

Council of Chairs of Training Councils

**CCTC Guidance Statement on Resumption of In-Person Psychological Services and Training¹
May 8, 2020**

Purpose and Principles

The CCTC provides this guidance document for decision-makers in doctoral programs, practica and externships, internships, and postdoctoral residences to use in considering resumption of in-person psychological services and training in Health Service Psychology (HSP). The guidance includes general considerations as well as some specific recommendations. The CCTC recognizes, however, that every training program and training site is different, and that the considerations and recommendations provided in this document may not apply to all situations. Further, although the guidance provided in this document is intended to be comprehensive, it is not exhaustive. Indeed, more specific guidance is not possible due to variability in institutions, available resources, and the laws, orders, and regulations affecting each training site.

In making decisions about resuming in-person psychological services and training, it is important for programs to consider the principles identified in (and reprinted from) the March 2020 CCTC *Statement on Education and Training Considerations during COVID-19 pandemic*. Specifically, the following principles may guide decisions about resuming in-person psychological services and training:

1. **Balance.** The resumption of in-person psychological services and training will require balancing the risks and benefits to, and the needs of, patients,² trainees, staff, faculty, administration, and the institution.

The CCTC acknowledges that decisions must rest on the foundation of ethical standards and place high priority on the health and safety of trainees and the individuals they serve. Specifically, it is critical that safety is not jeopardized for trainees or patients to meet accreditation or licensing requirements, or to meet the needs of staff, faculty, administration, or institutions.

2. **Developmentally Sensitive Trainee Focus.** Trainees vary in developmental level and therefore their response to expectations and responsibilities in the context of the COVID-19 pandemic may also vary.

The CCTC urges decision-makers to consider resumption of in-person psychological services and training in the context of trainees' developmental level. Specifically, while advanced practica students, interns, and postdoctoral residents may be equally adept at either telehealth or in-person services and training, trainees with lesser experience may need more support and oversight in these areas. It will be important to individually assess each trainee's specific level of preparedness.

3. **Flexibility and Creativity.** Programs and sites must continue to use best practices as a starting point and think flexibly about how to accomplish HSP training, provide care to patients, and maintain the emotional and physical health of trainees.

¹ This statement was developed and endorsed by the **Council of Chairs of Training Councils** (<https://www.cctcpsychology.org/>).

² The term "patients" is inclusive of clients and other consumers of psychological services.

The CCTC urges decision-makers to be flexible and creative in their approach to balancing trainees' multiple needs with the needs of patients and training sites in resuming in-person services and training. The CCTC recognizes that there may be legal, institutional, contractual, or other limits on decision-making capacity in resuming in-person services and training. Decision-makers are urged to consider all possible methods of providing patient care in determining when and how to resume in-person psychological services and training.

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

In considering when and how to resume in-person psychological services and training, the CCTC urges decision-makers to calibrate their response to individuals' unique situations with a social justice lens that is flexible enough to provide individuals with measured expectations regarding trainee and patient needs. We specifically urge decision-makers to continue to recognize that trainees, by virtue of their status, experience a power differential that may make it difficult for them to advocate for their own needs. This differential often includes degrees of access to health care, financial and institutional support, and role stability. Thus, these needs must be protected by those who have more power and responsibility over their training.

Considerations for Resumption of In-Person Services and Training

Although the CCTC encompasses training organizations in both the United States (US) and Canada, the circumstances surrounding COVID-19 responses and their implications for clinical training differ substantially. ***Unless otherwise indicated, the considerations provided below are specific to US training sites.***

Legal/Regulatory Considerations

Programs and training sites must include legal and regulatory considerations at the state, regional, local, and institutional levels before resuming in-person psychological services and training. For example, stay-at-home and associated executive orders or policies are likely to impact programs and training sites in different ways, including the onboarding of trainees for the 2020-2021 training year. Further, trainees and training sites may need to consider the legal and regulatory impacts of psychological services that may occur across state lines and make certain that their actions comply with state licensing laws as well as federal laws and regulations. Although many rules and regulations have been relaxed during the pandemic, programs and training sites need to be prepared for when those rules and regulations revert to pre-pandemic status. Specifically, many of the adaptations and accommodations made during the pandemic may not represent best practices outside of the pandemic.

Health and Safety Precautions

In preparing patients and trainees to resume in-person services, sites need to follow the latest guidance from public health and infectious disease experts and officials. The following precautions may be considered in developing protocols and procedures to prevent the spread of COVID-19:

1. **Personal Protection** – including how:
 - a. **Personal protective equipment** (PPE) will be used, who will be required or encouraged to use PPE (e.g., trainees, patients, staff), whether the PPE will be provided by the site (to trainees, staff and/or patients), and whether any training will be provided or required for the use of PPE.
 - b. **Individual vulnerabilities** – including those who are medically vulnerable or those generally at higher risk for severe illness – will be identified and addressed.

2. **COVID-19 symptom management**, including:
 - a. Whether patients, trainees, staff, and faculty will be screened for COVID-19 symptoms, and if so how and by whom.
 - b. Policies and procedures for patients, trainees, staff, and faculty who are experiencing COVID-19-like symptoms or may otherwise be ill.
 - c. If and how COVID-19 surveillance will occur after in-person patient visits to determine if transmission may have occurred during a session.
 - d. If and how contact tracing will be conducted if exposure is determined for patients, trainees, staff, or faculty.
 - e. If and how testing and treatment will occur if transmission of COVID-19 is suspected or confirmed for patients, trainees, staff, or faculty.

3. **Environmental factors**, including how to manage:
 - a. Installation of physical barriers (e.g., plastic sneeze guards), use of high-efficiency air filters, provision of effective hand sanitizers and masks, posting notices to encourage hand washing and to avoid touching one's face or hugging/handshaking, etc...
 - b. Modifications of physical space of the training site to allow appropriate physical distance (e.g., 6 feet) or safe use of any equipment or other items (e.g., keyboards, pens, paper, credit cards) that must be shared or touched by patients, trainees, staff, and faculty.
 - c. Modifications of routine clinical procedures to minimize physical contact with shared materials (e.g., cognitive and psychological testing protocols that involve use of tests that require materials to be passed back and forth).
 - d. Cleaning procedures and protocols for offices, test materials, and other objects and spaces, including the timing and frequency of cleaning (e.g., what cleaning will occur after each session, periodically throughout the day, or at closing).
 - e. Patient scheduling to minimize the overlap of patients or to limit the number of individuals present at the training site.

Resuming in-person psychological services and training

The following factors may be considered in determining when and how to resume in-person psychological services and training:

1. **Timing.** Determining when to resume scheduled, in-person psychological services and training may consider the following:
 - a. Guidance from public health and infectious disease experts and officials (e.g., CDC guidelines), including factors such as:
 - i. The rate of new COVID-19 cases. Current guidance for elective surgery suggests the need for a sustained reduction in the rate of new COVID-19 cases in the relevant and surrounding geographic area for at least 14 days (ACS, 2020).

- ii. The availability of sufficient medical services in the relevant geographic area to adequately address a surge of COVID-19 cases without resorting to crisis standards of care. Some states have operationalized “sufficient medical services” as exceeding 20% of ventilators and operating capacity for adult medical/surgical and ICU beds (IDPH, 2020).
 - iii. The availability of COVID-19 testing. For elective surgery, some states are requiring testing of patients 72 hours prior to a scheduled procedure (IDPH).
 - b. The availability of an appropriate supply of PPE for patients, trainees, staff, and faculty.
 - c. The availability of onsite staff necessary to support in-person psychological services and training, including:
 - i. Supervisory staff or attending psychologists
 - ii. Front office staff
 - iii. Other relevant health professionals or clinical support staff (e.g., inpatient or residential staff; neuropsychology or other technicians)
 - iv. Practicum students (e.g., for services and to meet supervision competencies of interns/postdocs)
2. **Phasing in tasks that do not require patient contact.** Sites may consider allowing trainees and other personnel to return to the training site earlier to accomplish tasks that cannot be completed remotely, but do not require or involve in-person contact with patients, such as administrative or office tasks, research tasks, or solitary clinical task (e.g., charting, delivering telepsychological services from the site).

Decisions to return trainees and other personnel to training sites need to attend to health and safety precautions, such as those listed above. For example, meetings may continue to be conducted using teleconferencing, even if all involved in the meetings are at the training site. If in-person meetings are necessary, close physical contact (e.g., 6 feet) should be avoided.

3. **Phasing in in-person services and training.** It is critical to balance services that need to be prioritized for in-person contact to ensure that patients continue to receive the appropriate level of care, if possible. The following factors, *relevant in both the US and Canada*, can help to support prioritization of triaging patients and attending to trainee needs as in-person psychological services and training are phased back into training sites:
 - a. *Service characteristics:*
 - i. Services that are less amenable to telepsychology may be prioritized (e.g., neuropsychological, psychological, psychoeducational, or forensic evaluations)
 1. Limits to the validity of services that are delivered while using precautions should be considered carefully in determining when and how to resume in-person services and training.
 - ii. “Gateway” services may be prioritized, such as psychological evaluations, for which the outcome or result of the psychological service acts as a contingency for the receipt of benefits or other medical, psychological, educational services.
 - iii. Services for which telepsychology options are available, and for which those options are effective with patients, may be considered as the *lowest* priority for a transition to in-person delivery. In other words, telepsychology options should remain in use whenever possible until risk is minimal.
 - iv. In determining if and when to discontinue telepsychology options, decision-makers may consider current allowances provided by APPIC, CoA, and state licensing boards for

telepsychology, telesupervision, and other activities that may facilitate accomplishment of milestones and licensing requirements.

b. *Patient characteristics:*

- i. Patients with greater clinical complexity or severity may be considered for prioritization for in-person psychological services.
- ii. Patients who are not making progress or whose condition is declining may be considered for prioritization for in-person psychological services.
- iii. Very young patients, patients with developmental or intellectual disabilities, or other patients whose clinical or individual characteristics impede the implementation of telepsychology may be considered for prioritization for in-person psychological services.
- iv. Patients who are unable to access telepsychology safely or reliably may be considered for prioritization for in-person psychological services.
- v. Patients with disabilities or special needs (e.g., sensory deficits) that make access to telepsychology more challenging may be considered for prioritization for in-person psychological services.

c. *Trainee characteristics:*

- i. Several trainee factors may affect when trainees can reasonably return to in-person training. For example:
 1. Trainees may be sheltering away from the training site or may not be able to return to their university or local housing due to closures or risks.
 2. Trainees returning from a distance may be required to quarantine before resuming in-person services.
 3. Trainees may have limitations in their access to safe transportation options. Additional precautions or considerations for trainees' safe return to in-person training may be required for trainees who use public transit to go to and from their training site.
- ii. Advanced trainees, particularly those with prior experience with the training site, may be better prepared and equipped to begin transitioning to in-person training before new trainees.
 1. Interns and postdoctoral trainees may be considered for prioritization to in-person services over other trainees because of licensing and graduation requirements; however, the safety of trainees should not be jeopardized to meet licensing or graduation requirements.
 2. Alternatively, new and junior trainees may be prioritized to increase comfort with the site's procedures and practices before transitioning them to telehealth. Further, new and junior trainees may have a greater need for training experiences than advanced trainees.
- iii. Training programs and sites should consider the potential impact of resuming – or delaying the resumption of – in-person services on trainees' wellbeing. Such considerations include:
 1. Medical vulnerabilities of trainees or those with whom they are sheltering or in contact (e.g., moderate to severe asthma, chronic lung disease, serious heart conditions, those who are immunocompromised, etc...).
 2. Trainees struggling with basic needs (e.g., food insecurity, lack of housing, risky transit options).
 3. Trainees' emotional and behavioral status, with sensitivity to the implications of identifying, documenting, or otherwise labeling trainees.

4. Trainees' professional and personal supports.
- iv. Equity and safety of trainees needs to be front of mind in determining when and how trainees are phased into providing in-person services. Specifically:
 1. Trainees should not be required to provide on-site services if staff or faculty are allowed to be off-site to provide similar services.
 2. The safety of trainees should not be jeopardized to meet licensing or graduation requirements, or to meet agency needs for service delivery.
 3. Training programs and training sites are urged to be sensitive to and avoid unintended pressure trainees may experience to resume in-person care during this transition period.
 4. Training programs are encouraged to provide a supportive procedure whereby trainees who have medical or other reasons why they should not follow agency policies may request reasonable accommodations. Programs are also encouraged to work with the trainee and relevant agency or training site staff to develop an accommodation plan that will allow the trainee to fulfill the training goals of the rotation.
4. **Institutional Constraints.** It is important to consider plans for trainees that are – or will be – in settings for which there are significant constraints in determining if and when to phase in in-person services and training. For example, trainees who are placed in public schools that are closed by state or local orders may have few options to pursue training. In contrast, inpatient, residential, or correctional settings have continued to provide in-person care throughout the pandemic, and therefore may require trainees to provide care without an ability to consider all of the factors identified in this guidance. Further, in some situations, a training site may be fully prepared to resume in-person services and training, but the trainee is unable to do so due to their own personal situation and circumstances.

In these situations, it is important for the doctoral program and the training site to work collaboratively to attempt to find a resolution, using the principles described above to guide decision making. Whenever possible, it is recommended that telepsychology opportunities be maximized. If a training site is not able to provide trainees with in-person or appropriate telepsychology options for an extended period of time (~3 months), or if the training site is not adhering to safe practices consistent with public health guidelines, the site's training director should work closely with the trainee and the trainee's director of clinical training to explore options, in the current context, for the trainees to continue their training experiences. Training directors and directors of clinical training should creatively explore all possible opportunities to maximize trainees' education and training in these situations, such as having trainees learn new treatments through books or online trainings, engage in deliberate practice exercises to build skills, or observe the clinical work of staff or faculty remotely.

Considerations for Resumption of In-Person Services and Training in Canada

In Canada, programs and training sites must follow institutional policies, procedures, and guidelines of their organizations, as well as local public health guidelines for consideration of precautions, and resumption of services. For additional information, please consult the Canadian Public Health Services webpage for COVID 19 for up to date information (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html>) and provincial and territorial public health information (<http://www.phn-rsp.ca/links-liens-eng.php>).

In addition, the Canadian Council of Professional Psychology Programs (CCPPP) encourages consultation of their website (www.cccppp.wildapricot.org) for more information, including a jointly released statement from the Canadian Council of Professional Psychology Programs, the Association of Canadian Psychology Regulatory Associations (ACPRO), and the Canadian Psychological Association's Accreditation Panel.

The Uncertain Future

The COVID-19 pandemic has brought substantial uncertainty to HSP, and it is possible that uncertainty will continue. Numerous, and potentially fluctuating variables will be guiding and/or setting the context for the services and training opportunities sites are able to provide in the coming months, including:

1. Local, state/provincial/territorial, and national laws, orders, and regulations.
2. Institutional policies and procedures.
3. Guidance from public health and infectious disease experts that considers the latest scientific evidence on COVID-19 (e.g., incubation period, the duration of viral shedding, potential infectivity), as well as advances in testing and vaccines.

It would be wise for programs and training sites to plan and prepare for unexpected external events that may require further adaptation. For example, there may be local or regional post-curve outbreaks of COVID-19 that result in the re-institution of stay-at-home orders. Programs and training sites may consider developing a plan for responding to another closure, such as preparing processes and procedures to support another expansion of telepsychology and other remote work.

Resources

APA (2020), COVID-19: When is it OK to resume in-person services?

<https://www.apaservices.org/practice/news/in-person-services-covid-19>

ACS (2020), *Roadmap for Resuming Elective Surgery after COVID-19 Pandemic*

<https://www.facs.org/covid-19/clinical-guidance/roadmap-elective-surgery>

Guidelines: Opening Up America Again

<https://www.whitehouse.gov/openingamerica/>

Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I

<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations

<https://www.apa.org/pi/oema/resources/policy/provider-guidelines>

CDC Guidance Documents:

<https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html>

IDPH (2020), COVID-19 Elective Surgeries and Procedures:

http://www.dph.illinois.gov/sites/default/files/Elective_Surgery_04.24.20.pdf