Time2Track Categories Information

This document may be useful in clarifying what information should be entered in each specific category on the T2T form. Keep in mind that there is considerable overlap in categories and some hours may be entered in more than one category; however, you may only count hours in one category. That is, once hours have been entered into a specific category, they may not be concurrently entered into any other category. In a different vein, it is rare that students will have entries in every subcategory in the T2T system (so don’t stress-out if some subcategories are blank).

Category

1. **Testing/Reports Child/Adolescent Adult**: The “tab” for Testing/Reports Child Adult should bring you to a screen that allows you to pick from a menu of assessments or add an assessment that is not in the menu (the menu is extremely comprehensive so any assessment you use will probably be in the menu—just click on the letter that comes first in the assessment’s name; e.g., click on “w” for any Wechsler you are counting in this assessment field. Please indicate the number (and type) of tests administered to Children and those devoted to Adults. The T2T form does not define when an individual moves from Child to Adult so there is some latitude here. As a rule-of-thumb, those 18 or older are probably best categorized as adults. **Integrated Report Writing** is a part of this data field developed to record the number of supervised integrated psychological reports you have written. An integrated report, according to APPIC consists of a “…history, an interview, and at least two tests from one or more of the following categories: personality assessment (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient/client. (pp. 22).” Do not include hours spent scoring, interpreting, integrating, or writing up results—they will be included in separate subcategories and in a different data field.

2. **Assessment and Intervention**: This includes actual physical face-to-face hours spent working with clients or patients and the following subcategories are represented under this category:
   a. **Individual Therapy**: *Face-to-face time with clients or patients engaged in psychosocial treatment.* This may include relationship issues (where significant players are not present), treatment of disorders (e.g., mood disorders such as depression, substance use disorders such as alcohol abuse, anxiety disorders such as agoraphobia, V-codes, etc.). The key to this category is that it reflects time spent with an individual in the delivery of some form of psychosocial treatment. A 45 to 50 minute individual therapy session counts as one hour of face-to-face individual therapy.
   b. **Career Counseling**: May involve discussing the results of assessment (e.g., Strong-Campbell Interest Inventory) as they relate to various career issues/decisions. Also acceptable is discussion of career plans and means
to achieve career-related goals (e.g., schooling, financial concerns related to developing a career or switching careers).

c. **Group Therapy:** Simply the *time spent delivering group therapy*—acting as a group therapist or co-therapist. Most groups run about 90 minutes; therefore, count a 90’ group session as 1.5 hours of face to face group therapy.

d. **Family Therapy:** This is distinguished by the presence of at least two individuals who are married or a parent (or legal guardian) and child dealing with family relationship issues. This subcategory may also include unmarried couples who have offspring or adopted/foster children. *Legally defined marriage or legally defined guardianship and/or blood-relations characterize this category.*

e. **Couples Therapy:** This subcategory is *most appropriately* used to represent time spent in therapy with couples (typically unmarried dyads) dealing with issues relevant to the couple’s relationship.

f. **School Consultation:** This involves work with schools on a variety of issues that may represent the results of formal child assessment (including behavioral observations, IQ testing, achievement testing, ADHD assessment, etc.) and subsequent treatment recommendations or indicated changes in teaching strategy. Often parents or guardian(s) are present when recommendations and diagnoses are presented along with the special education teacher, school Principal, and classroom teacher (e.g., an IEP meeting). *Hours spent while in a consulting role on school issues with school personnel or parents belong here.*

g. **School (direct intervention):** This category is reserved for trainees who have *delivered psychosocial/behavioral interventions within a school context or even in the student’s home if they are directly related to the management of school-related problems.*

h. **Sport Psychology/Performance Enhancement:** Reserved for interventions related to psychological functioning within a specific sport or performance domain. The goal of interventions is to increase performance.

i. **Medical/Health Related:** A subcategory devoted to health-psychology. May include biofeedback, treatment compliance issues, lifestyle issues, genetic counseling, stress-management/relaxation exercises, etc.

j. **Intake/Structured Interview:** Includes *time spent in clinical interviews* (open, semi-structured, or structured) where diagnostic impressions and the presenting problem or chief complaint are identified. Family, work, substance use, health, social and developmental history are part of this interview. Also, demographic information (e.g., marital status, number of children, ethnicity, etc.), past/current treatment history and outcomes, medication use, level of functioning, social support, life stressors, etc. are all important areas to include in most interviews. The preparation/writing of the intake report should be included the Clinical Writing/Progress Notes subcategory.

k. **Substance Abuse Intervention:** Simply the *hours spent delivering psychosocial interventions relating to substance abuse treatment.* This
can include a number of intervention areas such as: health concerns/detox concerns, problem solving, situation projection and role-play, identification of triggers, reduction of craving, developing a healthy social support network, referral to legal experts, adjustment to a substance-free lifestyle/relationship, etc.

l. **Milieu Therapy**: Typically refers to inpatient settings where patients are receiving a form of therapy through the active participation of unit staff and active participation of patients in unit activities.

m. **Treatment Planning with Client**: May include time spent in developing a formal contract for therapy, discussion of treatment options, progress assessment, etc. This activity typically occurs in the initial stage of treatment (sometimes the first session but usually in session two or three) and it may be revisited as progress is assessed and course of treatment is evaluated.

n. **Psychodiagnostic Test Administration**: Any time spent administering a psychodiagnostic instrument (e.g., MMPI, MCMI, CPI, PAI, SCL-90-R, HRSD, BDI-II, STAI, Rorschach, etc.). Technically, the SCL-90-R, BDI-II, STAI, and HRSD are symptom inventories, not diagnostic instruments; however, they are traditionally included as part of a diagnostic interview and it can be argued that the time spent delivering these instruments may be included here.

o. **Neuropsychological Assessment**: Any time spent administering neuropsychological assessments—may include IQ, TPT, Trails, WCST, NCSE, Finger-Tapping, various tests of aphasia or apraxia, personality testing, MicroCog, NEPSY, Bailey, Grip Strength, Fingertip Writing, Visual Field confrontation, observational assessment, assessment of pre-morbid functioning, etc.

p. **Supervision of Other Student**: A subcategory reserved for students who are enrolled in or have completed instruction in supervision and are being supervised by a doctoral-level supervisor. These individuals may provide supervision to M.A. or Psy.D. practicum students and count their time spent in this activity here.

q. **Program Development/Outreach Programming**: In general, this includes any time spent in the development and/or delivery of community- or agency-based treatment programs (e.g., developing a caregiver supportive treatment, sexual abstinence programs, parenting programs, programs directed toward the reduction of domestic violence, and community outreach including any type of community psychoeducation).

r. **Outcome Assessment of Programs or Projects**: Typically a research-oriented activity involving some type of pre-post assessment (or time-series design) and an analysis of change or effectiveness within the context of an existing psychosocial program.

s. **System Intervention/Organizational Consultation/Performance Improvement**: This subcategory is a little vague; however, it involves time spent in clinical activities relevant to professional organizations (where the organization is the client). For example, if an organization
contracts to have a trainee assess potential job applicants or employees being considered for advancement or reorganization.

t. **Other**: A subcategory created to allow for clinical experience related to Assessment and Intervention that does not have a subcategory already identified in this domain.

3. **Support**
   a. **Chart Review**: Any time spent reviewing the materials in a patient’s or client’s chart.
   b. **Clinical Writing/Progress Notes**: Any time spent on preparation of progress notes or patient charting. This typically involves materials that are placed in the patient’s or client’s chart or file.
   c. **Consultation**: Time spent in consultation activities with colleagues or other qualified individuals (supervisors, DCTs, professors, or other mental health/medical personnel qualified to provide informed feedback).
   d. **Video-Audio-Digital Recording Review**: This subcategory is for the time that students spend reviewing any recorded psychosocial treatment sessions. This subcategory may also include time spent in the review of intakes or assessments if they were appropriately recorded.
   e. **Case Conferences**: A subcategory for the time that students spend on presenting or participating in case conferences. These usually occur in a supervisory setting but students may also include time spent in formal (didactic) case presentations (but if formal didactic training time is included here, it may not also be included in “h” below). Time spent preparing for (e.g., reading articles, researching) a case presentation should also be included here.
   f. **Psychological Assessment Scoring/Interpretation**: This category is probably self-explanatory to most. It involves time spent reading assessment manuals, scoring of responses, and interpretation and integration of the clinical interview data and formal test results.
   g. **Assessment Report Writing**: Includes all the time a trainee spends on writing up assessment results. This includes writing for all the categories in an assessment report (e.g., patient history, diagnostic impressions, treatment recommendations, prognosis, etc.). Subcategory “g” is very similar to subcategory “f”; however, “g” involves the physical activity of writing a psychological assessment report.
   h. **Seminars/Didactic Training**: This subcategory is for any time that a student spends in seminar-type training that occurs outside the formal Psy.D. training program.
   i. **Grand Rounds**: A subcategory related to “h”; however, this is distinguished by the context in which the training/presentation occurs. That is, Grand Rounds are typically medical school or hospital activities—some organizations have borrowed this terminology and students may include time spent in non-medical Grand Rounds here (if included here, these hours may not also be included elsewhere).
j. **Case Management**: This involves *time spent in appointment scheduling or rescheduling, room sign-up and preparation, record keeping/filing, and other preparatory or organizational activities related to specific cases*. Some individuals include case note writing here—if so, you may not include that activity in another subcategory.

4. **Supervision**
   a. **One-to-One Supervision**: Record hours spent in individual supervision. When a student is getting individual supervision, the session should be at least one hour per week. Students may get more supervision than an hour per week.
   b. **Group supervision**: Consists of at least 1.5 hours per week. Some students get both individual and group supervision on a weekly basis.
   c. **Peer Supervision/Consultation**: This subcategory is for logging hours spent in peer supervision and peer consultation (i.e., *getting supervision or consultation from those in your cohort or other students in the program*—students do not need to be specifically trained in supervision or be in a supervisory relationship with anyone to provide or receive peer supervision).