**Telepsychology Supervision**

Supervision via telepsychology, or telesupervision, is clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video rather than in person.

As per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns. However, due to unprecedented global health crises (i.e., the COVID-19 pandemic), expansion of the use of telesupervision has been allowed and may in some cases be the primary form of supervision.

**Rationale:**

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe and allows for the continuation of high-quality training even in extenuating circumstances that might preclude in-person supervision.

**Consistency with Training Aims and Outcomes:**

Telesupervision allows supervisors to be engaged and available to assigned trainees, oversee client care, and foster trainee development, even in circumstances that preclude in-person interactions. In these ways, it is fully consistent with our training aims. In-person supervision has unique benefits, including the availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence. To ameliorate the drawbacks of telesupervision, trainees and supervisors engaging in telesupervision should be informed of the inherent challenges of the format and must work collaboratively to identify strategies to minimize potential risks and maximize the effectiveness of psychological services in this format. Trainees and supervisors should discuss the potential for miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. Supervisors are encouraged to set clear expectations and learning objectives at the outset of the supervisory experience with each trainee and to regularly review these throughout the supervisory relationship. Trainees should receive ongoing formative and summative feedback to ensure they are progressing appropriately within core clinical competency areas.

**How and When Telesupervision is Used:**

Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life events, or public health emergencies). ***It is not used for the sole purpose of convenience.*** Trainees and supervisors engaging in telesupervision will use Zoom Healthcare, a videoconferencing platform. Supervisors and supervisees may access telesupervision either from their offices or in some cases from a secure and confidential space within a home.

**Who Can Participate in Telesupervision:**

**Supervisors may use telesupervision with trainees who have demonstrated competence at their level of training in establishing relationships with clients and providing psychotherapeutic intervention. The student’s practicum supervisor will determine the student’s level of clinical competency to ensure they have the essential clinical skills (such as more advanced practicum students Year 2 +) for providing treatment in a virtual setting. Based on their face-to-face meetings, the supervisor will judge the strength of the supervisory alliance and determine if it is sufficient for telesupervision.**

**Supervisory Relationship Development:**

Ideally, in-person meetings between supervisor and supervisee are encouraged (if safety can be reasonably assured in the case of public health emergencies). This can be especially important early on in supervisory relationship development. We also encourage supervisors to check in regularly with supervisees about their telesupervision experience. Our supervisors and other clinical staff are readily available via phone or Microsoft Teams between supervision sessions for consultation and informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster the development of strong supervisory relationships.

**Professional Responsibility for Clinical Cases:**

The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely working clinical staff are also available to trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee’s needs or client care.

**Management of Non-scheduled Consultation and Crisis Coverage:**

Supervisors are available by email, text, phone, or Microsoft Teams in the event of a need for consultation between sessions. Other clinical staff are also available via such forms of communication if a direct supervisor is unavailable. If a trainee is working out of a UTRGV Psychology Clinic office, we maintain an open-door policy for immediate consultation and clinical staff can also be approached in this manner. Supervisors or other clinical staff can be invited to telesupervision sessions to consult and assist with the management of a client. For crisis coverage, a supervisor will be on call for telesupervision to supervise the crisis with the student and an on-site supervisor will be provided to facilitate the crisis intervention at the clinic.

**Privacy/Confidentiality of Clients and Trainees:**

Supervisors and supervisees will only conduct supervision that pertains to the discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or a home-based setting. Our videoconferencing platform, Zoom Healthcare, provides end-to-end encryption and meets HIPAA standards.

**Technology Requirements and Education:**

Telesupervision will occur via Zoom Healthcare. During their orientation weeks, trainees will receive telehealth training, specific training on utilizing Zoom Healthcare, and training on being prepared for supervision, be this in-person or via teleconference. Clinic staff receive continuing education and training on providing services in a teleconferencing environment. Individual supervisors will review the Telesupervision Supervision Agreement Addendum at the time the standard Supervision Agreement is reviewed.

Telesupervision Responsibilities of the Supervisor

It shall be the supervising psychologist's responsibility to provide telesupervision, to:

1. maintain a license to practice psychology in the state of Texas;

2. maintain full legal functioning authority and professional responsibility for the welfare of the client and have functional authority over the psychological services provided by the supervisee.

3. establish a clear protocol for managing emergency consultation and be available to the supervisee as needed in the event of an emergency with a client;

4. ensure telesupervision is conducted via two-way video/audio or audio-only transmissions simultaneously;

5. take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm;

6. inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;

7. identify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;

8. inform supervisees of procedures to manage technological difficulties or interruptions in service;

9. obtain and maintain competence in the chosen telecommunication technology;

10. ensure that telesupervision is provided in compliance with the supervision requirements of the licensing board.