

2024 Annual Practitioner Pulse Survey

Informed Consent

Page exit logic: Skip / Disqualify Logic

IF: Question "INFORMED CONSENT STATEMENT"

The 2024 Practitioner Pulse Survey is conducted by the American Psychological Association (APA). The purpose of this survey is to gather key information about psychologists' state of practice. In the survey, we will ask questions about your education background, employment, practice, use of telehealth, caseload characteristics, and demographic characteristics. Your responses will help us continue to focus our resources to best help you manage your practice, business, and career.

PARTICIPATION

Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. Other than required eligibility questions, you are free to decline to answer any question you do not wish to answer for any reason.

CONFIDENTIALITY

As part of this survey, we will be collecting demographic, employment, and educational information. All responses are confidential; results will be reported anonymized and in aggregate only and will not include personally-identifiable information (PII), such as your name and email address. Further, no PII will be included in any publications or presentations based on the results of the survey. This survey is being conducted on the Alchemer survey platform.

Please follow this link to view Alchemer's privacy policy: <https://www.alchemer.com/privacy/>

Please contact Cory Page by email (cws@apa.org) with any questions about the survey.

ELECTRONIC CONSENT

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read and understand the above information
- You voluntarily agree to participate
- You are 18 years of age or older

" is not one of the following answers ("Agree") **THEN:** Disqualify and display:

Thank you for taking time to respond to the 2024 Practitioner Pulse Survey. Although you do not meet the eligibility criteria for this survey at this time, we hope that you will be interested in participating in future projects.

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*

- ☐ Agree
- ☐ Disagree

Qualifier Questions

Page exit logic: Disqualify Logic

IF: (((#1 Question "Please select the option that best describes your current work status." is not one of the following answers ("Working full-time, including self-employed, consulting, and practice (at least 35 hours per week or at least 31 client hours per week)", "Working part-time (less than 35 hours per week or less than 31 client hours per week)", "Postdoctoral study", "Retired and STILL working") OR #2 Question "In how many U.S. states are you currently licensed to practice?" is not one of the following answers ("One state", "More than one state")) OR #3 Question "Do you currently provide direct patient/client care?" is not one of the following answers ("Yes")) OR #4 Question "Please select your highest degree earned. If you have not earned a degree, please select not applicable (N/A)." is not one of the following answers ("PhD", "PsyD", "EdD", "Other doctoral degree, please specify")) **THEN:** Disqualify and display:

Thank you for taking time to respond to the 2024 Practitioner Pulse Survey. Although you do not meet the eligibility criteria for this survey at this time, we hope that you will be interested in participating in future projects.

1. Please select the option that best describes your current work status. *

- ☐ Working full-time, including self-employed, consulting, and practice (at least 35 hours per week or at least 31 client hours per week)
- ☐ Working part-time (less than 35 hours per week or less than 31 client hours per week)
- ☐ Postdoctoral study
- ☐ Not working and seeking work
- ☐ Not working and NOT seeking work
- ☐ Retired and NOT working
- ☐ Retired and STILL working
- ☐ Not applicable

2. In how many U.S. states are you currently licensed to practice? *

- ☐ I am not currently licensed to practice in any U.S. state
- ☐ One state
- ☐ More than one state

3. Do you currently provide direct patient/client care? *

- ☐ Yes
- ☐ No

4. Please select your highest degree earned. If you have not earned a degree, please select not applicable (N/A). *

- ☐ PhD
- ☐ PsyD
- ☐ EdD
- ☐ Other doctoral degree, please specify
- ☐ Master's degree
- ☐ Other degree, please specify
- ☐ N/A

 Hidden unless: (((#1 Question "Please select the option that best describes your current work status." is one of the following answers ("Working full-time, including self-employed, consulting, and practice (at least 35 hours per week or at least 31 client hours per week)", "Working part-time (less than 35 hours per week or less than 31 client hours per week)", "Postdoctoral study", "Retired and STILL working") AND #2 Question "In how many U.S. states are

you currently licensed to practice?" is one of the following answers ("One state", "More than one state")) AND #3 Question "Do you currently provide direct patient/client care?" is one of the following answers ("Yes")) AND #4 Question "Please select your highest degree earned. If you have not earned a degree, please select not applicable (N/A)." is one of the following answers ("PhD", "PsyD", "EdD", "Other doctoral degree, please specify"))

5. Please select the year in which you earned your highest degree.

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Workforce Benchmark Questions

[illegible]

- ☐ Group practice
- ☐ Solo practitioner

[illegible]

10. Approximately what percentage of your patients are you seeing...

in your home state

out of your home state

0 out of 100% Total

11. What type of practice do you engage in? Please select all that apply.

- ☐ Psychological Testing
- ☐ Neuropsychologist Testing
- ☐ Individual Therapy
- ☐ Family Therapy
- ☐ Group Therapy
- ☐ Health Behavior Assessments & Interventions
- ☐ Applied Behavior Analysis
- ☐ Substance Use Treatment
- ☐ Another type of practice

Workforce Benchmark Questions

 Show/hide trigger exists.

12. Are you currently in-network with any private or public insurance panels?

- ☐ Yes
- ☐ No

 Hidden unless: #12 Question "Are you currently in-network with any private or public insurance panels?" is one of the following answers ("No")

13. Have you previously been in-network with any private or public insurance panels?

- ☐ Yes
- ☐ No

 Hidden unless: #12 Question "Are you currently in-network with any private or public insurance panels?" is one of the following answers ("Yes")

14. Which of the following plans do you participate in as an in-network provider?

- ☐ Private/commercial insurance company (i.e., you have signed a provider contract with the company)
- ☐ Traditional Fee for Service Medicare
- ☐ Medicare Advantage
- ☐ Traditional Fee for Service Medicaid
- ☐ Managed Medicaid
- ☐ Something else, please specify

 Hidden unless: (#12 Question "Are you currently in-network with any private or public insurance panels?" is one of the following answers ("No") AND #13 Question "Have you previously been in-network with any private or public insurance panels?" is one of the following answers ("Yes"))

15. Which of the following plans did you previously participate in as an in-network provider?

- ☐ Private/commercial insurance company (i.e., you have signed a provider contract with the company)
- ☐ Traditional Fee for Service Medicare
- ☐ Medicare Advantage
- ☐ Traditional Fee for Service Medicaid
- ☐ Managed Medicaid
- ☐ Something else, please specify

 Hidden unless: #12 Question "Are you currently in-network with any private or public insurance panels?" is one of the following answers ("Yes")

16. In the past 12 months, have you stopped participating in any private or public insurance panels? If so, which?

- ☐ No, my participation has not changed
- ☐ Private/commercial insurance company (i.e., you have signed a provider contract with the company)
- ☐ Traditional Fee for Service Medicare
- ☐ Medicare Advantage
- ☐ Traditional Fee for Service Medicaid
- ☐ Managed Medicaid
- ☐ Something else, please specify

 Hidden unless: (#12 Question "Are you currently in-network with any private or public insurance panels?" is one of the following answers ("No") OR #16 Question "In the past 12 months, have you stopped participating in any private or public insurance panels? If so, which?" is one of the following answers ("Private/commercial insurance company (i.e., you have signed a provider contract with the company)", "Traditional Fee for Service Medicare", "Medicare Advantage", "Traditional Fee for Service Medicaid", "Managed Medicaid"))

17. What are your top three barriers to being in network with private or public insurance?

- ☐ Denials of coverage for services I deem necessary and appropriate
 - ☐ Something else, please specify
-
- ☐ Concerns about payment reliability (refund demands, delays in payment, etc.)
 - ☐ Issues joining the insurance panel (i.e. insurer says the panels are full, slow credentialing process, etc.)
 - ☐ Administrative issues (pre-authorization requirements, audits, inability to resolve issues with insurer, etc.)
 - ☐ Insufficient reimbursement rates

Workload Questions

18. Which of the following best describes your workload today as compared to 12 months ago?

- ☐ I am working less than I did 12 months ago.
- ☐ I am working the same amount as I did 12 months ago.
- ☐ I am working more than I did 12 months ago.

19. Has the number of patients you are currently treating changed in the last 12 months?

- ☐ I am treating fewer patients than I did 12 months ago.
- ☐ I am treating the same number of patients as I did 12 months ago.
- ☐ I am treating more patients than I did 12 months ago.

20. Which of the following best describes your current caseload?

- ☐ I have openings for new patients right now.
- ☐ I do not have any openings for new patients right now.

 Show/hide trigger exists.

21. Do you or your organization currently have a waitlist for patients?

- ☐ Yes
- ☐ No

 Hidden unless: #21 Question "Do you or your organization currently have a waitlist for patients?" is one of the following answers ("Yes")

22. How many people do you currently have on your waitlist?

23. How long does it take for a new patient to get an appointment?

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than 12 months

 Hidden unless: #21 Question "Do you or your organization currently have a waitlist for patients?" is one of the following answers ("Yes")

24. How long is your waitlist compared to 12 months ago?

- ☐ My waitlist is shorter now than it was 12 months ago.
- ☐ My waitlist is about the same length as it was 12 months ago.
- ☐ My waitlist is longer now than it was 12 months ago.

 Hidden unless: #21 Question "Do you or your organization currently have a waitlist for patients?" is one of the following answers ("No")

25. What are your reasons for not having a waitlist? Please select all that apply.

- ☐ I do not have the capacity to manage a waitlist.
- ☐ There are not a lot of people requesting services.
- ☐ A waitlist is inapplicable/inappropriate for my practice.
- ☐ There are too many people requesting services.
- ☐ Other, please specify

26. On average, how many people contact you each month seeking services (excluding your current patients/clients)? (Whole numbers only)

27. Which of the following best describes your plans for the next 12 months?

- ☐ I plan to decrease the number of hours I treat patients each week.
- ☐ I plan to maintain the same number of hours I treat patients each week.
- ☐ I plan to increase the number of hours I treat patients each week.

28. How much do you disagree or agree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am seeing an increase in the severity of symptoms among patients.	☐	☐	☐	☐	☐
I am seeing an increase in the length of treatment course among my patients.	☐	☐	☐	☐	☐
I have not been able to meet the demand for treatment from my patients.	☐	☐	☐	☐	☐

Contemporary Practice Issues

29. How has the number of patients you are seeing in the following age groups changed in the past 12 months?

	Decreased	Stayed the same	Increased	Not sure/I don't treat patients in this population group
Children (11 or younger)	☐	☐	☐	☐
Adolescents (12-17)	☐	☐	☐	☐
Adults ages 18-25	☐	☐	☐	☐
Adults ages 26-49	☐	☐	☐	☐
Adults ages 50-64	☐	☐	☐	☐
Older adults (65 or older)	☐	☐	☐	☐

30. How much do you disagree or agree with the following statements?

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I have been able to practice self-care over the past 12 months.	☐	☐	☐	☐	☐
I am able to maintain a positive work-life balance.	☐	☐	☐	☐	☐
I have sought out peer consultation/support to manage burnout.	☐	☐	☐	☐	☐
I feel burned out.	☐	☐	☐	☐	☐

31. On a scale from 1 to 10, where 1 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?

1 - Little or no stress

2

3

4

5

6

7

8

9

10 - A great deal of stress

32. Do you currently use electronic health records (EHRs) in your practice?

- ☐ Yes
- ☐ No

33. How much do you disagree or agree with the following statements about technology in the workplace?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
Advancements in technology are making my job worse, not better.	☐	☐	☐	☐
I worry that artificial intelligence may make some or all of my job duties obsolete in the future.	☐	☐	☐	☐
Advancements in technology are helping me work more efficiently and accurately.	☐	☐	☐	☐
I am knowledgeable about artificial intelligence.	☐	☐	☐	☐

Show/hide trigger exists.

34. In the last 12 months, how often did you intentionally use artificial intelligence (AI) tools to assist you at work?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Several times
- ☐ Once
- ☐ Never

 Hidden unless: #34 Question "In the last 12 months, how often did you intentionally use artificial intelligence (AI) tools to assist you at work?" is one of the following answers ("Daily", "Weekly", "Monthly", "Several times", "Once")

35. For which work tasks did you use AI tools in the past 12 months? Select all that apply.

- ☐ Task automation
- ☐ Content generation (generating images, text, or other media)
- ☐ Note-taking or dictation
- ☐ Clinical diagnosis assistance
- ☐ Writing assistance (email drafting, etc.)
- ☐ Data analysis
- ☐ Chatbot assistance for patients/clients
- ☐ Summarization (clinical notes, digital articles, etc.)

36. Do you foresee yourself using AI tools at work in the next 3 years?

- ☐ Yes
- ☐ No
- ☐ I don't know

37. What, if any, are the biggest benefits of using AI tools in psychology? (Select all that apply)

- ☐ Improved population health and care access
- ☐ Increases precision and personalized treatment
- ☐ Helps providers consume and summarize publicized, scientifically validated data
- ☐ Improves patient education
- ☐ I don't know
- ☐ Other, please specify
- ☐ Improves clinician and patient engagement
- ☐ Provides clinical decision support
- ☐ Fosters early and accurate disease detection
- ☐ Improves operational efficiencies/reduces administrative burden
- ☐ Reduces burnout

38. What, if any, are the biggest concerns with using AI tools in psychology? (Select all that apply)

- ☐ Inaccurate outputs ("hallucinations")
- ☐ Biased input (training data) leads to biased output
- ☐ Lack of rigorous testing and validation to mitigate risks
- ☐ Potential breaches of sensitive data
- ☐ Lack of transparency of how AI tools work
- ☐ Unanticipated social harms
- ☐ Replacement of human labor
- ☐ I don't know
- ☐ Other, please specify

Telehealth Characteristics

Show/hide trigger exists.

39. What modality/modalities are you currently using to treat your patients?

- ☐ I am treating all my patients in person.
- ☐ I am treating some patients in person and some remotely.
- ☐ I am treating all my patients remotely.

Hidden unless: #39 Question "What modality/modalities are you currently using to treat your patients?" is one of the following answers ("I am treating some patients in person and some remotely.")

40. Approximately what percentage of your patients are you seeing...

in person:

remotely:

0 out of 100%
Total

Show/hide trigger exists. Hidden unless: #39 Question "What modality/modalities are you currently using to treat your patients?" is one of the following answers ("I am treating some patients in person and some remotely.", "I am treating all my patients remotely.")

41. Are you using any of the following to treat patients? Please select all that apply.

- ☐ Secure messaging or email
- ☐ Digital mental health tool/app
- ☐ Something else, please specify

- ☐ Telehealth via video conference
- ☐ Telehealth via audio-only phone

 Hidden unless: #41 Question "Are you using any of the following to treat patients? Please select all that apply." is one of the following answers ("Telehealth via audio-only phone")

42. Which of the following patient age groups are you treating with telehealth via audio-only phone? Please select all that apply.

- ☐ Children (11 or younger)
- ☐ Adolescents (12-17)
- ☐ Adults ages 18-25
- ☐ Adults ages 26-49
- ☐ Adults ages 50-64
- ☐ Older adults (65 or older)

 Hidden unless: #41 Question "Are you using any of the following to treat patients? Please select all that apply." is one of the following answers ("Telehealth via audio-only phone")

43. Which of the following are reasons you are treating some patients with telehealth via audio-only phone? Please select all that apply.

- ☐ Patient prefers audio-only over video connection.
- ☐ Patient has connectivity issues or lacks broadband access.
- ☐ Patient does not have access to a device for video connection.
- ☐ I prefer audio-only over video connection.
- ☐ I do not have the necessary equipment or connection for video telehealth.
- ☐ I use the telephone as a backup option for video telehealth.
- ☐ Another reason, please specify

44. What are your future plans for treating patients remotely in the next 12 months?

- ☐ Decrease my use of telehealth
- ☐ Continue my current use of telehealth
- ☐ Increase my use of telehealth
- ☐ Other, please specify

45. Please select the statement(s) that best describe your interest in PSYPACT. Note: PSYPACT is an interstate licensing compact that facilitates psychological practice across state jurisdictions via telepsychology and temporary in-person practice (select all that apply).

- ☐ I currently hold an approved PSYPACT certification.
- ☐ I have applied for a PSYPACT certification but have not received approval yet.
- ☐ I am interested in applying for a PSYPACT certification.
- ☐ I do not meet one or more of the eligibility requirements for PSYPACT certification, such as holding a license in at least one PSYPACT state, meeting the training requirements, etc.
- ☐ I am unfamiliar with PSYPACT.
- ☐ I am aware of PSYPACT but not interested in PSYPACT certification.

46. Do you have any concerns over your practice, the use of telehealth, or any issues not covered in this survey? Please share with us.

47. What is the most important thing APA could provide right now to help you with your practice?

Demographic Questions

48. How do you identify?

- ☐ American Indian, Alaska Native, and/or Indigenous
- ☐ Arab American, Middle Eastern, or North African
- ☐ Asian or Asian American
- ☐ Bi/Multi-racial, please specify
- ☐ Black or African American
- ☐ Latino/a/x or Spanish Origin, please specify
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Southeast Asian
- ☐ White/ European American
- ☐ Another race or ethnicity not listed above, please specify
- ☐ Prefer not to answer

49. How do you describe your current gender identity?

- ☐ Female/Woman
- ☐ Male/Man
- ☐ Nonbinary
- ☐ Two-spirit
- ☐ Prefer to self-describe:
- ☐ Prefer not to answer

50. Thank you for taking our survey today. Is there anything else you would like to tell us before completing this survey?