Supporting staff to use phone or video technologies for supervision

A brief summary of evidence for managers and
leaders in mental health, addiction, and disability

Supervision through phone or video calls is already common practice for many people and is commonly referred to as 'telesupervision' or 'remote supervision'. This resource provides managers and leaders with a brief summary of evidence about the use of phone or video calls for a range of supervision types, including clinical and professional supervision. It is *not* intended to be a resource for line management supervision which is focused on organisational performance and monitoring.

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). Mental health, addiction and disability workers come from a range of professions which have different requirements for supervision. When using phone or video calls, it is important to meet the fundamental expectations of supervision just as you would during in-person supervision. For information about the definitions and fundamentals of supervision, please refer to the Te Pou *Supervision Guide for Mental Health and Addiction Kaiwhakahaere/Managers*.

When considering the use of phone or video calls for supervision, support your staff to check the alignment between the following:

■ supervision contracts

■ professional requirements and guidelines for supervision

■ professional and ethical standards for confidentiality and privacy

■ organisational policies about supervision and safe use of technologies

■ general guidelines about the safe use of technologies in health settings (see NZ Telehealth).

It is important to ensure supervision contracts are regularly reviewed and updated when changing the method of communication. Be mindful that supervision from an outside agency may require additional costs and care around confidentiality.

Why use phone or video calls for supervision?

Supervision using phone or video calls can be as equally effective as in-person supervision (Martin et al. 2018; Tarlow et al., in press). In some circumstances, like rural areas or roles with a small workforce, phone and video supervision is a valuable and necessary way to access high quality supervision (Wood, Miller & Hargrove, 2005). Technology can help overcome geographical barriers to supervision and help improve workforce recruitment and retention in rural areas (Wood et al., 2005).

The following table summarises the key benefits and disadvantages of using phone or video calls for supervision.

Benefits	Disadvantages
More convenient and flexible	Increases risks to confidentiality
Can be quick and easy to adapt	Requires equipment and software, which may be subject to technical issues and ongoing costs.
Increases access to high-quality supervision for people practicing in rural areas	Reduces non-verbal communication
Reduces time and costs required for travel	More difficult to build rapport and develop trust
Access to a wider range of supervisors for a variety of disciplines or professions	Does not fully meet the supervision criteria or requirements for some professions
Development of new skills and increases confidence around the safe use of telecommunication technologies	Some staff may require training in the safe use of telecommunication technologies

(Florell, 2016; Nelson, Nichter & Henriksen, 2010; Wood et al., 2005)

What is the evidence supporting the use of phone or video calls?

Whilst the benefits and challenges of using technology for supervision are well documented, evidence of the effectiveness or quality has been relatively limited to small studies (Tarlow, McCord, Nelon & Bernhard, in press). The available evidence indicates supervision using phone or video calls can be equally effective as in-person supervision (Coker & Schooley, 2009; Inman, Soheilian & Luu, 2019; Jordan & Shearer, 2019; Martin et al. 2018; Tarlow et al., in press). When set up well, the use of technology can be a feasible and acceptable form of supervision (Martin et al. 2018). Whilst the majority of studies have focused on allied health professionals, such as psychologists and psychotherapists, technology can also be used to support educational activities for nurses and medical professionals (Chipps, Brysiewicz & Mars, 2012).

Supervision through phone or video calls works best when combined with in-person supervision (Martin et al., 2017; 2018). Counselling psychology students largely perceived the effectiveness and relationship aspects of telesupervision as equal to in-person supervision, however, the quality of in-person supervision was more likely to be seen as better (Inman et al., 2019). Similarly, other studies indicate that despite equal effectiveness some people have a personal preference for in-person contact (Flanagan et al., 2017; Martin, Lizarondo & Kumar, 2018; Tarlow et al., in press). A New Zealand study shows some supervisors and supervisees prefer meeting each other in-person before engaging in supervision using technology (Flanagan et al., 2017). Initial face-to-face contact via in-person meetings or video calls may be particularly beneficial for new graduates, less experienced workers, and new supervisor-supervisee relationships. Therefore, supervision contracts and agreements need to be reviewed regularly to help determine whether the use of technologies is working well for everyone involved (Martin et al., 2017).

Group supervision, including peer-to-peer groups, can also be undertaken using video calls. It is important to have a supervisor or facilitator to lead the discussion and use structured sessions with an agreed agenda (Martin et al., 2018). As with in-person group supervision, the presence of a supervisor or facilitator helps ensure group discussions are structured, productive, and positive (Valentino, LeBlanc & Sellers, 2016).
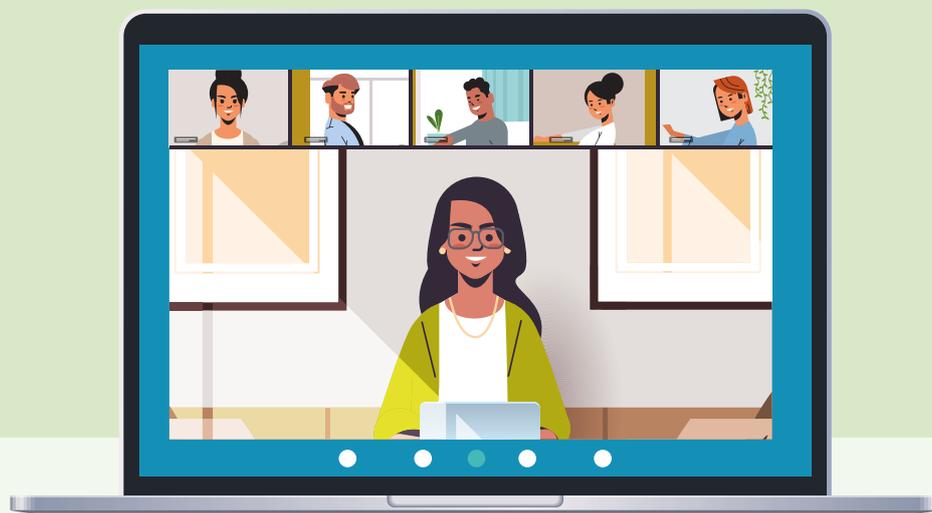
What are the key factors that influence the effectiveness and quality of supervision when using phone or video calls?

Key factors that contribute to the effectiveness and quality of supervision when using phone or video calls are listed below (Martin et al., 2018).

Supervisee characteristics eg their level of practice experience, insight into learning and supervision needs, and ability to be flexible and adapt to reduced visual cues.

Supervisor characteristics eg their ability to provide credible and relevant support to meet the supervisee's learning and supervision needs.

Supervision characteristics eg the use of structured sessions, agendas, and minutes.

Supervisory relationship or working alliance, eg openness, trust, supervisor availability and contact between sessions.

Communication strategies eg effective turn-taking, use of silence and allowing time to adjust to each other's communication styles.

Prior face-to-face contact eg having rapport and trust based on prior in-person contact.

Environmental factors eg access to equipment, software and a private space with minimal distractions.

Technological considerations eg technical issues that can affect supervision time and confidentiality.

Supporting staff to minimise risks to confidentiality and security

Risks to confidentiality and security are key concerns when using technology to support supervision activities. For more general guidance about the safe use of technologies in health settings, please refer to the NZ Telehealth website.

Provide your staff with:

- training and organisational guidance around confidentiality and safe use of technologies

- secure and high-quality work devices

- secure data storage and/or cloud services

- video-conferencing software (see NZ Telehealth)

- other relevant equipment and resources, eg rural broadband.

Encourage and train your staff to:

- update their supervision contracts and agreements with clear expectations and responsibilities

- use private and soundproof rooms

- regularly install software updates on work devices

- avoid the use of personal social media accounts

- use trusted websites, firewalls, and antivirus software on work devices

- set up strong passwords and/or multi-factor authentication

- stay alert on scams and phishing attempts.

References

Chipps, J., Brysiewicz, P., & Mars, M. (2012). A systematic review of the effectiveness of videoconference-based tele-education for medical and nursing education. *Worldviews on Evidence-Based Nursing*, 9(2), 78-87. https://doi.org/10.1111/j.1741-6787.2012.00241.x

Coker, J. K., & Schooley, A. (2009). Investigating the effectiveness of clinical supervision in a CACREP accredited online counseling program. *Paper based on a program presented at the 2009 ACES Conference, San Diego, CA.* Retrieved from https://www.counseling.org/resources/library/vistas/vistas12/Article_42.pdf

Flanagan, P. G., Cottrell, C., Graham, H., Marsden, V., Roberts, L., & Young, J. (2017). Ethics, relationships and pragmatics in the use of e-technologies in counselling supervision. New Zealand Journal of Counselling, *37*(1), 24-43. Retrieved from https://researchcommons.waikato.ac.nz/bitstream/handle/10289/11418/Ethics%20relationships.pdf?sequence=2

Florell, D. (2016). Web-Based Training and Supervision. In J.K. Luiselli & A.J. Fischer (Eds.), *Computer-Assisted and Web-Based Innovations in Psychology, Special Education, and Health* (pp. 313-337). Academic Press. https://doi.org/10.1016/B978-0-12-802075-3.00012-7

Inman, A. G., Soheilian, S. S., & Luu, L. P. (2019). Telesupervision: Building bridges in a digital era. *Journal of Clinical Psychology*, 75(2), 292-301. https://doi.org/10.1002/jclp.22722

Jordan, S. E., & Shearer, E. M. (2019). An exploration of supervision delivered via clinical video telehealth (CVT). *Training and Education in Professional Psychology,* 13(4), 323. https://psycnet.apa.org/doi/10.1037/tep0000245

Martin, P., Kumar, S., & Lizarondo, L. (2017). Effective use of technology in clinical supervision. *Internet Interventions*, *8*, 35-39. https://doi.org/10.1016/j.invent.2017.03.001

Martin, P., Lizarondo, L., & Kumar, S. (2018). A systematic review of the factors that influence the quality and effectiveness of telesupervision for health professionals. *Journal of telemedicine and telecare*, *24*(4), 271–281. https://doi.org/10.1177/1357633X17698868

Nelson, J.A., Nichter, M., & Henriksen, R.C. (2010). On-line Supervision and Face-to-Face Supervision in the Counseling Internship: An Exploratory Study of Similarities and Differences. Retrieved from https://www.semanticscholar.org/paper/On-line-Supervision-and-Face-to-Face-Supervision-in-Nelson-Nichter/8cbc279d8b0e06c78824a59a86902185525a57e9

Tarlow, K. R., McCord, C. E., Nelon, J. L., & Bernhard, P. A. (in press). Comparing in-person supervision and telesupervision: A multiple baseline single-case study. *Journal of Psychotherapy Integration.* Retrieved from https://psyarxiv.com/nuwmb

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

Valentino, A. L., LeBlanc, L. A., & Sellers, T. P. (2016). The benefits of group supervision and a recommended structure for implementation. *Behavior analysis in practice,* 9(4), 320-328. https://doi.org/10.1007/s40617-016-0138-8

Wood, J. A., Miller, T. W., & Hargrove, D. S. (2005). Clinical supervision in rural settings: A telehealth model. *Professional Psychology: Research and Practice*, 36(2), 173. https://psycnet.apa.org/doi/10.1037/0735-7028.36.2.173