

## Telesupervision Policy: COVID-19 Response

In response to the COVID-19 pandemic the Martinsburg VAMC Psychology Internship Program implemented the following policy.

### *Definitions:*

**Telesupervision** is clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.

**In-person supervision** is clinical supervision of psychological services where the supervisor is physically in the same room as the trainee.

### *APA typically dictates that:*

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision
- How telesupervision is consistent with their overall model and philosophy of training
- How and when telesupervision is utilized in clinical training
- How it is determined which trainees can participate in telesupervision
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed
- How privacy and confidentiality of the client and trainees are assured
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

Internship programs: Telesupervision may not account for more than one hour (50%) of the minimum required (as defined in the G&P) two weekly hours of individual supervision, and two hours (50%) of the minimum required (as defined in the G&P) four total weekly hours of supervision.

***However, in light of COVID-19:*** modified recommendations have been released to include: “Telehealth visits where the trainees are not co-located with the supervisor (for example, patient, supervisor and trainee are all on a telehealth visit but are at three different locations) are **now permitted during this health crisis.**” While VA nationally does not encourage tele-supervision, given the unprecedented circumstances the emergent implementation of tele-supervision has been allow for by the Office of Academic Affiliations (OAA).

The internship program strives to use tele-supervision as a last resort only. The internship program is only offering this form of supervision as a response to the pandemic to both provide the needed supervision to our trainings, while also allowing for access to mental health services to clients in this critical time.

It is our goal that all supervisees will receive a minimum of one hour individual face-to-face per week. As not all supervisors will be off-site, supplemental in-person supervision may also be provided.

Additionally as recommended by OAA, the selection of trainee involvement in tele-supervision will be discussed with the supervisor and training director. Not all trainees are going to be appropriate for tele-supervision. A trainee that is in need of higher oversight (e.g., in the room graduated level of responsibility, high need for feedback, identified competency concerns—even if not on a formal remediation plan) and trainees who have greater difficulty with self-initiative (i.e. proactively reaching out to supervisions, problem-solving technology issues or other issues) are less likely to be a good fit for tele-supervision.

If participating in tele-supervision, each supervisor will provide the following information to his/her/their trainee.

With the implementation of tele-supervision, the training program and supervisor(s) ensure the following:

- 1) Clearly identified emergency procedures in case of patient crisis (trainee must additionally be aware of how to utilize emergency procedures)
- 2) Identification of how live supervision/observation will continue to be achieved (Note: this can be done by supervisors joining the VVC sessions).
- 3) Identification of back-up supervision. Typically, this would be the identified available on-site supervisor. However, given the emergent and changing landscape due to COVID-19, identification of the back-up virtual supervisor, ensured availability, and multiple ways to contact (i.e. Skype, phone) is highly important.
- 4) Ensuring the trainee has ability to access the supervisor in between one-to-one scheduled supervision sessions via email, Skype, and/or phone (with back-up plan).
- 5) Ensuring patients (just as we would do anytime a trainee is providing in-person or telehealth patient care sessions) are able to access trainee supervisors. This is something that can also be done by supervisors joining VVC sessions.
- 6) Ensuring the supervisors continue to give timely and meaningful feedback to the trainee, which can be particularly important given the physical distance between the trainee and supervisor.
- 7) Being thoughtful in selection of supervisors to engage in tele-supervision. Supervisors should be comfortable with the use of technology, be proactive in their engagement with trainees (i.e., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, responsive to email/Skype/phone), and be willing/flexible to adapt to telehealth and tele-supervision.
- 8) Trainees and supervisors should all be logged-in to Skype as well as provide and maintain access to phone contact.
- 9) Trainees should inform supervisors of scheduled patient sessions to ensure supervisors can be available for consultation in the same manner that would be expected of in-person supervision.
- 10) Ways to inform the supervisor and Training Directors should the format of supervision not meet their training needs.