

Council of Chairs of Training Councils**Statement on Education and Training Considerations during COVID-19 Pandemic
March 23, 2020**

The COVID-19 Pandemic is creating unique and complex challenges for education and training in Health Service Psychology (HSP). As leaders in HSP education and training, the Council of Chairs of Training Councils (CCTC), representing the programs and institutions responsible for doctoral, internship, and post-doctoral training in HSP across the United States and Canada, endorses the following guidelines for principled decision-making about training in the context of the pandemic. Further, the CCTC makes several specific recommendations regarding adjustments in curriculum delivery and training requirements, and attention to trainees' physical safety, emotional health, financial stability, and access disparities.

The CCTC strongly urges training programs and institutions, externships/practicum sites, internships, and postdoctoral sites, as well as the bodies that accredit training programs and regulate qualifications for graduates' employment and licensure, to consider these guidelines and recommendations as they make decisions that affect the education, employment, health, and safety of trainees during the COVID-19 pandemic. The CCTC acknowledges that because the circumstances of the COVID-19 pandemic are evolving rapidly, other challenges may also evolve. These principles and recommendations are intended to be applicable across a changing landscape, although specific implementation will likely differ across contexts and as new challenges emerge. The CCTC is committed to providing revised or extended recommendations as new guidelines and information emerge.

Summary of CCTC Decision-Making Principles and Recommendations during COVID-19

The principles and recommendations are listed below. Pages 2-5 contain additional explanation and rationale supporting each principle and recommendation.

Principles Guiding Decisions Regarding Trainee Requirements and Responsibilities

1. Balance
2. Developmentally-Sensitive Trainee Focus
3. Flexibility and Creativity in Developing Trainee Competency and Meeting Responsibilities
4. Social Responsiveness

Specific Recommendations

1. Limit In-Person Contact
2. Adjust Educational and Licensing Requirements
3. Minimize Adverse Impact on Trainee Finances and Program Completion
4. Pursue Access to Training Beyond Distance Education
5. Minimize Critical Resource Disparities
6. Use Consultation to Address Challenges

Explanation of CCTC Decision-Making Principles and Recommendations during COVID-19

Principles Guiding Decisions Regarding Trainee Requirements and Responsibilities

The complex and rapidly changing nature of the COVID-19 pandemic has required modifications to many well-established training policies and practices. In the face of this unique situation, the CCTC endorses four key principles that should guide decisions about trainee responsibilities, requirements, and expectations during the COVID-19 pandemic.

1. **Balance** – One critical challenge concerns how doctoral programs, universities, externship/practicum sites, internships, and postdoctoral sites make decisions that consider the identities and roles of individuals who are simultaneously trainees and valuable contributors to the education, research, and healthcare community. The CCTC recognizes the need to strive for balance across these roles as well as many domains: the responsibility of training programs/sites to provide education and patient care; the duty to attend to ethical and legal issues; the necessity of attending to accreditors and regulators who guide and monitor programs and trainee preparation to work in health service psychology; and the importance of balancing training and service delivery needs with personal and public health and safety.

The CCTC urges decision-makers to strive for balanced consideration of all relevant issues, weighing the relative risks and benefits of their decisions to trainees, as well as their patients/clients, students, and others. The CCTC acknowledges that decisions must rest on the foundation of ethical standards and place high priority on the health and safety of trainees and the individuals they serve.

2. **Developmentally-Sensitive Trainee Focus** – Despite attempts to consider multiple and sometimes competing interests, needs, and responsibilities, achieving balanced decision-making may not always be straightforward. As educators and trainers, however, we must always place high priority on our trainees. Part of this focus on trainees includes recognition of training as a developmental process. Trainees will vary in developmental level and their response to expectations and responsibilities in the context of the COVID-19 pandemic may also vary with developmental level.

The CCTC urges that decision-makers, when faced with situations in which balance may not be possible, prioritize the needs of trainees, including the need to gain training experiences, develop competencies, maintain health and well-being, and make adequate progress toward degree completion and career entry. Training programs and sites may need to seek alternative ways to meet the needs of trainees' patients/clients and students, the needs of training sites, and program requirements. The CCTC further urges decision-makers to consider trainees and expected responsibilities during COVID-19 in the context of their developmental level. It is also important to highlight this time as an opportunity for trainees to gain real-life experience and exposure to difficult decisions and situations.

3. **Flexibility and Creativity in Developing Trainee Competency and Meeting Responsibilities**

– In the context of a unique and rapidly changing landscape, all are being called upon to make decisions and work with constraints that have never been encountered before. Training programs and sites cannot rely solely on usual practices, but rather, must use best practices as a starting point and think flexibly about how to accomplish HSP training, trainee emotional and physical health, patient/client care, student education, research, and other tasks that are typically part of HSP trainees' responsibilities.

The CCTC urges decision-makers to be flexible and creative in their approach to balancing trainees' multiple needs with the needs of patients/clients, students, and training sites. Decision-makers are urged to consider novel methods of instruction, patient/client care, research, etc. that may be necessary in the context of the pandemic. Although some of these methods may be less-established or fall short of what is ideal, they may provide a way to maximize balance. The CCTC further urges that decision-makers evaluate trainee competencies and qualifications for internship, employment, and licensure, as well as programs' adherence to accreditation standards, in ways that acknowledge the need for flexibility during the COVID-19 pandemic.

4. **Social Responsiveness** – The CCTC recognizes that the differential needs of trainees and patients/clients are underscored by inequities propagated by differences in gender, physical status, spirituality/religion, sexual orientation and sexual identity, race/ethnicity, socioeconomic status, ability/disability, age, and others factors that necessitates a *socially sensitive response*.

The CCTC urges decision-makers to calibrate their response to individuals' unique situations with a social justice lens that is flexible enough to provide individuals with measured expectations regarding trainee and patient/client needs. We specifically urge decision-makers to recognize that trainees, by virtue of their status, experience a power differential that may make it difficult for them to advocate for their own needs. Thus, these needs must be protected by those who have more power and responsibility over their training.

Specific Recommendations

1. **Limit In-Person Contact** – Based on the principles of *social responsiveness* and sensitivity to the vulnerable position of trainees, *balance* of training considerations and service delivery responsibilities with trainee and public safety, and *trainee focus*, and given the current and growing risk for exposure to COVID-19, the ***CCTC strongly recommends that during the period of active novel coronavirus spread, training sites limit or halt trainees' in-person contact and, whenever possible, allow trainees to conduct their work remotely*** (e.g., work from home, provide telehealth from a remote location, receive supervision via teleconference), in accordance with the latest local, state, and national policies and

guidelines. Although there may be unique circumstances in which trainees are considered essential in the provision of services that require in-person contact, these circumstances should be atypical and time-limited. The CCTC recommends that essential services be provided by administration, faculty, and staff.

2. **Adjust Educational and Licensing Requirements** – Consistent with the principles of *trainee focus* and *creativity/flexibility*, the **CCTC recommends that accrediting bodies and licensing boards identify educational and licensing requirements that may be impacted by the COVID-19 pandemic and adjust requirements in ways that retain a focus on trainee educational experiences and competencies without needlessly disadvantaging trainees impacted by the pandemic.** For example, accrediting bodies and licensing boards are strongly encouraged to be flexible with requirements for in-person supervision and direct observation of clinical practice, such as allowing for tele-supervision, innovative forms of observations (e.g., joining services delivered by telehealth), and counting a variety of telehealth activities (e.g., telephone check-ins, telephone therapy, video therapy) for internship, graduation, and licensure. Similarly, given that testing centers are closed and individuals are currently unable to take the Examination for Professional Practice in Psychology (EPPP), licensing boards and employers should consider allowing for flexibility in timelines for HSP employment and licensure. Notably, the impact of the COVID-19 pandemic is likely to be seen in the educational records of trainees at all points of training during 2020, from beginning graduate students to post-doctoral trainees. Whereas many pandemic-related training gaps will be remediated during subsequent training, this may be less feasible for more advanced trainees. Accrediting bodies and licensing boards are urged to take this into account in their evaluation of training programs and licensure applicants. The CCTC acknowledges that any adjustments or allowances of requirements for licensing must be balanced with the need to assure sufficient minimum competencies for independent practice; standards should not be comprised even when requirements are adjusted for the unique circumstances associated with the pandemic.
3. **Minimize Adverse Impact on Trainee Finances and Program Completion** – Given that the COVID-19 pandemic may interfere with trainees' opportunities to meet requirements within expected time frames, training sites may need to consider extending training schedules and adjusting start and end dates for internship, graduation, and post-doctoral positions. Similarly, the transition of many universities to distance education during Spring, 2020, will necessarily impact the ways that courses help trainees develop knowledge and competencies. The **CCTC strongly recommends that sites take all possible steps to minimize adverse impact on trainee finances and completion of internship, doctoral program, and licensure requirements.** The CCTC acknowledges that training programs and sites may have limited flexibility in extending paid training positions, but recommends that sites follow the principles of *flexibility and creativity*, *trainee focus*, and *social responsiveness* to explore and implement ways to help trainees make timely progress in developing knowledge and skills competencies and meeting program requirements with a measure of financial security. It is normal for trainees to be quite anxious during this

uncertain time and CCTC recommends that all communications be as clear and calm as possible.

4. **Pursue Access to Training Beyond Distance Education** – Because doctoral coursework has moved almost entirely to distance education in response to the COVID-19 pandemic, trainees may not have the opportunity to gain experiences in areas that do not easily lend themselves to distance delivery, such as psychological and neuropsychological assessment or in-person research data collection. Using the principles of *flexibility and creativity* and *developmentally-sensitive trainee focus*, the **CCTC strongly recommends that the training community work together to explore alternatives for training and education that does not easily lend itself to distance delivery**. Academic programs are urged to explore using web-based systems for data collection, test administration, and scoring, and publishers are strongly encouraged to provide reduced or no-cost access to their products during the pandemic. Existing strategies designed to teach assessment to individuals with disabilities (e.g., <https://www.apa.org/pi/disability/resources/publications/testing-handbook>) can provide important guidance in developing alternatives to traditional, in-person assessment. Internships are also encouraged to recognize trainees' limited ability to obtain these types of experiences during the COVID-19 pandemic and, especially for trainees who submit internship applications in Fall, 2020, to be willing to share responsibility for trainees' competency development in these areas.
5. **Minimize Critical Resource Disparities** – Trainees' ability to participate effectively in their educational opportunities and meet responsibilities for research, teaching, and clinical service during the COVID-19 pandemic will rely on their access to resources such as internet connectivity, computing hardware and software, and privacy. Using the principles of *social responsiveness* and *flexibility and creativity*, the **CCTC urges training programs to recognize that trainees and patients/clients may have differential access to resources and minimize critical resource disparities**. For example, training programs and sites are encouraged to provide trainees with laptop computers if needed to allow remote access to patients/clients, courses, and other educational resources; to help trainees identify ways to engage in education and service delivery (e.g., securing free internet access available during the pandemic, exploring creative ways to find a private space for patient/client telehealth sessions); and to allow trainees to work with the resources available to patients/clients (e.g., telephone when internet or video access is not available). Training sites are also strongly encouraged to ensure that trainees and staff have access to training in telehealth and remote technologies as needed to conduct service delivery, supervision, teaching, and other work tasks.
6. **Use Consultation to Address Challenges** – The COVID-19 pandemic presents unprecedented challenges that will require novel and creative solutions. The **CCTC strongly urges training community members to consult actively and often as they address challenges in their programs, institutions, training sites, and jurisdictions**. Issues that are novel to one training site or situation may be well-known in other areas of education, or

outside of psychology. Solutions that are developed in one training context can be shared broadly and to benefit the entire training community. Through consultation, the education and training community can adjust training as needed during the COVID-19 pandemic in ways that are responsive to the principles of *balance, flexibility and creativity, developmentally-sensitive trainee focus, and social responsiveness* that the CCTC recommends guide all decision-making.

Some suggested groups who may provide helpful consultation are listed here.

APPIC: Association of Psychology Postdoctoral and Internship Centers;
<https://www.appic.org/> (e.g., New & Announcements on home page; Problem Consultation).

APA-CoA: American Psychological Association Commission on accreditation;
<https://www accreditation.apa.org/> (e.g., COVID-19 updates on home page).

ASPPB: Association of State and Provincial Boards of Psychology;
<https://www.asppb.net/>.

The CCTC acknowledges that these are not the only groups who, collectively and as individuals, have been addressing important education and training issues as the COVID-19 pandemic unfolds. Training programs and sites are encouraged to reach out to training councils to which their faculty and staff belong, their national and state psychology associations, state licensing boards, and any other colleagues who are engaged in creative problem-solving during this challenging time.

Council of Chairs of Training Councils Members,
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Spring, 2020

Council of Chairs of Training Councils

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Association of Counseling Center Training Agencies (ACCTA)

Carmen Cruz, PsyD, President

Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN)

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Association of Psychology Postdoctoral and Internship Centers (APPIC)

Claytie Davis III, PhD, ABPP

Association of Psychology Training Clinics (APTC)

Heidi A. Zetzer, PhD, President

Clinical Child and Pediatric Psychology Training Council (CCaPPTC)

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Consortium of Combined-Integrated (C-I) Doctoral Programs in Psychology (CCIDPIP)

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