



**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 nearly all aspects of higher education. The adverse impacts, however, were felt disproportionately in different disciplines; some types of doctoral programs were more easily adapted to remote education and training than others.

**2019-2022**  
**Amy Peterman, PhD**

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

Directors of Clinical Training (DCTs) of Clinical Psychology doctoral programs were required to assist their students and faculty in transitioning to remote instruction and research, as well as to assist their students in addressing concerns with in-person clinical training. The Council of University Directors of Clinical Psychology (CUDDCP) Board issues this statement to illustrate the burden placed on DCTs during the COVID-19 pandemic.

**Student Representatives**

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

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

Like directors of non-clinical doctoral programs, DCTs of Clinical Psychology doctoral programs were required to assist their students in transitioning to remote learning and – when possible – to remote research programs. DCTs of Clinical Psychology programs had the added challenge of transitioning coursework to remote instruction that requires significant “hands-on” learning, such as psychological assessment. In addition, DCTs worked with students whose clinically relevant research (e.g., randomized controlled trials with people suffering from behavioral, cognitive, and emotional disorders) may not have been amenable to remote methods. DCTs had the added burden of managing students’ clinical training. Clinical training, which includes a combination of in-house practica, external placements in the community, as well as year-long clinical internship, was severely impacted by the pandemic. Most training facilities were unprepared for the need to rapidly transition all services to telepsychology and to grapple with new ethical, legal, and privacy issues. In addition, some services were not amenable to fully remote delivery, such as psychological and neuropsychological assessment and required significant new learning and creative problem-solving. DCTs were critical in helping to facilitate the transitions in clinical training, sometimes directly (e.g., adapting in-house practica). DCTs were also critical in managing the concerns of students who were not able to transition to telepsychology, and to identify alternative clinical training opportunities for these students. Further, DCTs were critical in advocating for their students to make sure that their practica, externships, and internships were not engaging in practices that placed their students at significant health risks.



All faculty struggled during the COVID-19 pandemic. All faculty experienced challenges and stressors that were unprecedented. DCTs of Clinical Psychology programs, however, experienced disproportionate burdens on their time and resources relative to faculty in many other disciplines as they reacted to the challenges presented by the COVID-19 pandemic. Because of these burdens, many DCTs were unable to maintain productivity in other areas, such as their scholarly productivity. The CUDCP Board recommends that the tremendous efforts by assessment DCTs be acknowledged and adequately accounted for in personnel review contexts.

Sincerely,

The CUDCP Board