

Documentation of Clinical Hours Policy

This is an update to the 2018 version and references the *AAPI 2020 Documents* and the *CCPPP 2021 Documentation of Professional Psychology Training Experiences & includes the new (June 2023) CPA Standards on Asynchronous Supervision*. *This document is not meant to stand alone, rather students are asked to read all relevant documents. This is a distilled version to facilitate quick reference.*

Why are you keeping track of your hours? To enter into your AAPI which is required for applying for residency/internships. We have sent out the AAPI workshop talk, the AAPI webinar documents, and the CCPPP guidelines which also provide some guidance (more or less relevant to you based on your year in the program) – but we wish to note that some of the UofS classes have a practicum component (e.g., 813 and 814; the practicum component is counted under practicum and is not the coursework the AAPI workshop is referring to as “not counting for clinical hours”).

I. Overview

- It is very important that all practicum hours are carefully documented because students will need to provide detailed information concerning their hours when applying for internship.
- When calculating practicum hours you should do your best to provide an *exact* number of hours accumulated and number of clients seen though there will be times when your “best estimate” will be called for.
- Each activity should only be recorded in one section. You may have some experiences that could potentially fall under more than one category, but you must select the *one* category that you feel best captures the experience.
- Keep a separate time sheet for each of your practicum or other clinical training experiences.
- Make sure to record the specific number and type of assessments administered to clients throughout the entire practicum experience. Also record the amount of time spent providing feedback to clients concerning the assessment results.
- If unsure, ask your clinical supervisor

II. Definitions of Activities (for full list see CCPPP, 2021)

Assessment

“The time spent administering assessments directly to clients can be counted as Assessment hours. Some of the instruments listed in the question above include self-report measures. You would not count the time the client spent filling out self-report measures, such as the BDI, as you were not the one administering the tool. Please note, however, that there are situations such as telehealth, in which a provider would need to read a traditionally self-report assessment tool to the patient. In this case, a practicum student could count the time they spent reading the items to the client. When tallying the types of assessment measures administered, however, you can list all the assessment instruments administered, including self-report measures.” Copied from AAPI Applicant Webinar Question and Answer, 2020.

- Intake interviews for ASSESSMENT – count as assessment. Intervention intake – intervention. “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 psychodiagnostic 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).” (CCPPP, 2021)

“ 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.” (CCPPP, 2021).

“Time spent scoring, interpreting, and incorporating an instrument into a report, should be recorded as Support Activity hours.” (CCPPP, 2021).

“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.” (CCPPP, 2021).

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 (AAPI Q&A, 2020).

Example of a question-For basic measures like a BDI, BAI, GAD-7etc., do you put that under psychometric testing or psychodiagnostic testing? *AAPI answer*-Psychodiagnostic (AAPI Q&A, 2020).

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.” (CCPPP, 2021)

Assessment Feedback

“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).”

(CCPPP, 2021).

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). (CCPPP, 2021).

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).” (CCPPP, 2021).

Demographics

- Keep track of de-identified client demographics – age, gender, diversity characteristics and complexity of clinical presentation.
- Each client is kept track of once, no matter how many activities you did with them.
- **Family/group – count as one unit.** Count the group as one unit regardless of whether the group is open or closed (same people).

Direct Service

“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). (Copied CCPPP 2021)

“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 be 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-based 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 AAPIC and should instead be recorded under support hours. Lastly, Supervision received via telephone or video should be documented under the regular Supervision headings.” (Copied CCPPP 2021)

- Telehealth and telephone are now counted as direct service, but you should **keep track of mode** (future AAPIC will ask).
- For the “Total hours face-to-face” columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the “Number of different clients” columns, count a couple, family, or group as one (1) 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 group.
- Observation is not counted as direct service.

Integrated Report

Refers only to reports that include “a history, an interview, and at least **two** of the following: **objective personality assessment, projective personality assessments, mental health, intellectual, cognitive, and/or neuropsychological assessments.**” (CCPPP, 2021). The 2021 CCPPP differs (although I suspect they did not intend this to differ from the AAPIC definition of one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. **Symptom checklists (BAI, BDI, trauma checklist etc.) do not count as one of the two. Screening tests do not count as one of the two.** More than one standardized assessment is synthesized into a comprehensive report providing an overall picture of the client. There must be **at least 2 assessment tools** being integrated for it to be considered an integrated report. “The tools may or may not be in the same “category”. (CCPPP, 2021). 2023 AAPIC webinar for DCTs attended by O’Connell noted that if students ask a field supervisor if a report is integrative the supervisors tend to give the dictionary definition not the AAPIC definition – see above for the AAPIC definition. O’Connell asked AAPIC - Why do symptom checklists like the BDI not count as one of the personality measures, intellectual tests, cognitive tests, and neuropsychological test categories and they responded that these tests do not require interpretation to integrate into an integrative report in the same way as tests of personality, intelligence, cognition, and neuropsychological tests require. Note CCPPP adds mental health assessments, but O’Connell checked with them – they did not intend this to include symptom checklists or screening tests. O’Connell also checked with CCPPP, and Clinician rated assessments of personality, such as is done in forensics count as personality tests. Forensic dynamic risk assessment tools (e.g., LS/CMI, HCR-20, VRS, VRS-SO) also count as tests under mental health. These forensic risk assessment tools require interpretation (e.g., patterns of scores) as well as knowledge of risk communication techniques. **At the core of what counts as an integrative report is use of comprehensive assessment tools that require interpretation and a deep understanding of the psychometric properties of the assessment tool. Screening tests and checklists do not require such understanding for interpretation and therefore do not count toward integrated assessment reports.**

Observation

“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.” (CCPPP 2021).

Practicum hour

A practicum hour is a clock hour, not a semester/quarter hour. “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.” (CCPPP, 2021)

- “A 50 minute client hour can simply be recorded as 1 hour.” (CCPPP, 2021)

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).

Asynchronous Supervision

“Up to 25% of individual supervision can be asynchronous, meaning that the supervisor reviews the student’s work and provides detailed and comprehensive feedback that is later reviewed by the student. This could occur in services involving comprehensive assessments and report writing where the supervisor provides detailed responses to the student’s written or recorded work.” (CPA accreditation standards, 2023).

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 specifically on your 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 required supervision hours/week. It may be necessary to subdivide 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.” (CCPPP, 2021).

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).” (CCPPP, 2021)

III. Other

Q: What is the program’s policy on counting hours obtained outside of practicum placements and coursework (e.g., employment while a student in the program)?

A: The program's policy right now is that if a supervisor is willing to do an evaluation form, then you may count hours as sanctioned by the program. In many cases where students are employed doing clinical work these will be "other" hours because there will not be an evaluation form. Please check with the practicum coordinator if unsure.

Q: I use Time2Track any tips?

A: If you use this program – ensure you attach an actual client to each activity you are entering or when you import your hours into your AAPI the hours and demographics will not populate.

Q: How do you classify “observation” of direct activities (e.g., supervisor, other student, or another professional is providing therapy or doing an assessment)?

A: According to Time2Track, this would count as supervision if your supervisor is with you. Otherwise, it is likely considered support. APPIC themselves is not very clear on this one and to some extent it will depend on the discretion of your supervisor and the specific situation. E.g., if intervention is *possible* but not likely, it is observing and not doing direct client work