



Association of Psychology Postdoctoral & Internship Centers

March 24, 2020

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APPIC Training and Education Community,

As many practicum sites are initiating or increasing telemental health services to provide continuity of care to the patients during this COVID-19 pandemic, we want to update you about how we have modified the categorization of telemental health intervention and assessment hours in the APPIC Application for Psychology Internships (AAPI). We are very pleased to be in the position to expedite these changes in light of the current global health crisis. We wish to alleviate tension between concern about accrual of hours during this time of crisis and decision-making or necessities concerning service-delivery modality exposure.

For many years, telemental health services conducted via videoconferencing, but not telephone, have been approved for inclusion in the AAPI Intervention or Assessment categories. Fortuitously, in February 2020, APPIC put forth for Public Comment the proposal to add new telemental health Intervention and Assessment categories to the AAPI. Amongst all stakeholders, including doctoral students, doctoral program faculty and supervisors, and Internship Training Directors and supervisors, there was robust support (69% favorable, 21.5% neutral, and 9.4% unfavorable) for the creation of **telephone-based** telemental health Intervention and Assessment AAPI categories. There was limited support of adding **text-based** telemental health Intervention and Assessment categories to the AAPI, with only 38.2% of our stakeholders in favor.

Although the APPIC board prefers to give our training community ample advance notice of AAPI revisions that would impact our stakeholders, in light of the pandemic and consequential swift transition to telemental health services, the APPIC board has approved the addition of **telephone-based** telemental health Intervention and Assessment categories to the AAPI, effective March 2, 2020. APPIC is not adding **text-based** telemental health Intervention and Assessment categories to the AAPI at this time and will continue to explore the possible inclusion of this evolving treatment modality with stakeholders for future AAPI revisions.

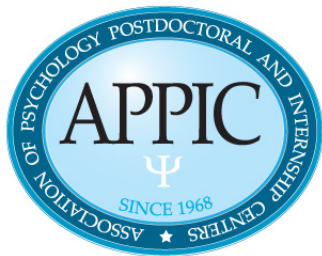
AAPI Telemental Health Intervention and Assessment Instructions:

a. **Videoconferencing-based Telemental Health Services:**

The categorization of videoconferencing-based Intervention and Assessment activities remains unchanged. Students are to continue to categorize their videoconferencing-based clinical activities into the existing face-to-face intervention and assessment categories. E.g.,

- a. videoconferencing-based individual psychotherapy → face-to-face individual therapy category
- b. videoconferencing-based group psychotherapy → face-to-face group therapy category
- c. videoconferencing-based intake evaluation → face-to-face intake evaluation category, etc.

Please note, that as you track these hours, it is always wise to make a note of the modality in your spreadsheets or tag it in Time2Track for your future reference.



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b. Telephone-based Telemental Health Services:

With a beginning service delivery date of March 2, 2020, students may categorize telephone-based telemental health services into one of the two categories below. Please note, unlike videoconferencing hours that go into extant intervention or assessment categories, telephone-based services will be included in two new categories on the AAPI:

a. Telephone-based Telemental Health Intervention:

All allowable face-to-face intervention activities such as psychotherapy, skills coaching, crisis intervention, case management, and intake evaluations can be included in the Telephone-based Telemental Health Intervention category if conducted by telephone. Phone contact that does not constitute clinical service delivery (e.g., appointment scheduling, explanation of teletherapy, collateral contact that does not involve intervention, etc.) should continue to be categorized in the Support Hours section.

b. Telephone-based Telemental Health Assessment:

Time spent conducting psychological assessments, including risk assessments, over the telephone should be included in this category. Please note, at the present time as is routinely the case on the AAPI, intake assessments are included in the Intervention versus Assessment category.

Time2Track Users:

Recognizing that approximately 75% of doctoral students use Time2Track to track their practicum hours, we have been working closely with Time2Track to ensure that students can easily track any telephone-based telemental health intervention and assessment hours accrued since March 2, 2020. Time2Track is in the process of quickly making the appropriate system updates and preparing detailed instructions for how to both recategorize any hours accrued since March 2 and how to categorize newly accrued hours going forward. Please note that any telephone-based intervention and assessment hours accrued prior to March 2, 2020 should be categorized as Support.

Time2Track users should expect to receive additional information this week regarding this change. Specific Time2Track questions can be directed to [the Time2Track team](#).

How will Telemental health activities be reported on the AAPI?

To allow inclusion of telemental health activities for the upcoming internship application cycle (2020-2021), we are implementing a swift interim solution of how to capture such hours on the AAPI. Specifically, videoconferencing activities will be categorized into extant face-to-face categories and telephone-based activities will be categorized separately into newly added telephone-based telemental health service categories.



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2020-2021 AAPI Telemental Health Activity Reporting

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- 1) **Videoconferencing-based:** As per already-established instructions, include in extant Intervention and Assessment activities.
- 2) **Telephone-based:** There will be two new items on the AAPI for this upcoming application cycle.
 - a. **Telephone-based Intervention:** Students will be asked to provide a total number of telephone-based intervention hours they have accrued since March 2, 2020. In a text box, they also will be asked to specify the types of telephone-based intervention services they provided and respective hours. E.g.,

Total telephone-based intervention hours = 100.

Breakdown:

35 hrs	DBT Coaching
20 hrs	Crisis Management
10 hrs	Intake Evaluation
35 hrs	Individual Psychotherapy (ages 18-64)

- b. **Telephone-based Assessment:** Students will be asked to provide a total number of telephone-based assessment hours they have accrued since March 2, 2020. In a text box, they will also be asked to specify the types of telephone-based assessment services they provided and respective hours. E.g.,

Total telephone-based assessment hours = 20 hours

Breakdown:

10 hrs	TICS (Telephone Interview for Cognitive Status)
2 hrs	ALFI-MMSE (Telephone version of MMSE)
4 hrs	Risk Assessment
4 hrs	Assessment feedback

- 3) **Text messaging-based:** At the present time, students should detail any text-based intervention or assessment activities in the *Support Hours* section.

We also recognize that many sites are now relying on telesupervision during this crisis. Students should categorize telesupervision hours via videoconferencing or telephone in extant Supervision categories (e.g., individual or group).

Future AAPI Revisions

This time-limited solution of how telemental health activities will be represented on the AAPI in 2020-2021 will be modified in future cycles. 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.



Association of Psychology Postdoctoral & Internship Centers

We would like to thank our stakeholders for taking the time to respond to the Public Comment and to our partners at Time2Track and Liaison for working swiftly to ensure we can make these interim changes for the upcoming 2020-21 application cycle.

Should you have any specific questions, feel free to reach out to me (kimberlyhill@stanford.edu) in my role as AAPI Coordinator.

Stay healthy and stay connected!

Kimberly Hill, Ph.D.
AAPI Coordinator

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