

Questions Asked During Live Webinar Broadcast on 11/8/19



Using Technology for Clinical Supervision

Presenter: Malcolm Horn, PhD, LCSW, MAC, SAP

What do you recommend about shared cases? For example, a counselor in a rural area with a supervisor who they can only meet once a month. But they need weekly supervision for their license hours and use me through tele supervision.

A: First, I assume that the supervisee and supervisor do not work for the same organization.

You must have a release of information if you are going to be sharing client information. Even if you use initials or "Fake" names for the client, in rural areas, there is a strong possibility that someone will recognize the case. I would suggest a business agreement/contract for supervision that outlines the limits and requirements of confidentiality. The client(s) should also know that the supervisee is not fully licensed and participates in supervision and what that means.

In terms of observation of the actual counseling session, audio vs. video - what are some things we lose as supervisors if we rely just on audio recording observation?

A: We lose a lot. I would not want to rely solely on audio recording. We lose the ability to observe closed vs. open body language, eye contact, and what might be happening when there is silence. A lot can happen in silence. I think that audio-only can be helpful, but I would not sign off on anyone's supervision if I have been able to visually observe them providing the service.

Is it secure to email a weekly case management form with case notes on it for supervisory case consultation review?

A: Yes, providing you've put provisions in place: is your email and the recipients email encrypted? Virus protection? I would also recommend using client initials or a "Fake" name for them, even within the same organization. I would also ensure that your liability insurance has something about electronic information so that if there is a violation or breach, you are protected.

What about tele-group-supervision? Multiple supervisees receiving one hour of supervision together in an online group format but each from a different location?

A: That's fine. Make sure that you have the ability to ensure that they are each paying attention (when you're only being seen from the neck up and the picture is small....it can be easy to be doing other things besides engaging in the supervision). If you are sharing documents with the group (i.e. a case review, an article about treatment, etc) you can share your screen on some platforms (then you do not have to worry about trying to email everyone the document or put it in a drop box).

How do I have a video encrypted? Are there specific software programs that you recommend?

A: There are several that will do encryption, but (unfortunately) I do not know which ones.....I did do a quick Google search and there are several different options. <https://windowsreport.com/video-encryption-software/>

Is Dropbox a secure place to share notes on client's care?

A: For the most part, yes. You can put a password (lock) on the Dropbox so only certain people can access it. However, like all electronic things....it is vulnerable to hackers. So make sure that 1) your liability insurance will cover you if there is a breach and 2) you have provided notice to the client that their information may be stored in a Dropbox. To add an additional layer of safety, I'd also only use client initials in the document.

Have you found that there has been an increase of counselors in rural areas due to the advancement of technology in supervision? If not, do you have suggestions on outreach we can do as supervisors on how to help pave the way for this increase?

A: There has been an increase, but (at least to my experience) there is also a big fear of technology. People seem more accepting of doing medical care via technology, but that is more quantitative versus "therapy" where we know that there is a certain amount of rapport and connection that is needed to make therapy effective; it is hard to do that via technology. What I would suggest doing is 1) make sure your state laws/rules allow for tele and then 2) just start talking about it to people. Give them demonstrations, practice with it, post things on social media. It gets less scary when people are exposed to it.