

## Practice During and After the Pandemic

### National Register of Health Service Psychologists & TrustPARMA

The following series of questions are designed to assess how the COVID-19 pandemic has affected you, your practice, and your patients.

We appreciate the responsiveness of the community to our two prior surveys, the data we have analyzed and shared have been important to our profession. Continuing to assess the effects of COVID-19 on the profession will allow us to better assess the effects of the pandemic on the provision of psychological services.

The National Register and The Trust are committed to providing you with up-to-date risk management and clinical information. Additional resources on COVID-19 and telepsychology are available on the [National Register](#) and [TrustPARMA](#)'s websites.

In answering any questions comparing your current situation with that before the pandemic began, please use **March 15, 2020**, as the start of the pandemic. *Telepsychology* refers to any distance-based mode of psychotherapy—video, chat, text or phone.

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#### SECTION 1: DEMOGRAPHICS

##### 1. How many years have you been licensed as a psychologist?

- |                             |                                  |
|-----------------------------|----------------------------------|
| <input type="radio"/> 0-5   | <input type="radio"/> 16-20      |
| <input type="radio"/> 6-10  | <input type="radio"/> 21-25      |
| <input type="radio"/> 11-15 | <input type="radio"/> 26 or more |

**2. What is your primary employment setting?**

- Solo or Group Private Practice
- Agency, Clinic, or Organized Healthcare Setting
- Primary or Secondary School
- 

**3. Has your work setting changed as a result of the pandemic?**

- Yes
- No

**4. Please describe your vaccination status:**

- I have been fully vaccinated
- I have been partially vaccinated
- I have not yet been vaccinated but am planning to do so when available
- I do not intend to be vaccinated against COVID-19

**5. How has the COVID-19 pandemic affected you personally? (Please select all that apply)**

- I know friends, family members, patients, or close professional colleagues who have contracted COVID-19
- I know friends, family members, patients, or close professional colleagues who have died as a result of COVID-19
- I have contracted COVID-19
- I know of colleagues or acquaintances who have contracted COVID-19 or died from its effects, but I do not know these people personally
- I am unaware of anyone who has become ill or died due to COVID-19

**SECTION 2: EFFECTS OF THE PANDEMIC ON YOUR PRACTICE**

**6. How has the pandemic affected your attitude towards your practice? (Please select all that apply)**

- I am more optimistic about the future of my practice
- I am more pessimistic about the future of my practice
- My attitude about the future of my practice is unchanged by the pandemic
- The growing use of telepsychology has made me more optimistic about the future of my practice
- The growing use of telepsychology has made me more pessimistic about the future of my practice

**7. If you have restricted or suspended seeing patients in-person during the pandemic, what conditions will you require before resuming in-person services? (Please select all that apply)**

- When a vaccine is available
- When I have become vaccinated
- When my patients are vaccinated
- I do not plan on resuming in-person services in the future
- I will resume seeing patients in-person regardless of a vaccine

**8. If you have resumed or intend to resume in-office visits, what guidelines have you established for doing so? (Please select all that apply)**

- Social distancing
- Sanitizing protocols
- Providers must wear masks
- Patients must wear masks
- Patients must be fully vaccinated or demonstrate valid personal exemptions from vaccination
- Providers must be fully vaccinated or demonstrate valid personal exemptions from vaccination
- I do not intend to provide specific guidance to patients/clients seen in person
- I will not be resuming in-office visits in the future

**9. How has the pandemic affected your patient case load?**

- I have seen no effects of the pandemic
- My case load has increased
- My case load has decreased
- I have temporarily stopped seeing patients
- I have permanently stopped seeing patients

**10. Compare the acuity level of patients/clients in your practice between the beginning of the pandemic and now: (Select all that apply)**

- More of my patients/clients report symptoms of emotional distress than before the pandemic
- I have seen an increase in patients/clients reporting suicidal thinking or behavior than before the pandemic
- I have seen an increase in patients/clients reporting symptoms of chronic stress than before the pandemic
- I have noticed no change in the acuity level of my patients/clients
- My patients/clients presented with higher acuity during the pandemic, but this is now returning to pre-pandemic levels

**SECTION THREE: TELEPSYCHOLOGY**

**11. What percentage of your typical case load are you providing via telepsychology:**

	0%	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-99%	100%
Before COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. What percentage of your typical case load are you providing in person:**

	0%	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-99%	100%
Before COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Which patient populations do you see via telepsychology? (Please select all that apply)**

- Children
- Adults
- Groups
- Couples
- Adolescents
- Seniors
- Families

**14. When providing telepsychology services, which one of the following platforms do you most frequently use:**

- 8x8
- Electronic Health Record-based Platform (e.g., SimplePractice, TherapyNotes, Epic)
- FaceTime
- Skype
- Texting
- Vsee
- Zoom
- Doxy.Me
- Employer Custom Solution (e.g., VA Video Connect)
- Google (e.g., Duo, Hangouts, Meet, Voice, GSuite)
- Telephone
- Thera-LINK
- WebEx
- Other

**15. Regarding interjurisdictional practice using telepsychology and the PSYPACT Authority to Practice Interjurisdictional Telepsychology (APIT):**

- I intend to use telepsychology to expand my practice outside the jurisdiction(s) in which I'm currently licensed

- I am/I intend to obtain licensure in multiple jurisdictions in order to practice telepsychology
- I live in a PSYPACT jurisdiction and have applied for or have received the PSYPACT APIT
- I live in a PSYPACT jurisdiction but do NOT intend to apply for the PSYPACT APIT
- My jurisdiction is currently not a member of PSYPACT, but I will apply for the PSYPACT APIT as soon as it becomes one.
- I am unaware of PSYPACT and/or my jurisdiction's PSYPACT status
- I do not intend to practice interjurisdictionally

*Please skip the next two questions if you do **not** see patients via telepsychology.*

**16. Since the beginning of COVID-19, do you believe your skills as a telehealth provider have improved?**

- Not at all
- Not really
- Some
- A good amount
- A great deal

**17. Have you attended any telepsychology trainings offered by the National Register or The Trust?**

- Yes
- No

**18. Please indicate your level of agreement to the following statements:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Telepsychology has enhanced my practice by increasing my accessibility to patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty using telepsychology services because my patients/clients lack access to appropriate internet services and equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty providing telepsychological services because of increased documentation requirements (e.g., obtaining informed consent, intake forms, results of testing, and the like).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My use of telepsychology is limited because of technological issues (frequently dropped sessions, client/patient unfamiliarity with telepsychology technology, and the like).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telepsychology has detracted from my practice because of the complexity of regulations regarding provision of services and reimbursement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telepsychology has negatively affected my life because of the absence of a true office environment with defined office hours and patient/client-provider expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable providing telepsychological services to patients who are at higher risk for suicidal behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients are as accepting of telepsychological services as they are of in-person services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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