How would you accommodate patients/clients who had refused or declined consent to be recorded?
A: If a client absolutely refuses to be recorded, the therapist must respect this. However, preparing them for it (as described in the next answer) might soften things a little and lead to their agreement. But don’t push the idea – if they ultimately refuse, it must be honored and accepted.

Would you talk about preparing clients/patients for "Live Observation"?
A: Explain to them that the purpose of observation is for continual improvement of their treatment. Also, that it is their therapist/counselor who is primarily being observed (by their supervisor) as a means of further professional development, but ultimately (and most significantly) it is to provide the best client care possible.

Any suggestions for recording client sessions for supervision while doing telehealth?
A: Receive a signed informed consent by the client while explaining that the recording is ultimately for the client’s benefit. If the purpose is to share with a supervisor, be sure that that purpose is explained in the informed consent and use the rationale explained in the previous answer.

Is there an appropriate way to document (such as a format like DAP) for documenting consultation?
A: I assume this question pertains to documentation by the supervisor while viewing either a live session or a recording of the session. If so, DAP format would probably not be the best (depending on the purpose of the live session or recording). The supervisor should be alerted to significant transitions/statements by the client and the corresponding responses by the supervisor. For example, if the supervisor is monitoring the use of Motivational Interviewing, he/she would look for “change talk” by the client and appropriate responses (such as encouragement and quests for elaboration) by the therapist (and perhaps missed opportunities if no such responses were made). One could document consultation as to “topic”, and “discussion points” and “resolutions”.

Any suggestions for providing feedback to supervisee and appropriate evaluations to use within the supervision?
A: Feedback should always start with something positive and encouraging (“wow, I really liked how you connected so well with the client”). Pointing out areas for professional development (not “problems” or “areas of weakness”) can carefully and gradually be introduced by asking questions (“how might you have done things a little differently?; or: At that point in the session did you consider …...and opposed to …?”). Feedback should be given in terms of where the counselor is headed professionally (and by that I mean how is the counselor effectively reaching the professional goals he/she has developed?). Some would call this “feed-forward” as opposed to feedback. The idea is to re-direct the counselor down the path he/she has chosen (toward goal attainment). Always end a discussion (or session) with something positive. The whole process of positive input-areas for growth-positive input is what some call a “praise sandwich.”