



**Chair**  
Jason Washburn, PhD

January 29, 2021

**Treasurer**  
Rebecca Ready, PhD

**Secretary**  
Tammy Barry, PhD

To Whom it May Concerns,

**Board of Directors**

**2018-2021**  
Jennifer Callahan, PhD  
Mark Lumley, PhD  
Tim Strauman, PhD

The COVID-19 pandemic and abrupt transition to remote instruction was disruptive to instruction in nearly all aspects of higher education. However, adverse impacts were felt disproportionately in different disciplines; some types of instruction were more easily adapted to virtual interactions than others.

**2019-2022**  
Amy Peterman, PhD

**2020-2023**  
Edward Selby, PhD  
Jorge Varela, PhD

The transition to remote instruction and supervision in **psychological assessment** – a core aspect of all Clinical Psychology programs – was tremendously challenging. The Council of University Directors of Clinical Psychology (CUDDCP) Board issues this statement to illustrate the burden placed on faculty who teach and supervise psychological assessment.

**Student Representatives**

**2019-2021**  
Jennifer Boland, MA  
Erica Szkody, MS

Psychological assessment is taught in in two contexts. First, early career doctoral students in clinical psychology enroll in assessment courses, in which they learn how to administer, score, and interpret a number of assessment instruments, such as IQ tests. The tests are taught in small,

**2020-2022**  
Pankhuri Aggarwal, MA  
Katie Daniel, MA

hands-on courses that involve a lot of instructor-student and peer-to-peer interaction. Often, the tests are administered in close proximity to volunteers or mock patients in one-on-one training sessions that last several hours. The tasks involve sharing and manipulation of materials, i-pads, laptops, papers, stimulus books, physical stimuli (e.g. blocks, cards, pegboards), and writing utensils. Second, more advanced doctoral students engage in practicum placements in which they conduct psychological assessments with patients in clinics, schools, and hospitals. These placements are supervised by licensed psychologists, often the same psychologists who also teach psychological assessment courses.

The field of psychological assessment was unprepared for a rapid transition to remote instruction in Spring 2020. Instructors and supervisors had to spend a great deal of time training, reading, innovating, sharing ideas, and trouble-shooting. Guidance materials were quickly drafted and circulated by major training councils. Several webinars were offered. Test materials needed to be scanned, transferred and/or accessed (via test publishers) digitally. Materials needed to be copied and mailed to students and patients. At practicum placements, new consent forms and training procedures had to be developed – and often vetted through HIPPA compliance officers, deans, environmental safety departments, and attorneys – before remote clinical assessments could occur. In graduate courses and at training sites, supervisors



and instructors had to figure out how to instruct students to configure the remote assessment environment so that assessors could both see the patient or volunteer and simultaneously see what that person was doing with relevant test materials via a third camera. Supervisors and instructors had to spend an inordinate amount of time learning and reviewing the literature on remote assessments before they could adequately train their students to engage in this activity.

Faculty who teach or supervise psychological assessment suffered disproportionate burdens on their time and resources relative to faculty in many other disciplines in the transition to remote instruction. Many of these faculty were unable to maintain their scholarly productivity at a level commensurate with in-person instruction. The CUDCP Board recommends that the tremendous efforts by assessment faculty be acknowledged and adequately accounted for in personnel review contexts.

Sincerely,

The CUDCP Board