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To: Telehealth Committee **Date:** December 1, 2022

From: Steve Sodergren
Executive Officer

Subject: Telehealth Best Practice Guidance Document

At its last meeting on June 3, 2022, various best practice documents were presented to the Telehealth Committee. During the discussion it was suggested that the Board's best practice document for telehealth should present a broad overview of best practices and should highlight ethical guidelines to consider when providing service through telehealth. Staff was directed to continue developing the guidance document.

The goal of the Board's document is to help employers and supervisors better assess acceptable work settings and conditions for telehealth, and to clarify the expectations for all parties utilizing telehealth. It was originally conceived that this would be one complete document. Board staff now believe it would be best to present telehealth best practices in two documents: one document focusing on the use of videoconferencing for supervision and another focusing on the general use of telehealth when delivering services.

Document 1: Best Practices for Utilizing Videoconferencing in Supervision Document

To begin drafting the best practice guidance document for the use of videoconferencing for supervision, staff used the 2010 California Board of Behavioral Science (BBS) report entitled "The Use of Videoconferencing in Supervision of Associate Clinical Social Workers, Marriage and Family Therapist Interns, and Professional Clinical Counselor Interns: A Best Practice Guide"¹. Board staff asked a subject matter expert, Dr. Leah Brew, a California licensed LPCC and Chair of California State University Fullerton's Department of Counseling, to review the document and provide feedback.

The original 2010 report addressed various best practices for the supervision process whether done in-person or by videoconferencing. Attached is a draft document highlighting the recommended best practices and considerations relating to video supervision that were noted in the report. Additionally, comments from Dr. Brew are

¹ Developed in 2010 by CSU Chico faculty members: Patty Hunter, Kathleen Cox, PhD, Jeffrey Layne, Kristin Worman; Edited by Christy Berger

included at the beginning of each section. (**Attachment A - Use of Videoconferencing in Supervision (Draft)**) Staff has used the original topic headings from the report in order to begin an outline, as follows:

- Establishing a Supervisory Alliance
- Required Supervision Documentation
- Assessing the Learning Needs of the Supervisee
- Developing a Learning Plan
- Monitoring the Supervisee's Progress Toward Goals
- Evaluating the Supervisory Process
- Legal Concerns

Document 2: Best Practices when Utilizing Telehealth to Deliver Services

To draft a best practices document that will focus on the general use to telehealth, staff will continue research and collaborate with a subject matter expert. The plan is to have a draft ready by the next committee meeting that will organize the recommended best practices by the following topics:

- Ethical Considerations
- Laws and Regulations
- Security and Confidentiality
- Informed Consent
- Documentation and Record Keeping
- Emergency Management
- Training and Continued Competence
- Diversity, Bias, and Cultural Competency
- Professional Boundaries Regarding Virtual Presence

Recommendation

Conduct an open discussion regarding the following:

- If any additional topics or best practices recommendations should be included in the guidance document.
- To identify any areas of concern.
- Should recommendations be labeled as “best practices” or as “considerations”?

Direct staff to continue with drafting the document, including consulting with subject matter experts, as necessary.

Attachments

Attachment A: Use of Videoconferencing in Supervision (Draft)

Attachment A Use of Videoconferencing in Supervision (Draft)

This guide is designed to provide recommendations only and should not be interpreted as “standards” or “requirements” set by the Board of Behavioral Sciences. The sole purpose of this guide is to provide support to supervisors considering using videoconferencing to conduct supervision of future mental health professionals.

COMMENTS:

The opening should discuss the need for using a HIPAA compliant tool to conduct supervision, ideally a tool that is designed for therapists who provide therapy using telehealth.

Supervisors should have additional training in tele-mental health counseling and telesupervision prior to using videoconferencing for supervision.

Supervisors should assess their own qualifications and ability to detect non-verbal cues effectively for telesupervision.

Establishing a Supervisory Alliance

- It is recommended that one or more initial in-person meetings between the supervisor and supervisee be held to jump-start the relationship-building process, develop of the learning/supervision contract, and establish protocol for use of the technology.
- It is recommended that in person supervisory sessions occur periodically throughout the supervisory relationship in addition to the supervision meetings held through videoconferencing.
- The recommended the technology picture size is large enough and clear enough to provide for eye contact and a maximum amount of observable emotional and physical nuance.

Required Supervision Documentation

- Before beginning supervision, a written contract should be developed between the supervisor and supervisee that outlines how and when supervision will occur, what is expected of each in preparation for supervisory sessions, and how supervision time will be utilized, tracked, documented, and evaluated.

- It is recommended that a review of the supervisory contract occurs during an in person initial meeting between the supervisor and supervisee.
- It is critical that supervisees have the opportunity to ask questions and receive needed clarification prior to committing to a supervisory agreement.
- It is particularly important that procedures be identified for maintaining privacy during supervisory sessions and obtaining technical support, as needed.
- The availability of the clinical supervisor for consultation outside of the regularly scheduled supervisory sessions should be clearly documented, with contact information provided.

COMMENTS:

A tele-supervision agreement should include language on how to handle serious and urgent crisis situations since the supervisor isn't physically present to walk the supervisee through these challenges.

The agreement should include an Informed consent that the supervisee is choosing virtual rather than in-person supervision and supervisee understand the unique risks and challenges associated with telesupervision

Minimum technology hardware and software requirements should be noted such as: computer speed/RAM, hard drive, and minimum internet speed. Supervisor and supervisee should use some sort of tool to ensure the security of their electronic devices.

The agreement should address the different types of devices that can be used for telesupervision with an assessment of varying levels of risk.

Back up plans for technology failures, such as Wi-Fi crashes and power outages should be included.

Supervisor and supervisee must agree to meet in a confidential space without interruptions

The supervisor and supervisee should agree to avoid recording sessions without an explicit agreement of how that information could be safely stored, removed, and used.

Policies regarding the camera being on or off should be established, particularly for group supervision where supervisees may prefer to keep their camera off. It's hard to read cues without visuals, especially for people without visual impairments.

Information about HIPAA, HITECH, and PHI (protected health information) should be reiterated.

Instructions of etiquette for using different modalities of technology should be included. Policies about how supervisees might record sessions and play them during supervision should be established with an emphasis on HIPAA compliance and securing that data safely.

Emergency contact information for the supervisor and supervisee in case of medical emergency.

Assessing the Learning Needs of the Supervisee

- Discussion of the supervisees' learning needs and styles can take place in an initial face-to-face meeting with the supervisor or during a videoconferencing session.
- Supervisor should consider ways to adapt the supervisory process to the learning style and needs of the supervisee(s). This might entail the incorporation of visual and kinesthetic learning activities, in addition to auditory processes. It is important that both supervisor and supervisees recognize that foresight is necessary when using written material, visual charts, or pictorial representations to enhance verbal discussion (e.g. genograms, eco-grams, written vignettes), as they will need to be shared electronically prior to each supervisory session.

COMMENTS:

Supervisor should assess the appropriateness of the supervisee for conducting telesupervision. (Per the law, this should include, but not be limited to, the abilities of the supervisee, the preferences of both the supervisee and supervisor, and the privacy of the locations of the supervisee and supervisor while supervision is conducted.)

Developing a Learning Plan

- The development of the supervisee's learning plan will ideally occur in an initial face-to-face meeting with the supervisor prior to the onset of videoconferencing sessions.
- It is helpful for the supervisor who is utilizing videoconferencing as a primary medium for supervision to have a clear understanding of the clinically oriented learning opportunities available to the intern within the remote service setting.

Monitoring the Supervisee's Progress Toward Goals

- It is important that some form of *in vivo* supervision arrangements be made to monitor the supervisee's performance, such as the supervisor reviewing videorecorded sessions of the supervisee working with a client, or on-site managers or other licensed clinicians performing on-going documentation review and/or direct observation of the supervisee's performance.

- It is important that lines of communication be established between the clinical supervisor and any other professionals who are managing the supervisee or monitoring their practice.

Evaluating the Supervisory Process

- When clinical supervision is conducted via videoconferencing, it is important that an evaluation of its effectiveness focus not only on the content of sessions and interpersonal processes but also on the adequacy of technology used.

Legal Concerns

Security and Confidentiality

- Supervisors and supervisees need to monitor the location of the supervisory sessions and the auditory privacy of the sessions.
- Client identifying information should be kept to a minimum, with initials or codes used to describe the client whenever possible.
- When the need arises to discuss sensitive cases or when identifying information needs to be shared, the supervisor and supervisee should ideally arrange to meet in person.
- Additionally, as part of informed consent and as regulated by HIPAA, supervisees will need to notify clients of their intent to discuss the client's health-related information with their supervisor via the use of videoconferencing and explain the specific measures that will be taken to ensure their privacy.
- Supervisors and supervisees will need to continuously monitor both the risks that result from people and the risks that result from technology to ensure ethically sound practice while using videoconferencing for supervision.

Liability and Insurance Coverage

- Supervisors should ensure that their supervisees have professional liability coverage.
- Supervisor may also want to confirm with their liability insurance carrier that they will be covered while providing supervision via videoconferencing.

COMMENTS:

This information should be sent to the supervisor to keep in the supervision file.