

Transcript
APPIC/APA Webinar 4/1/2020:
Nobody Prepared Me for Training During a Pandemic

Claytie Davis III: Good afternoon, and welcome to “Nobody prepared me for training during a pandemic. My name is Claytie Davis III and I'm the chair of the APPIC board of directors as well as the training director at the University of California Berkeley. Before we get started, I want to acknowledge the work of Eddy Ameen and Cathi Grus for getting us together so we could support one another and hopefully learn from one another today. Here's our plan for the hour. We'll start with some brief updates from APPIC and APA and then we'll hear from our distinguished panel of training directors who come from a variety of different training sites and hear how they're managing these challenging times and then we'll move into a Q&A. They'll be moderated from by one of the panelists as well. As a reminder, yes, please ask your questions using the question box on the Gotowebinar dashboard. We will do our best to answer as many questions as possible over the next coming days and weeks. Clearly things are changing on a daily basis. You'll also receive a copy of this recording by having registered for this webinar.

So from APPIC's perspective as you might imagine, we are receiving daily calls from students, training directors, directors of academic programs, and loved ones of folks who are in training expressing anxiety and confusion, even some anger sometimes directed at APPIC. As you might imagine many of us are looking for direction and guidance for how to deal with these challenging times. And unfortunately, there's not one answer that's really going to work for all sites. And I think that's why you're seeing some pause and specific guidance. That said, yesterday the APPIC board of directors released a set of recommendations. We're asking all sites to consider these recommendations based on some guiding principles that we will share with you in a second when I turn it over to Dr. Baker. These principles include things such as recognizing the inherent power differential between the training staff and trainers, recognizing the fact that they have fewer financial resources, then also just the risk that many of our training staff might face if they were to challenge authority figures or institutional directives. So now I'll turn it over to Jeff to share a bit of perspective about some of these recommendations and what we're hearing and especially what he's hearing and central office at APPIC.

Jeff Baker: Thank you, Dr. Davis, you did a nice overview there. I want to welcome all the training directors that are out there and so much appreciate the efforts that you're making to keep your trainees safe as well as trying to continue your training program so that people can continue, and hopefully complete their programs on time. The Innovation and the creativity and the flexibility are so appreciated by APPIC and of course the trainees as well. We just want to make sure that everyone is aware that APPIC is not trying to prescribe something specific that you have to do. We're trying to use these guiding principles that you can empower yourself to talk with the decision makers at your site in case you're getting some pushback or some resistance. There's such a wide diversity of settings out there that some are; some interns are still providing face-to-face service, and some directors of clinical training at the doctoral programs are pushing back about that a little bit, and interns are pushing back that they want to do this and please stop telling us what we can do and what we can't do. So we're getting such a diverse response out there that we thought that this panel put together today would give you some insight or some information about how different settings are dealing with this and of course, we don't speak for everyone in that setting. But we put together a nice panel that will be able to give you some insights about how they have managed to influence decision makers and how they have managed some

of these resources. We realize that lots of people aren't quite ready and move to telehealth, but we continue to push that because if you don't think you're ready today, you probably are going to be ready tomorrow or Friday or Monday because as this virus spikes at your site, most people begin to feel a higher need to do this. Certainly our inpatient psychiatric facilities are the ones that are probably struggling the most along with the Bureau of Prisons and some of the VA sites where it's kind of difficult to get this to move forward really quickly. Anyway, I'm going to turn it over to Dr. Grus, who's going to talk about APA's responses.

Cathi Grus: Thank you. Dr. Baker. And thank you, Dr. Davis. I'd like to acknowledge the APPIC board for providing this opportunity to have a conversation with the training community and we're delighted to be part of this conversation. Before I talk a little bit about what APA is doing, I'd just like to acknowledge the entire training community that's here today on the call and just recognize the challenges that you are dealing with and will continue to deal with; and how difficult I'm sure that makes your jobs. That's compounded I know by all of us facing different types of work environments, family concerns. These are really difficult times for all of us. So thank you for taking the time to participate in this webinar. And I really hope that we have a good discussion that leads us to the goal that we've always had, which is to promote quality training. APA like APPIC has been receiving a lot of calls, a lot of questions, a lot of emails, and we've tried to put together a lot of resources for all of our membership but in particular for the Education and Training Community. What you see on the screen now is a snapshot from the main APA webpage. As you notice, it looks very different. We have changed it entirely to focus on our response to the pandemic and providing resources to our members. Specifically for education, we have created a whole section on that made pandemic page that you see referenced at the bottom of the slide. We have FAQs and additional resources there. Please take a look at that for some guidance that might be helpful to you. We do try to keep all this information up-to-date just like the APPIC website is doing, so once we get new information, we modify things and get that out to people via the website. I know a lot of people have had particular questions about accreditation status and what that means in this time, so I wanted to show you an excerpt from some material that's on the APA website. We have a statement from our Office of Program Consultation and Accreditation that talks about many things but in particular you'll see the quote that's up there on the screen just acknowledging that we are under very different circumstances. We are not operating as training programs as business as usual, and the Commission is acknowledging that issues related to telesupervision, telepractice, and distance education have to be handled differently in order to maximize training opportunities for our students. And in acknowledgement of that, they are saying that they are going to be flexible. We've had requirements before but now flexibility is the main message for the day. I'd really encourage you to take a look and read that full FAQ document. Again that gets updated on a regular basis as we get new information. The Commission will be meeting - actually they started their reading today - they're meeting through the weekend. I would expect that they'll have some further guidance after that meeting concludes. So you may see things even more updated. And if you have questions, please reach out to our Office of Program Consultation on Accreditation. That's what they're there for. You can email them, you can call them, they will get back to you and have a conversation and help you work through your questions. Thank you for this opportunity. I'm going to turn it over for our panel discussion.

Allison Aosved: Thank you for being here, Dr. Grus. My name is Allison Aosved, and I'm one of the APPIC board of directors and I'm here to moderate the discussion today. And what I'd like to do is start by asking each of our panelists to introduce themselves briefly and share what is happening at their specific

site. Again to Dr. Baker's point, each site only represents itself, not necessarily a whole class or type of site, but this can give a sense of what transitions are happening in certain training programs. And these are diverse training programs. So I will turn it over to Dr. Shona Vas to start with introductions.

Shona Vas: Thank you, Allison. My name is Shona Vos and I am the training director at the University of Chicago Medical Center. I am also the secretary on the APPIC board of directors. I want to start by acknowledging that moving forward in a situation where there are no rules and none of us know what we should do, is really challenging and I appreciate that we are all in this position together. So the situation in Chicago started to become fairly tense, I'd say the second week of March. So at the end of that second week of March, the 13th I believe, we started by having all of our externs -- we have 50 externs from graduate programs around the city -- no longer come into work. We are located in the department of Psychiatry. We have adult and child services as well. As some services that are embedded in medical clinics. We have adult and child consultation liaison as well. So we started with releasing the externs and having conversations with their graduate program directors about our decision making. The following week, we put a plan into place for limiting face-to-face contact for our interns and for our postdoctoral fellows. We have five interns and about five fellows. And so everyone was working remotely as far as possible. The biggest challenges we faced were actually with our consultation liaison services - both for peds and adults, because they involve inpatient care, and I can share a little bit about how we manage that later on, and neuropsychological assessment. So our neuropsych clinics are currently shut down until we are given permission to reopen them. Everyone is providing direct face-to-face service by a phone with the plan to move to Zoom within the next couple weeks. We've been working on developing a hospital-wide initiative for Zoom to be accessible to all trainees in addition to faculty. So I will stop there and turn it over to the next panelist. Thank you.

Allison Aosved: And Dr. Carmen Cruz, would you introduce yourself?

Carmen Cruz: My name is Carmen Cruz and I am the internship training director at Texas Woman's University Counseling and Psychological Services. I'm also the current ACCTA president, and I'm happy to be here with everybody. I'll try to keep it very brief in terms of our Center. I think it's very similar to a lot of University counseling centers that are not embedded within the student health services, medical health services. That has been a bit more unique for other centers that are more embedded with their health center. I think ours was a very typical blueprint where it is daily and sometimes hourly contingency plans to figure out what were next steps. I think that's probably a collective feeling that many of us have had in terms of: We create a plan, we write it all up, and then suddenly you have to write up a new one or you have to modify it somehow daily. If not hourly. So we initially were preparing to have a skeletal crew - which I think there are still some University counseling centers throughout the country that are still going to office in areas that are not in a state of emergency fully yet. Seems to be the intersection anyway. So it was an initial rolling out of a variety of steps starting with again a skeletal crew, as little amount of people as possible, which only lasted for a few days and then we were told within a couple of days we had to be off the campus once our city and our county declared a shelter-in-place. So I think that again is very similar to some of the trends - and I know we're going to get to that, so I'll spare some time and let the next person go.

Allison Aosved: And then on the line, we have a couple of panelists who weren't able to join us by video. So I'd like to ask, Dr. Jeanette Hsu...

Jeanette Hsu: Thanks Alison. Again, this is Jeanette Hsu. I'm calling in from the VA in Palo Alto, California. We are a pretty complex large hospital system here. Early in March we were responding to the nation's first shelter in place order here in the San Francisco Bay Area. And I think I'm echoing what other folks are saying about how quickly things have changed, and for those of you who are still responding to many daily and or even hourly changes, I found that it took about two or three weeks before we went through all of the different changes that occurred at our site. Right now, most of our staff are still essential workers within our shelter-in-place order. So most of our staff are coming in at least part-time and part-time teleworking. For our interns and fellows we've moved forward quickly with trying to get them to have teleworking schedules as quickly as possible not only for their health and safety, but also knowing that many younger people have been carriers of the coronavirus. So we wanted to protect our other co-workers and patients also from exposure. So our trainees actually were ahead of the staff in terms of getting their telework plans in place and a lot of practical considerations in terms of getting them equipment to do that from home. All of our team meetings and didactics are all by Skype or Zoom. So there's no more gatherings in our VA of more than six people in a room with 6-foot social distancing. I think one of the things that was really helpful as we were reflecting on what has been working well for our trainees and they've really appreciated a lot of the communication. In a crisis people want information, and they want communication. They want to know that they're also being responded to and one of the things that I thought about early on is that as things are so uncertain, chaotic, and as some others were mentioning things changing so quickly, I wanted to communicate to our trainees and to our staff and some of the values that that I said would help guide me in deciding training program considerations as we move forward knowing that I'm not a medical doctor and I can't make medical decisions about you know, whether people will be quarantined for what should what to do when you're sick. I said the first thing is what I want people to know is that we're respecting the knowledge of our scientific community and the recommendations of Public Health officials so that I would look to guidance from those to that community to make decisions about health and safety. Also that we are all in a really important healthcare field and that our care for our patients is really important. So I said that was our second one of our values. Another value was compassion for one another and for ourselves knowing that self-care is going to be important for all of us living with anxiety and helping our patients. so supporting each other was really important. And focusing on our training goals and I really have appreciated APPIC in APA and our VA Psychology Training Council putting out a lot of guidance about supervision and alternative supervision including remote supervision. All of those changes and guidance that allows all of us to do Telehealth and telesupervision. So I'll say a little bit more when we respond to some other questions, but thank you for inviting me to speak.

Allison Aosved: Thank you, and we have another panelist with us on the phone. Dr. Sharon Berry if you could introduce yourself and share a bit about your site and where you are with this transition.

Sharon Berry: I am very happy to be here and sorry for the technology issues. I am a training director at a children's hospital in Minnesota and I am a former board member for APPIC. I also want to talk a little bit about Pediatric and child programs in general because my program is in an academic Health Center. I think we were fortunate to be able to be set up pretty quickly because we've been doing Telehealth for some time and if you can imagine a minute in Minnesota telehealth in the winter really has been helpful. So we've been ready to rock and roll pretty quickly and the interns were as well. We also want to highlight that many other agencies that treat children and adolescents have not had the same fortune as us that have been able to connect with other HIPAA compliant types of telehealth services, and now

the door has been opened to phone conferences as well. So I think that will help many programs who have not been able to do Telehealth as yet, the other thing I would like to highlight for people is knowing that as a training director we are the only ones in our agencies who do this work and therefore very few other people really will understand what you are dealing with and how best to approach it and know that all of us and any of one of us on the panel will be willing to talk with you about options and to problem solve because we are following Public Health guidelines right now, and I'm I really believe my interns get the grasp this that they are professionals just like us they're going to follow the same guidelines we do we do meet in person with physical distancing with small groups of under 10, and that's been possible, but we also can work from home and interns will do Telehealth remotely with desktop access so there are many options while they still understand our professional role. Most difficult in a hospital has been how to manage in patients and we have found that we can meet face-to-face with patients who do not have any precautions and then we set up Telehealth from there. And then that we don't even have to get in the way of medical providers and we don't have to use any protective environment material. So right now we just wear masks in the hospital unless there are precautions. So thank you for being here and I'll turn it over to the next presenter.

Allison Aosved: And that brings us to Dr. Wayne Siegel. I think you're muted, okay.

Wayne Siegel: I think you can hear me now. So the theme is lots of uncertainty and that's what we've had here in Minneapolis. I'm a training director at the Minneapolis VA. I've been doing this for 22 years. We have a large internship postdoctoral program with specialty training in neuropsych and rehab so lots of uncertainties starting about three weeks ago in the middle of the day, the two major universities here pulled their practicum students, and we weren't even notified so we found out after the fact and then kind of everything broke loose from their that Sunday, again about three weeks ago, I got a call from the chief of staff late in the evening. They're pulling all trainees out of the medical center, including my interns and postdocs. So it's a good example of them not fully understanding the role in the services that they provided and how this would disrupt care. Mid next day they were told to come back on site and then later in the week they were told they could telework 50% and then in the last week it's been a hundred percent and we've really been focusing on social distancing and decreasing communication. Many facilities that deliver Health Care Center for good reason or rule driven the VA sometimes takes that to a new level so this has been a stress beyond comprehension for a very rule driven system so many rules have been broken. It's been challenging to figure out which rules we can break which rules we can't break focusing on kind of doing the right thing providing quality services, following good ethics, privacy, where we can do all of that changes the rule we've really communicated this with our trainees trying to be super transparent letting them know this what we're doing today, this could change in the next hour, tomorrow, next week, things will clearly be different in two weeks from now. Acknowledge the challenges the power differential in efficiencies that we all have including myself. I've given done a lot of self-disclosure. This has been engaging and challenging but also there's times when I stare at my computer and don't know what to do, even though I have a hundred things to do. Also would add I've really been impressed with the professionalism of our trainees how they've really kind of stepped up and managing all of this and so they'll be more I can say later.

Allison Aosved: Thank you to all of our panelists. We really appreciate your time and being here and I think the sentiment that we want to share with everybody who's joined us on the webinar today is that we are all in this together, figuring it out together. And so these are just some lessons learned and strategies from some of your peers and we welcome your questions and ideas. We prepared some

common questions that we received via registration and that we've received through our consultations prior to this webinar so will launch with those prepared questions and then we'll also have time for Q&A from the audience today. So the first question I'm going to ask each of the panelists to just chime in, in brief, something that they perhaps haven't shared as part of their introduction which is what kinds of trends and or issues have you been seen in your type of internship or postdoctoral training setting since this pandemic began?

Carmen Cruz: I can start us off, go ahead and Shona I'll go after you.

Shona Vos: I wanted to acknowledge that it seems like the biggest tension in an Academic Medical Center is that we are all healthcare providers, including our trainees and the trainees, like Wayne said, I think really wanted to be a part of that workforce and take their responsibilities very seriously. And so the tension that we have experienced has been between ensuring trainee and employee safety and providing those patient services and so we have tried to think about how we can address both of those issues simultaneously. So, in working remotely and providing didactics and supervision remotely, we've been able to keep some aspects of the training program intact while recognizing we have a big Child and Family Clinic, kids are not really set up to do therapy by phone and so there have been situations where some of our child interns have come in for a couple of cases. When they're on site, we limit the number of people in a room, how many days they come in, so we try and have it just be one afternoon if possible for our consultation liaison services. Again, we're doing some virtual rounding and having just one person go into the room and do virtual rounding with the team. We've been actually surprisingly been able to manage a lot of those concerns by phone as well.

Carmen Cruz: So for University counseling centers the trends some of the initial issues were being a leader, trying to be a leader, and how every level of leadership that was at the University, within your center, within the university, and then in the city, etc. etc. I'm like who's making what decision when and waiting and waiting. So I think the initial push was creating Telehealth forms figuring out HIPAA compliant platforms, all of that collective stress that I would imagine is true for most people. I think that one of the hardest things for a lot of training directors and university counseling centers has been letting go of the practicum program and you know feeling some emotion about that. It's hard to just pause somebody's training and just cease a practicum program. I think that's been really hard. There are a few, there are several who are still going forward with it, but it is less common in terms of a trend. So it's more common that interns are staying intact and the training program seminars for instance has been like how many seminars can we continue to have online on Zoom and how much Zoom can people tolerate for eight or nine hours a day going from Zoom link to Google hangout or Google meet link to another platform depending on who you're meeting with. So I think there's also been some technology issues with some staff who have maybe are not as comfortable or really don't prefer technology. And then I think that the biggest thing has been about what do what happens if we do they don't make their 500 direct service hours. I know that that's been like a huge concern overall unfortunately. The COA is being more lenient and starting to give more and more direction all the time related to that which is wonderful and I think training directors at university counseling centers are being really creative and figuring out ways that their interns can do work from home that would count as direct service including of course providing services online for students whether that's telephone or video. And then I think this is the last piece I'll comment on is dealing with, and I'll comment on this a little bit more later, but working with your interns and their feelings about all of this while managing our own, while managing

staff feelings, and our own families, and sort of all the intersections of that. So I'll say more about training emotions in a little bit, but those are some general trends for UCCS.

Allison Aosved: Any other panelists want to, thank you Jeanette.

Jeanette Hsu: At Palo Alto, and for our program, a really large VA program, we have 15 interns and 13 postdoctoral fellows. It's clinical postdoctoral fellows. And so as you might imagine that everyone's doing all different things and one of the things that we see here and then approved doing is that in every rotation, every intern or fellow has worked with their supervisors to develop an alternative training plan for this period of time, however long it's going to go on for, that involves either full or part-time telework, alternative projects, the focus on getting them direct service hours not only to do patient care but also to supervision and consultation to other trainees including for other disciplines and also providing in-services for staff. So, so we're being really creative. I think I want to echo what Wayne said about how well I think the trainees are working with this, they are being really resilient and take their healthcare mission seriously, and also have, understandably, concerns about their health. And I think I'll talk more about some of the self-care issues later on but I did want to mention that I took a suggestion from Amy Silverbogen from Boston VA who said that she set up virtual office hours and so I have twice a week virtual office hours with interns and fellows via Zoom, and people have been joining that and that's been a really nice way to connect with them. And also keep a pulse on how they're doing beyond all the practical considerations of how to make their training plans work. Thank you.

Wayne Siegel: Yeah, one of the trends - or it's not a trend, it's a trend I'm anticipating happening. So we've done similar to what Jeanette has described. We have our rotations do to shift on the 10th of this month. And so we're planning there's rotations that just don't exist anymore. And that wouldn't be a very meaningful training experience. But in and reality dictates that whatever we think they're going to be doing in two weeks is going to be very different particularly as staffs start to get sick and people are out, supervisors are going to have to shift and we're developing contingencies for what that's going to be. So just flexibility, being adaptable, is really the name of the game because we just don't know what this is going to look like. Having guiding principles is really important in terms of no matter what these are things that we pay attention to as Jeanette noted.

Sharon Berry: This is Sharon, I just want to say one more thing from a child program where assessment is a very big part of our internship. And so we've been really struggling about how to do that. And because the door is now open to testing virtually and using mechanisms like Q Interactive and things like that. We are trying to develop some protocols and that we will screen very carefully and see individuals in person when it's not possible to do it through video, which you don't want to eliminate an entire training experience and one in which we expect competency, but luckily we're in the final six months and our goal is to help interns be ready for their postdocs which are already planned so that they don't worry about delays in life changes. Often moves are involved things like that so that's another thing that people are working on and the door is now open in many ways for billing purposes for people who don't bill it may be a little bit easier. Thank you.

Allison Aosved: Thank you panelists for those responses. Our next question, oh, go ahead Shona.

Shona Vas: I just wanted to say that in a medical center, one of the big challenges that we are facing is that our providers who are on the frontlines, our doctors, our nurses, our medical assistants are completely overwhelmed and very, very frightened. And so, one of the pieces we have put into our

program in our institution broadly is a resilience program and our trainees are a big piece of that. So, we have a weekly community, a daily community Zoom meeting with resilience activities, with antidotes to compassion fatigue, with mindfulness and resilience activities. We have a nine to nine provide a hotline for people can call so people can call to speak with a peer supporter that is staffed by many of our trainees and almost like DBT we have a team consultation once a week for people to connect and share their experience in providing this service. And we feel like that goes a long way towards attending to serve our own distress as well as supporting each other as a community.

Allison Aosved: That's a great example. Thank you for sharing it. Our next question is along the lines of competencies. So, and this one is for Dr. Wayne Siegel. So how are you maintaining a focus on high quality training during the current pandemic. For example, certain competencies in our training programs do not necessarily lend themselves well to virtual training: psychological assessment, neuropsychological assessment, and how have you managed to address developing these in your program remotely.

Wayne Siegel: So to be completely transparent, we've not given a great deal of thought to these are our programs defined competencies and how we're meeting them. We approach this more from how can we provide meaningful experiences to our trainees and ensure supervision. Initially when people started to go off site we were focusing on. Okay. What can we do under these circumstances? And initially that was working on research projects. There was didactic instructional learning supervision we were providing that remotely and any professional development activities and then blending in clinical services as much as we can. Testing has been really hard because we've done no face-to-face contact with testing. We do none now, we're trying to figure some of that out. With neuropsych testing, we have done some telemedicine or v-tel assessment to our remote clinics and we're trying to implement some of that internally where the patient would be in a room. But those are only cases where there is really a critical question that needs to be answered for decision-making now and not like a follow-up testing. So if there's not really a critical need we're just not doing that. We hope that this will evolve over- over time, you know quality training oversight, you know, each person has a plan daily e-mails with a summary of what they've done for that day goes to their supervisor, to myself, assistant director on to kind of track what's going on. Clinical work was initially telephone contacts a challenge with that was you know, I have an office in my home but many of our intern and postdocs do not so do they have a private place where they can kind of have contact with a patient whether it be telephone or video so having discussions about that. How can we ensure that some boundaries needed to be challenged? They were asking people like what's going on in your home. And can we kind of figure that out but it was necessary. You know empowering our interns and postdocs to use good decision-making and so that they know when to check in lots of freedom very lucky very talented intern and postdoc class and we do have a lot of trust in them. And so helping them understand when do they really need to check in, making sure that they have multiple contact points for myself all supervisory staff when questions come up they can call, contact us at any time to ensure that those things can be done. Stressing for them to take care of themselves but also that they have professional responsibilities. They chose to come to a training program and an academic Health Center. We have to take care of our patients and there's a balance to that. I would, what one more thing. I will admit supervision has been a challenge initially, like staff had to be reminded supervision still has to occur on a regular basis even if it's not related to direct patient service. And so I think we finally have got that message across and that it is occurring on a

regular basis. The transition to video supervision has been really helpful, and the quality of supervision, is much better. I'll stop there.

Sharon Berry: Allison can I just add one more thing to that one comment? To keep in mind is that with many of the Telehealth options you can also observe through this mechanism and so the mandate that we observe our trainees every evaluation period really can happen through these telehealth models.

Allison Aosved: Thank you to both of you, important points and Wayne your second to last point was a nice segue into our next question actually, which is how are you maintaining focus on quality care for service recipients in the current pandemic while protecting their health, the health of trainees, and the health of staff. And so this one is for Shona.

Shona Vas: I spoke about that a little bit. We really have not experienced any interruption in the services that our patients have received because we transition to phone almost immediately. I think one of the challenges that we have faced here is sort of the evolving guidelines from CMS and billing and what's okay and whether you can do Zoom and what's HIPAA protected and whether you can work across state lines if patients go somewhere else. And so we have sort of a space for those questions to go to go up to institutional leadership and also have been very appreciative of guidelines that have come from APA as well as from our state government about insurance reimbursement and some of those questions. So our patients have not really experienced any interruption in their services. Some of them have chosen to wait but given that the stay-at-home order in Illinois has now been pushed back to April 30th it might be a while. Supervision also has continued as schedule as the training director. I put in an extra half hour weekly check-in with all of the interns together and then I have a weekly seminar with them and we missed one week, but we have jumped right back on track and all of their didactics are virtual at this time.

Allison Aosved: Thank you and speaking of extra time with your interns and postdocs. The next question is how are you addressing the emotional needs of your trainees during this challenging time and this goes to Carmen and Jeanette.

Carmen Cruz: All right, well, I'll get us started. A few first thoughts. One thing that I first started that I talked with my trainees about was that the timing of this, although never would it be good, it's better than if it would have happened in October in terms of a training cycle and that we felt confident in their abilities and their competency even though of course supervision will continue until supervision and all and the didactics and the training seminars, but I feel like that helped the staff and the interns feel a little bit better in terms of can you imagine if this what this would have happened in the fall? I think it would have been a very different landscape for us in some ways. So in terms of the emotional needs is recognition of there is going to be they're going to be so many different emotions depending on the personalities and contextual life issues for each person, and we're talking about a lot of different people. So overall and our listserv, we've had conversations about how to manage different reactions. So I think initially there was sort of like this Oh my gosh we're administrators, we have to do this, we have to do that and then it was like neglecting the trainees potentially for about for a few days. And I think that there was sort of like a recalibration of okay, let's devote some extra time. So I think similar to what Shona shared is like having extra time a little bit like having entered support time making sure that you're checking in with them. But also Empowering them similar to what Wayne shared to share what they need and that this point in their career they need to be able to do that as well. And if they and so I said if you need extra time, you can reach out to me. So I think that little personal touch goes a long way

and I know the first time we met it was a lot around like, how's your space? How are you feeling in your home kitchen or bedroom turned into an office with a sheep behind you or whatever it happens to be for that person. So I think just intentionality like if you inject intentionality into the relationships with the trainees, I feel like that can be really successful while at the same time holding the line and holding the boundary that we need to as directors of training even if they may have different attitudes about why are we still doing why we have to read these articles like can't we just let this go now we're toward the end and it's like what's not that much at the end, but it's close. So I feel like being able to hold the both end always is really important of honoring their emotions and being there for them and doing our job and what we've been charged to do. I think is a balance. Shona has her hand up.

Shona Vas: I just wanted to add one more point to emotional health and balance and note that many of our trainees are parents. And so they are also in the position of having to take care of children at home because daycares are closed and schools are closed. So how do you do your full-time job while taking care of a two-year-old if you listen closely enough, you will hear my children galloping in the hallway outside this room, which is why I'm mostly on mute. But I think that acknowledging that it's not it's not going to be possible to do your job in the same way and we recognize that and it's okay.

Allison Aosved: Thanks and Jeanette, did you have comments you can add as well?

Jeanette Hsu: Yeah, I think that one of the things we wanted to do as we're moving toward all this physical distance and remote technologies and connecting without being in the same room is how to carry on the sort of supportive atmosphere and relationships that we've already developed. And I went to echo Carmen in saying that I'm really glad actually that it was not at the beginning of the year so that we have good relationships already established among all of our trainees with each other but also with supervisors and to myself, so that was helpful as we started this crazy journey together. But they know to translate that into these remote technologies and I mentioned having the virtual office hours, which I think is really helpful. I think that letting as, Wayne said too, letting all of our trainees know how to reach all of us at it in any way. I usually don't give my personal cell phone number out to trainees until after they've graduated but I said, I've put all of their cell phone numbers into my personal cell phone and they can contact me with urgent issues any time and so we would all know how to reach each other. And I think that knowing that that I'm available is really important and also that I think just normalizing that we are all going to be a try to model this too of just being transparent that as much as we're all very highly ambitious and hard-working people that during this time where we are going to be pulled in many different directions. We have loved ones that are far away from us. We have loved ones also very close in our own very own our home and in each other's space all the time. And that it's going to be really important to just acknowledge that that we're not going to be as productive as we might have expected to be, to acknowledge the disappointment that they're not getting the training experience that they anticipated, and to reframe what they're what they're getting right now, which is a live, you know, supervised experience of how to cope when in a crisis and that that's also a very valuable experience and that they can learn from that. A lot of our postdoc fellows especially are thinking about and looking to us and saying how can we be leaders? And they're looking to us to say what are the models of leadership that they are seeing, what is working and not working in this crisis. And I think all of those acknowledge and just normalize our responses and being human and authentic with them has been really helpful for just supporting them in their self-care. I'll stop there.

Allison Aosved: Thank you. And then this next question is for Sharon and have you experienced tensions from the doctoral program sending their students year internship in terms of their expectations for your interns given the pandemic and if so, how have you navigated them? And if you have not how would you recommend that others navigate such tensions?

Sharon Berry: Thank you. You know I've been very lucky and I have not had any tension with the doctoral programs, but it is a really important time to highlight and remember our collaborative partnerships with the doctoral programs as we jointly share these interns and get them to graduation. So if you haven't reached out to them at this point, it would be a great time to do it and I do think that there are programs that have had some tension and part of the trick is systems work in a vacuum many times and don't have any knowledge or consideration for what's happening with trainees from other states and we all probably felt some of that with FLSA standards coming out and many of our programs not really respecting the legal consultation that APA obtained for us and so we're all kind of fighting within our own systems to help them understand this training world. So I think part of it is when you get mandates to really consult with APPIC who can help you to talk with others to take advantage of moving up the hierarchy to talk with people to see who can best advocate for you with exceptions to any mandates that are happening. So I my interns have been set up as employees and in many ways that helps because nobody is targeting them as trainees at this point where as medical students are out of the hospital. They're no longer here. And so some of it is really stay in touch with the doctoral programs, but really work carefully with any mandates that anybody is getting and I suspect others have some ideas about that as well.

Allison Aosved: Does anyone else want to chime in on that one?

Jeanette Hsu: I want to add on one thing about what Sharon said about contacting graduate programs. About a week or so ago I did so. I think it's helpful just to send out preemptively in a way, send out a message to all of the DCTs of our interns and just describe to them what has happened in terms of changes in our training plans for all of our interns and how we are assuring their safety and health. And I think that really reassured them that they kind of know what's going on with their student and maybe for some of you may prevent some additional, well I guess if it reassures them then maybe you've headed off some other concerns from their end.

Allison Aosved: Thank you. So now we have another question from the chat or the questions today. And there's really two parts to this theme. It's a common question. So one, for the panel if someone on the panel would like to take this is what recommendations do you have if you can't implement telehealth due to the nature of your setting or restrictions in your institution? And then also an equity and social justice component to that: What if you're serving populations that really are on the other side of the digital divide and they can't engage in telehealth due to lack of resources? So either side of that comment would be much appreciated on that. And I'll turn that to the panelists.

Sharon Berry: Well, this is Sharon again and my interns do bill for everything they do but we now have we've followed the reimbursement guidelines very closely and there are now codes for services by phone. And so for those families who absolutely have none of the devices that we think about, we are really working to screen them, to see them in person if it's an acute situation, and if not, we are doing phone services. And I think we all feel pretty comfortable with that that, it's not sneaky. It's not back door. It's really valid right now, and it's really important. So that's how we're doing it particularly if they're old enough to talk by phone. If you've got a four or five or six-year-old that's really impossible

unless it's behavioral management with parents. So those are some of the ways that we're working with it.

Shona Vas: Our institution is on the outside of Chicago. And so our patient population is faced with many social and economic challenges and the institution has set up a fund for patients whose care is interrupted by this crisis. So we have been able to get digital access laptops, iPads, devices to families that really need them if they haven't been able to utilize services through their phone. So again, we are trying to think about our training program as just one piece of the larger community both in terms of who we serve and how we can continue to make our services accessible.

Allison Aosved: Okay, the next question that again represents a common question or theme from our audience today is what are people doing regarding direct service delivery hours requirements either for licensure jurisdictions that you're tracking for your graduates for APPIC with the 25% of training needs to be direct service or for APA standards. How are people being creative and their thinking and finding ways to meet those standards under these circumstances.

Carmen Cruz: I can start with that. This is Carmen Cruz. So the obvious first is phone or video telehealth provision. Unfortunately, our interns and most interns are not able to continue supervising who they were supervising. So that that again the timing does help but I think the other most common a lot of active members got their heads together and people were sharing a lot of ideas and I would say the most common are to create deliverable products essentially to the student body on through virtual means and posting things on our social media and they're so they're creating things that can be left and sort of this legacy that they'll leave at our Center during this time. And this is very unfortunate time that they were able to create products that will be used for students for a while because they'll be up on our website or social media. And those are in terms of counting those as direct service it feels fair to do that and if they're delivering that service and creating how to cope with COVID-19, how to transition to online and have to move back with your family, and things like that for that's unique to obviously a university counseling center. So that's just one contribution in terms of what we're doing in university counseling centers.

Shona Vas: I wanted to add that it's important to think about direct service hours over the course of the year and not just at this time. So if you have a certain number of hours that your trainees are expected to get which is 2,000 for APPIC and varies from state to state think about how they might have been other times of the year where they work more than that and average that out over the course of the year so that if they're a little bit lower right now, maybe it is okay.

Allison Aosved: Any other comments about hours? Yeah, Carmen.

Carmen Cruz: I was going to say one more thing. I feel strongly about this too in terms of quantifying competency has always traditionally been tough and I think that, you know, I'm asking myself am I do I feel like this person is ready in July, you know with a few more months of experience, however that is, to be out on their own and be at a postdoc level at least in the internship level, right? And so how do we quantify being part of a group that's not going to get this training maybe again and this is a very unique experience in learning how to cope with something like this. So do we say oh you get 25 hours for learning how to cope with the crisis, you get 50, you know, we can't it's really hard to quantify. So I think at some level it becomes incumbent upon us as gatekeepers and having that gatekeeper role of what are we willing to sign off on. I think the complication, I know I've had a few training directors reach out,

they've had a remediation plan in place. That's a huge complexity to this which is hard to answer in a very quick minute, but I would I would urge folks to think about using their power with really from a very feminist multicultural way of working with trainees to be able to graduate as many people as we can without bending the rules essentially or breaking them, maybe bending them is what I wanted to say without breaking them.

Shona Vas: And, I think going back to Kathy's comments at the beginning, we I think that everybody is going to be flexible with requirements and adjusting those because this is a universal situation. So numbers are going to be less important in terms of thinking more flexibly and creatively about how we're addressing competence.

Allison Aosved: Well, I'm aware that we have two minutes in our webinar left and so many more questions. So I want to point out that one thing too, when it comes to our unique circumstances, consultation is so key so really recommend if people are in institutions that just prohibit phone contact or telehealth contact for some reason reach out to your colleagues and other similar institutions, reach out to APPIC and APA's Office of Consultation and Accreditation to consult on what you can do for your unique circumstances. So that's one thing that I think is really important. And another thing that I'd like to note is we will take the themes from the questions that were typed into the chat today and the questions today, as well as that were part of registration, and we'll add those to the FAQs related to COVID that are on APPIC's website already. So that's something that we'll be working on. So if we didn't get to your question today because we know there are so many please know we'll be addressing those themes over time and I really want to give a big thank you and express my gratitude to the wonderful training directors who've served on the panel today it and times like this it is so nice to kind of fall into the arms of our colleagues, virtually so to speak, for support as we try to sort this out together. So we just want to thank all of you for taking the time to share your experiences and everybody who joined us for taking the time to be here with us and don't hesitate to reach out and I think that brings us to the end of time. So, thank you everyone.