

Supervising trainees working remotely by video call and telephone on placement

A workshop for supervisors of trainees on placement on the Leeds, Sheffield and Hull Programmes

17th December 2020, 09:30-13:00

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Dr Alesia Moulton-Perkins, Clinical Psychologist & BABCP accredited CBT Therapist, University of Sussex & Online Psychology and Counselling Ltd

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Introductions

• **Dr Alesia Moulton-Perkins**, Clinical Psychologist & BABCP accredited CBT Therapist

• **Dr Nicola Motton**, Senior Clinical Psychologist

Acknowledgements:

Jane Iles, University of Surrey
Pip Weitz, Academy for Online Therapy
Suzanne Kamani, Counselling Psychologist

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WELCOME AND HOUSEKEEPING

- Recording today
- Zoom meetings – participants can interact using chat. Everyone on video please but keep yourself muted until you wish to talk
- Please make sure you are using your real name rather 'iPad3'!

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Learning outcomes

- To support trainees' induction and integration with the team whilst working remotely
- To be able to develop a supportive supervisory relationship online
- To support trainees' wellbeing on a remote placement
- To feel confident supervising trainees' delivery of therapy by telephone/ video call
- Become familiar with different methods of observing trainees' practice to aid evaluation

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Digital supervision competencies, DCP 2020

Domain of Leadership, Supervision and Consultation:

- Knowledge of digital supervision models and ways to adapt in-person supervision to online delivery;
- ability to engage in remote supervision;
- ability to integrate digital communications into supervision discussions e.g. text/chat into a VC session;
- Ability to follow organisational policies and procedures in the making, storing and sharing of recordings of sensitive clinical material for supervision or clinical purposes;
- Ability to work in remote digital teams and participate in remote digital meetings

From 'Digital Competencies for Psychological Professions', Digital Healthcare Sub-Committee of DCP <https://www.digitalhealthskills.com/digitalcompetencies>

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Digital supervision competencies cont'

Knowledge of digital supervision models and ways to adapt in-person supervision to online delivery: sub-domains

Core

- Knowledge of tools and methods for participating in remote supervision e.g. awareness of screen sharing function for sharing of formulations; live observation of a supervisee by attending their intervention by video call; reviewing supervisees' email or written materials exchanged as part of a psychological intervention
- Knowledge of secure ways to record remotely delivered psychological interventions for later review in supervision or for clients to use as part of their homework

Advanced

- Knowledge of organisational policies relevant to supervisees' sharing of sensitive clinical material in supervision e.g. advising trainees and supervisees on how to make, store and share live examples of their clinical work.

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Digital supervision competencies cont'

Ability to engage in remote supervision: sub-competencies

Core

- Ability to present cases in supervision using digital tools e.g. skilled at using the screen share for documents and white board function when presenting case formulations to a supervisor
- An ability to access supervision from a digitally competent supervisor

Advanced

- Ability to deliver individual and group supervision via digital means and adapting to the diversity characteristics and needs of supervisees and their clients
- Ability to advise teams and services on the GDPR and information governance aspects of making recordings of remote psychology practice for supervision e.g. working with cyber security experts in order to draw up policies and procedures around recording, storing and sharing of videoconference sessions

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Plan

WHEN	HOW LONG	WHAT	WHO
09:30-10:25	55 mins	Introductions and housekeeping Policy and evidence base, theories of online supervision and therapy Wells's online adaptation of Inskipp & Proctors supervision model	Alesia
10:25-10:30	5 mins	Comfort break	
10:30-11:20	50 mins	Dimension 1: Normative/managerial (Induction, boundaries, risk) Dimension 2: Supervisory alliance	Nicola
11:20-11:35	15 mins	BREAK	
11:35-12:10	45 mins	Dimension 3: Digital health technologies Dimension 4: Supportive/restorative inc video from Duncan Moulton - a trainee's perspective	Alesia
12:10-12:15	5 mins		
12:15	45 mins	Dimension 5: Relational Dimension 6: Formative-educative: Assessing competencies	Nicola

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Poll 1: Do you like working from home?

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Poll 2: How do you feel about supervising trainees remotely?

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Warm up

Small groups discuss:

- Concerns/challenges of supervising trainees remotely
- What do you want to get out of today?
- Nominate a person from the group to feedback via the chat window in the whole group afterwards

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Policy, practice guidelines and evidence base for telephone and video call

- Pre-Covid government policy supported implementation of digital mental health e.g. NHS Long Term Plan. Post-Covid call greater urgency still
- Several systematic reviews suggest equivalent efficacy for telephone, video and F2F e.g. telephone: Irvine et al (2020); video: Rees & Maclaine (2015)

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Evidence base online therapy – therapeutic alliance

- Therapeutic alliance remains strong and some patient groups may prefer it (Simpson & Reid, 2014; Simpson et al., 2020)
- However, therapist attitudes often negative and unfounded – Rees and Stone (2005) experimentally demonstrated that psychologists rated the therapeutic alliance as lower in a session presented over VC than when an identical session was presented as F2F
- Online therapeutic alliance known to be equal to F2F therapy. For a recent review see Simpson et al., 2020.

Further details of policy and evidence base can be found in separate slides provided for self-study (see references)

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Evidence base online supervision

- Less literature on online supervisory alliance, but what there is remains positive: meta-analysis by Woo et al (2020) identified 54 studies on distance supervision but only 3 journal articles and one dissertation allowed effect sizes to be calculated: no sig difference between in-person or VC
- Examples of other studies not included in Woo et al (2020) confirm their findings e.g. Reese et al (2009) (counselling psychology trainees) and Sorlie et al (1999) (trainee psychotherapists) rated the supervisory alliance same in-person as VC
- Rousmaniere (2014), Cromarty et al (2020) provide good reviews of the literature and outline the practical, clinical, legal and ethical issues of online supervision.
- Simpson et al (2020) excellent practical list of key skills (see extract in handout)

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Practice guidelines for online supervision

- Division of Clinical Psychology 'Digital Adaptations to Supervision and Observation'
- Digital Healthcare Sub-Committee of the Division of Clinical Psychology 'Digital Competencies'. Supervision is part of one of the domains
- Association for Counselling and Therapy Online (ACTO) 'ACTO Competencies for Online Supervision'

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Remote Supervision Guidelines

Relationship is of central importance in telephone/video supervision

the british psychological society
Division of Clinical Psychology
Digital adaptations to supervision and observations

- Regular, scheduled supervision;
- Uninterrupted supervision sessions using reliable telephone or internet connections;
- Negotiation of supervision style and how to share information pre- and post-supervision sessions (e.g. recordings of sessions, formulation diagrams, genograms, supervision notes);
- Openness to share respectful and constructive criticism;
- Explicit contracting at the start of the process and reviewing the supervision contract and goals of the supervisee at regular intervals.

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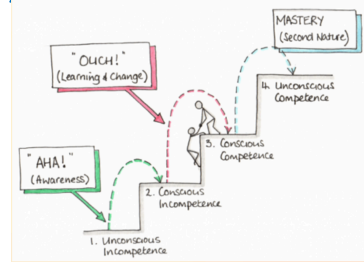
Remote Supervision Guidelines

the british psychological society
Division of Clinical Psychology
Digital adaptations to supervision and observations

- Agree explicitly whether or not to record supervision
- Share relevant policies on online supervision and clarify:
 - Knowledge of technology and process for arranging digital sessions
 - Process for responding to failures in technology
 - For clinical sessions: process for risk management when offering digital interventions.
- Consider discussing impact of telephone/video delivery of therapy on:
 - Therapeutic alliance
 - Risk assessment
 - Jointly mapping out formulations or sharing ideas visually
 - Ending of therapy
 - Evaluation and outcome measures.

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Conscious Competence model – where are you and your trainee in online supervision?



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Challenges for trainees of being on placement

- Appropriate space- desk/laptop/phone/headphones etc
- Developing /maintaining relationships with colleagues (corridor catch up, making coffee)
- Difficulty of approaching others for advice (e.g. risk)
- Speaking up in team meetings (power dynamic for trainees)
- 'Taking work home'- doing clinical work at home (distressing material)
- Having private space to work (bedroom/family/housemates/pets/interruptions)

Any of us might find these difficult.... but trainees are also new to the team, part time on placement and a power imbalance presents additional difficulties

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Using an online supervision model to understand and address these challenges

Weitz's Six Dimensions of Online Supervision builds on the Supervision Alliance Model (Proctor, 2001, Inskipp & Proctor, 1993) which includes 3 tasks:

1. Formative
2. Normative
3. Restorative

Weitz adds:

1. Digital health technologies
2. Supervisory alliance
3. Online relational

Weitz's model is unpublished but can be found here <https://www.philipawetz.com/publications> (website under construction)

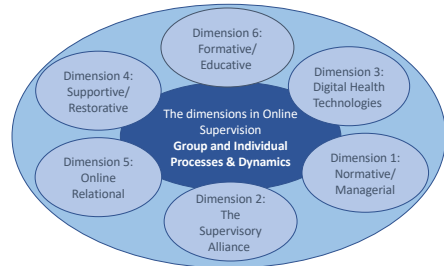
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Brief Comfort Break
5 mins

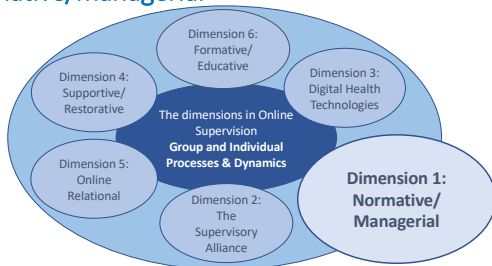
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Weitz's Six dimensions of online supervision



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Weitz's Six dimensions of online supervision: Normative/managerial



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First normative/managerial role of a supervisor is to set up a thorough induction

- All the usual induction plus:
 - Trust/team Covid policy
 - Introducing colleagues (list of team members, 1:1 introduction meetings)
 - Informal catch ups
 - Checking home working space
 - Discussion of managing homeworking
 - More focus on wellbeing
 - Regular informal check-ins, particularly at beginning of placement
 - Reinforcing boundaries

Trainee risk assessment

- Are they in a higher-risk group or do they live with others who are in high-risk groups?
- Do they have caring responsibilities which may be impacted by any further lock-downs/ periods of isolation?

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Boundaries: Challenges for trainees of being on placement – *and some solutions*

<p>Challenges</p> <ul style="list-style-type: none"> • Maintaining boundaries 	<p>Solutions</p> <ul style="list-style-type: none"> • Dressing for work even though at home • Keeping to work hours • Keeping uni work to uni days, placement work to placement days • Considering what others can see in a video call (e.g. family photographs) - aim for neutral background
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Boundaries: Challenges for trainees of being on placement – *and some solutions*

<p>Challenges</p> <ul style="list-style-type: none"> • Managing interruptions e.g. pets, housemates, someone at the door 	<p>Solutions</p> <ul style="list-style-type: none"> • An agreement between housemates/family on access to different areas. • Briefing your household • Put sign on door 'don't disturb' • Wear earbuds/headset with microphone to minimise noise picked up • Different rules for different meetings e.g. patient vs colleagues • Self-compassionate stance that can't always irradicate interruptions
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Managing risk: Challenges for trainees of being on placement – *and some solutions*

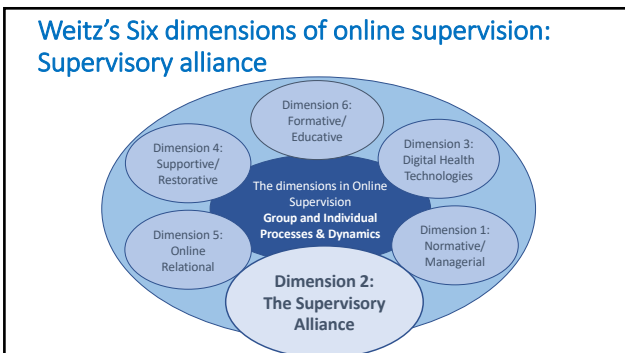
<p>Challenge</p> <ul style="list-style-type: none"> • Difficulty of approaching others for advice (e.g. risk) 	<p>Solutions</p> <ul style="list-style-type: none"> • Provide list of names of who's who in the team • As part of induction ask trainee to meet 1:1 with team colleagues • Provide a written hierarchy of people to contact for trainee if they have a question • Be clear when they can contact you and how • Ensure they know when you're (not) available
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Managing risk: Challenges for trainees of being on placement – *and some solutions*

<p>Challenge</p> <ul style="list-style-type: none"> • Making sure trainees are picking up and reporting signs of risk in their clients: fewer non-verbal cues 	<p>Solutions</p> <ul style="list-style-type: none"> • Provide service risk assessment tools and procedures ideally adapted for remote working • Encourage trainees to use self-scoring online tool like PHO9 or CORE10 at every session e.g. MDCalc (smartphone based); ThinkCBT (web-based) • Trainee should have own work laptop and access to clinical information record systems • Trainee needs to be able to speak to qualified colleague promptly and not wait to next supervision session. • Encourage trainees to check client's risk routinely
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Dimension 2: Supervisory alliance. Challenges for trainees on placement – *and some solutions*

<p>Challenges</p> <ul style="list-style-type: none"> • Getting to know each other and building the supervisory alliance 	<p>Solutions</p> <ul style="list-style-type: none"> • Consider initial face-to-face meeting (depending on your own/trainee's personal risk assessment, preferences, current guidance) • Less informal contact in office = need to create alternatives to build relationship • Start of placement, regular (initially daily?) 10-15 mins touching base call
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Dimension 2: Supervisory alliance cont'

Challenges

Getting to know each other and building the supervisory alliance

Solutions

- Start supervision 10 mins early for general catch up
- Screen presence- video position
- Confidential space- use headphones
- Supervision notes- video at top of screen, notes below, verbally communicate when writing notes 'Just making note, I might look a bit blank for a moment', some video applications mute microphone when typing
- Feedback- ask more than usual how supervision is going
- Less non-verbals, ask more explicitly how they are

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Discussion

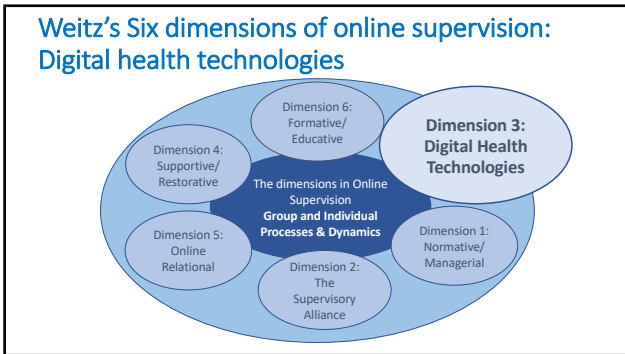
In small groups discuss:

- What can you apply to your online supervision practice from the **Normative/managerial and supervisory alliance** dimensions?
- Nominate someone to feedback via the chat window to the wider group

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Break 15 mins

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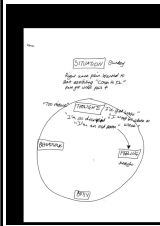
Dimension 3: Digital Health Technologies

Supervisor and trainee will need:

- Some key technical skills (see following slides)
- Have at least a basic awareness of evidence base so can confidently recommend online therapies to clients
- Know limits of competence and get further supervision or training if necessary e.g. Oxcadat website, ACTO training providers, my YouTube channel

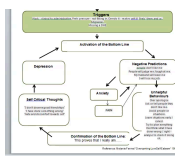
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Key digital skill 1: screen sharing



Supervisor draws freehand on whiteboard a formulation based on supervisees client if they haven't done one already

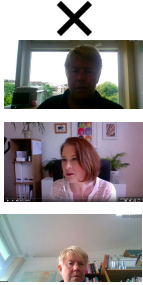
Supervisee brings a formulation they have previously constructed with client



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Key digital skill 2: maximising screen presence

Good quality sound and larger images associated with greater 'telepresence', and hence psychological engagement (Lombard & Ditton, 1997) and greater emotional intensity associated with increased telepresence (Bouchard et al, 2011).



- Position camera so looking into client's eyes
- Good lighting – don't sit in front of a window
- Appropriate background and framing

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Key digital skill 3: maximising internet connectivity

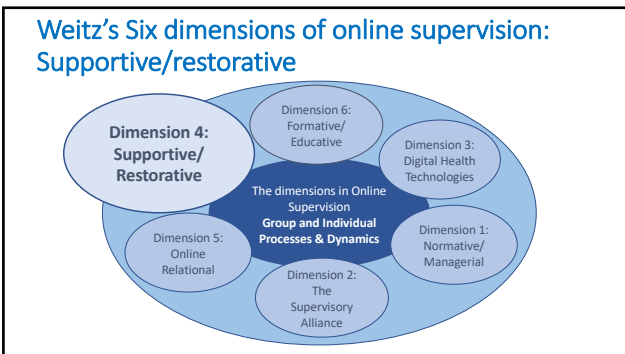
Preparations

- Plug into Ethernet if possible
- Shut down unnecessary applications and browser windows
- Have back-up plan

Emergency measures

- Use back up plan and stay calm!
- Call in to VC session using ordinary telephone & mute self on VC - audio channel telephone. Visual channel through VC
- Use alternative platform

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Dimension 4: The Supportive/Restorative Dimension

- Trainee wellbeing when potential for isolation high given team not around them and contact with you limited to online
- Working from bedroom when no space for home office etc
- Zoom fatigue
- Anxieties about working online when unfamiliar

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Trainee wellbeing: Challenges for trainees of being on placement – and some solutions

<p>Challenges</p> <ul style="list-style-type: none"> • 'Zoom fatigue' associated with additional cognitive load of interacting through virtual means for extended periods of time (Sander & Bauman, 2020) 	<p>Solutions</p> <ul style="list-style-type: none"> • 50 minute hour for meetings to allow 10 mins break between • Can you telephone rather than video call? • Brief stretch and breathe breaks • Switch off self-view as can make it more stressful seeing oneself constantly • Can the meeting be replaced by working on shared document?
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Trainee wellbeing: Challenges for trainees of being on placement – and some solutions

<p>Challenges</p> <ul style="list-style-type: none"> • Trainee feeling isolated 	<p>Solutions</p> <ul style="list-style-type: none"> • Time for informal chat with trainee balance with maintaining boundaries and professional relationships (be aware of online disinhibition effect, Suler, 2004) • Encourage trainee to link up with other trainees or team members
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Trainee wellbeing: Challenges for trainees of being on placement – *and some solutions*

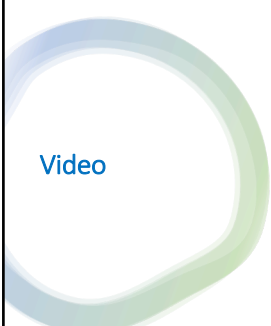
<p>Challenges</p> <ul style="list-style-type: none"> Setting up workspace so have required equipment - Appropriate space-desk/laptop/phone/headphones etc. 	<p>Solutions</p> <ul style="list-style-type: none"> Occ health about home office equipment, or take home from office equipment, laptops – raise up on a few books so screen at appropriate level, separate keyboard and mouse (Trust laptops may limit this)
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Trainee wellbeing: Challenges for trainees of being on placement – *and some solutions*

<p>Challenges</p> <ul style="list-style-type: none"> 'Taking work home'- engaging with potentially distressing clinical work at home 	<p>Solutions</p> <ul style="list-style-type: none"> If possible advise not working in bedroom, set up a work space so can physically separate work-home life Where not possible make changes to physical environment (e.g. moving furniture) Pack work things away end of day Reaching out for informal support when needed (beginning/end of day touch base?)
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Video

Duncan Moulton, Salomons, Canterbury Christ Church University
A second year trainee's experiences of being on a remote placement
9 mins



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Discussion

In small groups discuss:

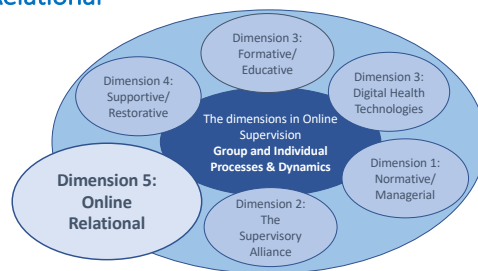
- What can you apply to your online supervision practice from the **digital health technologies** and **supportive/restorative** dimensions?
- Nominate someone to feedback via the chat window to the wider group

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Brief Comfort Break
5 mins

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Weitz's Six dimensions of online supervision: Relational



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Dimension 5: Relational Dimension

- Unseen and unheard parts of online relationship e.g. transference and countertransference – need to use more verbal communication because non-verbal more limited – potential for fantasy and assumptions about the supervisor based on what they can see of their house
- Could reflect together on interpersonal dynamics regarding team meetings online – what impact does it have when team members don't attend with video?
- Importance of screen presence in building positive relationships - skills such as placing thumbnail of supervisee/client/colleague under camera so make eye contact
- Netiquette – using the chat window professionally, people who fidget a lot, muting yourself when not speaking or when typing – supervisor typing loudly – Skype Business mutes you automatically but then can't hear if you do speak
- Awareness of how silence can be different online e.g. may just be because of delay in connection and need to handle it differently than if was in person. Delays make turn taking difficult

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Team working: Challenges for trainees of being on placement – *and some solutions*

- | | |
|--|---|
| <p>Challenge</p> <ul style="list-style-type: none"> • Developing /maintaining relationships with colleagues (corridor catch up, making coffee) | <p>Solutions</p> <ul style="list-style-type: none"> • Coffee catch ups online • Opening video call 10 mins at the start of meetings to allow informal contact with colleagues • Introductions in meetings |
|--|---|

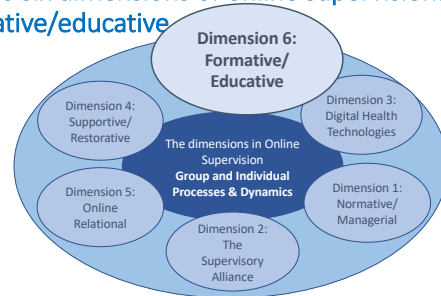
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Team working: Challenges for trainees of being on placement – *and some solutions*

- | | |
|--|---|
| <p>Challenges</p> <ul style="list-style-type: none"> • Speaking up in team meetings (power dynamic for trainees) | <p>Solutions</p> <ul style="list-style-type: none"> • Discuss in supervision, normalise how uncomfortable it can feel • Model how to do it • Set challenge for trainees (like behavioural experiment!) to speak out in next team meeting • Supervisor championing having videos on - challenge the team culture if videos off is the norm • Inviting trainee to speak directly 'did x want to add anything to that?' • Use chat function |
|--|---|

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Weitz's Six dimensions of online supervision: Formative/educative



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Dimension 6: Formative/Educative

- University contract and assignments – how to meet with limits posed by Covid and experiences available to trainee
- Competency development and assessment e.g. listening to tapes, role plays – experiential reflective learning not just verbal/declarative i.e. case discussion
- How to do this in online setting?
- Need to teach trainee about GDPR compliant ways of working online

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Assessing competences

- May be limits on meeting some competencies (e.g. neuropsychological assessment)
- Keep up to date on guidance from the course/BPS/HPCP on working during Covid
- Do not need to meet competencies all on your placement, but across the three years
- Ensure trainees log all experiences gained on placement
- May be opportunities for them to do other work (e.g. service development)
- If concerned there will be a significant gap- discuss with trainee and course team

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Assessing competences- Neuropsychological assessment

- If service not offering neuropsychological assessment, consider other ways trainees can gain these competencies:
 - Looking at previous referrals & considering hypotheses & assessments needed
 - Looking at previous reports & having a go at scoring based on data, considering interpretations & recommendations
- Consider linking with other services that are providing neuropsychological assessment

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Assessing competences- Observation

- It is a requirement of the BPS that all trainees are observed
- This **must** still happen on each placement, despite the challenges of Covid
- Direct client work and indirect work (with team)
- Fewer informal opportunities to observe- need to create them (e.g. joint consultations)
- Observing their therapy:
 - Record video call
 - Video camera positioned to capture therapist only
 - Supervisor joins video call (client preference- camera off/on)
 - Audio record with dictaphone (phone on speaker), considering confidentiality
- Them observing you- as above!

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Assessing competencies via recordings

- Sharing recordings – tends to be better if not streamed live, but uploaded to shared folder instead (Cromarty et al 2020)
- Trainee should choose a brief clip and have a supervision question/focus ready for supervisor to comment on when they listen together. could choose domain of competencies rating tool to focus on in that clip
- Procedural learning rather than declarative – experiential learning- Conduct role plays and review audio recordings to promote acquisition of skills

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Discussion

In small groups discuss:

- What can you apply to your online supervision practice from the **relational** and **formative/educative** dimensions?
- Nominate someone to feedback via the chat window to the wider group

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Q&A

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Evaluation questionnaire

https://docs.google.com/forms/d/e/1FAIpQLScIFpKQ76ZZIPZjOvcgBcq_Z8_ICJa0hrjJFCzpa52xxijpvtA/viewform?usp=sf_link

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Practice guidelines & competencies

- APA (2012). Guideline for the practice of telepsychology. *American Psychologist*, 68(9), 791-800 <https://www.apa.org/practice/guidelines/telepsychology>
- BACP Working online in the counselling professions. Good Practice in Action 047 Fact Sheet. Updated March 2019 and BACP competencies for telephone & e-counselling <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/competencies-and-curricula/telephone-and-e-counselling/>
- BPS. Effective Therapy via video: Top tips. DCP Digital healthcare Sub-Committee <https://www.bps.org.uk/coronavirus-resources/professional/effective-therapy-video-top-tips>
- ACTO Competencies (video, telephone/VoIP, IM/chat, email) <https://acto-uk.org/acto-recommended-competencies-for-counselling-and-psychotherapyonline/>
- Division of Clinical Psychology 'Digital Adaptations to Supervision and Observation'
- Digital Healthcare Sub-Committee of the Division of Clinical Psychology 'Digital Competencies'. Supervision is part of one of the domains <https://www.digitalhealthskills.com/digitalcompetencies>
- Association for Counselling and Therapy Online (ACTO) [Online Supervision Competences - acto-uk.org](https://www.acto-uk.org/) [\(acto-uk.org\)](https://www.acto-uk.org/), and [ACTO Competences - acto-uk.org](https://www.acto-uk.org/) [\(acto-uk.org\)](https://www.acto-uk.org/)

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Resources on Working and Supervising Remotely

- Stokes, A. (Ed.) (2018). *Online Supervision: A Handbook for Practitioners* (Psychotherapy 2.0 Series). Routledge.
- <https://tavi.keylinks.org/#/list/9643>
- <https://library.tavistockandportman.ac.uk/online-therapy-supervision/>
- <https://www.researchinpractice.org.uk/all/news-views/2020/april/supporting-remote-and-online-supervision-during-covid-19/>
- <https://www.bps.org.uk/coronavirus-resources/professional/starting-dcllinpsy-training>
- <https://www.bps.org.uk/coronavirus-resources/professional>

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Resources on Working and Supervising Remotely cont'

- CORC Advice and guidance on working remotely with outcome measurement and feedback questionnaires <https://www.corc.org.uk/media/2561/summary-guidance-working-with-measures-remotely-v01-final.pdf>
- BPS: Adaptations to psychological practice: Interim guidance during Covid-19 pandemic. <https://www.bps.org.uk/coronavirus-resources/professional/adaptations-psychological-practice-interim-guidance>
- BPS: Effective therapy via video: top tips <https://www.bps.org.uk/coronavirus-resources/professional/effective-therapy-video-top-tips>
- BPS: working from home <https://www.bps.org.uk/coronavirus-resources/public/working-from-home>
- BPS: Taking trauma related work home: Advice for reducing the likelihood of secondary trauma <https://www.bps.org.uk/coronavirus-resources/professional/taking-trauma-home>
- Early Intervention Foundation: COVID-19 and early intervention: evidence, challenges and risks relating to virtual and digital delivery <https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery>

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Alesia's resources to support your ongoing practice

- Online folder of resources on DMH. <https://onlinepsychologycounselling.sharepoint.com/:f:/s/Webinaronline/veringtherapybyvideocall/EnEPYbYbtGhosMKXl8blEB4ApGkeOdmAdsU5akzWQbCA?e=YMFaZr>
- Slides on policy context and evidence base https://onlinepsychologycounselling-my.sharepoint.com/:p:/g/personal/alesia_onlinepsychologyandcounselling_com/EQ59WmHn4tLmi6UnDC4tnwBrmHVP2B3eNk69ZM1wBmqz?e=Bjm9Df
- Monthly newsletter with research articles and online therapy practice tips
- 10% discount on paperwork packet online therapy guides, contracts, consent forms etc (orientated to individual therapy) email alesia@onlinepsychologyandcounselling.com or go to my online shop <https://onlinepsychologyandcounselling.com/resources/resources-therapists/shop>

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References

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