

**Telesupervision Effectiveness in Community Behavioral Health: An Experimental Design**

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**Abstract**

Clinical supervision is a core area of competency in the counseling field and paramount to delivery of effective behavioral health services. Most research on clinical supervision focuses on face-to-face supervision. Telesupervision or non in-person interactions between supervisors and supervisees over an electronic medium has become increasingly utilized in light of mitigation strategies that many behavioral health agencies began in mid-March 2020 related to the COVID-19 pandemic. Many counselors began telework and delivery of telemental health. Accordingly, supervision practices transitioned from face-to-face supervision to telesupervision. This study will examine the following questions: is telesupervision as effective as face-to-face supervision and how satisfied are counselors with telesupervision? Participants will consist of 30 clinical supervisors in a community behavioral health agency in Central Virginia. Supervisors will be randomly assigned to participate in face-to-face supervision or telesupervision. The researcher's hypothesis is that there will be no differences in the satisfaction or effectiveness of clinical supervision for the counselors receiving telesupervision and the group receiving face-to-face supervision.

*Keywords:* clinical supervision, effectiveness, telesupervision, community behavioral health

**Telesupervision Effectiveness in Community Behavioral Health: An Experimental Design**

The purpose of this study is to test the effectiveness and satisfaction of telesupervision in a community behavioral health setting. Clinical supervision is a core competency area within the counseling field and essential to the development of competent clinicians (Bernard & Goodyear, 2019). Face-to-face supervision garners much of the attention in clinical supervision (Perry, 2012). Telesupervision is defined as a process whereby distant supervision is provided using electronic information and communication technologies (Chipchase et al., 2014).

Telesupervision will be compared to face-to-face supervision with 30 clinical supervisors in a community behavioral health center in Central Virginia to determine if telesupervision is perceived to be equally as effective as face-to-face supervision. A community behavioral health center was chosen as clinical supervision was adapted to include telesupervision as a result of mitigation strategies to prevent the spread of the COVID-19 virus.

The research on telesupervision is largely qualitative with few quantitative studies in scholarly peer reviewed journals. Martin et al. (2017) found that two quantitative studies on telesupervision lacked an adequate sample size as well as outcomes measures and controls, demonstrating low external validity. An action research project of 30 supervisees demonstrated that supervisees reported satisfaction with the telesupervision group process when small ratios (e.g, 1:4) were used. Low bandwidth and unreliable connectivity were two identified limitations (Chipchase et al., 2014). Telesupervision is perceived to have the same quality as face-to-face supervision with flexibility as an additional benefit (Jordan & Shearer, 2019). Moreover, comparing face-to-face and virtual team meetings, there were no differences indicated in decision-making quality, creativity, or group satisfaction (Greene et al, 2010). Consistent with research, telesupervision provides opportunities to continue with didactic training and group

feedback as the supervisor and supervisee are able to read each other's emotional responses through facial cues in addition to providing experiential learning including role-play (Abbas, 2011; Jordan & Shearer, 2019; Markefka et al., 2020).

Benefits of telesupervision include improved efficiency in sharing information, experiential and didactic learning opportunities, supervisor development, and increased efficiency in making decisions (Denstadli et al., 2011). Specific benefits to supervisees include access to quality supervision, exposure to diverse perspectives, and flexibility. Supervisor development and a positive impact on the field and the supervisee from afar are identified as supervisor benefits (Inman et al., 2018). Some of the challenges of telesupervision include difficulty maintaining strict confidentiality, unexpected technological issues, and lack of familiarity with the process (Tarlow et al., 2020). Martin et al. (2017) review the following factors that influence the quality and effectiveness of telesupervision: supervisee characteristics, supervisor characteristics, supervision characteristics, supervisory relationship, communication strategies, prior face-to-face contact, environmental factors, and technological considerations. In the supervisory relationship, the working alliance, the immediacy of the relationship, and the continuity of supervisor availability are crucial factors in the delivery of effective telesupervision. Lastly, prior face-to-face contact enhances the telesupervision partnership as trust is fostered if there has been a prior supervisory relationship. If face-to-face contact is not possible, more frequent contacts at the early stages of telesupervision are recommended (Martin et al., 2017).

### **Method**

This study will be conducted through a random assignment of 30 clinical supervisors in a community behavioral health center in Central Virginia. Telesupervision and face-to-face

supervision will be provided at one of five outpatient centers in Central Virginia through weekly supervision meetings lasting an hour. Licensed supervisors with at least two years of supervisory experience will provide the clinical supervision. An independent evaluation project assistant will collect data at baseline (intake into project) and at discharge (three months).

### **Participants**

Participants for this study will be 30 clinical supervisors working in a community behavioral health setting in Central Virginia. Participation in the study will be voluntary. Inclusion criteria for participants is as follows: clinical supervisor with a license in counseling, social work, or psychology and at least two years of clinical supervisory experience. Exclusion criteria include: individuals who do not have at least two years of supervisory experience and individuals who do not hold a license in counseling, social work, or psychology. Potential participants meeting eligibility for the study will review informed consent to understand the risks and benefits of the study. This study poses minimal risks for human subjects. Ethical issues that may arise during the course of the study will be reviewed with the principal investigator. In line with research on telesupervision, ethical issues may include but are not limited to dual roles and the supervisee not having access to resources (Inman et al., 2018).

### **Design**

The researcher's hypothesis is that counselors who receive 12 weekly supervision sessions through face-to-face or telesupervision will report no difference in the quality or satisfaction of supervision. The dependent variables to be measured are effectiveness and satisfaction of supervision. The independent variable to be measured is supervision. The two conditions of supervision are telesupervision and face-to-face supervision. This is a between-subjects design as different participants will be assigned to each condition. Satisfaction and

effectiveness will be measured through counselor's completion of the Supervision Satisfaction Questionnaire (SSQ) and the Supervisory Working Alliance Inventory (SWAI). These constructs will be measured at baseline (intake) and discharge (three months).

### **Statistical Procedures**

A multivariate analysis of variance (MANOVA) will be used to test the hypothesis. This statistical procedure was selected so that the researcher can determine the response variables (satisfaction with supervision, effectiveness of supervision) as altered by the independent variable (supervision). Supervision will have two conditions: telesupervision and face-to-face supervision. The following question will be explored: What are the main effects of the independent variable (supervision)? Since several dependent variables will be measured (e.g. satisfaction with supervision, effectiveness of supervision), a MANOVA has a better chance of discovering which factor is important. The purpose of using a MANOVA is to determine if the response variables (e.g. counselor satisfaction with supervision, effectiveness of supervision) are altered by the manipulation of the independent variable.

### **Discussion**

The results of this study will be used to inform an expansion of telesupervision in community behavioral health settings. Effective supervision is paramount to ensure a well-trained workforce of clinicians. A goal of this study is to demonstrate that telesupervision is as effective in a community behavioral healthcare as face-to-face supervision. Future directions may include sustaining telesupervision in community behavioral health settings as a work practice beyond the COVID-19 mitigation strategies and measuring the effectiveness of telesupervision in other clinical settings including private practice settings.

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