

Recommendations on Incorporating COVID-Affected Training Experiences Into Letters of Reference and Training Attestations

Council of Chairs of Training Councils (CCTC)

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INTRODUCTION

Due to the COVID-19 pandemic, psychology training has been modified in many ways. Doctoral, internship, and post-doctoral training programs should document alterations in training made due to COVID-19 to ensure that the necessary documentation can be generated for individual trainees as they move through training and licensure. Documentation of training modification is also necessary for program accreditation.

The following pages contain recommendations for addressing modifications to the amount and type of training experiences the trainee has completed, including:

- sample statements that provide suggested language to assist training directors and supervisors who need to provide letters for students documenting training obtained in preparation for internship, postdoctoral fellowship, and licensure.
- specific areas to consider including in reference letters.

In all cases, the program is expected to ensure that the training modifications allow trainees to meet program requirements, demonstrate all relevant profession-wide competencies, and as indicated, meet specific requirements for licensure or specialty practice.

Separate sections provide recommendations for:

- **Doctoral Training Programs** writing letters for internship application
- **Internship Programs** writing letters for post-doctoral training application
- **Post-Doctoral Programs** writing letters to document training completion
- **Training Programs at All Levels** writing letters to support licensure application

Recommendations for DOCTORAL PROGRAMS:

Sample statement describing modifications in doctoral program training for internship applications (e.g., DCT Verification Statement)

Our program affirms that the student has been diligent in continuing their commitment to training within the inevitable constraints of the COVID-19 pandemic. COVID-19 created the need for flexibility and creativity in training models to ensure the safety of patients, trainees, and supervisors. Modifications to the student's training were completed in accordance with guidance for flexibility and safety provided by federal, state, and local officials as well as psychology training bodies including the Council of Chairs of Training Councils (CCTC), APA Commission on Accreditation (APA CoA), Canadian Psychological Association (CPA), and other relevant training organizations.

Despite the modifications described below, this student has met our program expectations for all APA CoA profession-wide competencies in the doctoral program [insert CPA as appropriate] and is prepared and qualified for internship. Our faculty has unanimously endorsed this student's application for internship.

Specific modifications to this student's training are as follows...

OPTION #1 (somewhat lower hours, comparable experiences, ready for internship):

During this time, in-person training was transitioned to a distance learning format consistent with federal, state, and local laws and regulations. Likewise, face to face individual and group supervision were conducted through video interface but the number of expected hours and availability of supervision did not change. Therapy services were conducted through video interface (and in some situations audio only). Required observations continued as the supervising psychologist had means to interact with both the patient and trainee during these sessions when needed. Assessment services were also modified and varied. Modifications included extensive diagnostic interviews or neurobehavioral status examinations via telehealth, brief tele-testing, and when possible testing in person with screening and appropriate PPE. Feedback was generally conducted through telehealth. As such, while the number of actual direct service hours may be lower than normal, this student continued clinical experiences comparable to pre-COVID-19 expectations.

OPTION #2: (lower hours, modified experiences, ready for internship):

During the initial period of the COVID-19 pandemic, this student's training site shutdown as they prepared to transition to a distance learning format consistent with federal, state, and local laws and regulations. After a X month delay, face to face individual and group supervision were eventually transitioned to a video interface. Therapy services were conducted through video interface (and in some situations audio only). Required observations continued as the supervising psychologist had means to interact with both the patient and trainee during these sessions when needed. Assessment services were also modified and varied. Modifications included extensive diagnostic interviews or neurobehavioral status examinations via telehealth, brief tele-testing, and when possible testing in person with screening and appropriate PPE. Feedback was generally conducted through telehealth. As such, while the number of actual direct service hours

accrued by this student are lower than what is expected, this student is completely prepared and qualified for a doctoral internship.

OPTION #3: (substantially lower hours & modified experiences, ready for internship):

Due to the COVID-19 pandemic, this student's neuropsychological training site shutdown completely from March 2019 until the end of the practicum in Jun 2019. As such, the number of direct service hours accrued by this student during that practicum were substantially lower than what was expected. Despite a lower number of overall direct service hours than anticipated, this student is completely prepared and qualified for a doctoral internship.

Considerations to include in statements from doctoral program

- How was research impacted? E.g.:
 - Dissertation data collection had to move from prospective to retrospective
 - Student had poster presentation accepted to a conference which was then cancelled
 - Lab was shut down, entirely or to in-person data collection, which limited data collection
- How was didactic instruction impacted? E.g.:
 - Formal classes moved to virtual or hybrid
 - In-class practical or laboratory experiences were modified or cut
- How was clinical experience impacted? E.g.:
 - Length of time at a practicum site changed (i.e. many practica were terminated early at the beginning of COVID-19; this should not be reflective of the trainees performance)
 - Nature of clinical experiences changed

Recommendations for INTERNSHIP PROGRAMS:

Sample statement describing modifications in internship program training

COVID-19 created the need for flexibility and creativity in training models to ensure safety of patients, trainees, and supervisors. During this time, in-person training was transitioned to a distance learning format consistent with APA CoA guidelines. Likewise, face to face individual and group supervision were conducted through video interface but the number of expected hours and availability of supervision did not change. Therapy services were conducted through video interface (and in some situations audio only). Required observations continued as the supervising psychologist had means to interact with both the patient and trainee during these sessions when needed. Assessment services were also modified and varied. Modifications included extensive diagnostic interviews or neurobehavioral status examinations via telehealth, brief tele-testing, and when possible testing in person with screening and appropriate PPE. Feedback was generally conducted through telehealth. In cases where true patients were unavailable, mock assessments were conducted using retrospective data. As such, while the number of actual direct service hours may be lower than normal, each trainee continued clinical experiences comparable to pre-COVID-19 expectations.

These modifications were completed in accordance with guidance for flexibility and safety provided by federal, state, and local officials as well as psychology training bodies including the Council of Chairs of Training Councils (CCTC), APA Commission on Accreditation (CoA), Canadian Psychological Association (CPA), and other relevant training organizations.

This trainee has met our program expectations for all APA CoA profession wide competencies [insert CPA as appropriate] in the doctoral internship program.

Additionally, with the modifications described above, the trainee obtained supervised clinical hours required for licensure

Considerations to Include in Statements from Internship

- What extent did the intern telework?
- What extent of patient care was in-person versus telehealth
- Was the format of internship changed (i.e. rotations changed in duration/some rotations or experiences not available)
- Were there any experiences that were not available and how did the program compensate for this. (i.e. trainees were unable to attend live brain cutting sessions. As such they were provided with additional neuroanatomy lectures and videos of brain cutting)
- How were research opportunities impacted on site?
- The competency related to consultation and interpersonal/interdisciplinary skills may have been more readily impacted at some sites. How did the program compensate? (i.e. The intern continued to be involved in the interdisciplinary team meetings on a weekly basis through video interface. Additionally, they were able to meet one-on-one by virtual format with providers in other specialties.

Recommendations for POST-DOCTORAL PROGRAMS

Sample statement describing modifications in postdoctoral fellowship training

COVID-19 created the need for flexibility and creativity in training models to ensure safety of patients, trainees, and supervisors. During this time, in-person didactic training was transitioned to a distance learning format. Face to face individual and group supervision were conducted through video interface but the number of expected hours or availability and predictability of supervision did not change. Therapy services were conducted through video interface (and in some situations audio only). Required observations continued as the supervising psychologist had means to interact (e.g., via Zoom or telephone) with both the patient and trainee during these sessions when needed. Assessment services were also modified and varied. Modifications included extensive diagnostic interviews or neurobehavioral status examinations via telehealth, brief tele-testing, and when possible testing in person with screening and appropriate PPE. Feedback was generally conducted through telehealth. In cases where true patients were unavailable, mock assessments were conducted using retrospective data. As such, while the number of actual direct service hours may be lower than normal, each trainee continued with clinical experiences comparable to pre-COVID-19 expectations.

These modifications were completed in accordance with guidance for flexibility and safety provided by federal, state, and local officials as well as psychology training bodies including the Council of Chairs of Training Councils (CCTC), APA Commission on Accreditation (CoA), Canadian Psychological Association (CPA), and other relevant training organizations.

The trainee completed the full year of full-time postdoctoral fellowship and met our program expectations for all APA CoA profession wide competencies [insert CPA as appropriate]. Additionally, with the modifications described above the trainee obtained supervised clinical hours required for licensure.

[as indicated] Further, the trainee completed the full two years of full time postdoctoral fellowship in clinical neuropsychology and met program expectations and benchmarks for competencies in clinical neuropsychology.

Considerations to include in statements from postdoctoral programs

- To what extent did the postdoc telework?
- What extent of patient care was in-person versus telehealth
- Was the format of the fellowship changed (i.e. rotations changed in duration/some rotations or experiences not available)
- Was there any experiences that were not available and how did the program compensate for this. (i.e. trainees were unable to attend live brain cutting sessions. As such they were provided with additional neuroanatomy lectures and videos of brain cutting)
- How was research opportunities impacted on site? Was there any substitution?
- The competency related to consultation and interpersonal/interdisciplinary skills may have been more readily impacted at some sites. How did the program compensate? (i.e. The resident continued to be involved in the interdisciplinary team meetings on a weekly basis through video interface. Additionally, they were able to meet one-on-one by virtual format with providers in other specialties.

Recommendations for LICENSURE APPLICATION

Sample statement for license application

COVID-19 created the need for flexibility and creativity in training models to ensure safety of patients, trainees, and supervisors. Modifications to this applicant's [doctoral/internship/post-doctoral] training program were completed in accordance with guidance for flexibility and safety provided by federal, state, and local officials as well as ASPPB, psychology training bodies including the Council of Chairs of Training Councils (CCTC), APA Commission on Accreditation (CoA), Canadian Psychological Association (CPA), and other relevant training organizations. With the modifications described below, the trainee completed [all requirements for the doctoral program/the full year of full-time internship/the full year of full-time postdoctoral residency] and met our program expectations for all APA CoA profession-wide competencies.

Specific modifications during COVID-19 were as follows. In-person didactic learning/training was transitioned to a distance learning format. Face to face individual and group supervision were conducted through video interface but the number of expected hours or availability and predictability of supervision did not change. Therapy services were conducted through video interface (and in some situations audio only). Required observations continued as the supervising psychologist had means to interact with both the patient and trainee during these sessions when needed. Assessment services were also modified and varied. Modifications included extensive diagnostic interviews or neurobehavioral status examinations via telehealth, brief tele-testing, and when possible testing in person with screening and appropriate PPE. Feedback was generally conducted through telehealth. In cases where true patients were unavailable, mock assessments were conducted using retrospective data. As such, while the number of actual direct service hours may be lower than normal, the trainee still had a comparable level of clinical experiences to pre-COVID-19 expectations.

[as indicated] With regard to supervision competency development, the fellow/resident was still able to meet this competency through tiered supervision of an (intern/practicum student) which was also completed through virtual means.