



Canadian Council of Professional Psychology Programs

Documentation of Professional Psychology Training Experiences

A guideline for Students, Supervisors, and Training Directors

**Prepared by the Task Force on
Professional Psychology Training Hours Documentation**

August 2020

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ACKNOWLEDGEMENTS

Thank you to all of the CCPPP members who contributed to the development of this document by submitting their program documentation guidelines for review by the Task Force and answering survey questions and participating in group discussions to help generate consensus on various topics.

EXECUTIVE SUMMARY

At its Annual General Meeting in 2018, the CCPPP struck a task force with the aim of creating national standards/guidelines on the documentation of professional psychology training hours for use by all students and faculty of Canadian professional psychology programs. The goal of such standards is to help clarify the appropriate categorization and documentation of various training activities, thus improving the consistency of this documentation across the country. In undertaking its work, the Task Force reviewed relevant literature/existing guidelines and surveyed the CCPPP membership regarding current and best practice for documentation of training activities.

In the pages that follow, readers will find useful guidance on how to document professional training activities including Direct Service Hours, Indirect Support Activity hours, and Supervision. While most of these recommendations are based on existing guidelines provided by relevant governing bodies for professional psychology training (including AAPIC, CPA, and APA), this guide brings the relevant information together into one document. Of note, these guidelines also aim to clarify the documentation of training activities accrued in less traditional, but increasingly common, training sites (e.g., private practice, paid activities). The recommendations for documenting these less traditional activities were generated on the basis of existing guidelines and consultation with members of the CCPPP (i.e., completion of an online survey and discussion at the 2019 and 2020 Annual General meetings of the CCPPP).

BACKGROUND AND TASK FORCE OBJECTIVES

Background

The work of this task force began as a result of discussions held during the 2018 CCPPP Annual General Meeting. Members attending the meeting noted there is confusion and uncertainty regarding how various training experiences are defined and documented among Canadian doctoral and residency¹ training programs. Without national standards/guidelines, it can be difficult for Training Directors to offer guidance to their students about what constitutes appropriate documentation. This can lead to training experiences being documented in different ways, potentially creating inequity across programs. There also remains controversy about the “ideal” number and types of training hours students should obtain prior to applying to a residency training program.

Objectives: The primary role of the task force was to generate guidelines for use by Canadian Training Directors, supervisors, and students when documenting professional psychology training experiences. The aim of these guidelines is to increase consistency in how hours and experiences are defined and documented. An additional goal for the task force was to gather data from Canadian doctoral and residency training programs about expectations for the amount of practicum hours and types of training experiences completed prior to beginning the pre-doctoral internship.

Procedure:

A. Guidelines for the Documentation of Professional Psychology Training Hours

The following steps were undertaken by the task force in generating these guidelines:

- (1) Canadian doctoral and residency training programs were invited to submit copies of any documents, recommendations, guidelines, etc. currently used by their program for the purposes of informing the documentation of professional psychology training experiences. These were examined to identify consistencies and inconsistencies and to inform the subsequent member survey.
- (2) Relevant information was gathered from CPA, APPIC, and the published literature.
- (3) Input was sought through a survey of CCPPP members to help clarify and generate consensus on areas of inconsistency. An additional goal of the task force was to gather survey data related to CCPPP members’ views on areas of documentation that were particularly confusing, controversial, or discrepant.
- (4) A draft of the guidelines was developed, and feedback was solicited from the CCPPP membership and other relevant stakeholders (e.g., CPA accreditation office, APPIC).
- (5) A revised draft of the Guidelines was submitted for review at the 2020 meeting of the CCPPP.
- (6) The beta testing version of the Guidelines is being shared with the training community for the 2020-2021 academic year. Feedback will be sought on this version of the Guidelines in Winter 2021 and a final version will be presented to the CCPPP membership for approval at the 2021 annual meeting. It should be noted, however, that this document will require annual review so that any updates needed to align with emerging APA, CPA, or APPIC policies can be incorporated.

¹ The term Residency Program has been adopted within this document to refer to the pre-doctoral internship.

B. Practicum Training Expectations

The Task Force also attempted to gather data about the *minimum* training hours expected to be undertaken by doctoral students prior to application for the pre-doctoral internship through a review of CPA Accreditation Requirements (2011) and a survey of CCPPP members.

Beyond the requirements specified by CPA (300 Direct Service hours and 150 Supervision hours), however, there was no consensus among CCPPP members about the “ideal” number of training hours as these can vary substantially based on areas of training and the services offered at specific internship/residency training sites.

DOCUMENTATION OF TRAINING HOURS

I. Preamble

Students are required to keep accurate and detailed records of their professional psychology training hours and experiences in order to verify the completion of doctoral program requirements and to provide detailed information concerning their training experiences when applying for the pre-doctoral internship.

Students should keep a separate record of hours and activities for each practicum or professional psychology training experience. Students are encouraged to carefully review the information in this document prior to beginning their first practicum placement to ensure they accurately document their hours from the beginning. This document should also be reviewed and consulted frequently during each placement to ensure accurate and consistent documentation.

It should be noted that times will arise when there is uncertainty about how to categorize or quantify a training experience. In these cases, students should consult with their on-site supervisor or a faculty member from their doctoral program (i.e., the faculty member assigned to oversee practica placements [e.g., practicum coordinator, practicum instructor, or director of training]). The best person to consult will depend on the student's specific circumstances and the expertise of their on-site supervisor and the designated faculty member from their doctoral program. For example, if your practicum is at a new site or with a first-time supervisor, then consultation with a member of your doctoral program would be appropriate.

This document is organized in a manner consistent with the (Application for Psychology Internships) online application materials provided by the Association of Psychology Postdoctoral and Internship Centers (APPIC). Definitions provided herein reflect APPIC policy and reference is made to specific policies where relevant. Students are encouraged to review APPIC's information about applying for the pre-doctoral internship (<https://www.appic.org/Internships/AAPI#TRAINING>) early in their academic careers to ensure they have a clear understanding of the information they will need to gather in order to complete their AAPI documentation.

Given students are responsible for documenting their training experiences, subsequent sections of this document are directed towards students (i.e., "you" is used in place of "students" throughout).

II. Where/How to Document Training Activities

You should consult with your doctoral or residency program about where and how to document your training activities. Some programs may require the completion of program specific spreadsheets or may require the use of Time 2 Track (<https://time2track.com/>).

It's important to note, however, that when it comes time to apply for the pre-doctoral internship and you complete the AAPI online documentation, you will be required to fill out a summary of your hours using Time2Track. If you have already been using Time2Track to record your training activities, you can simply link your account to the AAPI. If you have not been using Time2Track to record your training activities, then you can create a free account and enter a summary of your total hours². To simplify the application process, students may want to consider signing up for Time2Track when they start their first practicum.

Note: Adding a summary of your training activities to your AAPI application is a multistep process: i) Summarize your hours in Time2Track, ii) Submit these hours to your Doctoral Program Training Director for verification, iii) Finalize and submit the summary to AAPI. You should check with your Training Director to ensure you submit your hours for verification with sufficient time for approval before internship application deadlines.

III. Training Activity Definitions

The definitions provided in this section pertain to the documentation of professional psychology hours obtained while undertaking supervised training experiences that have been *formally sanctioned by your doctoral program*.

Documenting Time Spent on Various Training Activities

Time spent on specific training activities should be recorded as accurately as possible to the nearest quarter hour. Thus, for ease of recording, each hour in your training day can be broken down into four 15-minute intervals and recorded as .25 hours, .5 hours, .75 hours, or 1 hour. Thus, rather than having to “set a timer” for each activity, provide your best estimate of time spent on a specific activity to the nearest 15-minute interval. For example, if you engage in multiple activities in a single hour such as a short consult with your supervisor, a call to a client to book a session, and writing a report you might record these as Supervision – .25 hours and Support Activities – .75 hours, though the actual time may have been 13 minutes talking with your supervisor and 47 minutes in support activities (6 minutes booking the session with your client and 41 minutes writing a report).

Time spent on each training activity should only be recorded in one section: The categories are meant to be mutually exclusive and thus the time spent on each activity should only be counted once. You may have some training activities that could potentially fall under more than one category, but you must select the *one* category you feel best captures the experience.

Direct Service (Assessment or Intervention) vs Support Activities

Direct Service refers to face-to-face intervention and assessment experience. You should only count the time spent in the presence of your client(s) in this category. Time spent scoring assessment instruments, report writing, preparing intervention materials, etc. should not be included in this category. These types of activities fall under “Support Activities” and should be recorded in their appropriate categories under this heading. Support Activities also

² Screen shots of the 2020 Time2Track summary form are provided in Appendix A for review

include attending didactic training activities, learning to administer new assessment instruments or interventions, etc., when required as part of the training.

When working with groups, couples, or families, the total Direct Service (i.e., face-to-face hours) are counted as a clock hour for the time spent working directly with the group, couple, or family (e.g., a two-hour group session with 12 adults is counted as two Direct Service hours).

Services Offered by Phone/Video

Direct Services provided by video are documented in the same way as all other Direct Services provided in person (i.e., in the relevant Direct Services – Assessment and Direct Services Intervention categories). Client Services provided by telephone are also documented as Direct Services but under the heading of Telephone-Based Assessment or Telephone-Based Intervention (see Appendix A).

Observation Activities

In the early stages of training, it is not uncommon for students to engage in Observation Activities. When you observe supervisors or colleagues engaging in professional activities but are not actively and directly participating in the activity (regardless of whether you are observing recorded [i.e., video/audio recordings] or live [i.e., via video link, two-way mirror, or in the room] activities), you should record the time as a Support Activity (i.e., didactic training). When the observation occurs directly in the presence of the client (i.e., you are in the room with the client and your supervisor/colleague) *and* you make a meaningful contribution to the session (i.e., participate in administering a component of the assessment or intervention) then the time should be recorded as a Direct Service activity or as Supervision depending on the nature of your involvement (this decision can be made in consultation with your supervisor). Following the Observation Activity, any time spent discussing/reviewing the case with your supervisor should be documented as Supervision regardless of whether the time spent in the presence of the client was recorded as Support Activity hours or Direct Service hours.

Number of Clients/Client Demographic Information

It is important to keep track of the number of clients you work with, including de-identified demographic data such as age, gender, diversity characteristics, etc.³ You may not have data available for every characteristic for each client (i.e., only record such information when it arises naturally in your interaction with the client). Each individual client is counted once regardless of the activities undertaken with the client (i.e., an individual client is counted as only one client when you work with them for both an assessment and subsequent intervention). When recording the number of different clients you have worked with, count a

³ To ensure confidentiality your summary of client characteristics should be recorded as grouped variables rather than as linked individual characteristics. For example, if you worked with 7 individuals during a child-focused practicum your summary of demographics variables could be: 4 children (5-10 years); 3 youth (10-14 yrs); 2 transgender individuals; 3 females, 2 males; 1 Hispanic individual, 2 Indigenous individuals, etc. This is preferable to specifying the linked demographic characteristics (e.g., 1 transgender indigenous youth aged 12), which could be sufficient information to render the individual identifiable.

couple, family, or group as one unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one unit. Appendix A illustrates the categories used in the AAPI application.

Assessment Activities

If you have administered a psychological instrument (including structured/semi-structured interviews) to evaluate a client, then count the time under the Assessment Activity category. Various types of assessments include cognitive, personality, mental health, career, etc. You should keep a record of the specific assessment tools administered and the number of each administered. In counting the *number of administrations* of a specific assessment tool, you should only include an instrument for which you administered the *full* test (i.e., if you administer only one or two subtests of the WAIS, do not include this in the total number of times you administered the WAIS). Time dedicated to partial test administrations, however, is still included in the documentation of *time* spent on Assessment Activities.

Time spent administering a psychological instrument to the client should be recorded as Direct Service hours. Time spent providing feedback to a client (i.e., reviewing/discussing the results of a psychological test/overall assessment findings) should also be recorded as Direct Service hours. Depending on the nature of this feedback it may be reasonable to record it as Direct Service – Intervention (e.g., if this feedback leads into an Intervention Activity) or Direct Service – Assessment (e.g., if this assessment was your only contact with the client). Time spent scoring, interpreting, and incorporating an instrument into a report, should be recorded as Support Activity hours.

You should *not* count practice administrations under the Assessment Activity category, rather, include practice administrations in your Support Activity hours. Time spent learning to administer a test in a skills course should not be counted towards training activities. However, if your skills course involves a final practice administration to a non-client volunteer or to a client, that time could respectively be recorded as a Support Activity (volunteer) or Direct Service - Assessment Activity (client) if sanctioned by your program.

Psychodiagnostic Assessment

Includes only those instruments/time used for the purpose of a specified psychodiagnostic assessment (e.g., learning/cognitive, mental health, personality, forensic). Individual mental health measures (e.g., Beck Depression Inventory) used for symptom monitoring during intervention rather than as part of a full psychodiagnostic assessment should be counted in the number of times the instrument is administered but the time should be allocated to Intervention Activities. Furthermore, intake interviews (structured or unstructured) undertaken for the express purpose of identifying intervention targets should be documented as Intervention Activities while intake interviews undertaken as part of a comprehensive psychodiagnostic assessment should be counted as Assessment Activities. If you are unsure whether to categorize an interview or administration of a measure as an Assessment or Intervention Activity consult your supervisor and be sure to count the activity in only one category.

Neuropsychological Assessment

Includes only those instruments/time used in a specified neuropsychological assessment. Include intellectual and other assessment measures in this category only when they were administered in the context of full neuropsychological assessment battery.

Other Psychological Assessment Experience

Assessment activities that do not fall under the Psychodiagnostic category can be recorded in this section. This would include any assessment activity that is does not form part of a comprehensive psychodiagnostics assessment and might include activities such as family assessment, classroom observations, etc.

Integrated Reports

According to the AAPI instructions (AAPI Online Instructions 2018-19 [<https://www.appic.org/Internships/AAPI#OVERVIEW>]), an integrated report includes a history, an interview, and at least two assessment instruments from the following categories: personality, mental health, cognitive, or neuropsychological. These are synthesized into a comprehensive report providing an overall case conceptualization. There must be at least 2 assessment tools (as highlighted above under the assessment experience categories above) being integrated for it to be considered an integrated report. The tools may or may not be in the same category.

Intervention Activities*Individual, Couple, and Family Interventions*

Time spent providing intervention services to an individual, couple, or family should be recorded separately as Direct Service – Intervention in the associated category (i.e., you should keep track of whether the intervention was provided to an individual, couple, or family rather than amalgamating all intervention time into one broad category).

Career Counseling

Involves time spent doing formal Career Counseling with a client, which may include using assessments such as the Strong Interest Inventory. This category covers the range of processes and procedures involved in comprehensive career counseling, including education, career exploration, development, and guidance. Helping individuals increase understanding of their abilities, interests, values, and goals is a vital foundation of the career development process. When employment-related concerns arise in the context of other interventions and are not the focus of the referral, this would not be documented as Career Counseling.

School Counselling Interventions

Time spent doing interventions in the school system or with children/youth when the focus is on their education should be subdivided into *School Counseling Intervention – Consultation* (when working with teachers or school staff, see next section) or *School Counseling Intervention – Direct Intervention* (when working with the child/youth). If you are working with the parents, this may be classified as either Consultation or Direct Intervention depending on the nature of the work. Be sure to count it in only one category and if you have difficulty deciding how to classify it, discuss it with your supervisor.

Consultation

Consultation can be characterized as a problem-solving process involving a help giver (the consultant), a help seeker (the consultee), and another (the client, organization, etc.). This voluntary, triadic relationship involves both the consultant and consultee working collaboratively in an attempt to solve a problem. In many practicum settings, consultation may take place between you (as consultant/consultee) and the consultee/consultant with the aim of improving service to a client. The client may or may not be present for the consultation. Examples of individuals you may receive consultation from, or provide consultation to, are other mental health professionals, members of the interdisciplinary team, family members, peers, correction agents, etc.

Direct consultation with the client (e.g., individual, family, organization) or an agent of the client (e.g., parent, teacher, school staff, health professional) would be classified as Direct Service – Consultation hours under the general consultation category. When working with children on issues related specifically to their learning and education, time spent consulting with teachers, teaching assistants, or other school administrators should be recorded as Direct Service - Consultation hours under the category of school counseling interventions.

Time spent discussing a case with your supervisor is not counted as “Consultation” but rather as “Supervision”. Consultation activities with other professionals regarding coordination of care without a focus on improving your client’s care (e.g., regular team meetings reviewing patient progress, scheduling, or other activities not undertaken for the express purpose of improving service to a specific client), should be counted in the Support Activities section (also see the section on Interdisciplinary Teams below).

Intake Interview/Structured Interview

As noted above, intake interviews (structured or unstructured) undertaken for the express purpose of identifying intervention targets should be documented as Direct Service - Intervention Activities.

Sport Psychology/Performance Enhancement; Medical/Health Related Interventions; Substance Abuse Interventions

When the focus of the Intervention Activities relates to sports performance, medical/health issues, or substance use, your time should be recorded as Direct Service under these relevant headings. These activities may occur as part of a specific program/unit in the practicum setting (e.g., a health psychology rotation) or may arise in other contexts (e.g., substance abuse experienced by a client at a student counselling centre). When the activity arises in a general context only record your time under these special headings when it is the main focus of your involvement with the client (e.g., the client presents to the student counselling centre with substance use concerns and this is the focus of the assessment/intervention).

Other Psychological Experience with Students and/or Organizations

These activities are classified as Direct Service – Intervention Activities on the AAPI application, unless otherwise noted below.

Supervision of Other Students

Providing supervision to less advanced students should be counted in “Other Psychological Experience with Students and/or Organizations” *not* under “Supervision.” This activity is separate, but often confused with “Peer Supervision.” Peer Supervision refers to *receiving* supervision from a more advanced student and is recorded under “Supervision – Other.” Note: Hours spent in contact with another student for the purpose of *providing* supervision should be recorded as a Direct Service – Intervention Activity. Time spent reviewing the other student’s work (e.g., reviewing video tapes, assessment scoring procedures, reports, etc) should be classified as Support Activity hours.

Program Development/Outreach Programming

This category includes time spent actively participating in designing new programs or updating existing approaches within a setting. This could include developing new intervention groups, outreach activities to increase access to services, providing education to community groups, etc. Time spent conducting background work (e.g., literature reviews) should be classified as Support Activity hours. Conceptually, this is similar to time spent preparing for a client session (Support Activity hours) versus time spent working with a client (Direct Service hours).

Outcome Assessment/Program Evaluation Projects

Time spent engaging in research activities during to your clinical training activities (including designing a project, implementing data gathering, conducting data analysis, presenting findings to stakeholders, etc.) and directly related to evaluating professional services should be recorded in this category and counted as Direct Service hours. Time spent conducting background work (e.g., literature reviews) should be classified as Support Activity hours.

Systems Intervention/Organizational Consultation/Performance Improvement

These Direct Service activities occur when providing intervention to an organization/system as a whole. This could include activities such as providing crisis management to the health care team following a traumatic incident, consulting with teachers and school counselors following the death of a student, training managers who are trying to help their employees adapt to using new technology, etc.

Interdisciplinary Team Meetings

Interdisciplinary team meetings (within health care, school, correctional, or other systems) promote frequent, structured, and documented communication among the various disciplines with the purpose of establishing, prioritizing, and achieving treatment goals (Medicare Support Network, 2012). Time spent attending these team meeting will likely need to be subdivided in your record of activities. For example, time spent discussing your cases or making contributions to the discussion of other team member’s cases should be documented as Consultation (Direct Service). Time spent reviewing client cases for which you have no direct involvement and make no contributions to the discussion, should be documented as Support Activity hours.

Supervision

Supervision involves regularly scheduled and ideally face-to-face (in person or via video) meetings with the specific intent of overseeing the psychological services you offer to clients. Supervision is an intervention provided by a more senior member of a profession to a more junior member of that same profession (Bernard & Goodyear, 2004). The supervision relationship is evaluative, extends over time, and has the goal of enhancing the student's professional functioning while also monitoring the quality of professional services offered to the client(s) (Bernard & Goodyear). The supervisor is responsible for evaluating the student's work and has ultimate responsibility for the client's care; this highlights the significant differences between supervision and consultation.

A primary supervisor must be a psychologist licensed in the jurisdiction in which services are offered. Supervision received from the licensed psychologist is divided into one-to-one, group, and peer supervision. Any supervision you provided to less advanced students is considered "Supervision of Other Students" and does not fall into the "Supervision" category (refer to related Direct Service – Intervention section above).

One-to-One Supervision

Individual supervision involves the time you spend discussing your clients with a licensed psychologist on a one-to-one basis. Individual Supervision must constitute a minimum of 75% of the Supervision you receive in all training settings.

Group Supervision

Many excellent practicum placements incorporate both didactic and experiential components into group work. While the didactic portion is excellent training, it should not be recorded as Supervision; it should instead be counted as a Support Activity. Only the portion of group time focused on your specific clients should be documented as Supervision. This may necessitate subdividing the hours spent in group work into Supervision and didactic Support Activities. Members of the group may include other trainees but a licensed psychologist, who is ultimately responsible for the supervision and client(s), must be involved in the group discussion of specific clients for it to be recorded as Supervision.

Peer Supervision

Peer Supervision involves regularly scheduled, face-to-face supervision received from a more advanced peer(s) with the specific intent of overseeing the psychological services you offer. Peer Supervision is often incorporated as a learning opportunity into the practicum or residency activities of the more advanced student. A licensed psychologist must be available to consult and supervise the peer-supervision. Though the licensed psychologist does not need to be in the room during the peer supervision, all decisions regarding cases must ultimately be supervised by the psychologist. Peer Supervision is recorded as "Supervision – Other"

Supervision by a Licensed Allied Mental Health Professional

In addition to the supervision received by your primary supervisor (a licensed psychologist), there may be times when you will also receive supervision from a Licensed Allied Mental Health Professional. These hours should be documented in their own category on the AAPI.

Support Activities

Support Activities include a wide range of work completed outside the time spent in Direct Service to clients while still being focused on the client (e.g., performing chart review, writing progress notes, case conferences, case management, video/audio review of recorded sessions, assessment interpretation and report writing). See Appendix A for details on the types of activities recorded by AAPI. Support activities include participation in didactic training held at the practicum site (e.g., grand rounds, seminars, workshops) and professional reading (i.e., any reading/preparation directly related to your professional activities such as time spent reading research directly related to a client, reading test manuals to become familiar with an assessment, reading therapy manuals, etc).

IV. Hours Accumulated while Employed

The AAPI instructions for documentation of practicum hours indicates students should include hours “for which [they] received formal academic training and *credit or which were sanctioned* by [their] graduate program as relevant training or work experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). This indicates that paid hours could be included in the AAPI application as long as they have been sanctioned by your graduate program (AAPI Online Instructions 2018-19 [<https://www.appic.org/Internships/AAPI#OVERVIEW>]).

The inclusion of paid work experiences in the AAPI application is not without controversy. Discussion among members of the CCPPP led to a consensus that the determination of whether practicum hours are sanctioned (and thus included in your AAPI application) should be made by the doctoral program on the basis of the *quality* of the training regardless of whether the student receives payment for their activities. With respect to quality of training, CCPPP survey and discussion respondents indicated hours should be program sanctioned when (1) the training setting has been formally reviewed and approved by the doctoral program, (2) the supervisor is a licensed psychologist and has committed to providing appropriate levels of supervision, (3) the student’s activities involve specified training goals and are formally evaluated by the supervisor, and (4) the training is time-limited (e.g., no more than 6-12 months of part-time work in the same setting). Assuming these criteria are met, students may accumulate program sanctioned hours as part of a formal practicum (i.e., registered in a practicum course), informal practicum (i.e., the student is not registered in a course but the practicum procedures for setting training goals and evaluating performance are followed), or as a trainee-employee (i.e., program procedures for setting training goals and evaluating performance are followed and documented).

It is important to note that the professional activities students engage in, and the level of supervision they receive, frequently differ in quality when they have been hired as an employee versus a trainee (and it is for this reason, hours accumulated as an employee are generally not considered appropriate to include as training hours). For example,

- a. Assessment: Training in psychological assessment involves learning about test selection, referral questions, test interpretation, case conceptualization, diagnosis, report writing, and feedback. In contrast, employment as a psychometrist/test administrator/psychology

assistant does not include many of these learning goals and does not include supervision aimed at improving skills in these areas. Consequently, the type of supervision and training experiences received in these two contexts can be very different. Students who are employed to administer tests and are not actively engaged in the assessment learning activities identified above should include these hours on their CV and in the “non-program related experiences” section of the AAPI (i.e., these hours would not be considered program sanctioned training activities).

- b. Intervention: Training in psychological intervention involves learning new intervention approaches/methods, implementing intervention with increasingly complex cases or new populations, and writing progress notes and therapeutic summaries/termination reports. In contrast, interventions offered as an employee do not include many of these learning goals and does not include supervision aimed at improving skills in these areas. Unlike employment as a test administrator, it is relatively uncommon for students to be employed to offer intervention in the absence of learning activities. Nevertheless, these hours should be considered program sanctioned training hours (and included in your AAPI application) only when specific learning goals were identified and monitored by your supervisor/doctoral program.
- c. Supervision: A student’s professional activities must always be supervised; however, employees do not typically receive a similar degree of feedback and evaluation as that received by trainees, where the trainee’s skill development is integral to the experience.

Whenever a student is considering undertaking non-practicum work (paid or unpaid), a discussion should be had with their graduate program to determine whether the experience qualifies as “program sanctioned professional training hours.” If a decision is made that the work experience fulfills the criteria identified above, the student should complete the required program documentation *prior* to beginning the work. This documentation will vary among graduate programs but should, at minimum, include a supervision contract, identification of training goals, and evaluation forms. Documentation of the supervisor’s evaluation of the student’s work should be completed on regular basis and minimally at the termination of the non-practicum work. Given the focus should be on learning new skills or advancing current skills with more complex cases, the time spent in a single training setting should be time limited.

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APPENDIX A: SCREEN SHOTS OF TIME-2-TRACK SUMMARY OF PRACTICUM HOURS FORM

Intervention

Please enter your psychological intervention hours here. Please note:

- Enter all practicum hours you accrued in your doctoral program under the Doctoral columns.
- If you attended a terminal master's program prior to your doctoral training, enter any practicum hours accrued under the Terminal Master's columns.
- **Do not enter the same experience more than once.** If an experience encompasses more than one type, use your best judgment to categorize your experience (For example, a smoking cessation group could be classified as Group Counseling or as a Substance Abuse Intervention, but not both.)

	Doctoral		Terminal Master's	
	TOTAL HOURS FACE-TO-FACE	# OF DIFFERENT INDIVIDUALS	TOTAL HOURS FACE-TO-FACE	# OF DIFFERENT INDIVIDUALS
a. Individual Therapy				
Older Adults (65+)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
Adults (18-64)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
Adolescents (13-17)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
School-Age (6-12)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
Pre-School Age (3-5)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
Infants / Toddlers (0-2)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
b. Career Counseling				
Adults	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
Adolescents (13-17)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
TOTAL HOURS FACE-TO-FACE # OF DIFFERENT GROUPS TOTAL HOURS FACE-TO-FACE # OF DIFFERENT GROUPS				
c. Group Counseling				
Adults	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
Adolescents (13-17)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
Children (12 and under)	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>
TOTAL HOURS FACE-TO-FACE # OF DIFFERENT FAMILIES TOTAL HOURS FACE-TO-FACE # OF DIFFERENT FAMILIES				
d. Family Therapy				
	<input type="text" value="0.0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>	<input type="text" value="0"/>

TOTAL HOURS FACE-TO-FACE # OF DIFFERENT COUPLES TOTAL HOURS FACE-TO-FACE # OF DIFFERENT COUPLES

e. Couples Therapy

0.0 0 0.0 0

TOTAL HOURS FACE-TO-FACE # OF DIFFERENT INDIVIDUALS TOTAL HOURS FACE-TO-FACE # OF DIFFERENT INDIVIDUALS

f. School Counseling Interventions

Consultation	0.0	0	0.0	0
Direct Intervention	0.0	0	0.0	0
Other	0.0	0	0.0	0

TOTAL HOURS FACE-TO-FACE # OF DIFFERENT INDIVIDUALS

g. Telephone-Based Intervention

0.0 0

TOTAL HOURS FACE-TO-FACE

TOTAL HOURS FACE-TO-FACE

h. Other Psychological Interventions

Sport Psychology/Performance Enhancement	0.0	0	0.0	0
Medical/Health Related Interventions	0.0	0	0.0	0
Intake Interview	0.0	0	0.0	0
Substance Abuse Intervention	0.0	0	0.0	0
Consultation	0.0	0	0.0	0
Other Interventions	0.0	0	0.0	0

TOTAL HOURS FACE-TO-FACE

TOTAL HOURS FACE-TO-FACE

i. Other Psychological Experience with Students and/or Organizations

Supervision of Other Students performing intervention and assessment activities	0.0	0.0
Program Development/Outreach Programming	0.0	0.0
Outcome Assessment of Programs or Projects	0.0	0.0
Systems Intervention/Organizational Consultation/Performance Improvement	0.0	0.0
Other Psychological Experience with Students/Organizations	0.0	0.0

Psychological Assessment Experience

Please enter your psychodiagnostic and neuropsychological assessment practicum hours here.

Psychodiagnostic Test Administration	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Neuropsychological Assessment	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Telephone-Based Assessment	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Other Psychological Assessment Experience	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>

INDIVIDUAL

GROUP

INDIVIDUAL

GROUP

Supervision Received

Please enter the supervision hours you received while on practicum here.

Supervised by a Licensed Psychologist	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Supervised by a Licensed Allied Mental Health Professional	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Other	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>

Support Activities

Please enter your support experience hours here. You may enter your total support hours under **Other** or break down your hours into each category if you like. **The breakdown of your support hours will not be included in your AAPI.**

Administration	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Assessment Report Writing	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Case Conferences	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Case Management	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Chart Review	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Clinical Writing/Progress Notes	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Coordinate Community Resources	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Grand Rounds	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Intervention Planning	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Observation	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Phone Session prior to March 2, 2020	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Professional Consultation	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Psychoeducational Group/Workshop	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Psychological Assessment Scoring/Interpretation	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Reading/Research/Preparation	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Seminars/Didactic Training	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Staff Meeting	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Video-Audio-Digital Recording Review	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Other	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>
Professional Development	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>

Treatment Settings

Please enter the intervention and assessment hours you accrued in the following practicum treatment settings prior to November 1, 2020.

	Intervention		Assessment	
	DOCTORAL	TERMINAL MASTER'S	DOCTORAL	TERMINAL MASTER'S
Child Guidance Clinic	0.0	0.0	0.0	0.0
Community Mental Health	0.0	0.0	0.0	0.0
Department Clinic (Psychology clinic run by a department or school)	0.0	0.0	0.0	0.0
Forensic / Justice Setting (eg. jail, prison)	0.0	0.0	0.0	0.0
Inpatient Psychiatric Hospital	0.0	0.0	0.0	0.0
Medical Clinic/Hospital	0.0	0.0	0.0	0.0
Outpatient Psychiatric Clinic/Hospital	0.0	0.0	0.0	0.0
Partial Hospitalization/Intensive Outpatient Programs	0.0	0.0	0.0	0.0
Private Practice	0.0	0.0	0.0	0.0
Residential/Group Home	0.0	0.0	0.0	0.0
Schools	0.0	0.0	0.0	0.0
University Counseling Center / Student Mental Health Center	0.0	0.0	0.0	0.0
VA Medical Center	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0

Patient Demographics

Please enter the number of different practicum clients/patients with whom you have conducted intervention and/or assessment in each category. Recognizing that clients most often have multifaceted cultural identities, they may be counted in multiple categories.

Number of Different Clients / Patients Seen

	INTERVENTION	ASSESSMENT
Race / Ethnicity		
African-American / Black / African Origin	<input type="text" value="0"/>	<input type="text" value="0"/>
Asian-American / Asian Origin / Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>
Latino-a / Hispanic	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian / Alaska Native / Aboriginal Canadian	<input type="text" value="0"/>	<input type="text" value="0"/>
European Origin / White	<input type="text" value="0"/>	<input type="text" value="0"/>
Bi-racial / Multi-racial	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>
	INTERVENTION	ASSESSMENT

Sexual Orientation

Heterosexual	<input type="text" value="0"/>	<input type="text" value="0"/>
Gay	<input type="text" value="0"/>	<input type="text" value="0"/>
Lesbian	<input type="text" value="0"/>	<input type="text" value="0"/>
Bisexual	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

	INTERVENTION	ASSESSMENT
Disabilities		
Physical/Orthopedic	<input type="text" value="0"/>	<input type="text" value="0"/>
Blind/Visually Impaired	<input type="text" value="0"/>	<input type="text" value="0"/>
Deaf/Hard of hearing	<input type="text" value="0"/>	<input type="text" value="0"/>
Learning/Cognitive Disability	<input type="text" value="0"/>	<input type="text" value="0"/>
Developmental Disability	<input type="text" value="0"/>	<input type="text" value="0"/>
Serious Mental Illness	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

	INTERVENTION	ASSESSMENT
Gender		
Male	<input type="text" value="0"/>	<input type="text" value="0"/>
Female	<input type="text" value="0"/>	<input type="text" value="0"/>
Transgender	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>