Canadian Council of Professional Psychology Programs
Conseil canadien des programmes de psychologie professionnelle

Documentation of Professional Psychology Training Experiences

Guidelines for Students, Supervisors, and Training Directors

Edition 2.0
(January 2024)

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*Updates made in 2024 were made by the CCPPP executive based on changes to the CPA Accreditation Standards and member feedback.

ACKNOWLEDGEMENTS

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

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 based on 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).

Updates made in 2024 reflect the changing training environment and accreditation standards, which acknowledge the importance of trainees accruing experience with a diversity of individuals and groups, in a wider range of settings, and with diverse supervisors.

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 residency[1] 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 residency.

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 was shared with the training community for the 2020-2021 academic year. Feedback about use of the beta version was sought and was incorporated into this, the 1st Edition of the Guidelines. It should be noted, however, that these guidelines are a "living document" that will require ongoing review and updating to remain aligned with emerging APA, CPA, and APPIC policies and evolving clinical practice. The CCPPP welcomes feedback and suggestions for improvement from students and training directors. Consistent with this goal, the Guidelines have now been revised

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

(2nd Edition) to reflect feedback from students and training directors and the updated 6th Edition of the CPA Accreditation Standards. The CCPPP continues to welcome feedback so that this document can continue to evolve and serve the needs of the membership. Feedback can be sent to the CCPPP secretary (see https://ccppp.ca/Executive for up-to-date contact information).

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 residency 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 residency training sites. To offer students some guidance, however, a few general suggestions are included in Section B of these guidelines.

A. Documentation of Training Hours

I. Preamble

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

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 [e.g., practicum coordinator, practicum instructor, or director of training] assigned to oversee practica placements). 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. In the end, the supervisor is responsible for approving a student's documented hours for the specific placement, while the program director of training is responsible for approving a student's total hours for the Residency application. Thus, in circumstances where there is uncertainty, all three parties should discuss the training experience to reach a consensus on its classification.

This document is organized in a manner consistent with the AAPI (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 were 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 Time2Track (https://time2track.com/).

It's is important to note, however, that when it comes time to apply for Residency and you complete the AAPI online documentation, you will be required to fill out a summary of your hours using Time2Track. APPIC works closely with Time2Track to ensure the software reflects current APPIC policies and procedures for documenting training hours. 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 hours. 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: (a) Summarize your hours in Time2Track, (b) Submit these hours to your Doctoral Program Training Director for verification, (c) 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 Residency 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 (i.e., approved) by your doctoral program*. Experiences that occur outside of your doctoral program can be detailed in the "non-practicum clinical experience" section of your AAPI, as well as in your CV and cover letter when applying for Residency.

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). A 45-50 minute client hour can simply be recorded as 1 hour.

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. <u>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.</u>

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 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 Telephone/Video

The COVID-19 pandemic rapidly changed the way services are offered (increase in telephone-based intervention and assessment) and accordingly the way they are documented. On March 24, 2021, APPIC released a letter highlighting how telemental health hours should be documented.

APPIC stated Direct Services provided by video should be 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 should also documented as Direct Services but under the heading of Telephone-Based Assessment or Telephone-Based Intervention. Space is provided in Time2Track to provide details about how these telephone-bases services break down (how many of the total hours were individual therapy vs intake interviews etc.), thus students should ensure they keep accurate records about the nature of their hours. Text-based interactions with clients (email, instant messaging, etc.) is not classified as Direct Service hours by APPIC and should instead be recorded under support hours. Lastly, Supervision received via telephone or video should be documented under the regular Supervision headings.

Important Note: Prior to the pandemic, telephone services were documented as "phone support" under the support services category (i.e., not considered direct service) because at that time services by phone tended to be brief and administrative or supportive rather than intervention or assessment focused. Telephone services have since expanded to include intervention and assessment and are thus now documented as Direct Service. As of August 2021, the documentation of telephone services is divided into "phone support" for all services offered before March 2, 2020 and as "direct service" for all services offered after March 2, 2020.

**Also note, in their March 24, 2021 letter, APPIC wrote: "As a part of longer-term AAPI revisions, APPIC plans to create "In-Person" and "Telemental Health" (video and telephone) overarching categories; therefore, we strongly recommend that students always track the modality (e.g., with tags in Time2Track) with which they provide any clinical service while on practicum so that they can be prepared for these planned changes.

Observation Activities

In the early stages of training, it is common for students to engage in Observation Activities. Observation Activities are recorded as Support Activities in Time2Track, however, we recommend you subdivide your observation time as follows: 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) sessions, 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/on the video call 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, interact with the client in some way) then the time should be recorded as a Direct Service activity. 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, and diversity characteristics.[2] 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 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 (i.e., the same clients attend the group from start to finish) or open (i.e., different clients may join or leave the group at various times – this often occurs when working in an inpatient setting) membership; but, in either case, count the group as one unit.

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[3], 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. According to APPIC, the time a client spends filling out a self-report measure

[2] 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 (11-14 years); 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.

[3] Personality/Mental Health Measures include comprehensive instruments such as the MMPI, PAI, NEO, MCMI. They do not include simple symptom measurement tools such as the BAI, BDI, STAXI.

(e.g., PAI, MMPI, BDI) is considered Support Activity hours (given you are not administering the measure); however, if you need to assist the client in filling out a self-report measure (e.g., read the questions, fill out the form) that time is considered 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.

Intake Interviews
Intake interviews (structured or unstructured) undertaken for the express purpose of identifying intervention targets should be documented as Intervention Activities ("Other Psychological Interventions" in Time2Track) while intake interviews undertaken as part of a comprehensive assessment should be counted as Assessment Activities (Other Psychological Assessment Experience or Telephone Based Assessment as relevant in Time2Track, unless it is completed as part of a neuropsychological assessment, in which case categorize it under that heading in Time2Track). 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 <u>one</u> category.

Psychodiagnostic Assessment
Includes only those instruments/time used for the purpose of a specified psychodiagnostic assessment (e.g., psychoeducational/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. (Note: As noted above, time clients spend filling out self-report measures are normally documented as support hours. However, if a client spends the first few minutes of an intervention session completing a self-report measure that is then review/discussed during the session, the hour can simply be documented as an intervention hour).

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, an integrated report includes a history, an interview, and at least two assessment instruments from the following categories: personality/mental health (e.g., MMPI, PAI, NEO, MCMI), 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 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. Please note that a report synthesizing an interview and one or more self-report symptom measures (e.g., BAI and BDI) does **not** constitute an integrated report.

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." 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 your clinical training (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/Grand Rounds
Interdisciplinary team meetings/Grand Rounds (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). Within the Time2Track system, hours spent in case conferences, team meetings, and grand rounds are classified as Support Activities. We recommend you subdivide these hours as follows: 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 but rather the intervention category (refer to related Direct Service – Intervention section above).

Individual/One-to-One Supervision
Individual Supervision must constitute a minimum of 75% of the Supervision you receive in all training settings. *Synchronous* individual supervision involves the time you spend discussing your clients with a licensed psychologist on a one-to-one basis. *Asynchronous* individual supervision involves the time your supervisor spends reviewing your work and providing detailed and comprehensive feedback that you later review. *Asynchronous* individual supervision most commonly occurs in services involving comprehensive assessments and report writing where the supervisor provides detailed responses to your written or recorded work. Asynchronous supervision can also occur when a supervisor reviews recordings of intervention sessions and provides detailed written feedback which the student later reviews on their own. Up to 25% of the required individual supervision time can be asynchronous. Trainees are encouraged to ask their supervisors to provide them with time estimates for asynchronous supervision.

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 specifically on clinical cases (your or your peers' cases) or issues directly associated with your cases (e.g., discussing ethical or self-care issues related to working with clients who have borderline personality disorder when this is the population focus at your practicum site) should be documented as Supervision. Note: CPA accreditation standards limit the inclusion of this later type of supervision (discussion of generalized case-related didactic information) to only 1 of the four (i.e., 25%) required supervision hours/week. It may be necessary to subdivide the hours spent in group work into Supervision and didactic Support Activities. The time can be further subdivided such that the time spent focused on your case is documented as Individual Supervision while the time spent focused on your peer's cases is classified as Group Supervision. 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., chart review, writing progress notes, case conferences, case management, video/audio review/observation of recorded sessions, assessment interpretation and report writing, coordinating community resources). Support activities also include participation in didactic training held at the practicum site (e.g., grand rounds, seminars, workshops), 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, preparing materials for therapy, etc), and administrative work (e.g., documenting training hours, staff meetings).

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 if they have been sanctioned by your graduate program.

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 based on 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 (a) the training setting has been formally reviewed and approved by the doctoral program, (b) the supervisor is a licensed psychologist and has committed to providing appropriate levels of supervision, (c) the student's activities involve specified training goals and are formally evaluated by the supervisor, and (d) 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 (paid or unpaid) as part of a formal (i.e., registered in a practicum course) or informal (i.e., the student is not registered in a course but the practicum procedures for setting training goals and evaluating performance are followed) practicum. When the student is paid for a formal or informal practicum, they are considered first and foremost a trainee, and program procedures for setting training goals and evaluating performance must be 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 informal 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 mid-point and 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 (6 months – 1 year).

B. PRACTICUM TRAINING EXPECTATIONS

I. Preamble

Both residency and academic training programs aim to prepare students with entrance level competence to practice as psychologists. Preparation for the year of residency training entails the development of knowledge and competence, and accumulation of experience through research, coursework and practica within academic training programs. Applying for residency is an arduous and stressful experience given the work undertaken to complete the applications and the anxiety about being competitive for a sought-after position. As a result, some students have become focused on acquiring more and more practicum training hours in their academic programs, believing this to be the key factor in a successful residency match. The training directors of the CCPPP in both university and residency settings wish to communicate that the number of practicum hours is *neither the only nor the most important* factor in the preparation and selection of residency applicants. As such, member programs of CCPPP, in both university and residency settings, affirm the following principles in the preparation and selection of students for the residency year:

II. Principles

1. At the time of submitting their application, students are normally expected to have completed (at minimum) all required coursework, to have defended their dissertation proposal, and to have completed program required practica in which they have developed sufficient depth and breadth of clinical competence to assume a residency position.

2. Candidates from CPA- or APA-accredited programs are preferred in accredited residency settings, although exceptions are made for applicants demonstrating equivalence of training in recognition of the fact that programs gradually evolve towards being accredited and may offer high quality training before receiving accreditation status.

3. While the CPA accreditation standards sets the minimum number of Direct Service practicum hours at 300 (before applying for a residency), more typically 400-600 Direct Service hours (1000 hours total including Direct Services, Supervision, and Support Activities) of wisely chosen practicum experience is required to attain sufficient breadth and depth. Students and programs should strive in their practica for experience with cases varying in complexity in different service delivery settings, with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire competencies for a successful residency year. The quality of training is more important than the number of hours recorded.

4. Given the breadth and depth that can be obtained in 1000 hours, additional practicum hours will not confer an advantage to applicants unless they are necessary to meet general clinical competencies, or the specific clinical competencies required for a particular residency site. Residency directors who believe that a placement at their site merits more than 1000 hours to develop the competencies required are to publicly declare this and detail what is required in their documentation.

5. Similarly, while having the dissertation proposal approved is the minimum within the CPA accreditation standards for beginning residency, students should be able to devote their energies and attention to the residency experience without a heavy commitment to their dissertation during that

period. As per the accreditation standards “it is preferable that students have analyzed their data, completed a draft of their thesis, and, whenever possible, successfully defended their doctoral thesis prior to beginning the residency year.” Therefore, while exceptions may be made under special circumstances, students are strongly encouraged not to apply for residency until data collection and analysis is complete or nearing completion. Academic programs that require more than this minimum prior to applying for residency are to publicly declare this and detail what is required in their documentation.

6. The quality of work and breadth and depth of experience gained in practica are important factors in the selection of residents by the sites. These factors are viewed within the context of striving for the best model of professional training in psychology and empirically supported practices for service delivery within the residency setting. Thus, the selection of candidates is a synthesis of factors matching the relevance and quality of the student’s didactic training (e.g., coursework, workshops attended), academic accomplishments, goals, letters of recommendation, research experience, quality of writing samples, and personal, professional and interpersonal qualities evident in the interview, with the needs of available training within, and experiences of, the residency site.

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