with the requirements set by the collaborating university, or should the training institution/supervising psychologist fail to deliver the training programme as endorsed by the Board, the university is required to take immediate action to ensure that the training is satisfactorily conducted and completed.

More specifically, the following extracts from the guidelines from this HPCSA (Form 103) document indicate some of the responsibility of the UFS in its overseeing capacity:

2 GENERAL CRITERIA

C (2) Training programme

Before candidates start their intern training a programme must be drawn up by the head of the department concerned in the training institution, or supervising psychologist, ***in collaboration with the head or appointed lecturer of the psychology department of the supervising university.***

(3) Procedure in the event of unsatisfactory intern progress

In the event that doubt arises regarding the competence or progress of an intern the head or deputy-head of the department of the training institution concerned must ***liaise with the supervising university department****.*

In the case of termination of an internship ***the supervising university department shall advise the Council*** *regarding any extent to which the candidate should receive recognition for the internship training received and whether the candidate should be allowed the opportunity to complete the internship elsewhere.*

(4) Certification

After completion of the period of service at the training institution ***an intern duty certificate must be signed*** *by the head of the department of the training institution,* ***the head of the supervising university department*** *as well as the administrative head of the training institution or their official deputies.*

The following HPCSA documents are adhered to:

HPCSA Form 160: Policy regarding intern psychologists: Guidelines for universities, internship training institutions and intern psychologists. This document provides the roles and obligations of the training institution (the internship institution) and the role and obligations of collaborating universities. It is stipulated that the University should act in an overarching supervisory capacity. Also, that the university meets with the intern twice at a minimum, but preferably four times per year.

HPCSA Form 103: Criteria for the Training and for the Accreditation of Institutions offering Training of Intern-Psychologists)

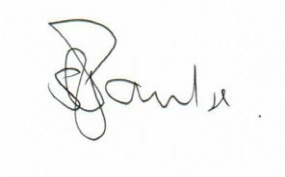
HPCSA Form 104: Information for Institutions that wish to apply for the accreditation of training of intern Clinical Psychologists

Attached are:

- Internship programme of an accredited training institution, The Free State Psychiatric Complex
- UFS Master's Programme in Clinical and Counselling Psychology: Information Booklet 2015

Thank you for your consideration and continued support. We trust that you will find this response adequate to validate this programme's accreditation and HEQSF-alignment.

Kind regards



Ms SJ Paulse

Deputy Director: Directorate for Research and Institutional Planning

Directorate for Institutional Research and Academic Planning
T: +27(0)51 401 2862
E: OliphantNM@ufs.ac.za

205 Nelson Mandela Drive
Park West
Bloemfontein 9301
South Africa

PO Box 339
Bloemfontein 9300
South Africa
www.ufs.ac.za

UNIVERSITY OF THE **FREE STATE**
UNIVERSITEIT VAN DIE **VRYSTAAT**
YUNIVESITHI YA **FREISTATA**

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS·UV
HUMANITIES
GEESTESWETENSKAPPE
PSYCHOLOGY
SIELKUNDE

Master's Programme in Clinical, Counselling and Educational Psychology

INFORMATION BOOKLET

2014

CONTENTS

APPLIED MASTER'S PROGRAMME IN PSYCHOLOGY: Overall orientation

Welcome to the selection for the Master's Programme in Clinical, Counselling and Educational Psychology. This programme is a professional qualification that leads to registration as a Psychologist (Clinical, Counselling or Educational) with the Professional Board of Psychology (Health Professions Council of South Africa). The training for the three registration categories is currently completely integrated with differences in registration category determined only by the accreditation of the internship institution where students work in the second year of the Master's Programme.

The requirements for the degree involve two years of full-time study, professional training and the submission of a mini-dissertation.

More about the department: Our focus is eclectic thereby exposing our students to as much as possible of what the field of Psychology has to offer. We thus do not claim to adhere to one specific school of thought, but rather to a range of orientations in order to best equip our students. We endeavor to strive for academic excellence through research and teaching. Part of our aim is to produce qualified psychologists who can effectively serve the diverse South African population.

Therefore, the master's programme is designed to train our students to meet the needs of our transforming society. With the compilation of the programme, we bear in mind the HPCSA requirements as well as national and international trends within the discipline. The department ensures, through external and internal moderation, that our training is of a high standard. We proud ourselves in focusing on the development of critical thinking skills, in-depth knowledge of the discipline as well as the ability to apply knowledge within different contexts.

Credit value of the course:	240
NQF level of the course:	9
Course co-ordinator:	Dr L Nel
Course secretary:	Mrs E Du Plessis

Nature of the course

The training for the two registration categories applicable for 2014 (Clinical and Counselling) is currently integrated. Differences in registration category are mainly determined by the accreditation of the internship institution where students work in the second year of the master's programme. We however also ensure that supervision occurs strictly within registration categories.

The requirements for the degree involve two years of full-time study and professional training, and the submission of a mini-dissertation. In the **first year** students are based at the Department of Psychology and it is expected of students to be active participants in the learning process. The emphasis is on theoretical training and the main aim is to assist students in acquiring a range of core professional psychological competencies, including:

- Ethical, legal and practice management competence,
- Intervention competence,
- Assessment competence,
- Consulting competence,
- Research competence (Scientific basis to the practice of psychology),
- Cultural diversity competence.

Students also gain practical exposure by rendering therapeutic services to the public in three practices, specialising respectively in the assessment, intervention and management of children, adolescents and adults. Practical experience in Community Psychology is gained through the planning, implementation and evaluation of an intervention programme for groups with specific needs for personal growth. All these practical work is conducted under supervision.

The overall learning outcomes for the first year of training are:

A. Students must be able to demonstrate an awareness of ethical issues and engage in appropriate ethical behaviour in professional activities;

B. Students must be able to demonstrate proficiency in interview and psychometric assessments by accurately completing diagnostic or intake interviews and assessment batteries;

C. Students must be able to use effective individual, group and community interventions that are based on empirical rationale and demonstrate the ability to document the course of their interventions in clear process notes;

D. Students must be able to demonstrate the ability to competently and independently implement referrals and interventions with a broad range of patient populations under the supervision of a registered psychologist;

E. Students must be able to submit written work samples (portfolio's) in which a treatment case formulation and treatment plan is included that demonstrates an empirically based and inter-disciplinary, culturally competent approach to treatment;

F. Students must be able to demonstrate competence in an empirical approach to clinical or counselling practice as reflected in case presentations that include demonstration of knowledge of the pertinent research literature, assessment of the critical idiographic and cultural data and integration of data into workable treatment plans;

G. Complete one research study in which there is a written product (mini-dissertation or publishable article) co-authored by the research supervisor.

The **second year** consists of a practical internship. Internships are intended to provide trainees with the basic competence in the scope of practice for their relevant registration categories. Students themselves are responsible for obtaining an accredited 12-month internship (approved by the HPCSA) within the registration category that they have registered for as student psychologists. Failure to complete the internship in the specified time will result in an unpaid extension of the internship between 3 and 12 months.

The Psychology Department has no formal relationships with any internship institutions. Although we assist master's students with applications to do internships, **we do not accept responsibility for the placement of students at internship institutions**. You are welcome to apply for internships anywhere in South Africa. By October of the **second year** all Master's students must submit a mini-dissertation. Master's students are not allowed to write the Board exam or start their Community Service **before the submission and successful examination** of their mini-dissertations.

National Board Examination

As from 2002, students have to pass a national exam (a written examination arranged by the Professional Board of Psychology) as the final requirement for registration as an independent psychologist. This examination can be written during February, June and October of a specific year.

Community Service

It is expected of all **clinical** psychologists to do **Community Service** for 12 months following the successful completion of their internships. Students registered in the Clinical Psychology category, must attempt to submit their research by **August** of their internship year as Community Service can only be started after completion of all academic requirements necessary for the degree. Candidates can apply at the Department of Health for positions available throughout the country.

For more information regarding internships, the board exam or the community service year, please contact the Health professions council of South Africa at 012 338 9300 or visit their website at www.hpcsa.cp.za

Registration as a Psychologist

Registration as a psychologist takes place after a student has completed the following successfully:

a. Theoretical and practical assessment
b. Accredited internship
c. Research (submission of an extensive mini-dissertation)
d. Community service (in the case of clinical psychology)
e. Board examination (administered by the Health Professions Council of South Africa - HPCSA).

Compensation

The first year of the course is an academic study year and consequently occurs without financial compensation. Students who require financial assistance are advised to contact the **Financial Aid Department, University of the Free State (Tel. 051-401 9160/2106/3603)** in time. In most cases, students receive financial compensation during their internship year. However, no guarantee can be provided for this.

Selection

1. SELECTION PROCESS FOR MASTER'S PROGRAMME

Owing to the limited number of internship positions, prospective candidates are subject to a selection process. The selection process takes place in two stages. The first stage involves a **selection on paper** during which the group of applicants is reduced. Students who pass the selection on paper are invited to Bloemfontein for the second stage during which a series of **practical selection activities**, as well as **panel interviews** take place. The practical selection activities include individual and group activities. Please note that the offering of the educational psychology route is subject to the availability of personnel in our department. Although you may apply for educational psychology, we may decide not to include educational students in the 2015 programme.

The Department uses the following selection criteria:

a. Academic potential and achievement
b. Psychological knowledge and insight
c. Work experience (part-time and full-time)

d. Community involvement
e. Interpersonal skills
f. Maturity
g. Research skills

2. SELECTION DOCUMENTS AND FEES

Students who want to be considered for the selection process must submit the necessary documentation to the Department accordingly before or on 6 June 2014.

See the document titled (Aansoekvorm/ Application form) for all the details in this regard.

IMPORTANT: No selection fee is payable, BUT students who need to complete the DV1 form (*Application for Admission to the UFS*) need to pay the application fee of R215 as stated on the DV1 form.

3. SPECIFIC ADMISSION REQUIREMENTS

a. Candidates whose application forms are incomplete and/or have been submitted late will not be considered for selection to the programme.

b. Candidates applying for the Clinical or Counselling Psychology programmes must at least have obtained a B-honours degree in Psychology or a B.Psych. degree in Psychology.

c. Candidates applying for the Educational Psychology programme are required to have the following qualifications:
   (i) A B.Ed. degree or an appropriate educational qualification.
   (ii) An honours degree in Psychology or a B.Psych. degree in Psychology.

d. Candidates who still have to complete their fourth year of training in Psychology in the year when they apply must submit current marks for the selection process (if available). Such candidates are selected conditionally pending the successful completion of their 4-year degree and the submission of the final marks before the Master's course commences.

e. Candidates who have completed their training in Psychology longer than five years ago must be able to provide evidence that they have been active in the field of psychology and/or have been busy with academic studies.

f. Because the Clinical, Counselling and Educational Psychology training programmes require intensive lecturing and studying, double medium teaching is not possible. Although efforts are made to make the course accessible (by means of explanations) for those speaking different languages, the majority of the course is presented in English. Fluency in **at least two** of the following languages is recommended: Afrikaans, English and Sotho.

4. APPLICATION FORMS

Applications of interested candidates must reach the Department before or on **6 June 2014**. Application forms can be obtained in the following ways:

1. A hard copy of the application form can be collected at the Department of Psychology, University of the Free State campus, Bloemfontein (Mrs. Elize du Plessis, **Room 202**) 1 April 2014.

Requests for application forms or any further enquiries can be directed to:

Mrs. Elize du Plessis
Department of Psychology
Internal Box 40
University of the Free State
P.O. Box 339, BLOEMFONTEIN, 9300
Telephone: (051) 401 9420
E-mail: duplesse@ufs.ac.za

2. Electronic copies are available at: www.ufs.ac.za/psychology.
   See the link *MASTER'S PROGRAMME* on left side of the Psychology's webpage.

5. FEEDBACK

a. After the selection on paper, the names of students who are promoted to the next round will be published on the notice board at the main entrance of the Psychology building. These names will be announced on **30 July 2014.** All candidates will also be informed of the results via e-mail.
b. The Department provides no feedback after the pre-selection process.
c. After the selection process, which ends on 22 August 2014, the successful candidates will be informed telephonically.
d. Candidates who have not been informed about the results of the selection within 24 hours must assume that their applications have been unsuccessful.

6. IMPORTANT DATES

CLOSING DATE FOR APPLICATIONS:	**6 June 2014**
RESULTS OF PRE-SELECTION:	**30 JULY 2014**
SELECTION PROCESS:	**18 AUGUST - 22 AUGUST 2014**
FINAL LIST OF SELECTED CANDIDATES:	**22 AUGUST 2014**

A FINAL WORD

We trust that you will experience the selection process as fair and as an opportunity for personal growth. We as a department appreciate your interest in our master's programme!

Dr Lindi Nel (Programme co-ordinator)

Ms Elize du Plessis (Secretary)

INDEX

PAGE

VISION

Increasing life expectancy through health system effectiveness, driving system change and ensuring sustainable quality services.

MISSION

By creating a value driven institution that inculcates operational efficiency and accountability in delivering desired outcomes effectively.

STRATEGIC GOALS

1. Provision of strategic leadership and creation of a social compact for better health.
2. Manage the financial affairs for sustainable health service delivery.
3. Build a strategic and dedicated workforce that is responsive to service demands.
4. Re-engineer Primary health care to create access to quality services.
5. Develop, operate and manage infrastructure for compliance and better health outcomes.
6. Strengthen information and knowledge management system to optimise performance and research capability.
7. Optimise and support implementation of key priority programmes (transformation, Affirmative and business process re-engineering).

MISSION : **Clinical Psychology Division**

We support the Free State Psychiatric Complex in the achievement of its strategic objectives by providing a comprehensive psychological service on a decentralized basis to all, training of under-and postgraduate students in psychiatry and behavioral sciences and to do research applicable to our mental health services.

Signature **:** _____

Rank **:** CHIEF CLINICAL PSYCHOLOGIST

Date compiled **:** 02/04/2003

Revision date **:** 11 October 2014

New Revision date **:** 7 November 2015

OBJECTIVES: CLINICAL PSYCHOLOGY DIVISION

The aim of the Clinical Psychology component is to support the Free State Department of Health and the Faculty of Health Sciences in the achievement of its strategic objectives to:

1. Provide and maintain an effective comprehensive psychological service to all in the Child Unit, OPD, Forensic wards, Acute wards and Psychological Outreach Services. A consultation liaison service is rendered to the Kosmos wards and Universitas / National Hospital.

2. Train medical students, clinical psychology interns and registrars in psychiatry in psychology and psychopathology, to fulfil the mental health needs of the Free State community.

3. Do research applicable to our mental health services.

4. To work with other members of the multi-professional team to meet the needs of patients, enable coordination of services and effective treatment and to utilize all other available appropriate mental health and social resources.

5. Evaluate the quality of psychological services provided to the Free State Community and training of mental health care practitioners.

6. Provide a psychological service within the parameters of the patient's right charter and Batho Pele Principles as outlined in the patient information and consent document.

Signature: _____

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Date compiled: 02/04/2003

Reviewed by: Clinical Psychology Team

Date revised: 11 October 2014

New Revision date: 7 November 2015

CLINICAL PSYCHOLOGY DIVISION OF THE FREE STATE PSYCHIATRIC COMPLEX (FSPC) AND THE FACULTY OF HEALTH SCIENCES.

The Clinical Psychology component currently consists of one Chief Clinical Psychologist, 7 Principal Clinical Psychologists, 5 Clinical Psychologists and 12 Clinical Psychology interns.

The aim of the Clinical Psychology component is to support the Free State Department of Health and the Faculty of Health Sciences in the achievement of its strategic objectives to:

1. Provide a comprehensive psychological service to all in the following areas: Child Unit, OPD, Forensic Units, Acute Wards and Community Service. A consultation liaison service is rendered to the Kosmos wards and Universitas-/National Hospital.

2. Train medical students, clinical psychology interns and registrars in psychiatry in psychology and psychopathology, to fulfil the mental health needs of the Free State community.

3. Do research applicable to our mental health services.

4. Provide psychological services within a multi-professional team context.

5. Evaluate the quality of psychological services provided to the Free State Community and training of mental health care practitioners.

6. Provide psychological services within the parameters of the patient charter.

Training

Undergraduate

Undergraduate training emphasizes insight into and comprehension of psychiatric disorders. The final product should be a physician able to identify and manage psychiatric disorders at a primary care level. The physician should be able to identify complicated and treatment resistant disorders and to refer when indicated. Training takes place by means of small group-discussions. The clinical psychologist lecturer highlights the psychological management of psychiatric disorders. This includes interviewing, psychotherapy, group therapy, behaviour modification, relaxation therapy, crisis management and bereavement therapy. Clinical Psychology lecturers act as coordinators for physiotherapy (Dr. M. du Toit - KFS 308) and medical students (Mr. J.F. le Roux – MEX 314/354). The Clinical Psychology Division is responsible for pre- and post- graduate training. The module

leader for the module Health psychology in the new curriculum is Dr. L. van Zyl (MEB 153/IMA 113).

Post-graduate

Post-graduate training of clinical psychology interns mainly takes place by means of patient discussions. Each clinical psychology intern is involved, from the onset of their internship, in group psychotherapy, family therapy, marital therapy, individual therapy, psychometrics, and the writing of reports, process notes and progress notes. Their progress is monitored continuously and formal evaluations, in conjunction with the department of psychology UFS, take place every three months. The clinical psychology intern is exposed to supervision. Formal training takes place by means of morning rounds, post-graduate discussions and case presentations. Supervisors monitor the workload to enable interns to devote one afternoon per week to their Masters' Degree scripts. Clinical psychologists also present lectures to first year Masters' Degree students in psychology.

Clinical psychologists are involved in the psychotherapy training of registrars in Psychiatry. This training takes place by means of morning rounds and post-graduate discussions. It also takes place in a supervision basis when applicable.

Research

Research enjoys high priority in the clinical psychology division. Interns have to complete research projects as part of their training. Clinical psychologists are also required to do research themselves. Some also act as supervisors for projects undertaken by registrars and interns. Other departments in the faculty of health sciences sometimes co-opt clinical psychologists to act as co-study leaders. Various national and international presentations have been made by clinical psychologists and various articles have been published by them.

Service delivery

The aim remains the provision of a quality psychological service to the community. With this aim in mind, clinical psychologists are involved in different areas of work. These include the psychotherapy programmes at OPD, the child and adolescent unit, acute wards, forensic wards, consultation liaison at Universitas / National hospital and a liaison behaviour modification service at Kosmos wards. Clinical psychologists are especially involved in psychodynamic formulations, evaluations and the formulation of diagnoses, group psychotherapy, crisis management, relaxation therapy, interviewing, behaviour modification and other psychological interventions.

Many hours have been devoted to the building and training of primary health care teams. The emphasis was shifted from institutionalizing to the provision of a community oriented service. Clinical psychologists regularly visit outlying clinics in the community and are involved in the training of primary health care workers, situation analyses, implementation of preventative measures, group therapy, early identification of psychological problems and psychotherapy.

SIGNATURE: _____

Prof. F.J.W. Calitz
Chief Clinical Psychologist

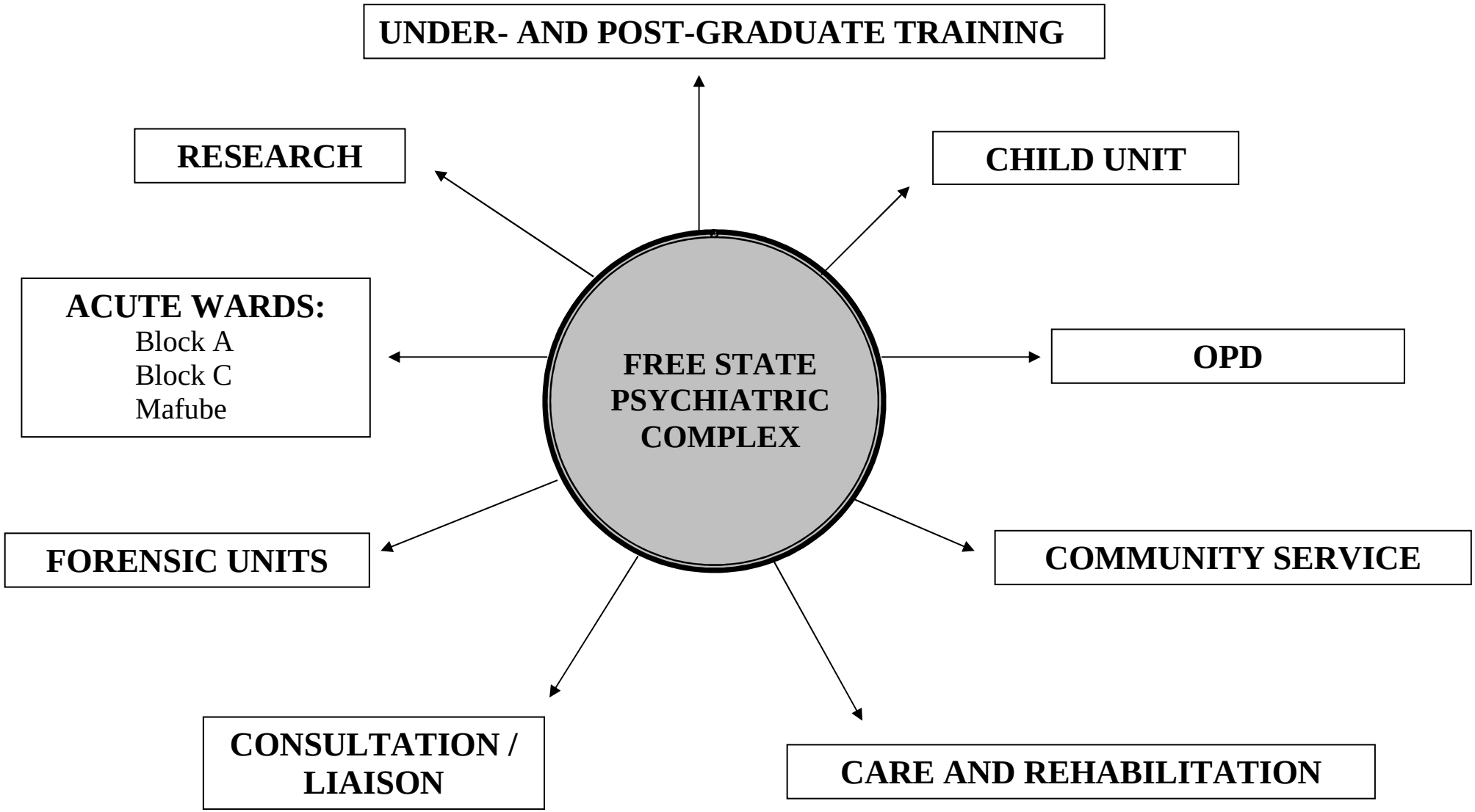
COMPILED BY: Clinical Psychology Team

DATE: 02/04/2003

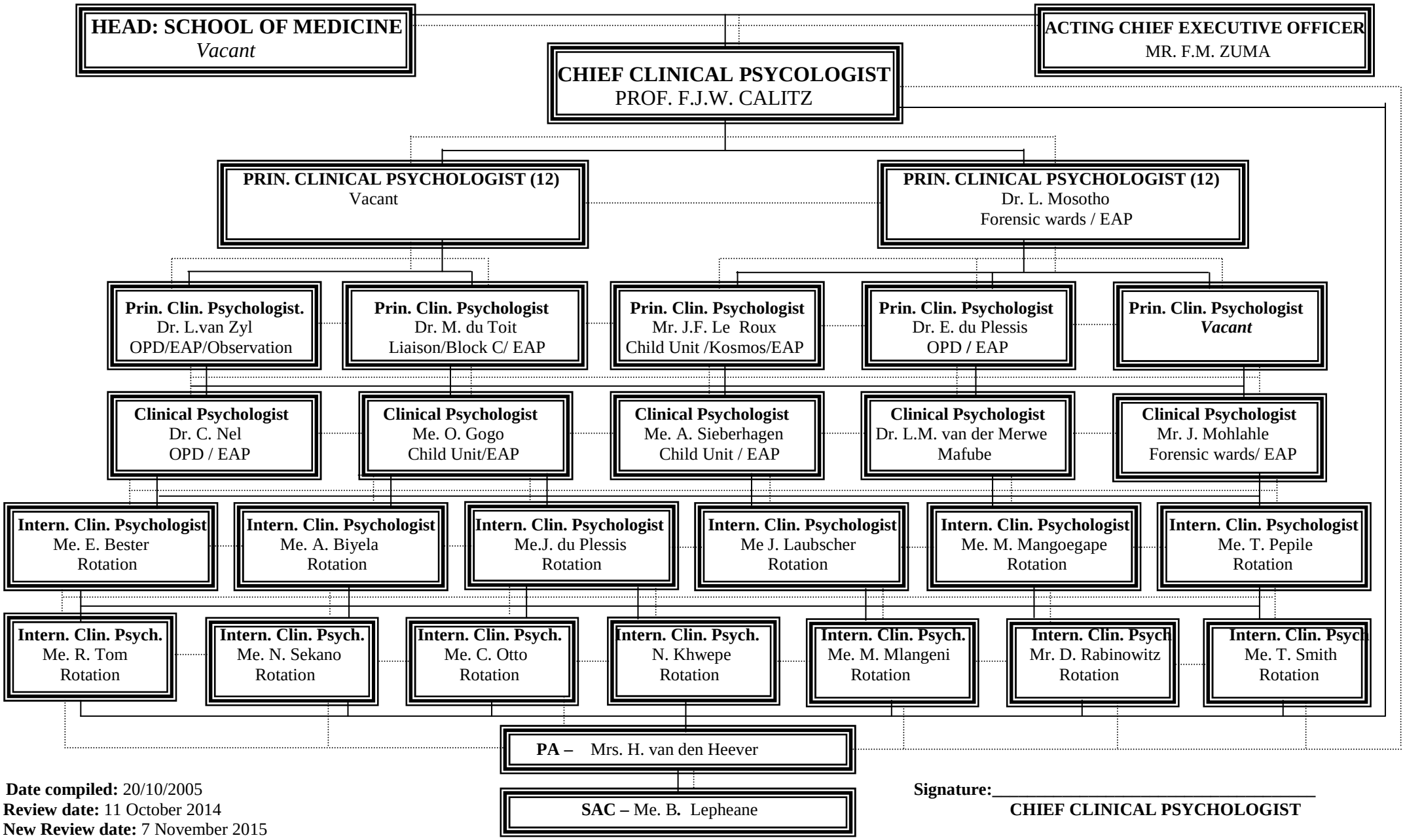
REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

PSYCHOLOGICAL SERVICES AT THE FSPC



ORGANOGRAM: COMPONENT CLINICAL PSYCHOLOGY 2014



Date compiled: 20/10/2005
Review date: 11 October 2014
New Review date: 7 November 2015

Signature:_____
CHIEF CLINICAL PSYCHOLOGIST

INDEX OF GUIDELINES

GUIDELINES FOR ADMISSION AND TERMINATION OF PSYCHOLOGICAL SERVICES AT MAFUBE WARD

ADMISSION OF PATIENTS

1. The medical practitioner working in Mafube ward refers a-psychotic patients and those who would benefit from psychotherapy in writing (form: O.H. 20 d) to clinical psychology.

2. The clinical psychologist provides continuous treatment to the referred patient and gives feedback to other members of the team.

TERMINATION OCCURS WHEN:

1. Treatment goals are met.

2. Core symptoms / problematic behaviours subside.

3. Patients or the clinical psychologist can terminate treatment due to various factors and circumstances e.g. finance, resistance, non-compliance, etc.

4. In collaboration with the inputs of other members of the multi-professional team, the patient is then discharged.

COMPILED BY: Clinical Psychology team **DATE:** 01 April 2003

SIGNATURE: _____

National Core Standards Coordinator - Dr. M. du Toit

SIGNATURE: _____

RANK: CHIEF CLINICAL PSYCHOLOGIST

REVISED BY: Clinical Psychology Team

REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

GUIDELINES FOR ADMISSION TO AND TERMINATION OF PSYCHOLOGICAL SERVICES AT THE OUTPATIENT UNIT

ADMISSION OF PATIENTS:

The Medical Practitioner refers patients for Psychological Management. Complicated and treatment resistant patients are referred to Clinical Psychology.

TERMINATION OCCURS WHEN:

1. Consent for treatment is withdrawn.
2. Treatment objectives are reached.
3. A change of circumstances warrants a referral.

A statement to this effect accompanies the health care user to the new service delivery point.

COMPILED BY: Clinical Psychology team **DATE:** 01 April 2003

SIGNATURE: _____

National Core Standards Coordinator - Dr. M. du Toit

SIGNATURE: _____

RANK: CHIEF CLINICAL PSYCHOLOGIST

REVISED BY: Clinical Psychology Team

REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

GUIDELINES FOR ADMISSION AND TERMINATION OF PSYCHOLOGICAL SERVICES AT THE CHILD UNIT

ADMISSION OF PATIENTS:

1. Patients are referred by means of written referral letters. Appointments / Follow-up appointments will be scheduled accordingly.

2. Children with learning difficulties and scholastic related issues are directly referred by the school to Inclusive Education.

TERMINATION OCCURS WHEN:

1. Treatment goals are met.

2. Core symptoms / problematic behaviours subside.

3. Patients/Guardians or the clinical psychologist can terminate treatment due to various factors and circumstances e.g. finance, resistance, non-compliance, etc.

COMPILED BY: Clinical Psychology team **DATE:** 01 April 2003

SIGNATURE: _____

National Core Standards Coordinator - Dr. M. du Toit

SIGNATURE: _____

RANK: CHIEF CLINICAL PSYCHOLOGIST

REVISED BY: Clinical Psychology Team

REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

GUIDELINES FOR ADMISSION, CONTINUED STAY AND DISCHARGE OF CHILD AND ADOLESCENT INPATIENT SERVICES.

ACUTE INPATIENT CHILD / ADOLESCENT WARD

Acute inpatient mental health treatment represents the most intensive level of psychiatric care. Multidisciplinary assessments and multimodal interventions are provided in a 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment. Twenty-four hour skilled nursing care, daily medical, and a structured treatment milieu are required. The goal of acute inpatient care is to stabilize children/adolescents who display acute psychiatric conditions associated with a relatively sudden onset and a short, severe course, or a marked exacerbation of symptoms associated with a more persistent, recurring disorder. Typically, the child/adolescent poses a significant danger to self or others, or displays severe psychosocial dysfunction. Active family/guardian involvement is important unless contraindicated.

ADMISSION CRITERIA:

*The **following criterion** is necessary for admission:*

1. The child/adolescent has been evaluated by a licensed clinician and demonstrates symptomatology consistent with a DSM-IV-TR Axis I and/or II diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.

*There is evidence of actual or potential danger to self or others or severe psychosocial dysfunction as evidenced by **at least one** of the following (2-11):*

2. A suicide attempt which is serious by degree of lethality and intentionally or suicidal ideation with a plan and means. Impulsive behaviour and/or concurrent intoxication increase the need for consideration of this level of care. However, 24-hour observation may be used initially to rule out presence of acute psychiatric symptomatology and/or as a result of intoxication. Assessment should include an evaluation of:

    a. the circumstances of the suicide attempt or ideation;
    b. the method used or contemplated;
    c. statements made by the individual; and
    d. the presence of continued feelings of helplessness and/or hopelessness, severely depressed mood, and/or recent significant losses.
    e. availability of responsible support systems.

3. Current assaultive threats or behaviour, resulting from an Axis I disorder, with a clear risk of escalation or future repetition (i.e., has a plan and means).

4. Recent history immediately prior to admission, prompting evaluation of significant self-mutilation (non-chronic), significant risk-taking, or loss of impulse control resulting in danger to self or others.

5. Recent history immediately prior to admission, prompting evaluation of violence resulting from an Axis I disorder.

6. Command hallucinations directing harm to self or others.

7. Disordered/bizarre behaviour or psychomotor agitation or retardation that interferes with the activities of daily living to such a degree that the child/adolescent cannot function at a less intensive level of care.

8. Disorientation or memory impairment which is due to an Axis I disorder and endangers the welfare of the child/adolescent or others.

9. The child/adolescent manifests severe, sustained, and pervasive inability to attend to age-appropriate responsibilities and/or severe deterioration of family and work/school functioning and no other level of care would be intensive enough to evaluate and treat the disorder. (Note: This does not imply that most evaluations require inpatient admission or that a hospital is the appropriate setting for ongoing treatment. Admissions under this criterion are primarily for the purpose of providing structure, evaluating, and engaging an individual receiving services when all other avenues have been exhausted, i.e., child protective services, legal and/or school system.)

10. Inability in an age appropriate manner to maintain adequate nutrition or self-care due to a psychiatric disorder and family/community support cannot be relied upon to provide essential care.

11. The child/adolescent has experienced severe or life-threatening side effects of atypical complexity from using therapeutic psychotropic drugs.

In addition the following criteria must be met:

12. The multi-disciplinary discharge planning process starts from the assessment and tentative plan upon admission, and includes the patient and family unless contraindicated secondary to risk of harm to patient or family/support.

13. The treatment plan needs to clearly state the benefits individual will receive in programme, and the goals of treatment cannot be based solely on need for structure and lack of supports.

PSYCHOSOCIAL, OCCUPATIONAL AND CULTURAL & LINGUISTIC FACTORS

These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions

***Any** of the following criteria is sufficient for exclusion from this level of care:*

1. The child/adolescent can be safely maintained and effectively treated at a less intensive level of care.

2. Symptoms result from a medical condition, which warrants a medical/surgical setting for treatment.

3. The child/adolescent exhibits serious and persistent mental illness consistent through time and is not in an acute exacerbation of the illness.

4. The primary problem is not psychiatric (e.g., social, economic or delinquent behaviour)), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.

CONTINUED STAY CRITERIA

All *of the following criteria are necessary/or continuing treatment at this level of care:*

1. The child/adolescent's condition continues to meet admission criteria for inpatient care, acute treatment interventions (including psychopharmacological) have not been exhausted, and no other less intensive level of care would be adequate.

2. The multi-disciplinary discharge planning process starts from the assessment and tentative plan upon admission, and includes the patient and family/significant other as appropriate unless contraindicated secondary to risk of harm to patient or family/support.

3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, educational and interpersonal assessment with involvement unless contraindicated, within 48 hours of admission. Family sessions need to occur in a timely manner. Treatment planning goals setting should be realistic and attainable Expected benefit from all relevant treatment modalities, including family and group treatment is documented.

4. All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.

5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress and/or psychiatric/medical complications are evident.

6. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioural and functional outcomes as described in the discharge plan.

7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated and consistent with prescribing guidelines.

8. Patient is actively participating in plan of care and treatment to the extent possible consistent with his/her condition.

9. Co-ordination with relevant outpatient providers is implemented.

DISCHARGE CRITERIA

Any *of the following criteria are sufficient for discharge from this level of care:*

1. Treatment plan goals and objectives have been substantially met and/or a safe, continuing care programme can be arranged and deployed at a lower level of care. Follow-up aftercare appointment is arranged for a timeframe consistent with the member's condition and applicable standards.

2. The child/adolescent no longer meets admission criteria or meets criteria for a less intensive level of care.

3. The child/adolescent, family, legal guardian and/or custodian are competent but non-participatory in treatment or in following programme rules and regulations.

4. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.

5. Either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment

6. Consent for treatment is withdrawn and, either it has been determined that involuntary inpatient treatment is inappropriate, or the court has denied involuntary inpatient treatment.

7. Support systems that allow the child/adolescent to be maintained in a less restrictive treatment environment have been thoroughly explored and/or secured.

8. The child/adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.

9. The child/adolescent's physical condition necessitates transfer to a medical or to a child welfare facility.

COMPILED BY: Mr. J.F. le Roux **DATE:** 01 April 2008

SIGNATURE: _____

National Core Standards Coordinator - Dr. M. du Toit

SIGNATURE: _____

RANK: CHIEF CLINICAL PSYCHOLOGIST

REVISED BY: Clinical Psychology Team

REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

GUIDELINES FOR ADMISSION AND TERMINATION OF PSYCHOLOGICAL SERVICES AT THE FORENSIC / OBSERVATION UNIT

ADMISSION OF PATIENTS:

Observati are referred by the Court of Law to be admitted under Section 77 and 78 of Article 79, Law 51 of 1977.

The psychological assessment entails the following:

* Clinical interview

* Intelligence assessment

* Psycho-neurological assessment

* Personality assessment (if applicable).

TERMINATION OCCURS WHEN:

Termination occurs after the results and findings are discussed by the Clinical Psychologist at the multi-professional team conference on Tuesdays at 09:30.

COMPILED BY: Clinical Psychology team **DATE:** 01 April 2003

SIGNATURE: _____

National Core Standards Coordinator - Dr. M. du Toit

SIGNATURE: _____

RANK: CHIEF CLINICAL PSYCHOLOGIST

REVISED BY: Clinical Psychology Team

REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

PSYCHOLOGY DEPARTMENT:
MINIMUM AUDIT DOCUMENTATION FOR APPLICABLE WARDS

AREA	REQUIRED DOCUMENTS	TIMELINESS	LEGIBILITY
Outpatients	• Referral letter • Patient information & consent document • Process Notes • Multi-professional team involvement	Maximum of 6 weeks after referral	• Name written in block letters • Signature • Rank • Highest qualification • Date and time • Follow up consultations • Handwriting legible • Process notes in English • Documentation in black ink
Child Unit	• Referral letter • Patient information & consent document • Process Notes • Multi-professional team involvement	Maximum of one month after referral	• Name written in block letters • Signature • Rank • Highest qualification • Date and time • Follow up consultations • Handwriting legible • Process notes in English • Documentation in black ink
Mafube	• Referral letter • Patient information & consent document • Process Notes • Multi-professional team involvement	Maximum of two working days after referral	• Name written in block letters • Signature • Rank • Highest qualification • Date and time • Follow up consultations • Handwriting legible • Process notes in English • Documentation in black ink
Observation unit	1. Forensic Interview 2. Psychometric report	1. Maximum of 10 working days after admission 2. Maximum of 21 working days after admission	• Name written out in block letters • Signature • Rank • Highest qualification • Date and time • Follow up consultations • Handwriting legible • Process notes in English • Documentation in black ink

AREA	REQUIRED DOCUMENTS	TIMELINESS	LEGIBILITY
Acute wards (A & C)	• Referral letter • Patient information & consent document • Process Notes • Multi-professional team involvement	Maximum of five working days after referral	• Name written in block letters • Signature • Rank • Highest qualification • Date and time • Follow up consultations • Handwriting legible • Process notes in English • Documentation in black ink
Forensic wards	• Process Notes • Multi-professional team involvement	Maximum of five working days after referral	• Name written in block letters • Signature • Rank • Highest qualification • Date and time • Follow up consultations • Handwriting legible • Process notes in English • Documentation in black ink
Liaison	• Referral letter • Patient information & consent document • Process Notes • Multi-professional team involvement	To be attended on the same day the referral is received	• Name written in block letters • Signature • Rank • Highest qualification • Date and time • Follow up consultations • Handwriting legible • Process notes in English • Documentation in black ink

COMPILED BY:

_____

Dr. M. du Toit

Date: 02/11/2005

Revision date: 11 October 2014

New Revision date: 7 November 2015

PATIENT INFORMATION AND CONSENT DOCUMENT

Dear Patient,

This document tells you what you can expect from the therapy process and me. It also explains what your responsibilities are. Please read it with care. It should not take more than 10 minutes. If there is something you do not understand you must please discuss it with me.

Evaluation phase

In order for me to render a service to you I need to do a proper evaluation. In the course of this evaluation I will ask you a number of questions about your symptoms, your personal history, relationships and so forth. Some of these questions may be very personal but I will not ask you anything that is not pertinent. It is possible that I may need to do psychological testing and for that we will need additional sessions. It is also sometimes valuable to interview other people who know you to obtain additional information. I will only do so with your consent. After the evaluation we will have a session where we will discuss my findings and decide on a future plan of action. This evaluation and report-back phase normally takes about three sessions and should I require more time I will discuss this with you. The duration of a session is usually 45 minutes.

Therapeutic phase

Therapy usually brings improved and personal growth in the long term. In the short term, however, it may be an unsettling experience, as it is usually an emotional experience.

The purpose of therapy is to bring about change. As a result patients sometimes feel that they should make changes in their circumstances as well. This may specifically induce you to bring about changes in your relationships with others. Such changes are often not welcomed by those affected and this may lead to interpersonal tension. You or others may sometimes perceive this as negative. The success of therapy is influenced by a number of factors. One of the most important factors is the degree to which patients take responsibility to bring about change. No therapist can give a guarantee that therapy will be successful.

Confidentiality

1. I will treat all the private information I collect about you as highly confidential. I will not, subject to what is said in paragraph 2, disclose any information about you without your consent.

2. In certain exceptional situations, however, legal or professional rules may force me to disclose information about you. This will include:

2.1 *Emergency situations*

In this regard I want you to know that should a situation develop where I believe that there is a real risk that you may harm yourself, another person, or me, I will be compelled to take the necessary steps to prevent such harm, even if this may entail breaching my promise to you to keep information confidential.

2.2 *Statutory duty*

A provision in an Act may oblige me to disclose confidential information about you.

2.3 *Court orders*

A court may order me to disclose private information. In terms of my professional rules I must, however, endeavour to do everything possible to prevent the disclosure of your private information.

3. That which I have pointed out in paragraph 1 and 2 above is also applicable in respect of children under the age of 18. I will on a regular basis inform parents or guardians about the therapeutic process and the progress of the patient. As a general rule, no information will be given to a parent or guardian about the content of a session without the relevant patient's consent. I do, however, reserve the right to inform a parent or guardian if it appears that the relevant child makes him or herself guilty of criminal behaviour, or threatens with, or is involved in behaviour, which I consider to be dangerous or potentially dangerous.

4. Certain Medical Aid Funds require a diagnosis before they will pay a therapist's account, if you refuse to allow me to furnish your Medical Aid Fund with the required information the organisation may refuse to pay the account on your behalf.

5 Subject to what is stated about confidentiality, I will not issue a medical certificate or report regarding you without

5.1 Your consent and

5.2 Until I had given you an opportunity to read the relevant document and discuss it with me.

Psychometrics

Information collected by means of psychological tests is only meaningful if it is interpreted by somebody who knows the theory, which underlies the relevant test and interprets it within the context of the situation. My professional rules accordingly prevent me from giving the results of such tests to anybody other than a psychologist. After I have interpreted the test results, I will discuss my findings and their implications with you. If you are not prepared to accept this, you must please tell me.

Termination

Either you, or myself, can terminate therapy at any stage. I will only terminate therapy in consultation with you and in a professionally accountable way.

Further information

Before we commence the first interview I will allow you an opportunity to raise any questions you may have. Please feel free to ask any questions you may have regarding the information in this document. If at any stage you fail to understand what is taking place you must please ask me for an explanation. In particular, I want you to tell me if you feel uncomfortable about what is taking place, or about what I am suggesting, or with any procedure I use.

Comments:

_____

_____

_____

_____

Patient:

Surname:_____ **First name:**_____

(block letters) (block letters)

Signature:_____ **Date:**_____

(To be completed by patient/guardian at time of consent)

Clinical Psychologist:

Surname:_____ **First name:**_____

Signature:_____ **Date:**_____

(This document is also available in Afrikaans)

PROCESS NOTES – INDIVIDUAL PSYCHOTHERAPY

PATIENT:_____ DATE OF BIRTH:_____

PSYCHOLOGIST: _____(block) RANK: _____

HIGHEST QUALIFICATION:_____ AREA: _____

Date/ Time	First Interview	Signature
THERAPEUTIC PLAN:		
FAMILY EDUCATION AND PARTICIPATION		

PROCESS NOTES (Continue)

PATIENT: _____ DATE OF BIRTH: _____

Date / Time	Therapeutic Plan	Signature

MULTI-PROFESSIONAL TEAM INVOLVEMENT

PATIENT:_____ DATE OF BIRTH:_____

PSYCHOLOGIST: _____(block) RANK: _____

HIGHEST QUALIFICATION:_____AREA: _____

Date/ Time	Psychology multi-professional team involvement	Signature

(Specific Multi-professional team involvement forms for Block A, Block C, Mafube and OPD exist. Please ensure that you use the correct form for the area where the ward round is taking place.)

CLINICAL PSYCHOLOGY INTERN TRAINING

Unless your one year training period as a whole is planned soundly and meaningfully, you may experience avoidable pressure towards the end of the year. I would like to make use of this opportunity to bring to your attention a few important aspects related to your training.

1. You are a student in the Department of Psychiatry. The responsibility for your training rests with the head of the Clinical Psychology Division, Prof F.J.W. Calitz. When you experience any problems, your line of communication is to go to the consultant at your current rotation area. The correct line function should be maintained.

2. Your primary purpose is to receive training. Because your training takes place by means of patient material, you are also involved in the provision of a service. The service you provide should therefore be of a high standard (tertiary level). This you will only achieve by means of effective consultation. It is important to consult the supervisor allocated to the unit you are working in. A patient may never be disadvantaged because of the lack of consultation. You are working under the supervision of a consultant.

3. Your work is planned to enable you to devote one afternoon per week to your script. This permission is only granted to interns who have actively started work on their scripts and who are prepared to submit to quality control regularly. Difficulties with your schedule should be taken up with your consultant.

4. Work attendance: The work day starts at 07:30 and closes at 16:00 with a 30 minute lunch break at 12h30. Permission to deviate from this schedule can only be obtained from your direct supervisor. You have 21 days annual leave and 12 days sick leave. When sick leave has been taken, a completed doctor's certificate should be submitted to the Chief Clinical Psychologist on the first day of resuming work. **You are required to spread your annual leave evenly across the four rotation areas keeping in mind that you are not granted annual leave in December.**

5. All services to patients are rendered under the supervision of a consultant. This includes changes made to diagnosis, treatment schedule or the termination of therapy.

6. Patients should be followed up regularly and patient care should never be compromised.

7. Upon termination of treatment the referring physician should know exactly what his continued involvement in the follow-up of the patient is. What he needs to do to augment the treatment given in psychotherapy should be clearly spelled out.

8. Your consultant should be involved in all complicated and treatment resistant cases.

9. As a clinical psychologist you should have exceptional interpersonal skills. You should cultivate a professional attitude, compelling esteem and appreciation from your colleagues, all members of the health care team and the general public alike. You have the opportunity to work on this during your internship.

10. Patient appointments should always be kept. The patient remains your responsibility until treatment is terminated and he/she is referred back to the referring physician.

11. You are expected from the outset to become and remain involved in group-psychotherapy, family therapy, marital therapy and psychometrics. You should be able to provide proof of adequate practical experience in the above-mentioned areas.

12. You should be able to attend to a new referral as soon as possible (See: Minimum audit documentation for applicable wards). If not, it should be discussed with the consultant as well as the Chief Clinical Psychologist for alternative arrangements to be made.

Finally I would like to wish you a pleasurable internship. The course has been compiled and planned for you to grow and develop into a specialist in your chosen field. My best wishes accompany you.

Compiled by: _____

Prof F.J.W. Calitz

Revision date: 11 October 2014

New Revision date: 7 November 2015

ROTATION: CLINICAL PSYCHOLOGY INTERNS 2014

	CHILD UNIT	OBSERVATION UNIT / FORENSIC	MAFUBE / LIAISON / BLOCK A & C	OUTPATIENT DEPT (OPD)
JAN - MAR	Me. E. Bester Me. A. Biyela Me. T. Pepile	Me. N. Sekano Me. J. Laubscher Me. C. Otto	Me. T. Smith Me. M. Mangoegape Mr. D. Rabinowitz Me. N. Khwepe	Me. J. du Plessis Me. M. Mlangeni Me. R. Tom
APR-JUN	Me. J. du Plessis Me. T. Smith Me. M. Mlangeni Me. N. Sekano	Me. E. Bester Me. M. Mangoegape Me. N. Khwepe	Me. T. Pepile Me. R. Tom Me. C. Otto	Me. A. Biyela Me. J. Laubscher Mr. D. Rabinowitz
JUL-SEP	Me. M. Mangoegape Me. J. Laubscher Me. R. Tom	Me. A. Biyela Me. J. du Plessis Mr. D. Rabinowitz	Me. E. Bester Me. M. Mlangeni Me. N. Sekano	Me. T. Pepile Me. T. Smith Me. N. Khwepe Me. C. Otto
OCT-DEC	Mr. D. Rabinowitz Me. C. Otto Me. N. Khwepe	Me. T. Pepile Me. T. Smith Me. M. Mlangeni Me. R. Tom	Me. A. Biyela Me. J. du Plessis Me. J. Laubscher	Me. E. Bester Me. N. Sekano Me. M. Mangoegape

Compiled by: Psychology Team

Revision date: 11 October 2014

Prof. F.J.W. Calitz

New Revision date: 7 November 2015

TUESDAY MORNING TRAINING ROUNDS: 2014 PSYCHOMETRIC / JOURNAL DISCUSSIONS: 08h00 – 09h00		
04 / 02 / 14	Psychometric discussion (Protocol)	Me. E. Bester
11 / 02 / 14	Journal discussion	Me. A. Biyela
18 / 02 / 14	Progress report: Script	All Interns
25 / 02 / 14	Psychometric discussion (Protocol)	Me. J. du Plessis
04 / 03 / 14	The universal declaration of ethical principles for psychologists (Ethics)	Me. J. Laubscher
11/ 03 / 14	Psychometric discussion (Protocol)	Me. R. Tom
18 / 03 / 14	Journal discussion	Me. T. Pepile
25 / 03 / 14	Progress report: Script	All Interns
01 / 04 / 14	Psychometric discussion (Protocol)	Me. M. Mangoegape
08 / 04 / 14	Ethical considerations in research (Ethics)	Me. N. Sekano
15 / 04 / 14	Psychometric discussion (Protocol)	Me. C. Otto
22 / 04 / 14	Journal discussion	Me. N. Khwepe
HOLIDAY		
06 / 05 / 14	Progress report: Script	All Interns
13 / 05 / 14	Psychometric discussion (Protocol)	Me. M. Mlangeni
20 / 05 / 14	Coercion in psychiatric care – clinical, legal and ethical controversies (Ethics)	Mr. D. Rabinowitz
27 / 05 / 14	Progress report: Script	All Interns
03 / 06 / 14	Psychometric discussion (Protocol)	Me. T. Smith
10 / 06 / 14	Journal discussion	Me. E. Bester
17 / 06 / 14	Psychometric discussion (Protocol)	Me. A. Biyela
HOLIDAY		
22 / 07 / 14	Journal discussion	Me. J. du Plessis
29 / 07 /14	Progress report: Script	All Interns
05 / 08 / 14	Psychometric discussion (Protocol)	Me. J. Laubscher
12 / 08 / 14	Journal discussion	Me. R. Tom
19 / 08 / 14	Psychometric discussion (Protocol)	Me. T. Pepile
26 / 08 / 14	Challenges and opportunities in Internet-mediated telemental health (Ethics)	Me. M. Mangoegape
02 / 09 / 14	Progress report: Script	All Interns
09 / 09 / 14	Psychometric discussion (Protocol)	Me. N. Sekano
16 / 09 / 14	Journal discussion	Me. C. Otto
23 / 09 / 14	Psychometric discussion (Protocol)	Me. N. Khwepe
30 / 09 / 14	Journal discussion	Me. M. Mlangeni
07 / 10 / 14	Progress report: Script	All Interns
14 / 10 / 14	Psychometric discussion (Protocol)	Mr. D. Rabinowitz
21 / 10 / 14	Journal discussion	Me. T. Smith

COMPILED BY:

Dr. M. du Toit

Revision date: 11 October 2014

New revision date: 7 November 2015

POST GRADUATE DISCUSSIONS 2014 08h00 – 09h00		
DATE	**NAME**	**TOPIC**
05 / 02 / 14	Dr.	
12 / 02 / 14	Me. C. Otto	The use of Cognitive Behavioral Techniques in the treatment of Bipolar Disorder – Dr. E. du Plessis.
19 / 02 / 14	Dr.	
26 / 02 / 14	Dr.	
05 / 03 / 14	Me. M. Mangoegape	Accountability and intoxication / provocation (Ethics) – Prof. F. Calitz
12 / 03 / 14	Dr.	
19 / 03 / 14	Me. N. Khwepe	Delusions and Faith – Mr. J. Mohlahle
26 / 03 / 14	Dr.	
02 / 04 / 14	Dr.	
09 / 04 / 14	Me. A. Biyela	CBT for PTSD – Dr. L. van Zyl
16 / 04 / 14	Dr.	
23 / 04 / 14	Mr. D. Rabinowitz	Emotional Intelligence - Dr. L. Mosotho
HOLIDAY		
07 / 05 / 14	Dr.	
14 / 05 / 14	Dr.	
21 / 05 / 14	Me. M. Mlangeni	The obligation to report/disclose (Ethics) - Me. O. Gogo
28 / 05 / 14	Dr.	
04 / 06 / 14	Me. E. Bester	Bio-Psycho-Social Theory – Dr. L. Mosotho
11 / 06 / 14	Dr.	
18 / 06 / 14	Dr.	
HOLIDAY		
23 / 07 / 14	Me. T. Pepile	The obligations/duties/responsibilities of mental health professionals/providers toward society – Dr. L. M. vd Merwe
30 / 07 / 14	Dr.	
06 / 08 / 14	Me. T. Smith	CBT for Panic disorder – Dr. M. du Toit
13 / 08 / 14	Dr.	
20 / 08 / 14	Dr.	
27 / 08 / 14	Me. N. Sekano	General Systems Theory – Dr. L. Mosotho
03 / 09 / 14	Dr.	
10 / 09 / 14	Me. J. Laubscher	Disorders of executive functioning: Assessment and intervention strategies - Dr. C. Nel.
17 / 09 / 14	Dr.	
01 / 10 / 14	Dr.	
08 / 10 / 14	Me. R. Tom	Management of Autism Spectrum Disorders. – Me. A. Sieberhagen
15 / 10 / 14	Dr.	
22 / 10 / 14	Me. J. du Plessis	HIV/AIDS in children – Mr. J.F. le Roux

COMPILED BY:

Dr. M. du Toit

Revision date: 11 October 2014

New revision date: 7 November 2015

THURSDAY MORNING TRAINING ROUNDS: 2014 CASE PRESENTATIONS 08h00 – 09h00	
23 / 01 / 14	Me. T. Pepile
30 / 01 / 14	Me. R. Tom
06 / 02 / 14	Me. N. Sekano
13 / 02 / 14	Me. N. Khwepe
20 / 02 / 14	Me. C. Otto
27 / 02 / 14	Me. M. Mlangeni
06 / 03 / 14	Mr. D. Rabinowitz
13 / 03 / 14	Me. T. Smith
20 / 03 / 14	Me. E. Bester
27 / 03 / 14	Me. A. Biyela
03 / 04 / 14	Me. J. du Plessis
10 / 04 / 14	Me. J. Laubscher
17 / 04 / 14	Me. M. Mangoegape
24 / 04 / 14	Me. T. Pepile
HOLIDAY	
08 / 05 / 14	Me. R. Tom
15 / 05 / 14	Me. N. Sekano
22 / 05 / 14	Me. C. Otto
29 / 05 / 14	Me. N. Khwepe
05 / 06 / 14	Me. M. Mlangeni
12 / 06 / 14	Mr. D. Rabinowitz
19 / 06 / 14	Me. T. Smith
26 / 06 / 14	Me. E. Bester
03 / 07 / 14	Me. A. Biyela
10 / 07 / 14	Me. J. du Plessis
HOLIDAY	
24 / 07 / 14	Me. J. Laubscher
31 / 07 / 14	Me. M. Mangoegape
07 / 08 / 14	Me. T. Pepile
14 / 08 / 14	Me. R. Tom
21 / 08 / 14	Me. N. Sekano
28 / 08 / 14	Me. C. Otto
04 / 09 / 14	Me. N. Khwepe
11 / 09 / 14	Me. M. Mlangeni
18 / 09 / 14	Mr. D. Rabinowitz
25 / 09 / 14	Me. J. du Plessis
02 / 10 / 14	Me. E. Bester
09 / 10 / 14	Me. A. Biyela
16 / 10 / 14	Me. T. Smith
23 / 10 / 14	Me. J. Laubscher
30 / 10 / 14	Me. M. Mangoegape

COMPILED BY:

Dr. M. du Toit

Revision date: 11 October 2014

New revision date: 7 November 2015

PSYCHOLOGY INTERN MONTHLY MEETINGS

TIME: 08H00-08H30

TRAINING CENTRE; COMPUTER LAB

(Submission of self-evaluation forms)

31 January 2014

28 February 2014

28 March 2014

25 April 2014

30 May2014

27 June 2014

25 July 2014

29 August 2014

26 September 2014

31 October 2014

28 November 2014

SIGNATURE: _____
Prof. F.J.W. Calitz

DATE COMPILED: 24/11/2007

REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

THREE MONTHLY EVALUATIONS: 2014

CLINICAL PSYCHOLOGY INTERNS

TIME: 08H00

(FSPC TRAINING CENTRE, PSYCHOLOGY BOARDROOM)

Compulsory attendance

FRIDAY	**4 APRIL 2014**
FRIDAY	**4 JULY 2014**
FRIDAY	**3 OCTOBER 2014**
FRIDAY	**5 DECEMBER 2014**

SIGNATURE: _____
Prof. F.J.W. Calitz

REVIEW DATE: 11 October 2014

NEW REVIEW DATE: 7 November 2015

PSYCHOLOGY INTERN EVALUATION: SELF-EVALUATION

Name: _____ Unit:_____ Month:_____

1. Write brief notes on the positive and negative aspects of your present residency.

_____

_____

_____

_____

_____

2. Write brief notes on:

2.1 Your psychometric skills

_____

_____

_____

_____

2.2 Your therapeutic skills

_____

_____

_____

_____

2.3 Your psychotherapy planning

_____

_____

_____

_____

2.3.1 Individual psychotherapy

_____

_____

_____

_____

2.3.2 Group psychotherapy

_____

_____

_____

_____

3. Describe your progress regarding the writing of reports

_____

_____

_____

_____

4. Briefly describe your reading program of journals

_____

_____

_____

_____

5. Write a brief exposition of your research (script)

_____

_____

_____

_____

6. Briefly describe your progress in community service training.

_____

_____

_____

_____

7. Reflect on your ethical decision making.

_____

_____

_____

_____

_____ _____

SIGNATURE **DATE**

COMPILED BY: PSYCHOLOGY TEAM

_____

Prof. F.J.W. Calitz

Date: 02/01/2003

Date revised: 11 October 2014

New Revision date: 7 November 2015

TRAINING IN COMMUNITY PSYCHOLOGY

During your one year internship, provision is made for training in community psychology. I would like to bring a few important aspects of your training in community psychology to your attention.

1. The training is continuous throughout the year. You are allocated to a specific clinic. You visit your area once a month with a registrar & psychologist. During these visits you should acquaint yourself with the planning, co-ordination, organization and management of community service.

2. The planning and implementation of primary preventative programmes are important aspects of your training. You are required (in conjunction with the clinical psychologist working with you) to successfully implement two preventative programmes in your allotted community.

3. Group work is an integral part of community psychology. You are required to start working in therapeutic groups right from the outset. Determine by doing a situation analysis, how many patients are followed up at your clinic, what their diagnoses are, what groups are conducted and what content is dealt with. You should conduct a monthly group yourself. Meetings should take place every month. By the end of August you must be able to provide proof that therapeutic groups are functioning effectively in your allotted clinic. Problems should be discussed with your supervisor.

4. To properly grasp the philosophy of the psychiatric community service, you should familiarize yourself with the published articles concerning the Free State Model. Your training in community psychology during your one year internship will enable you to plan, co-ordinate, organize and manage a health service effectively. I hope and trust that you will make good use of this part of your training. The benefit it holds for you personally will directly depend on the frequency and quality of your consultations with your consultant.

Compiled by:

_____

Prof F.J. W. Calitz

Date revised: 11 October 2014

New Revision date: 7 November 2015

Community Based Mental Health Service Projects

FIRST SEMESTER: PRESENTATION FORUM 20 JUNE 2014			SECOND SEMESTER: PRESENTATION FORUM 5 DECEMBER 2014		
Clinic	**Intern**	**Presentation**	**Clinic**	**Intern**	**Presentation**
Jagersfontein: Itumeleng Clinic	Me. J.du Plessis	12h00	Jagersfontein: Itumeleng Clinic	Me. J.du Plessis	12h00
Smithfield: Thembalethu Clinic	Me. T. Smith	12h15	Smithfield: Thembalethu Clinic	Me. T. Smith	12h15
Petrusburg: Bophelong Clinic	Mr. D. Rabinowitz	12h30	Petrusburg: Bophelong Clinic	Mr. D. Rabinowitz	12h30
Welkom: Bongani Hospital	Me. N. Sekano	12h45	Welkom: Bongani Hospital	Me. N. Sekano	12h45
	LUNCH 13H00 – 13H30			**LUNCH 13H00 – 13H30**	
	Me. E. Bester	13h30		Me. E. Bester	13h30
	Me. C. Otto	13h45		Me. C. Otto	13h45
Kroonstad: Boitumelo Hospital	Me. T. Pepile	14h00	Kroonstad: Boitumelo Hospital	Me. T. Pepile	14h00
	Me. R. Tom	14h15		Me. R. Tom	14h15
Kroonstad: Child Clinic	Me. J. Laubscher	14h30	Kroonstad: Child Clinic	Me. J. Laubscher	14h30
	Me. M. Mangoegape	14h45		Me. M. Mangoegape	14h45
Harrismith Town Clinic Qwa Qwa: Tsiame Clinic	Me. N. Khwepe	15h00	Harrismith Town Clinic Qwa Qwa: Tsiame Clinic	Me. N. Khwepe	15h00
Harrismith: Lesedi Clinic Qwa Qwa: Boiketlo Clinic	Me. A. Biyela	15h15	Harrismith: Lesedi Clinic Qwa Qwa: Boiketlo Clinic	Me. A. Biyela	15h15
Bethlehem Clinic	Me. M. Mlangeni	15h30	Bethlehem Clinic	Me. M. Mlangeni	15h30

COMPILED BY:

_____

Dr. M. du Toit

Revision date: 11 October 2014

New revision date: 7 November 2015

PSYCHIATRY DEPARTMENT OUTREACH PROGRAMME 2014

DISTRICT / TOWN	DOCTOR / INTERN PSYCHOLOGIST	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. MOTHEO DISTRICT													
1. BATHO; 3RD; TUESDAY 051 409 6774	Dr. M. Nel Comm. Psychologist / Psychology Consultant: Dr. L. Mosotho	21	18	18	15	20	17	15	19	16	21	18	15
2. ROCKLANDS: THUSONG CLINIC 051 – 4096774 **1st THURSDAY**	Dr's. W. Bekker (Mathase) / Pieterse Comm. Psychologist / Psychology Consultant: Dr. L. Mosotho	2	6	6	3	30 April	5	3	7	4	2	6	4
3. HEIDEDAL: 1ST FRIDAY	Dr's. F. Potgieter / D. van den Berg Comm. Psychologist / Psychology Consultant: Dr. L. Mosotho	3	7	7	4	2	6	4	1	5	3	7	5
4. THABA NCHU: 2ND TUESDAY 051 – 8739800	Dr's Morosi / T. Velaphi / F. Brink / N. Puzi Me. H. le Roux : Comm. Psych. / Consultant: Dr. L. Mosotho	14	11	11	8	13	10	8	12	9	14	11	9
5. BOTSHABELO: 2ND TUESDAY 051 – 5321923	Dr's. I. Timile (Lottering) / R. Carrey / Setlaba Me. H. Nel : Comm. Psych. / Psych. Consultant: Dr. L. Mosotho	14	11	11	8	13	10	8	12	9	14	11	9
6. GATEWAY CLINIC: 3rd THURSDAY 051 - 4039652	Dr. C. van Niekerk. Psychologists / Counsellors. Psychology Consultant: Dr. L. Mosotho	16	20	20	24	15	19	17	21	18	16	20	18
7. VRYSTAAT NASORG SENTRUM: 4th TUESDAY 051 – 4366034 / 082 920 7540 Sr. Franken	Dr. R. Carrey Psychology Consultant: Dr. L. Mosotho	28	25	25	22	27	24	22	26	23	28	25	23
B. XHARIEP DISTRICT													
1. JAGERSFONTEIN: ITUMELENG CLINIC: 3RD THURSDAY: 051 – 7240466	Dr's. J. Oosthuizen / F. Pieterse Intern Clinical Psychologist: Me. J. du Plessis Psychology Consultant: Dr. L. van Zyl / Dr. C. Nel	16	20	20	17	15	19	17	21	18	16	20	18
2. SMITHFIELD: THEMBALETHU CLINIC: 4TH THURSDAY: 051 – 6830131/071 453 1868	Dr. I. Timile (Lottering) Intern Clinical Psychologist: Me. T. Smith Psychology Consultant: Dr. L. van Zyl / Dr. C. Nel	23	27	27	24	22	26	24	28	25	23	27	18
3. PETRUSBURG: BOPHELONG CLINIC: 1ST TUESDAY: 053 – 5740341	Dr. R. Carrey Intern Clinical Psychologist: Mr. D. Rabinowitz. Psychology Consultant: Dr. L. van Zyl / Dr. C. Nel	7	4	4	1	6	3	1	5	2	7	4	2
C. LEJWELEPUTSWA DISTRICT													
1. WELKOM: BONGANI HOSPITAL **1ST – 3RD TUESDAY: Psychiatry registrars** **4th TUESDAY: Intern Clinical Psychologists** 057 – 9168083	Dr's. M. Nel / Setlaba / N. Puzi / W. Bekker (Mathase) / C. van Nierkerk / Morosi Intern Clinical Psychologists: Me. N. Sekano; Me. C. Otto; Me. E. Bester. Psychology Consultants: Mr. J. Mohlahle / Dr. M. du Toit	7 14 21 28	4 11 18 25	4 11 18 25	1 8 15 22	6 13 20 27	3 10 17 24	1 8 15 22	5 12 19 26	2 9 16 23	7 14 21 28	4 11 18 25	2 9 15 23
D. NORTHERN FREE STATE DISTRICT													
1. KROONSTAD: BOITUMELO HOSPITAL **2ND MONDAY:** 056 – 2165200	Dr's. F. Potgieter / T. Velaphi Intern Clinical Psychologist: Me. T. Pepile ; Me. R. Tom Psychology Consultant: Dr. L.M. vd Merwe / Me. O. Gogo	13	10	10	14	12	9	14	11	8	13	10	8
2. KROONSTAD: CHILD CLINIC **2ND TUESDAY** 051 - 4079311	Intern Clinical Psychologist: Me. J. Laubscher /Me. M. Mangoegape Psychology Consultant: Dr. L.M. vd Merwe / Me. A. Sieberhagen	14	11	11	8	13	10	8	12	9	14	11	9
E. THABO MOFUTSANYANE DISTRICT													
1. QWA QWA: TSIAME CLINIC: (058-6353273) **2. BOIKETLO CLINIC:** (058-7890024) **3RD THURSDAY**	Dr's. K. Molosioa / L. Nuss / A. du Toit Intern Clinical Psychologist: Me. N. Khwepe (1); Me. A. Biyela (2) Psychology Consultant: Dr. E. du Plessis	16	20	27	24	15	19	17	21	18	16	20	18
1. HARRISMITH: HARRISMITH TOWN CLINIC: (058-6232093) **2. LESEDI CLINIC:** (058-6230114) **3RD FRIDAY**	Dr's. K. Molosioa / L. Nuss / A. du Toit Intern Clinical Psychologist: Me. N. Khwepe (1); Me. A. Biyela (2) Psychology Consultants: Dr. E. du Plessis	17	21	28	25	16	20	18	22	19	17	21	19
3. BETHLEHEM: BOHLOKONG CLINIC **1ST MONDAY** 058-3038350	Dr's. F. Brink / J. Oosthuizen / D. van den Berg Intern Clinical Psychologist: Me. M. Mlangeni Psychology Consultant: Mr. J. F. le Roux	6	3	3	7	5	2	7	4	1	6	3	1

PLEASE CONTACT MY OFFICE AT 051 – 4079257 OR MR. A. MNYAKAMA AT 051 – 4079208 / 251 IF ANY YOU HAVE ANY QUERIES.

PROF. P.J. PRETORIUS HEAD: DEPARTMENT OF PSYCHIATRY

CLINICAL PSYCHOLOGY SERVICES IN THE FREE STATE 2014			
AREA	**NAME**	**CLINIC CONTACT NUMBER**	**COORDINATOR**
MOTHEO DISTRICT:			
Pelonomi Hospital	Me. L. Pilane Me. D. Borcherds Me. M. Seboka	051 - 4051478 051 - 4051542 051 - 4051095	Dr. L. Mosotho 051 – 4079353
National Hospital	Mr. M. Shuping Me. N. Burgess	- 051 - 4039630	
Botshabelo Hospital	Me. E. Duvenhage Me. H. Nel (Comm. Service)	051 - 5330244 (Office) 051 - 5330255 (OPD)	
Moroka Hospital: Thaba Nchu	Me. H. le Roux (Comm. Service) Me. L. Mabo	051 - 8739954	
Gateway Clinic	Mr. E. van Lille Dr. M. de Villiers Counsellors	051 - 4039652	
Heidedal Clinic	Me. T. Taka Me. R. Marais	082 7440826 051-4472194	
MUCPP Clinic	Me. T. Taka Dr. M. de Villiers	051 - 4343542	
XHARIEP DISTRICT:			
Jagersfontein: Itumeleng Clinic	Me. J. du Plessis	051 - 7240466	Dr. L. van Zyl 051–4079350 Dr. C. Nel 051-4079485
Smithfield: Thembalethu Clinic	Me. T. Smith	051 - 6830131 071 453 1868	
Petrusburg: Bophelong Clinic	Mr. D. Rabinowitz	053 - 5740341	
Trompsburg, Bethulie, Ghariepdam, Springfontein & Edenburg	Me. A. Barnard (Comm. Service)	-	
Koffiefontein, Jagersfontein, Petrusburg, Fauresmith & Jacobsdal	Me. L. Machetela (Comm. Service)	-	
LEJWELEPUTSWA DISTRICT:			
Welkom: Bongani Hospital	Me. N. Sekano Me. C. Otto Me. E. Bester Me. M. Moalusi (Comm. Service)	057 - 9168258 057 - 9168083	Dr. M. du Toit 051 – 4079361 Mr. J. Mohlahle 051 - 4079393
THABO MOFUTSANYANE DISTRICT:			
Bethlehem: Dihlabeng Hospital	Me. L. Makoba Mr. R. Moolman (Comm. Service)	058 - 3035331	Dr. E. du Plessis 051-4079205
Qwa-Qwa: Mofumahadi Manapo Mopeli Hospital	Mr. M. Khumalo Me. D. Mogashoa (Comm. Service)	-	
Qwa-Qwa: Tsiame Clinic	Me. N. Khwepe	058 - 6353273	
Qwa-Qwa: Boiketlo Clinic	Me. A. Biyela	058 - 7890024	
Harrismith: Harrismith Town Clinic	Me. N. Khwepe	058 - 6232093	
Harrismith: Lesedi Clinic	Me. A. Biyela	058 - 6230114	
Bethlehem: Bohlokong Clinic	Me. M. Mlangeni	058 - 3038350	Mr. J. le Roux 051 - 4079483
FEZILE DABI DISTRICT:			
Kroonstad: Boitumelo Hospital	Me. T. Pepile Me. R. Tom	056 - 2165200	Dr. L.M. vd Merwe 051-4079426 Me. O. Gogo 051 - 4079242
Kroonstad: Child Clinic	Me. J. Laubscher Me. M. Mangoegape	056 – 2165227 051-4079311	Dr. L.M. vd Merwe 051-4079426 Me. A. Sieberhagen 051 - 4079484

CLINICAL PSYCHOLOGY STATISTICS

CLINICAL PSYCHOLOGIST:_____ **UNIT:_____**

MONTH: **LEAVE TAKEN DURING THE MONTH: [Put in the date(s) of leave]**

Patient particulars **(Referrals; Ward rounds; Consultations; Groups)**	**First evaluation**	**Follow-up**		**Psychometric evaluation**	**Discharge / Termination / Transfer**	**Academic**	
		Individual	**Family**			**Lectures / Orals / Exams / Tests (consultants only)**	**Training (Monday morning training round; Journal/Psychometric discussion; Post graduate; Case presentation; Supervision; Ward round)**
Referrals: Write a clear heading: Referrals. Underneath that note all the patients' names that have been referred to you for psychological services.	Write the date that you have had your first contact with the patient.	Write the date(s) that you have had follow-up sessions with the patient.	Write the date(s) that you have had sessions with the patient's family member (s)	Give an indication of the type of psychometric test(s) that has been done	Write the date that you're patient has been discharged or when you have terminated your psychological involvement with the patient.	Give an indication of the time you have spent on lectures presented e.g. 3 hours The amount of hours that you have spend in Oral examinations e.g. MBChBx5 The amount of time spent on drafting and marking test/exam papers, test feedback	The amount of time spend in Monday morning training round; Journal/Psychometric discussions; Script; Post graduate discussions; Case presentations; Supervision and Ward rounds. E.g. Monday morning training round: 3 hours Journal /Psychometric discussions: 4 hours Script: 1hour Post grads: 5 hours Case presentations: 4 hours Supervision: 5 hours Ward rounds: 12 hours Other training: Any other training received e.g. from a consultant, workshop etc. **Note: no ½ hours – round it off to an hour please!**
Ward rounds: Write a clear heading: Ward rounds. Underneath that, note all the patients' names that have been discussed / interviewed during your ward round.	Write the date that you have had your first discussion /contact with the patient.	Write the date(s) that you have had follow-up sessions with the patient.	Write the date(s) that you have had sessions with the patient's family member (s)		Write the date that you're patient has been discharged or when you have terminated your psychological involvement with the patient.		

Consultations: Write a clear heading: Consultations. Underneath that, note all the patients' names that you were consulted about e.g. telephonically / supervision.	Write the date that you have had your first discussion about the patient.	Write the date(s) that you have had follow-up telephonic consulta-tions or supervisio n sessions about the patient.	Write the date(s) that you have had telephon ic contact with the patient's family member (s)		Write the date that you have finished your discussions about the patient due to the patient being discharged or the termination of psychological involvement with the patient.		
Totals	Please calculate total	Please calculate total	Please calculate total	Please calculate total	Please calculate total	Please calculate total	Please calculate total

NOTE: PLEASE CALCULATE <u>EACH</u> COLUMN.

Please calculate and staple the rotation area and the outreach clinic statistics separately!

If you didn't attend the clinic you still need to fill in a stats form stating the reason for your absentia.

In shared rotations, each rotation area is to be filled in and calculated separately.

CLINICAL PSYCHOLOGY STATISTICS

INTERN CLINICAL PSYCHOLOGIST: _____UNIT:_____

MONTH: _____ LEAVE TAKEN DURING THE MONTH:_____

Patient particulars **(Referrals; Ward rounds; Consultations)**	**First evaluation**	**Follow-up**		**Psychometric evaluation**	**Discharge / Termination**	**Academic Training**	
		Individual	**Family**			**Type**	**Time**
						Monday training round	
						Journal discussion	
						Psychometric discussion	
						Script feedback	
						Post Graduate discussion	
						Case Presentation	
						Supervision	
						Ward round	
Totals							

Patient particulars (Referrals; Ward rounds; Consultations)	First evaluation	Follow-up		Psychometric evaluation	Discharge / Termination	Other Training	
		Individual	Family			Type	Time
Totals							

CLINICAL PSYCHOLOGY STATISTICS

(Intern fills in this part)

OUTREACH CLINIC: _____ **MONTH:** _____

INTERN CLINICAL PSYCHOLOGIST: _____ **SIGNATURE:** _____
(Name in Print)

(Coordinator at the Outreach Clinic fills in this part)

CLINIC COORDINATOR: _____ **DESIGNATION:** _____
(Name in Print) **(Job Title)**

SIGNATURE: _____

CONTACT DETAIL: _____

DATE: _____

OFFICIAL STAMP

Patient particulars (File numbers)	Diagnosis	First evaluation	Follow-up		Discharge / Termination
			Individual	Family	
Referrals:					
Note all the patients' file numbers that have been referred to you for psychological services.	Write the patient's diagnosis	Write the date that you have had your first contact with the patient. (If a patient was seen for a first interview in January it counts as a first evaluation for January. When you see the patient in February, you don't indicate that you had your first contact with the patient in January, then it is only noted in the follow-up column.)	Write the date(s) that you have had follow-up sessions with the patient.	Write the date(s) that you have had sessions with the patient's family member(s)	
Consultations/Ward round:					
Note the patients' file numbers that have been discussed / interviewed during your ward round or that you have been consulted about.		Write the date that you have had your first discussion /contact with the patient.	Write the date that you have had a follow-up consultation / ward round with the patient.	Write the date that you have had sessions with the patient's family member (s)	
Totals					

Community Project: Topic	**Names of Attendees:**
If any training was done as part of your community project, please write the topic of such training here.	List the names of attendees.
Feedback:	
Ask for feedback regarding the training you did and note it here.	
Marketing of service / Community involvement	**Description of Activity(ies):**
Area of distribution:	
Give an indication of where you have marketed Psychological services or where you have been involved in the Community other than at the clinic.	Describe what you have done in the Community or by what means you have marketed Psychological services in the Community.
Feedback:	
Note feedback from the relevant role players regarding your community involvement or marketing of Psychological services.	
Totals	

Please calculate and staple the rotation area and the outreach clinic statistics separately!

CLINICAL PSYCHOLOGY STATISTICS

OUTREACH CLINIC: _____ **MONTH:** _____

INTERN CLINICAL PSYCHOLOGIST: _____ **SIGNATURE:** _____
(Name in Print)

CLINIC COORDINATOR: _____ **DESIGNATION:** _____
(Name in Print) **(Job Title)**

SIGNATURE: _____

CONTACT DETAIL: _____

DATE: _____

OFFICIAL STAMP

Patient particulars (File number)	Diagnosis	First evaluation	Follow-up		Discharge / Termination
			Individual	Family	
Referrals:					
Totals					

Patient particulars (File number)	Diagnosis	First evaluation	Follow-up		Discharge / Termination
			Individual	Family	
Consultations/Wardround:					
Totals					

Training of Clinic Personnel: Topic	Names of Attendees:
Feedback:	
Marketing of service / Community involvement	**Description of Activity(ies):**
Area of distribution:	
Feedback:	
Totals	

PSYCHOLOGY STATISTICS 2014

Submission of statistics forms

(Before **10h00** on the following dates)

Month:	Submission Date:
January 2014	3 February 2014
February 2014	3 March 2014
March 2014	1 April 2014
April 2014	2 May 2014
May 2014	2 June 2014
June 2014	1 July 2014
July 2014	1 August 2014
August 2014	1 September 2014
September 2014	1 October 2014
October 2014	3 November 2014
November 2014	1 December 2014
December 2014	31 December 2014

Please hand in your statistics beforehand if you plan to take leave on the date of submission.

UNIVERSITAS / NATIONAL LIAISON REFERRALS TO CLINICAL PSYCHOLOGY

1. Referrals from Universitas- or National Hospitals to the Department of Psychiatry should be directed to the Liaison Psychiatry Consultant, Dr. W. Struwig (082 810 6647; short code: 6956) or the Psychiatry registrar responsible for Liaison services, at the Free State Psychiatric Complex (FSPC) Outpatient Department (OPD: Contact numbers: 051 – 4079405 / 0710740880.)

2. Upon completion of the patient assessment, referral to the Liaison Psychology Consultant (Dr. M. du Toit) will follow if indicated.

3. Where the primary patient, either an adult or a child, is admitted in a ward, the patient is referred to the Liaison Psychology Consultant (Dr. M. du Toit). Where a child is concerned, the supervision for psychotherapy will be done by a Child Unit Psychology Consultant. If the parents / guardians have any need for psychotherapy, they should be referred to the relevant level of care.

4. Within one working day, the pink referral form should either be:
   - Put in the relevant Clinical Psychology Consultant's pigeonhole or
   - Put up on the notice board in the ward where the patient is to be seen.

5. If no pink referral form is received, the Psychologist will not treat the patient and the referring doctor would be held accountable for the treatment, or lack thereof, of the patient.

6. Liaison services are available between 07h30 and 16h00, Monday to Friday.

_____	_____
Prof. F.J.W. Calitz	**Prof P.J. Pretorius**
Chief Clinical Psychologist	**Chief Specialist**

_____	_____	_____
Dr. M. du Toit	**Dr. E. du Plessis**	**Mr. J.F. le Roux**
Principal Clinical Psychologist (Liaison services)	**Principal Clinical Psychologist (OPD)**	**Principal Clinical Psychologist (Child Unit)**

FREE STATE PSYCHIATRIC COMPLEX

CLINICAL PSYCHOLOGY COMPONENT

CONFIDENTIALITY AGREEMENT

Personal and medical information about individual patients may not be divulged to third parties without the express consent of the patients concerned, unless the withholding of such information could cause harm to the said third parties. In this instance every effort should be made to gain the consent of the patient prior to divulging such information.

Where the patient is not in a position to consent to the divulging of confidential information, and where a potential breach of confidentiality is deemed to be in the patient's best interest, permission should be sought from the patient's next of kin. The patient's clinical folder must be treated as a confidential document at all times. It is the responsibility of the professional providing care, as well as of the hospital management, to ensure that medical information is retained in a way that preserves confidentiality.

The principle of confidentiality does not prohibit legitimate consultations between professional colleagues where such consultations are deemed necessary for the patient's well-being. Where possible, all consultations must be conducted in a manner that upholds confidentiality and protects the privacy of the patients.

NAME: ……..

SIGNATURE: ……..

DATE: ……..

A STRATEGIC PLAN FOR THE CLINICAL PSYCHOLOGY SERVICES:

FREE STATE PSYCHIATRIC COMPLEX

2014 / 2015

PARTICIPANTS

Prof. F.J.W. Calitz
Dr. L.M. van der Merwe
Dr. L. Mosotho
Dr. L. Van Zyl
Dr. M. du Toit
Mr. J.F. le Roux
Dr. E. du Plessis
Me. A. Sieberhagen
Dr. C. Nel
Mr. S. J. Mohlahle
Me. O. Gogo

COMPILED BY

Prof. F.J.W. Calitz

10TH EDITION

Date revised: 11 October 2014

New Revision date: 7 November 2015

KEY REPONSIBILITY NO 1: Provide Strategic and Operational Management and Leadership						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
1.1 Develop and implement the Strategic Plan and Business Plan for the Psychology Division.	Strategic Plan and Business Plan	• Compile Strategic Plan and Business Plan	Ongoing	• Strategic and Business Plans compiled.		
1.2 Develop and implement the Transformation Plan and Employment Equity Plan in line with those of the FSPC.	Transformation and Employment Equity Plan	• Compile Clinical Psychology Transformation and Employment Equity Plan	Ongoing	• Transformation and Employment Equity Plan compiled.		
1.3 Develop and implement the Information Management Plan for the Psychology Division in line with that of the FSPC.	Information Management Plan	• Compile Information Management Plan	Ongoing	• Information Management Plan compiled.		
1.4 Conduct Benchmarking & develop proposals for inputs into the Business Plan for the FSPC – Revitalization & Rehabilitation Programme	Benchmarking visits	• Plan benchmarking visits	Ongoing	• In process		
1.5 Develop and implement a plan for ensuring the sustainability of COHSASA requirements for the Psychology Division	Quality Assurance Programme	• Monitor the Quality Assurance Programme	Ongoing	• Adhere to Quality Assurance Programme		

KEY REPONSIBILITY NO 1: Provide Strategic and Operational Management and Leadership (Continue).						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
1.6 Develop and implement the plan for sustaining the Decision Space Map (DSM) Management Model between the Department of Psychiatry and the Clinical Psychology Division	Decision Space Map (DSM)	• Discussions with regard to the DSM • Compilation of the DSM • Monitoring of the DSM	Ongoing Ongoing	• Departmental Meetings		
1.7 Management of all leave taken in the Clinical Psychology Division	Leave Register	• Update the Leave Register	Ongoing	• Compiled Leave Register		
1.8 Serve on various internal and external committees at the FSPC and UFS – Faculty of Health Sciences and provide inputs into the development of the policies, strategies and the protocols on the provision of Mental Health and Health Care	Member of committees	• Attendance of various meetings	Ongoing	• Phase I Committee • MEB 153 / IMA 113 committee • External examiner • Faculty Board Meetings • Audit Committee		

KEY RESPONSIBILITY NO 2: To ensure provision of the Effective training & Education to the Health Profession Students in order to maintain the FSPC as an HPCSA accredited Academic Tertiary Training Facility for Clinical Psychologists.						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
2.1 Develop, implement and monitor an effective programme for the training and education of under- & postgraduate Health Professions Students according to the HPCSA and the University of the Free State regulations	Training Programmes: • MEB 153 • MEX 314 • OSM 418 • PSG 500 • KFS 308 • KPR 305 • M1 students • Human nutrition • Intern Clinical Psychologists • Registrars in Psychiatry	• Present lectures to MB.ChB., Physiotherapy, Occupational Therapy, M1 students. • Oral evaluations of 4th & 5th year MB.ChB students • Develop, implement & monitor a training programme for Intern Clinical Psychologists • Supervision of Senior Registrars in Psychotherapy	Ongoing	• Lectures were presented to all the students • Training programmes were developed, implemented and attended. • Monthly / 3 Monthly evaluations of Intern Clinical Psychologists • Supervision of Senior Registrars with regard to Psychotherapy training		
2.2 Preparation and presentation of the training material and educational activities for Health Profession Students	Training material	• Development of training material	Ongoing	• Material developed		

KEY RESPONSIBILITY NO 2: To ensure provision of the Effective training & Education to the Health Profession Students in order to maintain the FSPC as an HPCSA accredited Academic Tertiary Training Facility for Clinical Psychologists (continue).						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
2.3 Supervision and maintaining of high standard of academic training to under - and post graduate Health Profession Students	HPCSA accreditation	• Supervision of Intern Clinical psychologists • Supervision of Senior Registrars in Psychotherapy	Ongoing	• Monthly / 3 Monthly evaluations • List of Supervisors		
2.4 To create a conducive environment for the training and education of under- and postgraduate students	Upgraded Facilities	• Financial / Research Committee Meetings	Ongoing	• Upgrading of facilities (Computers, Printers, Painting of offices and Boardroom etc.)		
2.5 Supervision, implementa-tion and monitoring of examinations in line with University regulations as well as HPCSA Psychology Board	Training Programme	• Supervision to students / Registrars • Attend oral / written examinations	Ongoing	• Oral and written examinations were conducted and evaluated. • Monthly / Three monthly evaluations conducted.		
2.6 Training programme for Clinical Psychologists	Training Programme	• Development of the curriculum • Registration of the course with SAQA and UFS.	Ongoing	• Compiled a curriculum • Feasibility study done • Submission of motivation to the management of the Faculty of Health Sciences • Consulted various stakeholders		
KEY RESPONSIBILITY NO 3: Ensure provision and Effective Management of Research						

OBJECTIVE / DUTY	UNIT OF MEASURE-MENT	ACTIONS REQUIRED TO REACH THE OBJECTIVES	TARGET DATE	ACHIEVEMENTS	FAILURES	COMMENTS / RECOMMENDATIONS TO ADDRESS
3.1 Support members of the department and members of the Faculty of Health Sciences to conduct research	Topics for research	• Compile a list of Research Topics	Ongoing	• List of current research topics		
3.2 Conduct one Research Project every two years	Research Project	• Identify an applicable research topic. • Do a literature study. • Write a research proposal. • Submit proposal. • Conduct research after Ethics approval. • Publish.	Ongoing	• Articles published • PhD handed in		
3.3 To identify areas of research applicable to Mental Health Care and prevention of Substance Abuse in the Free State	Research Project	• Compile a list of Research Projects	Ongoing	• Topics identified.		
3.4 Provide Annual report to Head of Psychiatry for inclusion in his annual report	Annual report	• Write an annual report	Ongoing	• Annual report to be completed by the end of the year.		

KEY RESPONSIBILITY NO 4: Ensure effective Human Resource Management and Personnel Development						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
4.1 Review and implement the Management Structure and Staff Establishment of the Psychology Division	Staff establishment.	• Compile and review staff establishment	Ongoing	• Staff establishment compiled for Clinical Psychology		
4.2 Develop and implement the HR-plan for the Psychology Division	HR Plan	• Develop & Implement the HR plan	Ongoing	• Compiled.		
4.3 Implement and evaluate the PDMS in the Psychology Division	PDMS	• Implement the PDMS in the Psychology Division	Quarterly evaluations	• First Informal and first Formal evaluation done.		
4.4 Develop and implement Divisional Staff training and development plan	Training and development Plan for Personnel	• LSDC Meetings	Ongoing	• Developed and implemented. • Minutes of the LSDC • PDMS		
4.5 Ensure sound Employee Relations in terms of applicable Labour Legislation	Code of Conduct	• PDMS	Quarterly	• First informal and formal PDMS compiled		
4.6 Internalise, implement and maintain policies and procedures to manage Employee Assistance Programme and Well-being programme.	EAP Programme	• Compile FSPC EAP Policy	Ongoing	• In process.		

KEY REPONSIBILITY NO 5: Ensure effective financial and equipment management						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
5.1 Establish an effective Cost Centre for the Psychology Division involving and informing all the Psychologists	Cost Centre	• Manage Cost Centre	Ongoing	• Established.		
5.2 Ensure the Psychology Division is managed within the approved budget	Budget	• Compile Budget • Monitoring of Budget	Ongoing	• Compiled Budget Plan		

KEY REPONSIBILITY NO 6: Effective management of the Outreach Programme						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
6.1 Develop and implement a viable plan for the Psychiatric Outreach Programmes	Outreach Programme	• Compile an outreach programme – Clinic Roster • Support primary & secondary levels of care	Ongoing	• Developed and implemented.		

KEY REPONSIBILITY NO 7: Ensure provision of compassionate and quality Clinical Services in the Clinical Psychology Division.						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
7.1 Develop, implement and monitor the Quality Management Improvement Programme (QMI) or Plan for Psychology Division	Quality Improvement Programme	• Quality Improvement Projects	Onging	Quality Improvement Projects: • Audit Tool • Patient information and consent document • Admission and Exclusion Criteria for Mafube ward Discontinued QIP's: • Restructuring of the Outreach Programme • Down referrals at OPD • Infection Control Child unit QIP's (7)		
7.2 Develop and implement the Clinical Audit Tool. Ensure that Clinical Audits are conducted and reports submitted to Management	Clinical Audit Tool	• Compile the Clinical Audit tool • Implement the Clinical Audit tool • Monitor the Clinical Audit tool	Ongoing (Quarterly)	• Audit Tool: 4 audits have been done in 2011		
7.3 Develop and implement a plan to implement Batho Pele Principles and Patients Rights Charter in collaboration with the P.R.O. – FSPC	Awareness of Batho Pele Principles & the Patients Rights Charter	• Distributing of Batho Pele Principles Pamphlets. • Display posters of Patients Rights Charter	Ongoing	• Distributed the Batho Pele Principles pamphlets • Displayed Patients Rights Charter Posters		

KEY REPONSIBILITY NO 7: Ensure provision of compassionate and quality Clinical Services in the Clinical Psychology Division (continue).						
OBJECTIVE / DUTY	**UNIT OF MEASURE-MENT**	**ACTIONS REQUIRED TO REACH THE OBJECTIVES**	**TARGET DATE**	**ACHIEVEMENTS**	**FAILURES**	**COMMENTS / RECOMMENDATIONS TO ADDRESS**
7.4 Internalize and implement the Occupational Health & Safety Act into the Psychology Division	Occupational Health and Safety Plan	• Compile a occupational Health and Safety Plan	Ongoing	Implemented.		
7.5 Manage all aspects of patient care and ensure high standards of patient care	Clinical Psychology Program	• Patient Information & consent Document • Implement the New Mental Health Care Act • Measurement of Total Service Delivery - Assessment of new patients - Therapeutic planning and goal setting - Recording of follow-up sessions - Psychometric testing where applicable	Ongoing	• Compiled Patient information & consent document (QIP) • Training in the New Mental Health Care Act • Bluebook • Specific Process notes for Psychology • Outreach programme • Statistics • Quality Improvement Project – Audit tool		

Review date: 11 October 2014

New Review date: 7 November 2015

CHIEF CLINICAL PSYCHOLOGIST

Signature: _____

TRAINING OF CLINICAL PSYCHOLOGY INTERNS: THE ROLE OF THE SUPERVISOR

The duration of the training period for clinical psychology interns is one year. It is therefore of the utmost importance to make full use of each rotation period. To ensure that your intern receives effective training, it is important that you will plan well ahead. I would like to draw your attention to the following matters:

1. Practical training and consultation go hand in hand. You must ensure that your psychology intern acquires the habit of consulting regularly for diagnostic as well as therapeutic work.

2. Supervision is an integral part of your management of the practical training. You are required to sit in at one diagnostic and one therapeutic session during the rotation. Psychotherapeutic work includes individual and group work. This is the only method whereby you will obtain an objective impression of your student's progress.

3. An important aspect of the intern's training is community work. During his/her residency, he/she must become involved in the planning and implementing of primary prevention programmes. Each psychology intern is assigned to a community clinic / regional hospital for this purpose. The student will be required to successfully implement a prevention programme in the community, in liaison with you. The psychology intern ought to visit his/her local community clinic / regional hospital on a monthly basis. During this visit he/she must acquaint him-/herself with the planning, co-ordination, organisation and management of community service.

4. Because group work is an integral part of community service, it is important that the intern will become involved in therapeutic groups in the community immediately after commencement of his residency. The intern is required to lead a group him-/herself, in the community and for the duration of his one year training period. It is your responsibility to encourage and lead the student in order to make this aspect of his training really meaningful.

5. You are hereby encouraged to make a comprehensive study of all the national and international presentations and also all the national and international publications of the Free State Psychiatric Model. These are important for your own orientation and correct perceptions of community psychology. You can plan intelligently with this knowledge as basis.

6. By means of situation-analysis the student must indicate how many patients are followed up at the specific clinic, the size of the diagnostic sub-group, which therapeutic groups are held and the contents of these groups.

7. After commencing residency, the student must be involved in ongoing group-psychotherapy, family therapy, marriage counselling, crisis management and psychometrics. It is your duty to ensure that the load of his therapeutic work is sufficient and that his work is done on a tertiary level. Proof of adequate

practical experience in these areas will be required of the student in order to view his practical training as complete.

8. The supervisor must monitor the intern psychologist's work in such a manner that he / she has one afternoon per week to devote to his / her script. This privilege is granted only to those students whose research has been approved by their respective ethics / research committees. Evidence in this regard should be provided to the Chief Clinical Psychologist.

9. Problems with punctuality, responsibility and interpersonal relationships in post-graduate students are viewed in a serious light and must be reported via line function to the Chief Clinical Psychologist in writing and without delay.

10. Reading of scientific journals must be stimulated and encouraged by giving specific instructions. These instructions must always be coupled to practical aspects like clinical picture, differential diagnosis, appearance, treatment programmes and the role of group work in the community. These activities must be disciplined, well thought out and well planned.

11. Ongoing evaluation of the intern clinical psychologist is of utmost importance. You are expected to monitor the intern's progress and development in weekly supervision sessions. At the end of each month and rotation period a progress report of your student must be submitted to the head of the division. Any deficiencies in his/her performance and skills level must be stipulated. If these shortcoming/s are dealt with early, it can avoid a problem at the end of his/her residency.

In closing, I would like to wish you success in your important task of training intern psychologists. Training others is a privilege and can be the source of job satisfaction and fulfilment. Remember, knowledge makes promising people brilliant.

Compiled by: _____

Prof F.J.W. Calitz

Review date: 11 October 2014

New Revision Date: 7 November 2015

ROTATION: 2014

CLINICAL PSYCHOLOGY CONSULTANTS

NAME	UNIT
Prof. F.J.W Calitz	Observation Unit / EAP
Dr. L.M. van der Merwe	Mafube / Block A / EAP
Dr. L. Mosotho	Forensic Wards / EAP
Dr. L. van Zyl	Outpatient Department / Observation Unit / EAP
Dr. M. du Toit (Dr. L.M. vd Merwe) (30/10/13-10/03/13)	Liaison / Block C / EAP
Mr. J.F. le Roux	Child Unit / Kosmos / EAP
Dr. E. du Plessis	Outpatient Department / EAP
Me. O. Gogo	Child Unit / EAP
Mrs. A. Sieberhagen	Child Unit / EAP
Dr. C. Nel	Outpatient Department / EAP
Mr. J. Mohlahle	Forensic wards / EAP

Compiled by: Psychology Team

Signature:

_____

Prof. F.J.W. Calitz

Review Date: 11 October 2014 **New revision date:** 7 November 2015

PSYCHOLOGY INTERN EVALUATION: CONSULTANT REPORT

Name:_____ Unit:_____ Month:_____

1. Write a brief overview on the student's diagnostic and therapeutic skills.

_____

_____

_____

2. Does the student consult adequately on diagnostic or therapeutic aspects or both?

_____

_____

_____

3. Describe the student's therapeutic ability in group therapy.

_____

_____

_____

4. Describe briefly the student's psychometric skills.

_____

_____

_____

5. Describe briefly the student's punctuality, reliability, sense of responsibility and interpersonal relationships in the group context.

_____

_____

_____

6. Is the student involved in therapeutic groups in the community?

_____

_____

_____

7. Briefly describe the student's ability to write reports.

_____

_____

_____

8. How is the student's research (script) progressing?

_____

_____

_____

9. Are you satisfied with the student's reading habits regarding academic literature?

_____

_____

_____

10. Describe the student's current academic, clinical and professional progress.

_____

_____

_____

_____

11. Reflect on the student's ethical decision making.

_____

_____

_____

12. Do you think that there are certain areas where the student requires further assistance? Describe and motivate fully.

_____

_____

_____

_____

13. Have the problem areas been discussed with the student?

_____

_____

_____

_____

_____	_____	_____
NAME OF SUPERVISOR	**DATE**	**SIGNATURE**

COMPILED BY: PSYCHOLOGY TEAM

_____

Prof. F.J.W. Calitz

Date: 02/01/2003

Review date: 11 October 2014 **New Revision Date:** 7 November 2015

CODE OF CONDUCT FOR THE PUBLIC SERVICE

A. PURPOSE

A.1 In order give practical effect to the relevant constitutional provisions relating to the public service, all employees are expected to comply with the Code of Conduct provided for in this Chapter.

A.2 The Code should act as a guideline to employees as to what is expected of them from an ethical point of view, both in their individual conduct and in their relationship with others. Compliance with the Code can be expected to enhance professionalism and help to ensure confidence in the public service.

B. INTRODUCTION

B.1 The need exists to provide direction to employees with regard to their relationship with the legislature, political and executive office-bearers, other employees and the public and to indicate the spirit in which employees should perform their duties, what should be done to avoid conflicts of interests and what is expected of them in terms of their personal conduct in public and private life.

B.2 Although the Code of Conduct was drafted to be as comprehensive as possible, it is not an exhaustive set of rules regulating standards of conduct. However, heads of department, by virtue of their responsibility in terms of section 7(3)(b) of the Act for the efficient management and administration of their departments and the maintenance of discipline, are, inter alia, under a duty to ensure that the conduct of their employees conform to the basic values and principles governing public administration and the norms and standards prescribed by the Act. Heads of department should also ensure that their staff is acquainted with these measures, and that they accept and abide by them.

B.3 The primary purpose of the Code is a positive one, viz. to promote exemplary conduct. Notwithstanding this, an employee shall be guilty of misconduct, and may be dealt with in accordance with the relevant collective agreement if she or he contravenes any provision of the Code of Conduct or fails to comply with any provision thereof.

C. CODE OF CONDUCT

C.1 RELATIONSHIP WITH THE LEGISLATURE AND THE EXECUTIVE

An employee -

C.1.1 Is faithful to the Republic and honours the Constitution and abides hereby in the execution of her or his daily tasks;

C.1.2 Puts the public interest first in the execution of her or his duties;

C.1.3 Loyally executes the policies of the Government of the day in the performance of her or his official duties as contained in all statutory and other prescripts;

C.1.4 Strives to be familiar with and abides by all statutory and other instructions applicable to her or his conduct and duties and

C.1.5 Co-operates with public institutions established under legislation and the Constitution in promoting the public interest.

C.2 RELATIONSHIP WITH THE PUBLIC

An employee –

C.2.1 Promotes the unity and well-being of the South African nation in performing her of his official duties;

C.2.2 Will serve the public in an unbiased and impartial manner in order to create confidence in the public service;

C.2.3 Is polite, helpful and reasonably accessible in her or his dealings with the public, at all times treating members of the public as customers who are entitled to receive high standards of service;

C.2.4 Has regard for the circumstances and concerns of the public in performing her or his official duties and in the making of decisions affecting them;

C.2.5 Is committed through timely service tot he development and upliftment of all South Africans;

C.2.6 Does not unfairly discriminate against any member of the public on account of race, gender, ethnic or social origin, colour, sexual orientation, age, disability religion, political persuasion, conscience, belief, culture or language.

C.2.7 Does not abuse her or his position in the public service to promote or prejudice the interest of any political party or interest group;

C.2.8 Respects and protects every person's dignity and her or his rights as contained in the Constitution and

C.2.9 Recognises the public's right of access to information, excluding information that is specifically protected by law.

C.3 RELATIONSHIP AMONG EMPLOYEES

An employee –

C.3.1 Co-operates fully with other employees to advance the public interest;

C.3.2 Executes all reasonable instructions by persons officially assigned to give them, provided these are not contrary to the provisions of the Constitutions and / or any other law;

C.3.3 Refrains from favouring relatives and friends in work-related activities and never abuses her or his authority or influences another employee, nor is influenced to abuse her or his authority;

C.3.4 Uses the appropriate channel to air her or his grievances or to direct representations.

C.3.5 Is committed to the optimal development, motivation and utilisation of her or his staff and the promotion of sound labour and interpersonal relations;

C.3.6 Deals fairly, professionally and equitably with other employees, irrespective of race, gender, ethnic or social origin, colour, sexual orientation, age, disability, religion, political persuasion, conscience, belief, culture or language and

C.3.7 Refrains from party political activities in the workplace.

C.4 PERFORMANCE OF DUTIES

An employee –

C.4.1 Strives to achieve the objectives of her or his institution cost-effectively and in the public's interest;

C.4.2 Is creative in thought and in the execution of her or his duties, seeks innovative ways to solve problems and enhances effectiveness and efficiency within the context of the law;

C.4.3 Is punctual in the execution of her or his duties;

C.4.4 Executes her or his duties in a professional and competent manner;

C.4.5 Does not engage in any transaction or action that is in conflict with or infringes on the execution of her or his official duties;

C.4.6 Will excuse her- of himself from any official action or decision-making process which may result in improper personal gain, and this should be properly declared by the employee;

C.4.7 Accepts the responsibility to avail her- or himself of on-going training and self-development throughout her or his career;

C.4.8 Is honest and accountable in dealing with public funds and uses the public service's property and other resources effectively, efficiently, and only for authorised official purposes;

C.4.9 Promotes sound, efficient, effective, transparent and accountable administration;

C.4.10 In the course of her or his official duties, shall report to the appropriate authorities, fraud, corruption, nepotism, maladministration and any other act which constitutes an offence, or which is prejudicial to the public interest;

C.4.11 Gives honest and impartial advice, based on all available relevant information, to higher authority when asked for assistance of this kind and

C.4.12 Honours the confidentiality of matters, documents and discussions, classified or implied as being confidential or secret.

C.5 PERSONAL CONDUCT AND PRIVATE INTERESTS

An employee -

C.5.1 During official duties dresses and behaves in a manner that enhances the reputation of the public service;

C.5.2 Acts responsibly as far as the use of alcoholic beverages or any other substance with an intoxicating effect is concerned;

C.5.3 Does not use her or his official position to obtain private gifts or benefits for herself or himself during the performance of her or his official duties nor does she or he accepts any gifts or benefits when offered as these may be construed as bribes;

C.5.5 Does not, without approval, undertake remunerative work outside her or his official duties or use office equipment for such work.

INDEX OF POLICIES

NAME OF POLICY: **THE ADMISSION OF PATIENTS TO PSYCHOLOGICAL TREATMENT**

POLICY NUMBER: **CPSO 1/2003**

1. PURPOSE

1.1 Provides clear guidelines for admission of patients to psychological treatment programs.

1.2 To describe the treatment process.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists.

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.

5.2 Code of Conduct of the Department of Health.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1 Complicated and treatment resistant patients (Level III) with a mental disorder can be referred to the Free State Psychiatric Complex by a Health Care Provider.

6.2 A set of specific guidelines for admission to treatment is specified for each of the following areas: Child Unit, Mafube Ward, Observation Unit and Outpatients.

6.3 After referral to the clinical psychologist, a psychological assessment is done by the psychologist and

a) A treatment plan is drawn up, dated and signed;

b) Collateral information is obtained if relevant (by means of social work or direct contact);

c) Referral to other members of the team is made if indicated.

6.4 The Clinical Psychologist can use his or her discretion to contact the family or members of the community wherein the patient is functioning, to get collateral information. Where applicable the family members can be included in the treatment plan.

6.5 Goals for treatment are discussed and decided upon with the patient.

6.6 Process notes of each session with the patient are kept, dated and signed.

6.7. Progress made in the treatment plan is noted regularly.

6.8. All process notes must be dated and signed to provide a chronological record of treatment of the patient.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually - Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **TERMINATION OF PSYCHOLOGICAL TREATMENT**

POLICY NUMBER: **CPSO 2/2003**

1. PURPOSE

1.1 Provides guidelines for the Psychologist when terminating psychological services.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.

5.2 Patient's Rights Charter of the Psychiatric Complex.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. The indicators for termination of treatment may differ from unit to unit. See specific guidelines for each unit.

6.2. After working through the treatment plan, the patient is reassessed.

a) Should further goals be set, they are addressed.

b) Should no further goals ensue, termination is planned according to each specific set of termination guidelines.

6.3. Record of the process of termination is kept.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: THE APPLICATION OF BEHAVIOUR MODIFICATION TECHNIQUES

POLICY NUMBER: CPSO 3/2003

1. PURPOSE

1.1 Aims to guide the Clinical Psychologist / Intern Clinical Psychologist in the application of behaviour modification techniques.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Patient's Rights Charter of the Psychiatric Complex
5.2 Ethical Code of Professional Conduct.
5.3 New Mental Health Act.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1 Behaviour modification techniques will be implemented in accordance with the patient's rights charter of the Free State Psychiatric Complex.

6.2. Informed consent will be obtained prior to the planning and implementation of behaviour modification techniques.

6.3. The basic principle of behaviour modification is the control of the reinforcing consequences of behaviour. Consequences range from physical reinforcers (e.g. food) to social reinforcers (e.g. approval, tokens of exchange).

6.4. Procedure:

6.4.1 Identification and evaluation of situation by multi-professional team.
6.4.2 Referral by psychiatric consultant to clinical psychology consultant.
6.4.3 Information exchange between multi-professional team and psychologist.
6.4.4 Written informed consent obtained from patient or curator ad litem.

6.4.5 Development of a treatment programme.

6.4.6 Feedback to multi-professional team on planned treatment programme.

6.4.7 Implementation of programme.

6.4.8 Feedback to the multi-professional team.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: THE ORDERING OF, TRAINING IN THE USE OF AND SAFEKEEPING OF PSYCHOMETRIC TESTS

POLICY NUMBER: CPSO 4/2003

1. PURPOSE

1.1 Provides guidelines for the ordering of new psychometric tests.

1.2 Provides guidelines for the training of personnel in psychometric testing.

1.3 Provides guidelines for the safekeeping of psychometric tests.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.

5.2 New Mental Health Act.

5.3 Code of Conduct – Department of Health.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. Relevant Tuesday morning rounds (see Academic programme) from 08h00 – 09H00 will be used to train all personnel in psychometrics.

6.2. Psychometric tests used at the Free State Psychiatric Complex are stored in secure units.

6.3. Secure units are found at the Child Unit and the Forensic Observation Unit.

6.4. All tests must be signed in and out at the appropriate supervisor of the Unit.

6.5. Test results will be reflected in patient files. Protocols will be secured and stored separately. Stock is taken annually of psychometric test supplies. Orders are placed with the relevant test distributors according to needs within the Psychology Division.

6.6. All test material ordered must be within the budget allocated for psychometrics. The psychometric test coordinator will be responsible for placing orders.

6.7. The psychometric test coordinator will obtain the relevant quotes for new psychometric tests.

6.8. This quote will be submitted to the Chief Clinical Psychologist and presented at the Clinical Psychology Consultant Meeting.

6.9. If approved by the management of the Clinical Psychology Division, the quotes will be forwarded to the Quotations and Expenditure Committee.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **INFORMED CONSENT**

POLICY NUMBER: **CPSO 5/2003**

1. PURPOSE

1.1 Provides guidelines for the obtaining of informed consent.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.

5.2 Code of Conduct at Department of Health.

5.3 Patient's Rights Charter of the Psychiatric Complex.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1 The patient information and consent document is handed to the patient / curator / guardian.

6.2. The content of this document is discussed with the patient. Care is taken to ensure the patient or guardian understands the content of the document.

6.3. The document is signed by the patient / guardian and clinical psychologist / intern clinical psychologist.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: PATIENT CONFIDENTIALITY

POLICY NUMBER: CPSO 6/2003

1. PURPOSE

1.1 Aims to protect the rights of the patient.

1.2 Aims to ensure that the clinical psychologist / intern act within the boundaries of the law.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.

5.2 Patient's Rights Charter of the Psychiatric Complex.

5.3 New Mental Health Act.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. The patient information and consent document is given to the client or the curator of the client.

6.2. The clause about patient confidentiality is explained and the clinical psychologist ensures that the patient is aware of all the limitations of confidentiality.

6.3. The patient information and consent document is signed by the patient & clinical psychologist / intern clinical psychologist.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11. Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **THE REPORTING OF CLINICAL ACTIVITIES**

POLICY NUMBER: **CPSO 7/2003**

1. PURPOSE

1.1 Provides guidelines to the clinical psychologist for the release of a report.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4. Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.
5.2 Code of Conduct of Department of Health.
5.3 Patient's Rights Charter of the Psychiatric Complex.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. If a third party requests a report on any patient seen by a psychologist, the person / organization must:

a) Write a letter to the CEO to request the report of the CEO of the hospital;
b) The request must be accompanied by a letter of written consent by the patient / curator;
c) When the CEO provides written permission, the relevant documentation is sent to the relevant psychologist.

6.2. If a member of the professional team working with the patient request a report the clinical psychologist must:

a) Discuss the request and report with the patient;
b) Obtain written consent from the patient to release the report;
c) Send the confidential report to the team member.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: THE RECORDING OF CLINICAL ACTIVITIES

POLICY NUMBER: CPSO 8/2003

1. PURPOSE

1.1 Provides guidelines to the clinical psychologist for the recording of information.

2. DEFINITIONS

3. OBJECTIVES

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.
5.2 Code of Conduct of Department of Health.
5.3 Patient's Rights Charter of the Psychiatric Complex.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. Any recording of clinical activity (including but not limited to the keeping of notes) takes place exclusively with the written consent of the patients concerned or their guardians (Patient information and consent document/ Consent form for video recording).

6.2. All such recordings are kept securely and access to them is limited to professionals and students bound by the ethical and professional requirements applying to them respectively.

6.3. The following is reflected in the process notes:

a) Progress report on the implementation of the treatment plan;
b) The patient response to treatment;
c) The responses of significant others affected by the patient's treatment;
d) Factual information should form the basis of all subjective interpretations.

6.4. All other information e.g. Reports from referring Health practitioners or other team members must be placed in the file.

6.5. Any referral to other professions – a copy of the referral letter to be placed on file.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **THE USE OF ONE WAY MIRRORS**

POLICY NUMBER: **CPSO 9/2003**

1. PURPOSE

1.1 Provides guidelines for the ethical use of one way mirrors.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.
5.2 Patients Rights Charter of the Psychiatric Complex.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. Interview facilities equipped with one way mirrors and / or sound transmission devices are used for training purposes. Their use / utilization allow groups of students to observe ongoing clinical activities indirectly when their direct presence would be impractical or distracting.
6.2. Such facilities are used exclusively with the written informed consent of the patients concerned or their guardians.
6.3. Such facilities are used exclusively with the students concerned being aware of and held to the same ethical obligations as the professionals directly involved in the activity.
6.4. Facilities in current use for indirect observation are clearly designated as such in at least three official languages.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1. Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **RESEARCH PROJECTS**

POLICY NUMBER: **CPSO 10/2003**

1. PURPOSE

1.1 Provides guidelines for initiating a research project.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Research Guidelines of the University of the Free State (Ethics Committee).
5.2 Research Guidelines of the Psychiatric Complex.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. The research proposal including the title, research method and population must be submitted to the Chief Clinical Psychologist for evaluation at the Clinical Psychology Management Meeting.
6.2. If approved by both the Chief Clinical Psychologist and the Clinical Psychology Management Committee, the proposal is submitted to the Ethics Committee of the University of the Free State.
6.3. If approved by the Ethics Committee of the University the proposal is submitted to the Clinical Ethics Committee of the Free State Psychiatric Complex.
6.4. A written response from the Clinical Ethics Committee will serve as notice of the final outcome.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **EMERGENCY CONSULTATIONS AND SERVICES FOR THE CLINICAL PSYCHOLOGY DIVISION**

POLICY NUMBER: **CPSO 11/2003**

1. PURPOSE

1.1 Provides guidelines for emergency psychological services.

1.2 To provide guidelines for after-hour psychological service.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.

5.2 Code of Conduct – Department of Health.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. The official working hours for Clinical Psychology is between 07:30 – 16:00.

6.2. For a provincial or national emergency occurring during office hours (07:30 – 16:00) contact the Chief Clinical Psychologist, Prof F.J.W. Calitz at 4079382.

6.3. For an emergency within a unit at the Psychiatric Complex contact the clinical psychologist for that area.

6.4. Should the clinical psychologist not be available, contact the Chief Clinical Psychologist or Principal Psychologist.

6.5. For an emergency after hours contact the CEO of the FSPC, National - or Pelonomi hospital casualty emergency units.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **THE IN-SERVICE TRAINING PROGRAMME AND CONTINUING EDUCATION STRATEGY: CLINICAL PSYCHOLOGY DIVISION**

POLICY NUMBER 12: **CPSO 12/2003**

1. PURPOSE

1.1 Provides guidelines for the process of in-service training and continuing education.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.
5.2 Code of Conduct – Department of Health.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. In-service training and continuing education in the clinical psychology component is managed by the Clinical Psychology Consultant Meeting under the leadership of the Chief Clinical Psychologist.
6.2. The committee meets once a week to evaluate applications.
6.3. The recommendation of the Clinical Psychology Consultant Meeting will be submitted to the Local Skills Development Committee of the Psychiatric Complex for approval.
6.4. A written feedback report has to be submitted to the Chief Clinical Psychologist within three weeks of attending the training.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12 Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **THE REFERRAL OF UNUSUAL INCIDENTS**

POLICY NUMBER: **CPSO 13/2003**

1. PURPOSE

1.1 Provides clear guidelines for the referral of unusual incidents.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

2.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.
5.2 Code of Conduct – Department of Health.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. Follow the procedure on the Reporting of Unusual Incidents – FSPC (OH 136).

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **INTERDISCIPLINARY MEETINGS FOR EFFECTIVE PATIENT MANAGEMENT**

POLICY NUMBER: **CPSO 14/2003**

1. PURPOSE

1.1 To ensure effective and comprehensive interdisciplinary meetings to manage and coordinate patient care.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Patient's Rights Charter of the Psychiatric Complex of the Free State.
5.2 Ethical Code of Professional Conduct.
5.3 Mental Health Care Act.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. Regular ward rounds are scheduled and conducted, where all relevant inter disciplinary mental health care professionals are present.

6.1.1 CHILD MENTAL HEALTH CENTER:

Ward rounds are held four times a week on Mondays, Tuesdays, Thursdays and Fridays between 12:00 – 13:00. The following mental health professionals attend the ward rounds: clinical

psychologist, intern clinical psychologist, social worker, occupational therapist, psychiatrist / psychiatry registrar, professional nurses and students.

6.1.2 OUTPATIENT DEPARTMENT:

Ward rounds are held on Wednesdays between 09:30 – 12:00. The following mental health professionals attend the ward rounds: clinical psychologist, intern clinical psychologist, psychiatrist / psychiatry registrar, professional nurses and students.

6.1.3 ACUTE WARDS:

6.1.3.1 MAFUBE WARD:

Ward rounds are held on Mondays and Thursdays between 12:00 – 13:00. The following mental health professionals attend the ward rounds: clinical psychologist, intern clinical psychologist, physiotherapist, occupational therapist, psychiatrist / psychiatry registrar, professional nurses and students.

6.1.3.2 BLOCK A:

Ward rounds are held on Wednesdays between 09:30 – 12:00. The following mental health professionals attend the ward rounds: clinical psychologist, social worker, occupational therapist, psychiatrist / psychiatry registrar, professional nurses and students.

6.1.3.3. BLOCK C:

Ward rounds are held on Monday between 09:30 – 13:00. The following mental health professionals attend the ward rounds: clinical psychologist, social worker, occupational therapist, psychiatrist / psychiatry registrar, professional nurses and students.

6.1.4 STATE PATIENTS:

Ward rounds are held on Thursdays at 09:30 till 13:00. The following mental health professionals attend the ward rounds: clinical psychologist, intern clinical psychologist, social worker, occupational therapist, psychiatrist, psychiatry registrar, professional nurses, advocate from DPP's office and administrative staff.

6.1.5 OBSERVATION UNIT:

Ward rounds are held on Tuesdays at 09:30 – 12:00. The following mental health professionals attend the ward rounds: clinical psychologist, intern clinical psychologist, social worker, occupational therapist, psychiatry registrar, professional nurses and students.

6.2. The relevant history and clinical picture of new patients are presented by mental health care professionals who conducted the first interview (where applicable).

6.3. The interdisciplinary team formulation and treatment plan are discussed and finalized.

6.4. If clinical psychological management of a patient is indicated, the development and implementation of the treatment plan is assigned to the Clinical Psychologist.

6.5. The decision of the interdisciplinary team is recorded and signed in the patient's clinical file.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 DPP - Director of Public Prosecution

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **THE REFERRAL OF PATIENTS FOR THE PRESCRIPTION OF MEDICATION**

POLICY NUMBER: **CPSO 15/2003**

1. PURPOSE

1.1 Provides guidelines for the referral of patients who require psychopharmacological medication.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Patient's Rights Charter of the Psychiatric Complex of the Free State.
5.2 Ethical Code of Professional Conduct.
5.3 Mental Health Act.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. Patients should be evaluated by a Clinical Psychologist.
6.2. If the Clinical Psychologist is of the opinion that psychopharmacological medication is indicated, the patient must be referred to a consultant or registrar in psychiatry.
6.3. The referral should be documented in the patient's clinical file.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **THE USE OF UNUSUAL MEDICATION AND INVESTIGATIONAL EXPERIMENTAL DRUGS**

POLICY NUMBER: **CPSO 16/2003**

1. PURPOSE

1.1 To provide guidelines for the use of unusual medication and investigational experimental drugs.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Patient's Rights Charter of the Free State Psychiatric Complex
5.2 Ethical Code of Professional Conduct.
5.3 Mental Health Act.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. Clinical Psychologists are not qualified to prescribe medication.
6.2. If medication or unusual medication is indicated for treatment, patients are referred to a consultant or registrar in psychiatry.
6.3. The involvement of the clinical psychologist in trials with investigational experimental drugs are restricted only to psychological assessment (scale, questionnaires) in consultation with the head of department of Psychiatry.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **PSYCHOLOGICAL ASSESSMENT INCLUDING INTELLECTUAL, PROJECTIVE, NEUROPSYCHOLOGICAL AND PERSONALITY TESTING.**

POLICY NUMBER: **CPSO 17 / 2003**

1. PURPOSE

1.1 To ensure a comprehensive psychological assessment of patients referred to the Clinical Psychology component at the Free State Psychiatric Complex, where indicated.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Patient's Rights Charter of the Free State Psychiatric Complex.
5.2 Ethical Code of Professional Conduct.
5.3 Mental Health Act.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. A first interview needs to be conducted by a registered Clinical Psychologist/ Intern Clinical Psychologist.
6.2. The psychiatric interview document (blue book for adult patients and yellow book for children) must be completed.
6.3. Information is obtained on the following:

- Clinical Picture;
- Background;

- Current complaint;
- History of complaint;
- Personal and developmental history;
- Level at which patient is coping in the community.

6.4. The assessment of effective use of community resources in collaboration with the Social Worker.

6.5. A 5 Axis diagnosis is formulated by the clinician.

6.6. The treatment plan and specific goals are formulated in collaboration with the patient.

6.7. If psychometric testing (projective techniques, personality testing, etc) is required for a comprehensive assessment, the following procedure should be followed:

- Rationale of the test should be explained to the patient;
- Test instructions should be clearly communicated;
- The test should be administered and protocols interpreted;
- Appropriate feedback should be provided to the patients.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: **THE QUALITY ASSURANCE PROGRAMME OF THE CLINICAL PSYCHOLOGY DIVISION**

POLICY NUMBER: **CPSO 18/2003**

1. PURPOSE

1.1 To provide guidelines to ensure quality improved patient care and enhance quality service delivery by the Clinical Psychology Service.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Not applicable

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Patient's Rights Charter of the Free State Psychiatric Complex.
5.2 Ethical Code of Professional Conduct.
5.3 Mental Health Act.

6. PROCEDURE, ROLES AND RESPONSIBILITIES

6.1. The Clinical Psychology team is responsible for the Quality Assurance Programme.
6.2. Identify problem areas in the Clinical Psychology Services namely:
- 2.1 Child Unit;
- 2.2 Outpatient Department;
- 2.3 Forensic;
- 2.4 Mafube Ward;
- 2.5 Clinics;
- 2.6 Regional Hospitals.

6.3. Discuss the problem areas in the Clinical Psychology Consultant Meeting.

6.4. Situational analyses at the problem area.

6.5. Prioritize according to risk, cost and resources available.

6.6. Analyze the root cause.

6.7. Determine and set standards for clinical psychology service delivery.

6.8. Develop action plan(s).

6.9. Implement action plan(s).

6.10. Evaluate action plan(s).

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

6.2.2 The clinical psychologist should reach a contractual agreement between him-/herself and the patient which is noted in the clinical file stating that the patient undertakes not to carry out any suicidal act.

6.2.3 This contract is signed by both the clinical psychologist and the patient and both parties agree to honor it: the patient undertakes to seek constructive help when in despair and the clinical psychologist is committed to providing the appropriate assistance.

6.2.4 The clinical psychologist attempt to mobilize the patient's support system as close family members can be involved in monitoring and supporting of the patient.

6.3. Where pharmacological treatment is indicated, the clinical psychologist should refer the patient to the ward doctor, stating clearly the perceived suicide risk as it may influence the choice of pharmacological treatment

6.4. Follow the Protocol on the Management of inpatients with a suicide risk. See attached document.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

PROTOCOL FOR THE MANAGEMENT OF INPATIENTS WITH A SUICIDE RISK

Introduction

Patients committing suicide while admitted have a severe negative impact on staff morale and have medico-legal implications. Patients who are at risk for committing suicide therefore need to be identified to implement preventative strategies. The majority of suicide attempts can be prevented if the risk is identified in time.

Evaluation of suicide risk

Factors that need to be taken into consideration when evaluating for risk of suicide in depressed patients include:

1. Psychotic patients who threaten with suicide should be taken very seriously. Patients with schizophrenia have a high rate of suicide.
2. Plan/ type of plan. The suicide risk is increased if a patient has planned the method of suicide.
3. Social support. A good social support structure protects a patient in terms of risk of suicide.
4. The presence of an intense desire to die.
5. Major depressive disorder with psychotic features.
6. Absence of a reason to continue living. If a patient can give a reason for continuing his/her life (children, family, religion etc.), it reduces the suicide risk.
7. Concomitant substance abuse increases the risk of suicide.
8. Age. The increased risk of suicide in elderly patients and adolescents are often overlooked. Suicide is one of the leading causes of death in young people in the U.S.A.
9. Sex. Males attempt suicide less often, but their attempts result in death more often than those of females.
10. A family history of suicide or suicide of a close friend may increase the risk.

<u>24-hour Nursing</u>

Twenty-four hour nursing means that the patient has to be under constant observation by nursing personnel for 24 hours a day. The patient is restricted to the ward. Special care should be taken to avoid suicide attempts when patients are not in the direct view of the person responsible for observing the patient. These situations should be limited to the briefest possible periods and may include situations where the patient goes to the bathroom. Keeps a conversation going with the patient if he/she is not within your direct vision. Patients should be searched for potentially dangerous objects when entering situations like this. Be on the lookout for sharp objects, belts or ropes with which they can hang themselves, medication which they can overdose with. Also check for escape routes like a window.

Patients and their rooms/belongings should be searched regularly (at least once a day or after they have had visitors) for abovementioned objects. All patients need to be informed on admission that their belongings might be searched by personnel. Involve the patient in the planning of his/her treatment as far as possible. The patient should be present when belongings are searched. The patient is allowed to attend ward related activities as long as he/she is accompanied by a staff member.

Regular notes should be kept about the patient or any sudden changes that occurs in the patient's mood or behaviour. Ask a patient about possible suicide plans and evaluate risk at least once a day or when unexplained/sudden changes in mood or behaviour occur. Report such changes to the doctor in charge of the ward immediately.

These patients need to be treated with empathy and respect in a supportive environment despite the intrusion of their privacy. They need to understand that these measures are temporary for a period when they may not be in control of their behaviour because of illness.

Patients with risk of suicide should be evaluated by the ward doctor at least once a day. Make sure that the doctor clearly documents in the patient's file if continued 24-hour nursing care is indicated.

Handing over of patient

Participation in groups is encouraged if supervision by a mental health care practitioner (MHCP) is possible. Nursing personnel should inform other MHCP's about the need for constant supervision if they are handed over for participation in groups etc. The MHCP is then responsible to hand the patient over to the nursing personnel who are responsible for the patient.

PROCEDURE WHEN PATIENT WITH SUICIDE RISK IS IDENTIFIED

- Inform ward doctor
- Ward doctor informs consultant and other team members
- Nursing personnel and doctor prescribing 24-hour nursing care informs ward manager about the request
- Ward manager must indicate to ward doctor if this is possible or not
- Ward doctor consults with consultant if 24-hour nursing is unavailable
- Patients should be properly sedated when 24-hour nursing cannot be implemented.
- ALL SUICIDE ATTEMPTS OCCURRING IN THE HOSPITAL MUST BE REPORTED TO THE UNUSUAL INCIDENTS COMMITTEE

12. Approved by: _____ **Date:** 11 October 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

NAME OF POLICY: PROTOCOL FOR PHOTOCOPYING AND PRINTING OF DOCUMENTS IN THE CLINICAL PSYCHOLOGY DIVISION

POLICY NUMBER: CPSO 20/2014

2. PURPOSE

1.1 Provides guidelines to Psychology Consultants and Intern Clinical Psychologists for the use of the photocopy machines and the printing of official documents in the Clinical Psychology Division.

2. DEFINITIONS

2.1 Not applicable

3. OBJECTIVES

3.1 Management of financial expenditures through the appropriate use of the photocopy machines and controlled printing of official documents.

4. SCOPE

4.1 Clinical Psychology Consultants and Intern Clinical Psychologists

5. LEGAL FRAMEWORK

5.1 Ethical Code of Professional Conduct.
5.2 New Mental Health Act.
5.3 Code of Conduct – Department of Health.

6. PROCEDURE

6.1. Documents printed and replenished by the clerk/secretary will be available in the intern's office. This will include all official documents used in the Clinical Psychology Division such as:

- Patient information and consent document
- Process notes (Individual and Group therapy)
- Multi-professional team involvement notes
- OPD forms
- Forensic Interview and reports
- Monthly evaluation forms

- Statistic forms (Unit and Outreach Clinic)
- Psychometric request forms
- Photocopy request forms

6.2 Documents allowed for printing by Intern Clinical Psychologists:

6.2.1 Patient reports

6.3. Documents allowed for photocopying but mandated by Clinical Psychology Consultant:

6.3.1 Articles, chapters/parts of academic books used to the benefit of the Psychotherapeutic process or to further the intern's academic- or self-development.

6.3.2. Articles, chapters/parts of academic books to be used for the purpose of the Academic programme e.g. Psychometric/Journal discussions; Postgraduate discussions and Case presentations in accordance with the Clinical Psychology Consultant.

6.3.3 For the abovementioned to be photocopied by the secretary/clerk, it should be accompanied by the attached form, filled in and signed by the Clinical Psychology Consultant.

6.3.4 Photocopying will only be done between 08h00 – 09h00 in the morning and 14h00 – 15h00 in the afternoon.

6.4. Documents not allowed for printing/photocopying by Intern Clinical Psychologists:

6.4.1 No documents pertaining the research/script of the Intern Clinical Psychologists are to be printed or photocopied in the Clinical Psychology Department. Such documents should be printed or copied at the Intern Clinical Psychologist's own cost.

6.4.2 Any documents of a private and not-work related nature.

7. STRUCTURES AND TERMS OF REFERENCE

7.1 Not applicable

8. ABBREVIATIONS

8.1 Not applicable

9. REFERENCES

9.1 Not applicable

10. POLICY MONITORING AND REVIEW

10.1 Annually – Clinical Psychology Division

11. ADDENDUM

11.1 Not applicable

12. Approved by: _____ **Date:** 2014

Prof. F.J.W. Calitz
Chief Clinical Psychologist

Review Date: 7 November 2015

PHOTOCOPY PERMISSION FORM

Hereby I grant permission to _____ (Intern Clinical Psychologist), to make copies of the following:

	Mark with an X	Name of Book / Article or “Other” document:
Book		
Article		
“Other” document		

From page: _____ to page:_____.

_____ _____ _____

Consultant: Name in print Signature Date

Health Professions Council of South Africa

The Professional Board for Psychology

Policy regarding Intern Psychologists

Guidelines for Universities, training placements and intern psychologists.

1. INTRODUCTION

In order to become a professional psychologist in South Africa, i.e. registered with the Professional Board for Psychology in any of the professional categories, the formal academic requirements stipulated for professional education in psychology must have been completed as well as the relevant internship. **FULL CERTIFIED DOCUMENTATION IS ESSENTIAL FOR REGISTRATION.**

1.1 Universities are obliged to provide candidates entering a professional degree in psychology with the following details concerning registration at the time students enter academic course(s) which lead to registration. Universities must also remind candidates of the registration requirements towards the end of the first year of the directed Masters degree because intern psychologists are legally required to register with the Professional Board for Psychology **PRIOR** to commencing the internship.

1.2 The intern psychologist, the supervising psychologist and the intern training institution as well as the supervising university are jointly responsible for ensuring the registration of an intern psychologist with the Professional Board for Psychology **PRIOR** to the commencement of the internship.

1.3 Registration as a professional psychologist is possible only after both -

a) The academic requirements for the Master's degree have been **COMPLETED** (including the award of the relevant Master's degree or written confirmation by the Registrar of the University that this degree is to be awarded).

b) The internship has been **SATISFACTORILY COMPLETED**, and the appropriate documentation has been submitted to the Professional Board to confirm these facts. (F27 Intern duty certificate)

c) **As from 1 January 2003 all persons will be required to pass the National Examination of the Professional Board for Psychology prior to their registration as psychologists.**

However, those students who were busy with their Masters programmes in 2001 and who comply with the timeframes for registration as psychologists, as specified in these guidelines, will not be required to pass the National Examination.

The examination for psychologists is a three hour written examination. The examination will be conducted on the 1st Wednesday of February, June and October of each year.

The closing dates for application to sit for the examinations are as follows:

31 December for the February, 30 April for the June examination and 31 August for the October examination.

Candidates who wish to sit for the National Examination have to apply in writing at least 2 months prior to the date of the examination for their names to be included on the examination list. The examination fee is R726, 00.

d) The Minister of Health has implemented and regulated community service for clinical psychologists as from 1 January 2003. Those persons, who will be required to do community service, will be permitted to either write the National Examination prior to commencement with community service, or after successful completion of the 12 month's community, but **prior** to their registration for independent practice.

1.4 Professional registration may only follow registration as an intern psychologist. A person without **VALID REGISTRATION** as an intern psychologist may not be registered as a professional psychologist. Intern psychologists therefore have to retain their registration by paying the annual fees until they qualify for registration as psychologists. If an internship was followed without valid registration as an intern, the internship will not be recognized by the Board and the individual can be legally prosecuted. The psychologist that has supervised the unregistered intern will be liable to disciplinary action.

Kindly note that on successful completion of the 12 month's internship, the internship duty certificate (Form 27) has to be duly completed and signed by the following persons:

i) Head of the Department / Section concerned of the institution or his official deputy / supervising psychologist;
ii) Administrative Head of the Institution or his/her official deputy;
iii) Head of the Department of Psychology of the supervising University or his/hers official deputy.

1.5 If an internship has been completed, but the intern has not complied with all the requirements for registration as a psychologist, e.g. the academic requirements for the degree, (i.e. the dissertation have not been satisfied) and the National Examination has not been successfully completed, the performance of **ANY** act of a psychological nature or professional registration as a psychologist **WILL NOT BE PERMITTED.**

Those in this situation **MAY NOT** practice as either an intern psychologist or as a psychologist **NOR** may they be employed as such by an institution or a psychologist in private practice.

The intern duty certificate has to be submitted to Council **together** with the application from for registration as a psychologist (form24-PS).

1.6 In order to act as the supervising university for an accredited internship programme or an approved individual internship programme, the university must offer a recognized directed Master's training programme in the relevant professional category.

1.7 Foreign applicants applying for registration must also submit official documentary evidence of having completed a full-time internship in the category of psychology in which registration is required. Recognition of a completed internship will only be considered if the internship commenced after completion of <u>at least</u> five academic years in psychology. Foreign applicants are normally required to complete an internship or a part thereof in order to familiarize themselves with local circumstances. The successful completion of a National Examination is a further requirement for registration.

2. ACADEMIC PREREQUISITES FOR INTERNSHIPS IN PSYCHOLOGY

2.1 The minimum academic requirements are five years full-time formal education in psychology, i.e. a three year Bachelor's degree majoring in psychology or equivalent thereof, a post-graduate year in psychology i.e. honours degree, and a directed Master's degree programme or equivalent to a fifth year study in psychology.

2.2 An applicant who completed a full-time period of five years study may then seek internship training in the relevant category of professional psychology (i.e. in the category completed in year one of an accredited directed Master's course), by means of an internship.

2.3 In circumstances where academic studies are not as outlined in 2.1 above but are believed to be equivalent to the above formal requirements outlined, applicants may submit details to the Professional Board for Psychology for consideration.

2.3.1 In such cases Form 91 must be completed in full. Certified documentation is always required and should be submitted with the application.

2.3.2 It is required to apply for acceptance of individual applications of alternatives to the formal academic studies stipulated at least **3 MONTHS** before the date on which it is hoped to commence the internship since the process through which the application must go, involves several steps.

2.3.3. If such an application is accepted by the Professional Board for Psychology, it is the responsibility of the applicant to find a place in an internship training programme.

2.3.4 A moratorium has been placed on second internships following an integrated master's degree.

3. INTERNSHIPS

3.1 REGISTRATION AND ANNUAL FEES

3.1.1 Before commencing the internship the candidate is **OBLIGED TO REGISTER** with the Professional Board for Psychology as an intern psychologist. Where already accredited internship placements are involved and the academic prerequisites are not in doubt, a grace period of **ONE** month is allowed for completing the registration. The onus rests on the candidate to ensure that he/she is registered and receive a registration number.

3.1.2 In addition to a registration fee an **ANNUAL FEE** is payable and due on the first of April every year. When the registration fee is rendered, the exact date of commencing the internship must be clearly stated. It is the applicant's responsibility to ensure that the Professional Board for Psychology receives the payments. Late registration and non-payment of annual fees will incur penalties and will result in the removal of the name of the intern from the register for intern psychologists.

3.1.3 All applications for internships must be accompanied by the following documents:

a) A written undertaking from the supervising psychologist, registered with the Council in the relevant category, stating that he/she is willing to act as supervisor for the intern and stating the period of internship involved;

A requirement to act as supervising psychologist is a minimum of three years appropriate practical experience;

b) A written undertaking from the Head of the training organization or institution indicating that the named intern will be accommodated for the period of internship arranged, giving these dates;

c) A written undertaking from the Head of Department of Psychology, stating that the university concerned will act as **collaborating** university in association with the internship setting, and the dates of the internship. In order to act as **collaborating** university the university must offer recognized Master's degree education in the applicable category. It is the joint responsibility of the supervising psychologist and the Head of the Department of Psychology to ensure that supervising reports on the intern are received timeously.

3.1.4 In cases where the internship is completed at more than one training institution, the duration of each placement should be clearly stated.

3.2 TIMING OF INTERNSHIP

3.2.1 The internship may only commence **AFTER** completing the prerequisite formal academic requirements, e.g. experience which predates the formal academic requirements **WILL NOT BE** recognized as part of the internship.

3.2.2 An internship **MUST** commence within two years of completing the first year of a directed Master's degree. In exceptional circumstances the Professional Board for Psychology may permit a longer lapse of time, provided the university concerned supports the application in writing, and the Professional Board of Psychology finds a fully motivated application acceptable.

3.2.3 A **maximum** period of **one** year after completion of an internship will be allowed for completion of the dissertation of the Master's degree.

An extension of 4 months will be granted from date of expiry of the two year timeframe, subject to receipt of a letter from the university, confirming that the dissertation has been handed in for **final** examination.

Interns who-

a) are not in a position to register within 2 years and 4 months from date of registration as an intern have to complete a futher **approved and uninterrupted** internship of 3 month's duration;

b) exceed the timeframe for registration by 3 to 4 years, have to complete a further **approved and uninterrupted** internship of 6 month's duration;

c) exceed the timeframe for registration with 5 years have to complete a further **approved** internship of 12 month's duration.

3.3 INTERNSHIP TRAINING ARRANGEMENTS

3.3.1 The term internship refers to the prescribed minimum period of 12 months of **full time** training (within which no more than 4 weeks may be taken as leave or as sick leave). Training can only be recognized if it takes place in an approved institution on a full-time basis (40 hours per week) over a minimum period of 12 months.

3.3.2 The internship training must be within the specified registration category for which the candidate has prepared in the first year of a directed Master's degree.

3.3.3 the internship may compromise either full time employment as an intern psychologist at an institution(s) accredited by the Professional Board for Psychology following a stipulated programme of training; or

3.3.4 Undertaking of a specially tailored internship programme, which has been approved by the Professional Board for Psychology **BEFORE COMMENCING**; part or all of this internship, may not be undertaken at an accredited institution unless this forms part of the approved specially tailored internship programme. Specially tailored internship programmes must be submitted to the Board for approval at least **3 MONTHS** before date of commencement of the internship.

3.3.5 During the first term of internship, only a **full time** period of **not less than 6 months** will be recognized and thereafter **only full time periods of not less than 3 months.**

3.3.6 If an internship is interrupted (e.g. because of illness) during the first term of internship, **ONLY** a full time period of **not less than 6 months** will be recognized by the Professional Board for Psychology and thereafter only full time periods of **not less than 3 months**. This must be done with the permission of the Board.

3.3.7 **All** requirements for registration as a professional psychologist must be completed within 2-years of date of registration as an intern psychologist.

NOTE:

Any training, which is not based at an accredited training institution, **must be approved by the Professional Board for Psychology before the said training commences,** and detailed training programmes must be provided for each such intern placement **at least 3 months before commencement of the internship** (see below).
If a part or all of this internship is not undertaken at an accredited training institution, subject to certain conditions (see below), and the administration of the training requirements regarding adequate exposure as well as the total stipulated 12 month period, is the responsibility of the supervising university department, who will be required both to undertake to ensure these factors and to certify that they have been fulfilled at the end of the training, in writing.

3.3.8 Should an intern require sick leave or leave for any other reason, in excess of the 4 weeks permitted, the administration of the training requirements is the responsibility of the supervising psychologist of the training institution, i.e. the period of internship **must** be extended in order to comply with the above requirements. **Applications for such an extension must be submitted to the Board for Psychology for approval.**

3.3.9 Registration as an intern psychologist is permitted for a MAXIMUM period of two years. The second year of registration as an intern is permitted to enable the intern to complete outstanding academic requirements, i.e. dissertation. The performance of **ANY** act of a psychological nature or professional registration as a psychologist **WILL NOT BE PERMITTED**. Those in this situation **MAY NOT** practice as either an intern psychologist or as a psychologist **NOR** may they be employed as such by an institution or a psychologist in private practice.

3.4 SPECIALLY TAILORED INTERNSHIP PROGRAMMES

3.4.1 The application must be submitted by the candidate together with written undertakings from the supervising university and each of the psychologists who will be providing in situ supervision, each of whom will stipulate approval of the proposed programme of training and confirm the dates of commencement and completion of training, such supervising psychologist shall meet the requirements for supervision as contained in this document.

3.4.2 the following information must be submitted with the application to the Professional Board for Psychology for approval of the tailored internship: complete details of the programme in the form of a week by week schedule which stipulates the total number of hours and percentage of time allocated to each activity including details of the type of training activity, the client spectrum

involved, the specific psychological tests used and/or skills which will be developed, techniques in which training is to be provided, and full time based details of individual and group supervision arrangements which is to be provided, details of experience of team work with other professionals or colleagues is also important. The internship programme had to reflect 52 weeks including leave days.

The supervising psychologist(s) **must** provide their professional registration number. The specially tailored internship programme must be submitted to the Board for approval **at least 3 months** PRIOR to commencement of the internship.

3.4.3 Supervising psychologists **MUST** be registered in the same professional category as the intern psychologist

3.4.4 The frequency of supervision of intern psychologists is at least one hour face-to-face meetings weekly or 2 hours every second week.

3.5 INTERNS IN PRIVATE PRACTICE

A **MAXIMUM** period of ONLY three months of any specially tailored internship programme may be served in a private practice in which case the private practitioner must compy with the requirements in 3.1.3. (a) above to act as a supervising psychologist. In no circumstances may an intern work in or be employed in a private practice, as an intern or as a psychologist, unless this arrangement forms part of an internship training programme which has been formally approved by the Professional Board for Psychology.

3.6 REMUNERATION OF INTERNS

The employment and remuneration of intern psychologists is to be mutually agreed between the training institution (or alternative site of training) and the intern. The Professional Board for Psychology supports the principle of paid employment of interns, since services are provided which are valuable to the institution or practice in which they work.

3.7 COMPLETION OF INTERNSHIP

3.7.1 Separate intern duty certificates (F27) must be submitted to the Professional Board for Psychology by the relevant supervising psychologist for each training placement. These certificates should be handed to the intern by the supervising psychologist, for submission to the Professional Board for Psychology by the intern psychologist together with the application for professional registration as a psychologist.

3.7.2 Training institutions (and supervising psychologists) are obliged to ensure that intern psychologists are evaluated regularly, **at least every four months**, according to the criteria for intern training in the relevant category. The intern must be kept informed of his/her progress on the basis of this evaluation and **copies of the progress reports must be sent to the supervising university** and retained for the use of the Professional Board for Psychology if required.

3.7.3 Extension of internships: internship training **MAY NOT** be extended beyond the 12 month training period without **PRIOR APPROVAL** of the Professional Board for Psychology, and a **maximum of 2 years** of registration as an intern is permitted. It is generally the case that internship extensions are only granted for training purposes e.g. where an intern needs further experience and instruction in a specific aspect, and there will be a limitation of 6 months on the extension of an internship.

4. UNSATISFACTORY PERFORMANCE OF THE INTERN

4.1 In the event of unsatisfactory performance of an intern, a written report should be produced by the training institution together with the supervising university, and should be submitted to the Education Committee of the Professional Board for Psychology with recommendations for either-

a) the termination of the internship at a given date; or
b) the extension of the internship with clearly specified objectives; such as an application for an extension to be submitted not later than following the second progress report or the eighth month of the internship, preferably earlier if possible.

4.2 Should an intern become mentally of physically incompetent to perform psychological acts as is required professionally, the matter should be reported to the relevant Committee of the Board. The Committee will investigate the circumstances and will provide guidance in the treatment and rehabilitation of the intern psychologist or deal with the matter as circumstances dictate.

5. TRAINING AND SUPERVISION ON INTERNS

5.1 The supervising psychologist must be registered with the HPCSA for at least 3 years and have demonstrable competencies in the field.

5.2 Supervision of intern requires that the supervising psychologist is accessible and available for personal contact, **for at least one hour on a weekly basis or 2 hours every 2nd week**. Telephonic access is acceptable in **EXCEPTIONAL** circumstances but the actions of the intern psychologist remain the responsibility of the supervising psychologist in these circumstances.

5.3 A ratio of **10 interns to each supervising psychologist may not be exceeded**; where the ratio requirement cannot be adhered to, the Professional Board for Psychology must be approached for approval of such arrangements.

5.4 **The collaborating function of the supervising university implies a half yearly meeting** between university psychologists in the relevant category of registration and the interns. It also implies monitoring the interns' progress reports as the **training institution/training supervising psychologist submits them.** If an intern fails to comply with the requirements set by the university, or the training institution/training supervising psychologist fails to deliver the training programme as endorsed by the Professional Board for Psychology, the university is required to take **immediate** action to ensure that the training is satisfactorily conducted.

5.5 The frequency of supervision of intern psychologists: At least one hour face-to-face meetings weekly or 2 hours every second week.

5.6 psychologists who are involved in MORE THAN 30% of the academic training towards the relevant degree of a student MAY NOT act as supervising psychologist (supervising psychologists should not be confused with dissertation supervisor), for the same candidate during his/her training as an intern psychologist. If there is a need to deviate form this stipulation, prior approval must be sought from the Professional Board for Psychology, giving a clearly detailed justification for doing so.

5.7 A psychologist supervising the internship of an intern psychologist **NOT REGISTERED** as such and not registered in the same category or not fulfilling his/her supervisory obligations **WILL BE LIABLE** to disciplinary action.

5.8 An internship setting must provide **SUITABLE** and adequate exposure in the relevant category.

---oOo---