Extending the Reach of Clinical Supervisors: An Overview of Technology-Based Clinical Supervision

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Familiarize audience with technology-based clinical supervision (TBCS) research, demonstrate its utility, and provide examples of clinical supervision services using different types of technology.
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 at least four types of technology used for effective clinical supervision
Neither the NFAR ATTC nor the speakers presenting today endorse or promote the use of any specific technology application mentioned in this training. All technology applications are discussed as examples of available resources only. 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.
The Big Picture
Values = health care equity, quality, and accessibility for the entire population.

Every community is affected by drug abuse and addiction.
Health Disparities

• inequalities in health status
• adversely affect groups who have experienced greater obstacles to healthcare access based on
  – Race & Ethnicity
  – Religion
  – Socioeconomic status
  – Gender
  – Age
  – Mental health or disability
  – Sexual or gender orientation
  – Geographic location
  – Other characteristics tied to discrimination or exclusion

(Office of Minority Health, 2011)
Substance use disorders are widespread
In 2011, 20.6 million people aged 12 or older met the criteria for substance use disorders.

19.3 million people needed but did not receive treatment for illicit drug or alcohol use.

- 95.3% Did not feel they needed treatment
- 3.3% Felt they needed treatment – Did not make an effort
- 1.5% Felt they needed treatment – Did make an effort

(NSDUH, 2011)
Are certain groups affected disproportionately by substance use disorders?
• Rural populations have more SUD problems and less access to treatment than urban populations.
• Stigma associated with SUDs compounds health disparities among populations who have a harder time accessing health care (e.g., Hispanics, Blacks, MSM + LGBT, HIV/AIDS, mental health disorders).
• Native Americans die from alcohol-related causes twice as often as the general population.
The Problem
ACA is changing workforce demands

- With expanded health insurance coverage, more individuals will have access to SUD treatment services.
- There are not enough providers to meet this demand.
Current Workforce Challenges

• Not enough SUD counselors
  – High turnover
  – Aging
  – Difficulty recruiting new counselors
• Lack of professional support & collaboration
• Limited CE training opportunities
• Lack of access to a quality clinical supervisor, which leads to
  – Low job satisfaction
  – Burnout and turnover

(Kanz, 2001; Reese et al., 2009)
Turn Disparity Into Equity

Ensure equitable, quality, accessible substance use disorder treatment services to everyone who needs them.

... but how do you do this without well-trained and supported clinicians?
The Solution
Today’s training is based on the evidence that better clinical supervision leads to better SUD treatment, and better health outcomes.

Using technology for clinical supervision is an important step toward ensuring the best possible health outcomes for everyone.
"The deleterious effects of harmful supervision on supervisees may parallel the detrimental effects of harmful therapy to clients."

(Ellis et al., 2013, p.436)
What is Clinical Supervision?

Bernard and Goodyear (2014):

“[The] relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior person(s), monitoring the quality of professional services offered to the clients ...and serving as a gatekeeper for the particular profession the supervisee seeks to enter.”
Supervisors serve as gatekeepers (Harrar et al., 1990)
Further Defined...

Perry (2012):

“...transmits the field’s values, body of knowledge, professional roles, and skills to the new clinician. 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 prepare future generations to represent the field
Quality Clinical Supervision...

• increases
  – Counselor morale
  – Counselor skills
  – Connectivity to others in the field

• improves client outcomes

(Ryan et al., 2012)
Obstacles to effective clinical supervision

• High cost of travel
• Amount of travel time
• Time away from providing services
• Lack of access to a qualified clinical supervisor
“As a supervisor that provides oversight to many different offices in rural areas, it is impossible to be everywhere you are needed all the time in person. Some of our providers are in extremely remote areas and perhaps are one man/woman shows. This contributes to isolation and inability to use a team approach for clinical staffing. In addition, when experiencing problems with a consumer there are few resources to reach out to and gain perspective or insight on how to handle the situations. As a supervisor it is difficult to feel like you are really connected to the staff person. Which results in supervision meetings not occurring frequently enough because to get to them in person would mean you, as the supervisor, have to mark out a whole day to provide the meeting time because travel might take up half of it.”

-Kathy Hoppe, VP of Treatment Services, Preferred Family Healthcare
Technology as a Solution
Technology-Based Clinical Supervision

- supervision delivered to counselors via media, such as
  - 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 and training?
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.”

(Rousmaniere et al., 2014)
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 clients?*

(Rousmaniere et al., 2014)
Technology
Fear
Factor
“Good supervision is dependent on the quality of the skills of the supervisor and should not be dependent upon simple proximity to the supervisee.”
“The practical limitations of the physical world introduce a variety of obstacles that are eliminated in the virtual world.”

(Dillon, 2014)
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

(Byrne & Hartley, 2010; Conn et al., 2009; Dudding & Justice, 2004; Rousmaniere et al., 2014; Panos, 2005; Reese et al., 2009)
Over **25** clinical research studies on technology-assisted supervision and training (TAST) have been conducted since 2000 in training sites around the world, including Australia, Canada, England, Norway, and the United States.

(Reese et al., 2009)
Key Benefits to Technology-Based Clinical Supervision

1. Increases access to quality supervision
2. Enhances cultural competency
3. Strengthens professional identity
4. Supports program integration
5. Shepherds in a new era of technology
6. Promotes fidelity to evidence-based practices
Benefit #1
Increases Access to Quality Supervision
Provides better use of resources, is cost-effective, and reduces travel time.
Technology greatly expands the available pool of supervisors.
Technology allows greater access to supervisors

• Increases supervision in areas where qualified supervisors may not be available
• Allows access to supervisors with a specific population expertise
• Allows access to supervisors with specific therapeutic technique expertise
Benefit #2

Enhances Cultural Competency
Using technology allows for direct observation of clinicians in the communities in which they work, which has positive implications for building cultural competency. 

(Byrne & Hartley, 2010)
Panos et al. (2002) proposed the “triad model” of supervision, in which supervisees have two supervisors:

- one *onsite* who is well versed in local culture, and
- one *online* who possesses the needed competence in clinical supervision.
Benefit #3
Strengthens Professional Identity
Professional identity comes from being *witnessed* in a professional role, and receiving encouragement and feedback.

(Perry, 2012)
Professional identity is what makes people strive to improve their work, to develop new and better skills. It is the driving force behind competence and mastery.

(Perry, 2012)
Technology Paradox

Limitations imposed by technology improve the focus and quality of conversations, decrease inhibitions, and equalize contributions in group settings.

(Reese et al., 2009; Gamon et al., 1998)
Benefit #4
Supports Program Integration

- Hospitals
- Medical Labs
- Pharmacies
- Home Care
- Behaviour Health Centres
- Skilled Nursing Facilities
- Elder Services
- Outpatient Rehab

- Patient and Family
Program 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)
Many insurance companies, including Medicare, will only reimburse for services provided by a licensed clinical social worker.

Professional licensing standards for counselors to reach this level of licensure include supervised clinical experiences.

TBCS will expand the field of licensed clinicians, since many clinicians working in remote areas may not have access to local supervisors to meet the requirement for credentialing.

Technology enables highly trained counselors to receive reimbursement
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.

(Wood et al., 2005, p. 176)
As new generations of supervisors who are comfortable with technology begin their careers, it is likely that new technologies will increasingly become integrated into supervision as routine practice.
Benefit #6
Promotes Fidelity to EBPs

• The literature indicates that fidelity to an evidence-based practice is often directly 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.

(Dorsey et al., 2013; Smith et al., 2012; Anderson et al., 2012)
Technology-based supervision is an effective way to build EBP skills

- Extends training into broad range of community-based programs
- One study using telephone-based direct observation and feedback following MI training demonstrated improved therapist MI skills proficiency

(Smith et al., 2007)
Overall: Better Client Outcomes

Improved infusion of evidence-based practices leads to better client outcomes
“In substance abuse treatment, clinical supervision is the primary means of determining the quality of care provided.”

Therefore, TBCS will extend the reach of Clinical Supervisors and help promote the quality of SUD treatment services.
Three Steps for Technology-Based Clinical Supervision

1. Provide quality clinical supervision
2. Choose the best technology
3. Use the technology to extend the reach of quality supervision
What is the Goal?

- Effective telecommunication applications for clinical supervision should aim to *reduce the isolation of health care providers in rural communities* through the expansion and enhancement of the virtual network, which provides educational and Clinical Supervisory services.

- They should *increase access to clinical consultative services and health education programs* for rural supervisees and *provide supervision expertise that would not otherwise be available* in rural settings.

- The implementation of telecommunication technology should *provide a feasible and sustainable system of supervisor consultation* capable of accommodating multidisciplinary and specialty supervision.

(Wood et al., 2005)
Basic structure of supervision

- One hour per 20-40 hours clinical practice (preferred one hour per week)
- Direct observation
- Group supervision
Above all else, Clinical Supervisors using technologies to deliver clinical supervision services should be well-trained in clinical supervision.
How will technology enhance the role of a supervisor?
Choose the Best Technology
Technology for Use in Supervision

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

• **Never** discuss protected health information (PHI) unless technology is secure, password-protected, and vetted by legal expert
• HIPAA compliance depends on trained users
• 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!
Telephone or Polycom

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

Benefits:

• Easy to maintain confidentiality
• User-friendly
• Inexpensive
• Versatile
• Private and secure
Videoconferencing
Benefits:

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

Use for direct observation, individual and group supervision, screen sharing video, and didactic teaching
Digital Videos or Audio Recordings
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
How will the audio or video file be stored and deleted to protect client privacy?
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.
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
Apps for Smartphones and Tablets

Use for chat and video-conferencing to provide rapid feedback during live supervision

Benefits:

• Accessible on many devices
• Portable
• Cutting edge technology
Combinations and Comparisons

It may be helpful to switch up modalities. What works well for one person/group may not be ideal for another.

Extensive details about various programs, including comparisons of capabilities and security features: http://www.telementalhealthcomparisons.com/
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 it's 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
How to Overcome Technology Barriers

• Learn how to use the technology and have a back-up plan in case it fails

• Create written policies that on the use of technology, including storage and disposal of records

• Access ongoing training

• Be aware of new dilemmas

• Prepare and Practice!

(Nagel et al., 2009; Vaccaro & Lambie, 2007; Lannin & Scott, 2013; Kanz, 2001)
ETHICS
“Technology will continue to evolve, but the ethical principles remain constant.”

(Koocher & Keith-Speigel, 2008, p 212)
Research Ethical Standards for TBCS

- Professional boards are establishing more ethical guidelines specific to TBCS.
- Clinical Supervisors are responsible for determining which guidelines apply to their work.
- When in doubt, apply existing face-to-face supervisory standards to any work done via technology.
Common Themes from National Associations’ Guidelines

- Privacy and security issues/risk
- 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
- TBCS supplements but does not replace in-person
What does your state certification/licensing boards say about TBCS?
Questions to Ask

• Are there limits on # of hours of online supervision that count toward licensure, CEUs, etc.?

• What jurisdiction has legal accountability for supervision that crosses state lines?

• Are there specific informed-consent requirements?

• Are there regulations about reimbursement specific to internet-based supervision?

• Do professional liability insurance policies cover internet-based supervision, or supervision in multiple legal jurisdictions?

(Rousmaniere et al., 2014a,b; Kanz, 2001; Nagel et al., 2009; West & Hamm, 2012)
Privacy, Security, and Confidentiality
• 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

(Olson et al., 2010, p.211)
5 Steps to Enhance Online Security

1. Use “strong” passwords
   - NOT birthdays, names, or dictionary words;
   - at least 8 characters using a combination of numbers, special characters (*&@), and upper/lower-case letters

2. Use a unique password on each account

3. Use two-factor identification on all accounts

4. Use extreme caution downloading attachments or clicking on links in emails

5. Use updated antivirus and antispyware software

(Rousmaniere et al, 2014b)
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
BEFORE delivering services and purchasing equipment
Avoid having your digital recording of clinical supervision session posted on...
Technology-based clinical supervision can open the door for expanded and improved services by clinicians who have had limited access to supervision.
"Technology has assisted to fill the gap"
(Kathy Hoppe, VP of Treatment Services, Preferred Family Healthcare)

- We use our virtual platforms to conduct staff and team meetings, and teleconferencing tools to meet individually and as groups for supervision. Both of these technologies have benefited me as a supervisor and, I believe, the supervisee to be able to feel more connected in the meeting, and those meetings are more productive.

- Supervision occurs more frequently because it
  - does not interfere with schedules as trying to meet in person did;
  - makes it easier for staff by not trying to cover everything all at one time to reduce my travel time;
  - does not take interrupt service provision for a whole day
  - improves retention of information by addressing things in a timely manner and at appropriate times.
“The use of televideo options has opened the door to provide quality supervision on a regular basis without the added costs of lost work time and travel. By utilizing supervision via televideo, this has allowed more clinicians to obtain the supervision that they need to obtain their clinical license and be able to provide much needed services to a region.”

(Christina MacFarlane, Hope and Wellness Resources)
Better services for clients = *Equity, Quality, Accessibility* of substance abuse treatment.

“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.”

(Orr, 2010, p.106)
Imagine the Future of Rural Practice ...

**Without Supervision**
- Few clinicians
- High burn-out
- Limited use of EBTs
- Isolation
- Stress
- Clients who can’t get care

**With Supervision**
- Expanded provider base
- Improved professional identity
- Innovation and EBT
- Connectedness
- Improved work conditions
- Access to care
The future of clinical supervision?
Questions