

How to use phone or video calls for supervision

Guidance for supervisors and supervisees
in mental health, addiction and disability

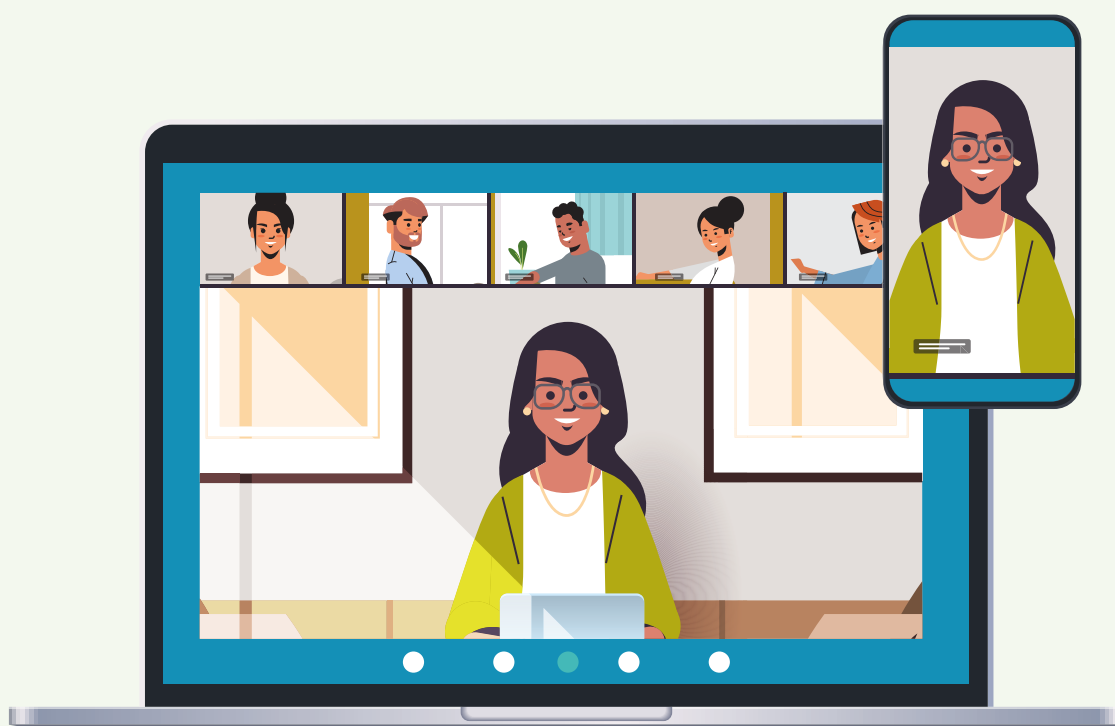
Mental health, addiction and disability workers have a wide range of roles and come from a range of professions which have different supervision requirements. This resource provides guidance around the use of phone and video calls to support a range of supervision types, including professional and clinical supervision. The information is targeted at both supervisors and supervisees. It is *not* intended to be a resource for line management supervision which is focused on organisational performance and monitoring.

Professional supervision focuses on the development of a person's skills, understanding, abilities and ethical requirements of their practice through a process of self-reflection. The focus is on the development of the supervisee within their chosen role or profession.

Clinical supervision focuses on the development of a person's clinical role and practice with a focus on quality control and assessment of knowledge, roles, attitudes, beliefs and skills. The focus is on clinical practice and competency for working in the sector, rather than within a chosen profession.

There are three main formats for delivering supervision: one-to-one and group supervision with a supervisor, and peer-to-peer supervision between people who have similar levels of experience and skills. The type and delivery of supervision will depend on your workplace and/or professional requirements.

Supervision is relevant to everyone working with people and whānau experiencing mental health and addiction needs, as well as those supporting disabled people (see [Let's get real](#) and the [Health and Disability Services Standards](#)). For more information about the definitions and fundamentals of supervision, please refer to the Te Pou [Supervision Guide for Mental Health and Addiction Kaiwhakahaere/Managers](#).



Using phone or video calls

The use of phone or video calls is a way of delivering and accessing supervision when you can't be in the same place. For some people, this is already common practice. It is a useful way to ensure ongoing supervision for people with limited access, including people working in rural areas or roles with a small workforce. When using phone or video calls, it is important to meet the fundamental expectations of supervision just as you would during in-person supervision.

The use of phone or video calls should be reviewed regularly to help determine whether everyone involved feels the arrangement is working well. Some people may find it easier to adjust to supervision through phone or video calls, whilst others may have a personal preference for in-person supervision. When possible, it is recommended that phone or video calls are used in combination with in-person supervision.

During challenging times, such as the COVID-19 pandemic and Christchurch earthquakes, supervisors need to consider whether supervisees require increased access and more frequent supervision with a strengthened focus on wellbeing and restorative support.

When using phone or video calls, supervisors and supervisees should think about:

- How will you ensure your relationship remains supportive, open and trusting?
- What can you do to address the challenges created by the increased physical distance?
- How will you continue to meet your supervision requirements and responsibilities?
- Who will be responsible for organising an agenda and maintaining documentation?
- How will the use of technology impact on the confidentiality of your discussions?



Preparing for remote supervision arrangements

- Before engaging in phone or video supervision, it is helpful to develop or review the supervision contract and relationship (eg supervisor-supervisee fit and learning needs).
- Check your access to a phone, laptop, private space, and reliable internet connection. It is also helpful to consider who is responsible for any ongoing costs of the calls.
- Discuss your shared goals, expectations, and requirements for using phone or video calls.
- Agree on the form of communication (eg phone or video call) based on your current goals.
- Factor in additional time for setting up the call and follow-up tasks.
- Agree on who is responsible for organising the agenda, taking notes, and maintaining documentation if needed.
- Check your organisation's policies and professional body's guidelines around the use of phone and video calls (eg what teleconference platforms do they recommend?)
- Take appropriate precautions to protect confidentiality and security (eg only use secured work devices), and plan ahead for technical issues (eg provide alternative phone numbers).

Supervisor

- Refer to best practice supervision frameworks and educational principles, see [the Te Pou supervision guide](#).
- Before the call, prepare any relevant learning or assessment materials.

Supervisee(s)

- Communicate any potential needs or concerns you have around using phone or video calls.
- Before the call, write down any questions or learning needs you want to discuss, and prepare with relevant case notes or other materials.

Additional tips for supervisors preparing for phone or video supervision with new people

It is important to develop a supervision contract for new supervisor-supervisee arrangements.

Be mindful that new graduates and people with less practice experience are likely to benefit from initial in-person contact to help develop an open and trusting relationship. When using phone or video calls, new supervisees will benefit from additional focus on relationship building.



During the call

- Be on time and commit to the times set for supervision.
- Open and close with karakia if agreed upon.
- Review your shared goals, expectations, and the agenda (eg what is your key focus for today's call? How do you want to make use of the time?).
- Check the sound and/or video quality and the privacy of the call (eg check whether you are alone in the room).
- Speak clearly and listen carefully. Pay attention to each other's body language, facial expressions, and tone.
- Regularly summarise key points and check your understanding.

Supervisor

- Ensure a safe non-threatening environment (eg avoid interrupting, be mindful of your tone and facial expression, and demonstrate the values and attitudes of [Let's get real](#)).
- Allow time for your supervisee(s) to self-reflect and ask questions.
- Refer to relevant resources (eg books, articles) and use screen-sharing functions if needed.

Supervisee(s)

- When sharing health information, be respectful of the people you support and take appropriate precautions to protect their confidentiality.
- Ask your supervisor to repeat or clarify any points you do not understand.

Finishing the call

- Summarise key discussion points from the call.
- Discuss any follow-up actions and the potential agenda for the next call or meeting.
- Maintain relevant, clear and concise documentation of the call.
- Regularly review the supervision arrangement (eg which method of communication is working best for you?) and schedule potential in-person meetings if possible.

Supervisor

- Clarify how you prefer to be contacted before the next call or meeting (eg email or text messages).

Supervisee(s)

- Discuss how you felt about the call and provide feedback to help improve future calls.

Additional tips for facilitating group supervision calls including peer-to-peer groups

- Check everyone's access to a phone and the internet, and level of comfort with technology.
- Outline an agreed agenda and send it out to everyone before the call.
- Consider the group size and use a familiar and agreed discussion structure to ensure everyone will have a chance to participate.
- Start by welcoming the participants and allow time for new group members to introduce themselves.
- Prompt everyone to choose a private and quiet space and minimise any potential distractions (eg use the mute button when others are talking and avoid multi-tasking).
- For video calls, use the gallery view, screen sharing and chat functions to support an inclusive discussion.
- If needed, prompt everyone to identify themselves when they start talking (eg "This is ____, and I have a question").
- Use role modelling and verbal prompts to ensure the discussions remain productive (eg "Let's move on to the next agenda item").
- Consider how you will resolve disagreements and ensure the discussions remain positive.
- Encourage group members or supervisees to identify and communicate any additional needs for one-to-one and/or in-person support.



This resource is based on information from the following sources:

British Association for Behavioural and Cognitive Psychotherapies. (2020). *Guidance for the delivery of remote supervision*. BABCP. Available at <https://www.babcp.com/Therapists/COVID-19/Guidance-for-the-Delivery-of-Remote-Supervision.aspx>

Martin, P., Kumar, S., & Lizarondo, L. (2017). Effective use of technology in clinical supervision. *Internet Interventions*, 8, 35-39. Available at <https://www.sciencedirect.com/science/article/pii/S2214782917300131>

Te Pou o Te Whakaaro Nui. (2015). *Supervision guide for mental health and addiction kaiwhakahaere/managers*. Te Pou o Te Whakaaro Nui. Available at <https://www.tepou.co.nz/uploads/files/resource-assets/supervision-guide-for-mental-health-and-addiction-kaiwhakahaere-managers.pdf>

For more information, please refer to your representative professional body's guidelines and organisational policies around supervision and the use of phone or video calls.



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