

# Technology-Based Supervision: *Extending the Reach of Clinical Supervisors*



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National Frontier & Rural

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



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**By the end of the presentation, you will be able to:**

- 1. Explain three barriers to accessing quality clinical supervision**
- 2. Discuss six key benefits of using technology to extend the reach of clinical supervision**
- 3. Identify four types of technology used for effective clinical supervision**
- 4. Demonstrate understanding of one type of technology for clinical supervision**
- 5. Name at least two themes found in National Association's guidelines for TBCS**
- 6. Cite how to request additional training on TBCS**

**Today's presentation is based on the evidence that better clinical supervision leads to better behavioral health treatment, and better health outcomes.**

**Using technology for clinical supervision is an important step toward ensuring the best possible health outcomes for everyone.**





I want us to ask ourselves every day, how are we using technology to make a real difference in people's lives?

(President Obama, Opening Session of the Forum on Modernizing Government, 2010)

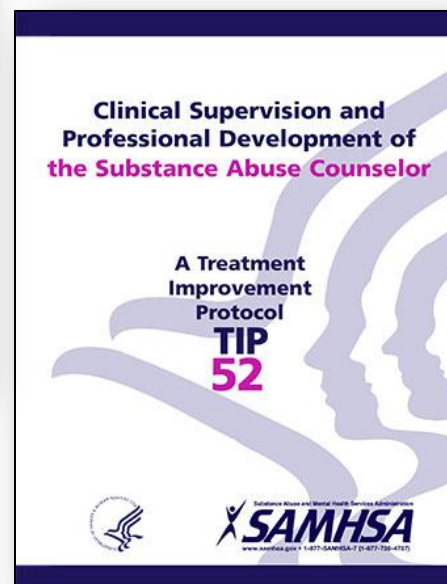
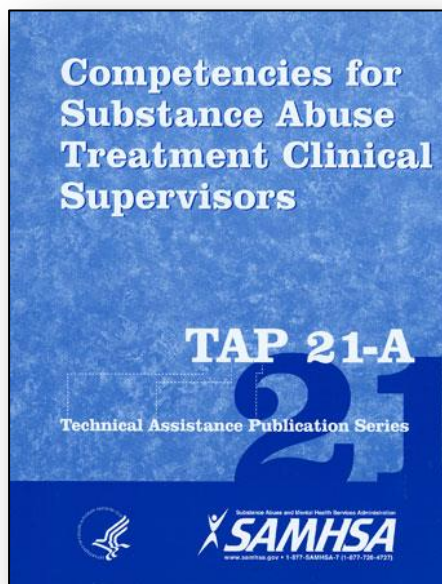
A close-up photograph of a person's hand holding a wooden stamp. The stamp is a rectangular piece of light-colored wood with the word "Disclaimer" printed in a bold, black, sans-serif font. The hand is positioned to use the stamp, with the thumb and index finger gripping a wooden handle that has a small metal rivet. The background is blurred, showing a computer keyboard and a blue light source.

**Disclaimer**

***This course is designed for individuals with training and experience as a Clinical Supervisor and should not be used as a foundational clinical supervision training course.***

# SAMHSA's Clinical Supervision Competencies

**TAP 21-A**



**TIP 52**



**2ND**

**DISCLAIMER**



The NFAR ATTC does not endorse or promote the use of any specific technology application. The NFAR ATTC does not guarantee that any technology application discussed is compliant with HIPAA, HITECH, or any other federal, state, or local confidentiality regulation.

Please consult with an attorney, your institution's HIPAA compliance officer, and/or your local licensing agency before utilizing any technology for clinical purposes.

# What is Clinical Supervision?

- **Enhances professional skills**
- **Monitors the quality of services**

*“Training and supervision are also primary vehicles through which a field evolves. They prepare future generations to be the representatives and developers of the field’s viewpoint, with the hope that they will move beyond their mentors in conceptual, therapeutic, and professional development.”*



Supervisors serve as gatekeepers...

(Harrar et al., 1990)

# **2 overarching duties of Clinical Supervisors**

- **Promote the professional development of the supervisee**
- **Protect the welfare of those receiving services**

# Clinical Supervision



**plays a protective role in counselor well-being**

Supervisors prepare future generations to represent the field



(Perry, 2012)

In psychotherapy education,

**supervision** may well be our

"single most important contributor to training effectiveness" (Gonsalvez & Milne, 2010, p. 233)

unparalleled in its power and potential

to prepare budding therapists for practice and assist more advanced

therapists further develop their

treatment skills. (Watkins, 2014)



# Obstacles to effective clinical supervision

- **Clinical Supervision costs (staff time and travel time)**
- **Takes time away from providing services**
- **Lack of access to a qualified clinical supervisor due to working in rural treatment settings**
- **Providers located in remote areas treating individuals with more serious behavioral health problems**
- **Workforce shortages/challenges**



# Obstacles to effective clinical supervision

## TIME



# Individuals residing in remote areas have

- higher mortality rates,
- higher suicide rates, and
- more severe alcohol/drug problems



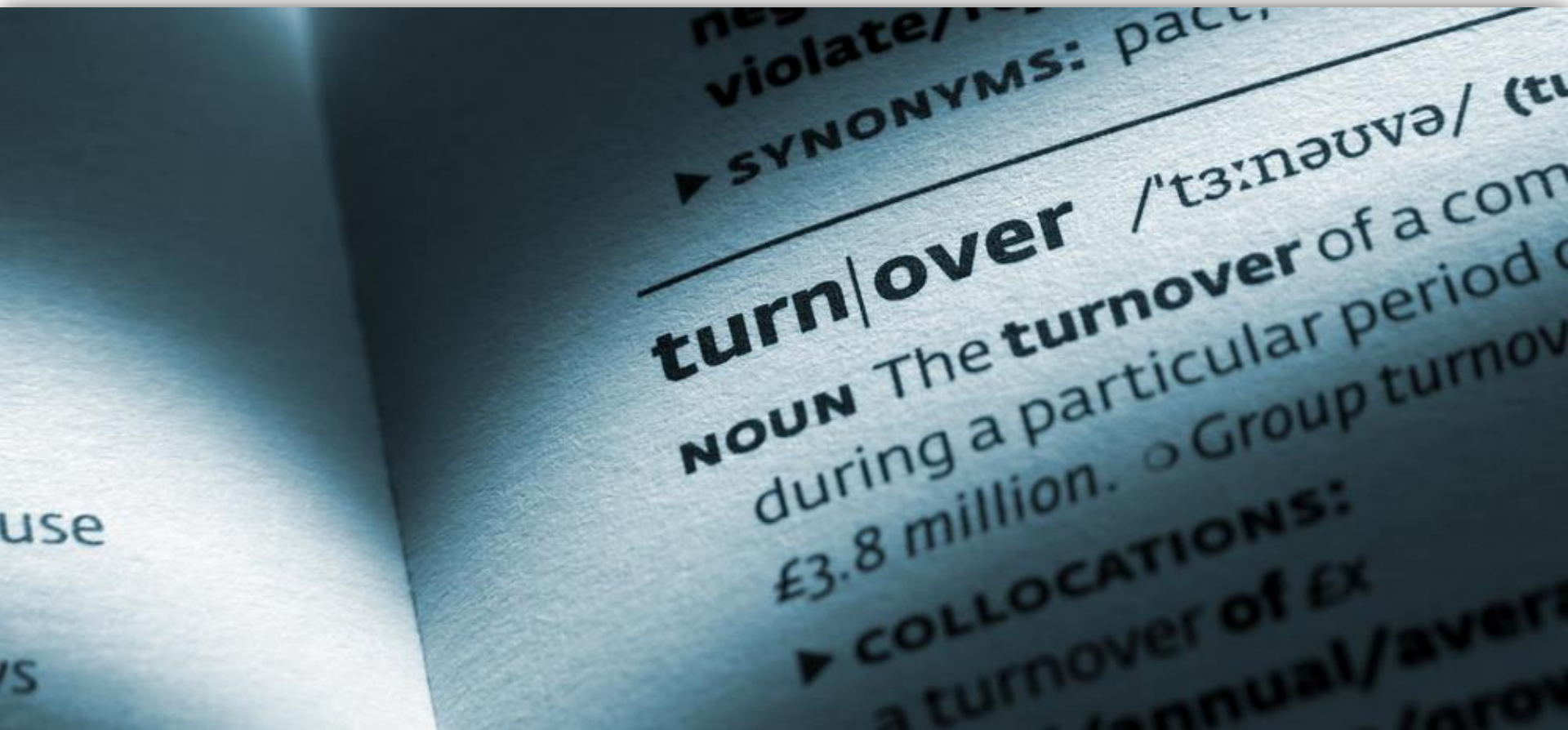
**Studies show that those residing in rural areas use substance abuse treatment less often than those in urban areas because of individual, structural, and geographic barriers, as well as the stigma associated with receiving treatment**

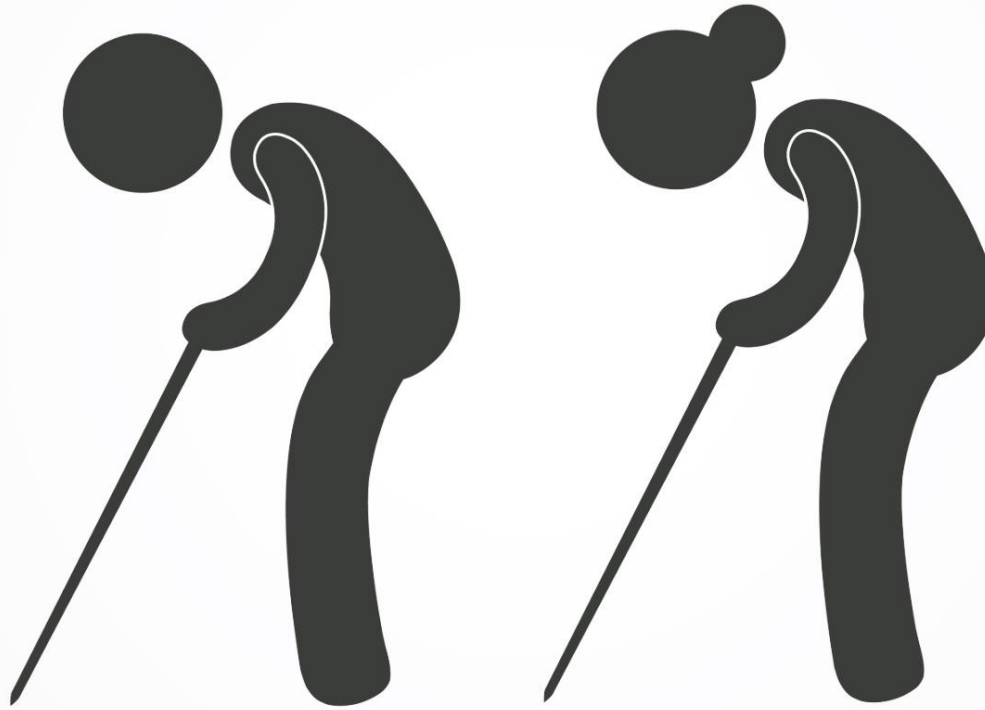
(Finfgeld-Connett & Madsen, 2008; Oser et al., 2012)



**The SUD specialty  
treatment workforce is  
characterized by ...**

# Over 20% Turnover Rate





**Aging**

# Difficulty recruiting new counselors







**Limited training/CE opportunities**

# Workforce Shortage

- The number of psychiatrists, psychologists, counselors and social workers available to treat every

**1,000 people with SUDs**

- Nationally, the average is **32** behavioral health specialists for every 1,000 people afflicted with the disorder

**HIGH**

**LOW**



(The Pew Charitable Trust, April, 2015)

# Region 3 Workforce Shortage

## Number of Behavioral Health Professionals per 1,000 individuals with SUDs


- Delaware 35
- Maryland 44
- Pennsylvania 55
- Virginia 42
- West Virginia 38
- District of Columbia 48

**No one...** has determined  
what the ideal number of  
providers should be, but experts  
agree the current workforce is  
inadequate in most parts of the  
country

# ACA is changing workforce demands

- **With expanded health insurance coverage, increasingly more individuals will have access to SUD treatment services.**
- **There are not enough providers to meet this demand.**
- **The need to train and retain a workforce who can provide SUD services in a variety of settings is critical.**



A man in a dark suit, light blue shirt, and blue tie stands in a classroom with his arms crossed. He is looking directly at the camera. The classroom features white desks, a white teacher's desk with a stack of books, and a large blue chalkboard in the background. A modern, square-shaped light fixture hangs from the ceiling.

**Supervision is the  
fields' “critical teaching  
method”, and YET ...**

**(Holloway, 1992)**

**Let's ask ourselves -**

**How many counselors are working  
without quality supervision?**

**How could technology improve  
access to supervision?**



**We know that there is a lot of work  
to be done to improve access to  
and quality of supervision ...**

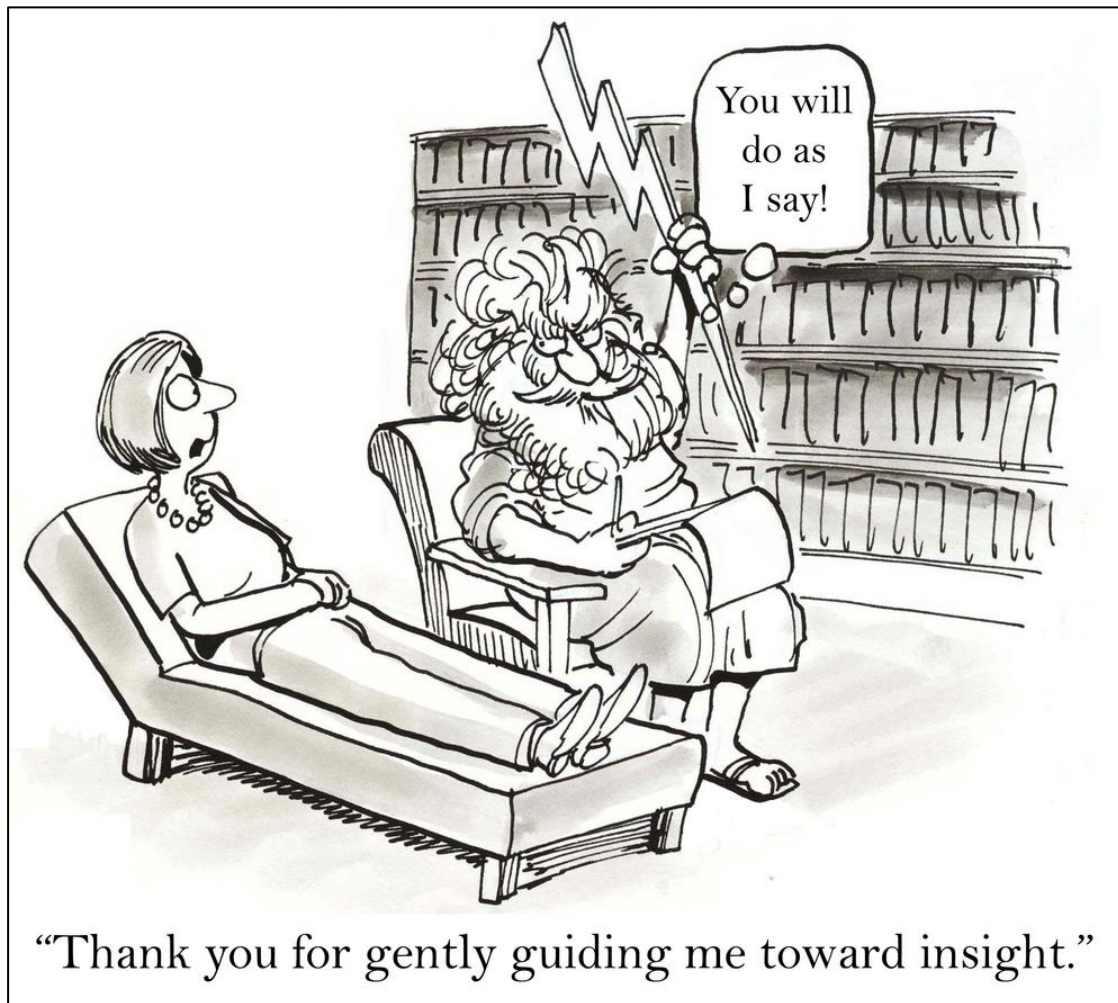


**Inadequate supervision...**



**supervision on the fly**

**In a study published in 2013, the authors found that 93% of counselors were receiving inadequate supervision and 35% were receiving harmful supervision.**



**"The deleterious effects of harmful supervision on supervisees may parallel the detrimental effects of harmful therapy to clients."**

# Summary of SUD Workforce Issues

- **Clinicians aren't getting enough/quality clinical supervision.**
- **Opportunities for collaboration and support between therapists is limited.**
- **Counselors working in the most remote areas with less resources have the most serious clients**
- **Supervision takes time and money, leaving less time to provide services.**

# Quality Clinical Supervision ...

- **increases**
  - **Counselor morale**
  - **Counselor skills**
  - **Connectivity to others in the field**
- **improves client outcomes, and ...**

**... should be more closely  
aligned with theory and research  
on learning and performance in  
the workplace, and ...**

**... consistently include  
observational learning, role  
play, and corrective feedback.**



# Provide Quality Supervision

## *Basic structure of supervision*

- **One hour per 20-40 hours clinical practice (preferred one hour per week)**
- **Direct observation**
- **Group supervision**

# Clinical Supervision throughout professional counseling life?

The need for scrutiny of clinical work  
persists throughout one's career.



(Thomas, 2014)

***Support from Clinical Supervisors is  
the best predictor of job satisfaction  
in a rural setting.***

(DeStefano, Clark, Gavin & Potter, 2006)

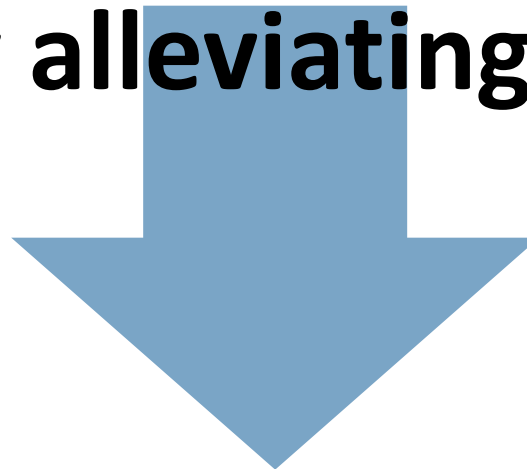


# Clinical supervision in remote areas

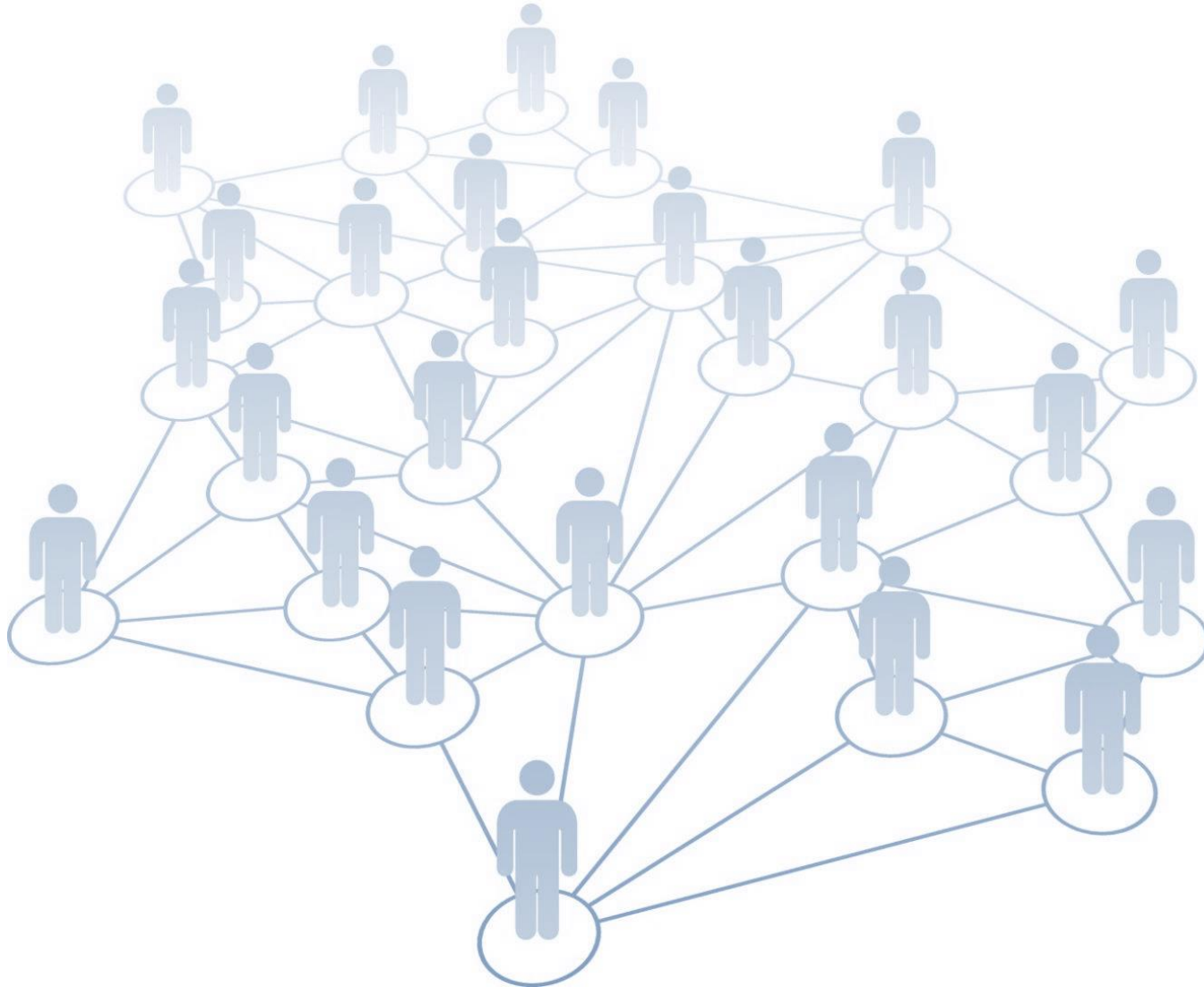


**increases retention rates**

**by alleviating burnout**



# ***TBCS as a Solution***



# Technology-Based Clinical Supervision

- **Supervision delivered via technology:**
  - **telephone**
  - **email**
  - **video-conferencing**
  - **web chats**
  - **apps**
  - **combination of the above**
  - **technology + face-to-face supervision**

**Can technology approximate the experience of in-person supervision?**



# Reframe the Conversation

***“The traditional methods of supervision are in wide use because they were the only methods available, not because research determined them to be the most effective. Making the assumption that the “old methods are best” may do the field a disservice by blinding us to new opportunities and alienating a younger generation of supervisees who identify with technology being integrated into every part of their lives.”***



**Rather than questioning whether TBCS  
is “as good” as traditional supervision ...**

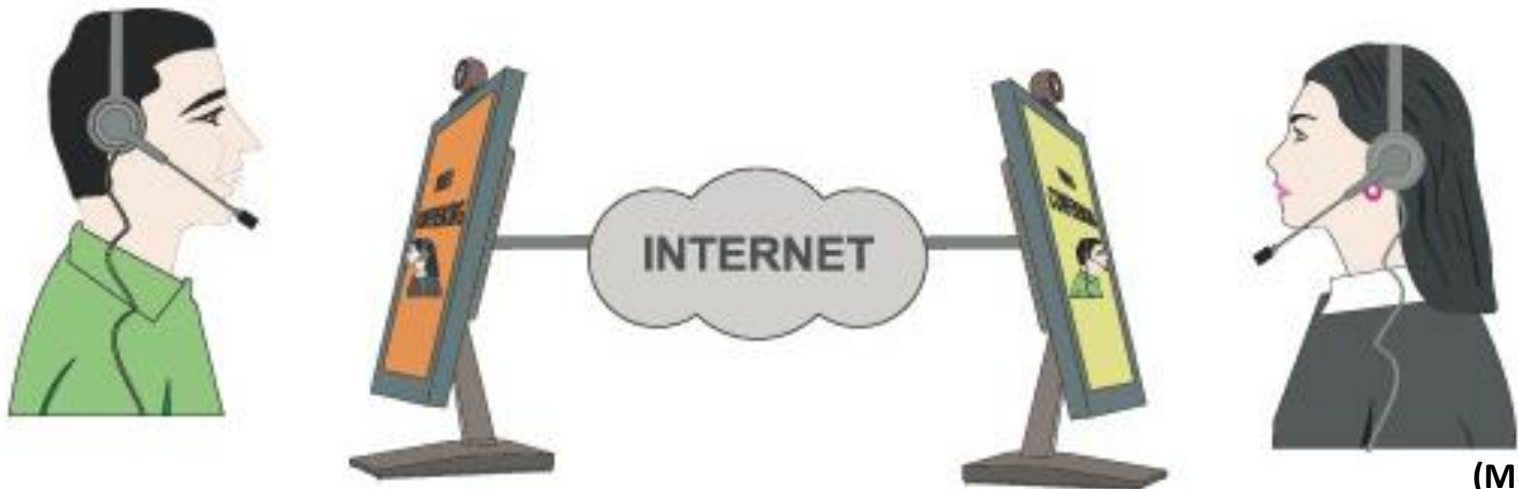
**ASK**

***What is now possible and how can it  
serve my supervisees and their patients?***

# Literature Supports TBCS

- **Effective for individual supervision, group supervision, and didactic teaching**
- **Ability to provide feedback in a timely manner improves counselor development**
- **Hybrid model is positively related to attitudes toward technology in counselor education, future professional practice, and the overall supervisory experience**
- **Quality of e-supervision is equal to or better than traditional supervision**

**Another study found increases in job satisfaction and rural retention rates for mental health physicians are linked to access to technology which allowed them to connect with other health professionals outside of their geographic area.**



(Meyer, 2006)

**Review of articles on  
Clinical Supervision  
2005–2014 -  
184 articles  
12 articles on TBCS  
in 2015 review**



***“Most of the research and theorizing on technological developments in supervision and training have focused on evaluating whether the new technologies can approximate the experience of “traditional” in-person supervision and training.”***

# Technology Paradox

**Limitations imposed by technology improve the focus & quality, decrease inhibitions, and equalize contributions.**





**It works - even when delivered remotely - and is critical to building a more capable workforce**

Above all else, Clinical Supervisors using technologies to deliver clinical supervision services should be well-trained in clinical supervision.





# What do you think?

**I am  
worried  
about  
privacy.**

**I am  
getting  
hungry!**

**Wow!! I am  
unsure  
about TBCS.**

**I  
should  
be taking  
notes.**

**We have  
enough trouble  
with in-person  
clinical sup.**



# Key Benefits



- **Access**
- **Cultural Competency**
- **Professional Identity**
- **Program Integration**
- **Technology**
- **EBPs**



## ***Benefit #1***

**Increases Access to Quality Supervision**

# ACCESS

- **Access in areas where qualified supervisors may not be available**
- **Access to supervisors with a specific patient population expertise**
- **Access to supervisors with specific therapeutic technique expertise**

# Technology greatly expands the available pool of supervisors



## *Benefit #2*

**Enhances Cultural Competency**



**DIVERSITY**

# Panos et al. (2002) proposed the “*triad model*” of supervision:



- one *onsite* who is well versed in local culture
- one *online* who possesses the needed competence in clinical supervision

**Technology increases access to supervision for those in rural areas, which also means that urban-based supervisors may be providing supervision to counselors with rural practices. Supervisors must learn about rural culture, and the specific needs and resources of rural clients.**





## *Benefit #3*

# Strengthens Professional Identity



## *Benefit #3*

# Strengthens Professional Identity

Professional identity comes from being witnessed in a professional role, and receiving encouragement and feedback as a member of the profession.



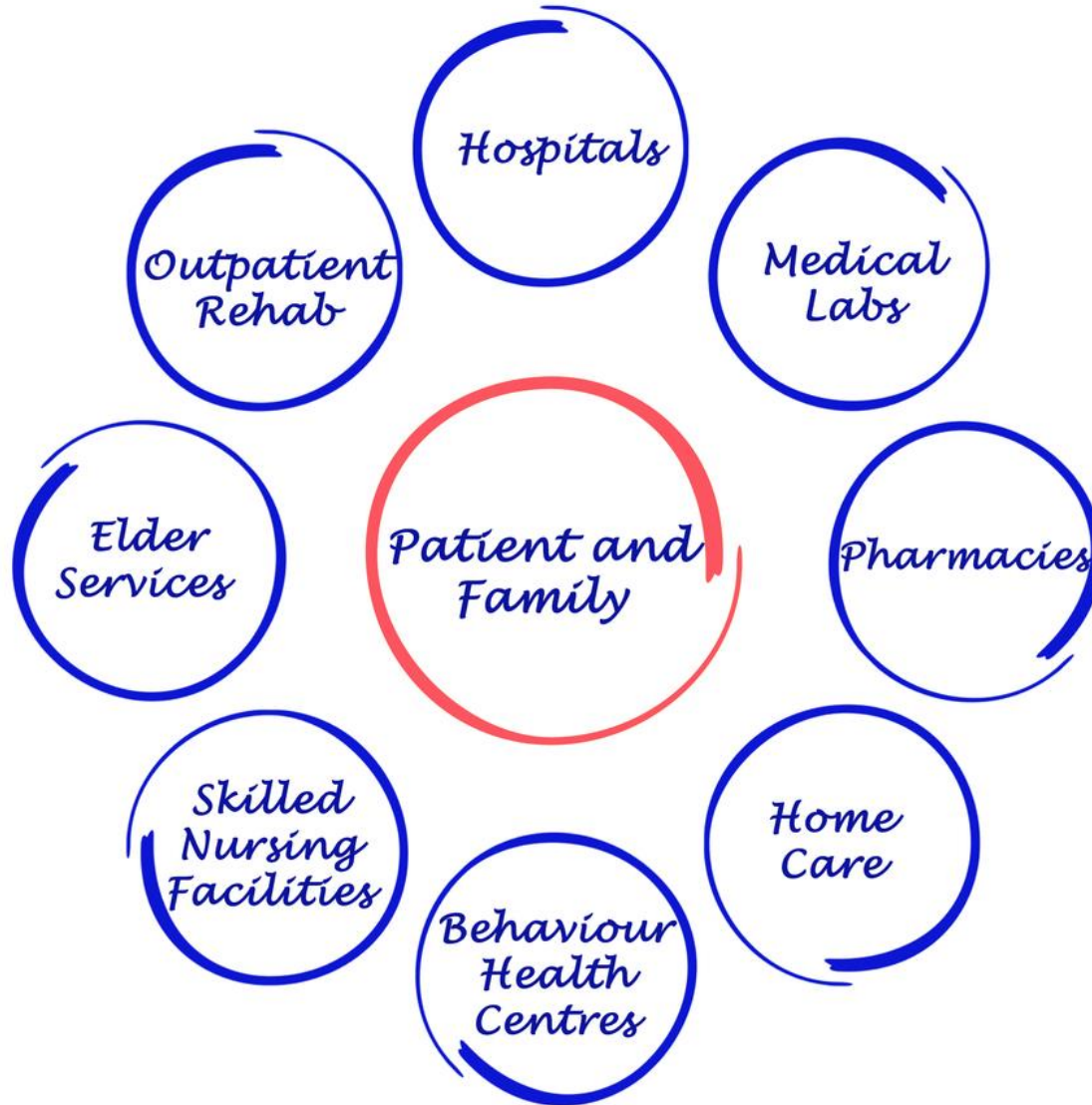


**Being a member of a professional group helps people strive to improve their work, to develop new and better skills.**

**It is part the driving force behind competence and mastery.**

# *Benefit #4*

## Supports Program Integration





**Integration is coming  
and technology-based  
supervision will serve  
clinicians working in  
integrated settings.**

# Models of Integration

- **Technology-based clinical supervision in urban settings to expand supervisory access**
- **Oversight of transfer of care from one provider to another**
- **Workforce training**



(Rousmaniere et al., 2014a; Carey et al., 2013)

# *Benefit #5*

## Shepherds in a New Era of Technology



**TBCS increases comfort with technology, which is important as service delivery becomes more and more infused with technology.**





## *Benefit #6*

### **Promotes Fidelity to EBPs**

- **Fidelity to an evidence-based practice is related to the amount of supervision.**
- **It's not enough for counselors to go to a training on EBTs. They need ongoing, interactive support, feedback on skills, and coaching.**
- **Extends training into broad range of community-based programs**

# *Overall: Better Patient Outcomes*

**Improved infusion of evidence-based practices  
leads to better client outcomes**





**The pace of the development of clinical supervision and training technology is growing rapidly.**

**When Bill Clinton  
took office in 1994,  
there were about  
50 websites**





# Technology Fear Factor

**Supervisees may be highly fluent in all aspects of social networking and search engines and consider them intrinsic in all interactions...**

**while.....**

**While many Clinical Supervisors may...**



**or be uncomfortable  
with technology/web**

# Acknowledge different generational attitudes toward technology/web



(Falender & Shafranske, 2014)



# **Supervision Around Technology/Web**

- **Model and discuss use of technology/web with supervisees explicitly**
- **Provide readings and guidelines on professionalism, privacy/security, and ethics regarding technology/web**
- **Help supervisees understand how an online footprint may be established through participation in social network sites and blogs and are accessible to patients**

# Choose the Best Technology



# Technology for Use in Supervision

- **Telephone**
- **Videoconference**
- **Digital video and audio recordings**
- **Text/Chat/Instant Messaging**
- **Email**
- **Apps for smartphones and tablets**
- **Avatars**

<http://www.telementalhealthcomparisons.com/>



Telephone

# Telephone

**Use for direct observation, individual or group supervisory sessions, crisis intervention, time-sensitive or confidential matters**

## **Benefits:**

- **Easy to maintain confidentiality**
- **User-friendly**
- **Inexpensive**
- **Versatile**





# Email

**Use for providing feedback or answering non-urgent questions that do not include confidential information.**

## **Benefits:**

- **Easy to use**
- **Allows for thoughtful exchange without time constraints; prompts reflection**
- **Lowers inhibitions**
- **Allows for record-keeping**

# Security of Email

- **Emails are stored at multiple locations: the sender's computer; your Internet Service Provider's (ISP) server; & the receiver's computer.**
- **Deleting an email from your inbox doesn't mean there aren't multiple other copies still out there.**
- **Emails are vastly easier for employers and law enforcement to access than phone records.**
- **Finally, due to their digital nature they can be stored for very long periods of time.**



# Videoconferencing

**Use for direct observation, individual and group supervision, screen sharing video, and didactic teaching**

## **Benefits:**

- **Audio and visual cues**
- **Free and low-cost options available**
- **Promotes alliance**



# Digital Video or Audio Recording

Use to record counseling sessions for review by supervisor. The supervisor can record sessions for teaching therapeutic techniques or demonstrating role-plays.

## Benefits:

- Enables direct observation of client-counselor interactions
- Inexpensive
- Flexible means of sharing



# Preparing for Videoconferencing

- **Be mindful of the physical backgrounds that they display online**
- **Soundproof office protected from interruptions**
- **Use a backdrop that appears clean, organized, and pleasant, and lighting that is not too bright**
- **The quality and consistency of the technology (sound, picture, clarity) is another important factor**
- **Test equipment frequently**
- **Sit up straight-look at camera**
- **Reserve time before and after session to check in**

# Measures that Help Prevent Technology Interruptions

- **Use a computer made in the last two years**
- **Use a broadband Internet connection**
- **Use a cable connection to the internet rather than a wireless connection**
- **Turn off all other computer programs**
- **Turn off other computers if on a network**
- **Don't use the share screen function**

- **Do not use names or identifying information**
- **Periodically delete electronic messages (e.g., Internet chat postings)**
- **Develop security protocols and passwords for access to group supervision information**
- **Use encryption whenever information is sent from one computer to another**
- **Discuss sensitive information off-line**



# **Text/Chat/Instant Messaging (IM)**

**Use for quick, non-confidential conversations and for providing prompts during live direct observation.**

## **Benefits:**

- Synchronous and immediate**
- Secure applications are available**
- Easy to use**
- Allows for discreet feedback in direct observation**

# Privacy, Security, and Confidentiality



# Privacy Rules Overview

- **Three main federal regulations apply:**
  - **HIPAA**
  - **HITECH**
  - **42 CFR part 2**
- **Assume these apply to you – the penalties for breach are stiff**





# Do Not Use ...

- **Facebook** or other social networking sites
- **Public WIFI** to access confidential files or websites
- **Email, Chat, or Text Message** to exchange protected health information unless its through a secure, password-protected program
- **Advice from others** about using a program without consulting your own HIPAA compliance resource expert
- **Any technology without client consent**

# Privacy & Security

- **Live Supervision**
- **Group Supervision**
- **Telephone**

**What level of technological expertise must clinical supervisors possess in order to effectively use technologies?**



# How do clinical supervisors demonstrate competency with technology?



# Proficiency

- **Typing skills**
- **Computer technology**
- **Security settings**
- **Email programs**
- **Chat and text messaging**
- **Uploading, sending, and receiving encrypted files**
- **Use of new technology: apps and avatars**

# Competency with all equipment



# How to Overcome Technology Barriers

- Learn how to use the technology and have a back-up plan in case it fails
- Create written policies on the use of technology, including storage and disposal of records
- Access ongoing training
- Be aware of new dilemmas
- Prepare and Practice!



# Overall Best Practices

- **Never discuss protected health information (PHI) unless technology is secure, password-protected, and vetted by legal expert**
- **Be aware of tone and style: check in to make sure your meaning is understood**
- **Develop a communication structure that includes systematic check-ins and summarization**
- **Engagement is the key to success**

**Prepare and Practice!**



# Know how to minimize risk associated with transferring sensitive information





Seek  
legal advice



**BEFORE** delivering services  
and purchasing equipment

**What are the legal risks that clinical supervisors take by using these new technologies?**






**What are the implications for informed consent if the supervisor, supervisee, and client do not understand the technologies or if the technologies change?**

# **Informed Consent Guidelines for Clinical Supervision**

- **Obtain from supervisees and clients**
- **Include the following:**
  - **How information will be kept confidential**
  - **What happens if there is a technical failure**
  - **The benefits & risks of using technology**
  - **The emergency plan for client crisis**

**Avoid** having your digital recording of clinical supervision session posted on...



A perspective view of a road stretching towards a bright sun in a blue sky with scattered white clouds. The word 'ETHICS' is painted in large, white, block letters on the road surface, receding into the distance. The overall scene is bright and clear, symbolizing a path forward.

**As with all supervision practice...  
technology/web practices should be  
guided by the ethical principles and code  
of conduct and emerging standards that  
are articulated in supervision contract.**

**(Falender & Shafranske, 2014)**



At last he had found the Regulatory Guidelines.



# National Boards and TBCS

- **APA**
- **NASW**
- **NBCC**
- **ACA**
- **AAMFT**

# Common Themes

- **Privacy and security**
- **Building new and enhancing current skills**
- **Competency with the technologies**
- **Informed consent process**
- **Appropriateness of TBCS**
- **Documentation of supervision sessions**
- **Live observation versus group supervision**

## **TREND:**

National associations link technology-based counseling and technology-based clinical supervision



**And... social media and ethics**  
with technology-based clinical supervision issues

# Survey of 46 counseling regulatory boards found that internet-based supervision:

- had been established in 6 states
- was in development or discussion in 18 states
- was prohibited in 19 states

**60%** of boards limited the hours of internet supervision that could be applied to licensure, with the limits ranging from **10% to 50%** of total hours

# TBCS State Regulation Issues

- **Must use real-time electronic methods that allow for visual and audio interaction between the supervisor and supervisee**
- **Include a plan to ensure accessibility of the supervisor to the supervisee despite the physical distance between their offices**
- **Inform a supervisee's client or patient and employer regarding the supervisee's use of remote supervision**
- **Physically visit the location where the supervisee practices on at least a quarterly basis**

# TBCS State Regulation Issues

- **Supervision may be continued using technology-assisted means after it is initiated in a traditional setting**
- **Cautions against providing clinical supervision to counselors residing in other states**
- **Distance supervision is usually intended to supplement rather than replace in-person supervision**

**Supervisors are encouraged to contact their local regulatory agencies or professional associations for answers to questions, including:**

- **Are there limits on the number of hours of Internet-based supervision that can count towards licensure, continuing education credits**
- **Which jurisdiction has legal accountability when supervision is conducted across state lines or international borders?**
- **Are there informed consent requirements specific to videoconference supervision?**
- **Do any of the jurisdictions have confidentiality or privacy rules beyond HIPAA/HITECH?**
- **Do the supervisor or agency's professional liability insurance policies cover Internet-based supervision or supervision in multiple jurisdictions?**



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**Create guidelines that state and national certifying entities can use for supervisors utilizing technologies to deliver clinical supervision**



# Summary of Meetings

- **Participants agreed there is a need for TBCS**
- **Most had used technology for training purposes**
- **Participants agreed with the definitions of clinical supervision presented**
- **Both groups had participants who believed that using technology to deliver clinical supervision can approximate in-person clinical supervision**
- **Many states that allow TBCS limit the amount or use it to supplement not replace in-person clinical supervision**
- **Iowa, Texas, Arizona, Nevada, Illinois, and New Jersey require live observation of supervisees**

# COMPETENCE

***WITH TECHNOLOGIES***



# Develop a supervision contract/agreement that includes TBCS



**Demonstrate knowledge and practice of privacy and security issues, and relevant laws or codes specific to the jurisdiction where services are being provided**



# Next Steps

- **Meetings with other National Associations**
- **Report from two regional meetings created and disseminated**
- **Appoint a NFAR TBCS Work Group**
- **Create a document on TBCS for providers and boards**
- **Provide additional trainings that are more skill-based**
- **Develop a group of clinical supervisors who use TBCS**

# Consultations with Licensing/Certification Boards



# Contemplating TBCS

**What kind of training would clinical supervisors in your state need?**





# Imagine the future of Rural Practice ...



## *Without Supervision*

- Few clinicians
- High burn-out
- Limited use of EBPs
- Isolation
- Stress
- Clients who can't get care

## *With Supervision*

- Expanded provider base
- Improved professional identity
- Innovation and EBP
- Connectedness
- Improved work conditions
- Access to care

SUMMARY



# **Better services for patients =** *Equity, Quality, Accessibility*

*“As members of a helping profession, it is our obligation to make sure that we provide access to our services, including supervision, in a safe and ethical manner, but also in a manner that includes all persons and reduces unintentional barriers.”*

# The future of clinical supervision?



**Questions**



Save the Date

Mind the Gap: Using Technology  
to Connect People to Care

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# TECHNOLOGY Summit

Philadelphia, PA | August 3 - 5, 2016