



GUIDANCE

Digital adaptations to supervision and observations

SUPERVISION

The HCPC and BPS Guidelines on supervision provide a summary of the main essential components of good quality supervision for Trainees and qualified staff. These guidelines should be read in conjunction with these additional recommendations (see Appendix 1).

Supervisors, beyond their training and qualification to offer supervision face-to-face, should ideally have additional specific training in providing supervision in the modality in which they are working (i.e. text, video). If supervisors are required to supervise online before they have had the opportunity to acquire specialist knowledge or training in online working, professional development, through reading, webinars or receiving supervision themselves from someone more experienced in providing online supervision, is advised.

AMOUNT

The quantity of supervision offered should be consistent when offering online, telephone or face-to-face psychological therapy sessions and supervision. The amount of supervision should, for example, reflect the training stage of the clinician, the complexity of the psychological interventions being offered, and the number of clinical 'cases' being supervised.

QUALITY OF DIGITAL SUPERVISION

As with face-to-face supervision, the quality of the supervision will depend upon many factors. The relationship between the supervisor and the supervisee continues to be of central importance when supervision is offered through telephone or video conferencing. Factors which enhance supervision quality equally apply to face-to-face and digital supervision, including:

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.

CONSIDERATIONS FOR DIGITAL SUPERVISION

For digital Supervision, as with psychological interventions delivered online, the following should be established:

Ensure that both supervisor and supervisee have a confidential space to hold supervision sessions;

Ensure sufficient lighting, connection speeds and audio equipment in place;

Consider the use of headphones to ensure confidentiality is maintained during a Supervision session if other people are within hearing distance. This is especially important if content from client sessions are to be played during the supervision.

It must also be agreed how clinical case information will be shared within the Supervision session. This is straightforward if it is a verbal description as long as the video or telephone link is secure. If audio files, video files, or client data is to be shared, ensure consent is in place and the way the material is shared complies with data protection in your host organisation.

SUGGESTED IDEAS FOR EXPLORATION WHEN SUPERVISEE OFFERING DIGITAL SESSIONS

Time should be made in Supervision to consider the impact of each modality of therapy (i.e. face-to-face, telephone, video conferencing) on the following:

Therapeutic alliance;

Risk assessment;

Jointly mapping out formulations or sharing ideas visually;

Ending of therapy;

Evaluation and outcome measures.

OBSERVATIONS & JOINT WORKING

Video conferencing allows joint sessions to be offered. The following should be considered and consent sought from the patient as to their preference:

If Supervisee or Supervisor are observing a session would the patient prefer or does the service have a preference for:

- The observer to be visible to the patient and supervisee or for the observer to connect without video;
- The observer to have only have access to audio (and not be able to view the patient or supervisee).

RECORDING OF SESSIONS

As with the recording of face-to-face sessions, consent should be sought for recording video conferencing sessions in line with organisational guidance. Local procedures should be agreed for the safe storing of recordings (i.e. on confidential, password protected databases) and agreements in place for deleting these videos following supervision sessions. This applies to psychological therapy sessions and the recording of supervisions sessions offered digitally. Supervisees and Supervisors should explicitly agree if supervision sessions are to be recorded.

SUPERVISION STANDARDS

Supervisors should provide a clear induction to the context and expectation around offering telephone and video sessions. This includes ensuring that supervisees are aware of policies regarding digital working. This includes:

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.

RECORD KEEPING

Supervisees (including trainees) and supervisors are requested to keep a record of the main discussion and action points from supervision. A process for sharing and jointly agreeing these records should be agreed. This is equally important when offering supervision through video conferencing and local policies and guidelines for record keeping should also be consulted and adhered to.

APPENDIX 1: PROFESSIONAL GUIDANCE ON FACE-TO-FACE SUPERVISION

- [BPS Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision](#)
- [CORE Supervision Framework](#)
- [BPS \(2014\) DCP Guidelines on clinical supervision](#)

APPENDIX 2: FURTHER RESOURCES AND TRAINING IN ONLINE SUPERVISION

- [Association for Counselling & Therapy Online](#)
- Stokes, A. (Ed.) (2018). [*Online Supervision: A Handbook for Practitioners \(Psychotherapy 2.0 Series\)*](#). Routledge.



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