Telemental Health Tip Sheets

Distance Supervision

Using technology to deliver mental health services may be new to you. Below are some helpful tips to consider as you adapt to new telemental health technology solutions for service delivery. For additional resources and updates on how the COVID-19 public health emergency affects the delivery of behavioral health services in New York State, please visit **https://ctacny.org/covid-19-resources**.

1. Adhere to **technological ethical and legal standards** (e.g., HIPAA compliant software, state-level privacy laws, etc.). If applicable, refer to current state guidelines on supervision under licensure for various mental health professions (One resource: http://www.op.nysed.gov/COVID-19FAQS.html). Be clear about what technology you will use and if videoconference is mandatory (as opposed to phone only).

2. Establish **guidelines** before you get started. Clarity around expectations for online supervision is critical to a successful continued relationship. Establish standards for supervisee participation and the set-up of the supervisee's environment. For example, set parameters around the privacy of their space, suggest they use headphones, go over appropriate clothing to wear to supervision and appropriate space without distraction. Model for supervisees with your own behaviors.

3. **Be patient** with yourself and your supervisees. Remember that online supervision is a transition. It may feel different or even uncomfortable for a short time. Validate and normalize this for supervisees. Discuss how this might also be the case for their sessions with clients and allow open dialogue for potential concerns or hesitance.

4. Be creative in your supervision sessions. Don't let the fact that you are supervising from a distance inhibit your **creativity** or willingness to try specific supervision interventions. For example, use drawing, metaphors or other types of creative expression when supervisees feel stuck or stagnant.

5. Explore whether your agency will allow **recording** of sessions with clients and if these sessions can be shared in supervision. Watching recordings of sessions is a powerful way to engage supervisees in self-reflection and development.

6. If you are facilitating **group supervision**, expect that this setting may take longer to adjust to given the complexity of the group format. For example, you may need to intentionally facilitate cross-talk and interpersonal dialogue between the members in the beginning to help them feel more comfortable over time.

7. Remember that right now feelings of insecurity are common. People have major concerns around health, financial stability, family/community/global issues, among other things. These

types of concerns often present as heightened anxiety resulting in supervisees needing more **concrete and specific direction**. As a supervisor, you represent a stable and trusted person in a time of distress. Be intentional about how you present to supervisees and how you structure supervision to lessen their anxiety.

8. Be **flexible** in your supervision to allow for supervisees to discuss some of their challenges and personal crisis response. Try to assist supervisees in gaining awareness of coping skills they can implement in their own lives to better assist clients with their crises during this time.

9. Pay attention to **your own mental health**. Burnout and compassion fatigue can impact supervisors' ability to provide effective supervision. Get peer supervision or consult often and regularly.

10. Pay attention to your **self-disclosure boundaries** in supervision. Consider if what you are sharing will benefit the supervisee in a clinical way and if it is appropriate to context.

11. Supervisors should stay in communication with **site and agency leaders** as much as possible. As information related to agency functions may rapidly change during this time, supervisors can feel more confident in their supervisions sessions if they have up-to-date information to give to supervisees.

12. **Remember that you are doing important work!** Supervisors have a really important job right now. You are supporting lots of people who are helping our communities when they need it most.

References

Carlisle, R. M., Hays, D. G., Pribesh, S. L., & Wood, C. T. (2017). Educational technology and distance supervision in Counselor Education. Counselor Education & Supervision, 56, 33-49.

Conn, S. R., Roberts, R. L., & Powell, B. M. (2009). Attitudes and satisfaction with a hybrid model of counseling supervision. *Educational Technology & Society, 12*(2), 298–306.

Deane, F., Gonsalvez, C., Blackman, R., Saffioti, D., & Andresen, G. (2014) Issues in the development of e-supervision in professional Psychology: A review. *Australian Psychological Society, 50,* 241-247 doi:10.1111/ap.12107

Lund, E., & Schultz, J. (2015). Distance supervision in Rehabilitation Counseling: Ethical and clinical considerations. *Rehabilitation Research, Policy, and Education, 29*(1), 88-95.

Orr, P. (2010). Distance supervision: Research, findings, and considerations for art therapy. *The Arts in Psychotherapy, 37,* 106-11. doi:10.1016/j.aip.2010.02.002

Rousmaniere, T. (2014). Using Technology to Enhance Clinical Supervision and Training. In C. E. Watkins, Jr, & D. Milne (Eds.), *International Handbook of Clinical Supervision.* Chichester: Wiley Publishers.

Rousmaniere, T., Abbass, A., Frederickson, J., Henning, I., & Taubner, S. (2014). Videoconference for Psychotherapy training and supervision: Two case examples. *American Journal of Psychotherapy, 68*(2), 241-250.