Chapter 6.4
Technology in the Supervision of Mental Health Professionals:
Ethical, Interpersonal, and Epistemological Implications

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ABSTRACT

As communication technology is increasingly applied to the training and supervision of mental health professionals, a more robust analysis of how such approaches fundamentally change the relationship between supervisor and supervisee and how these approaches both enhance and limit the outcomes of supervision is sorely needed. In this chapter clinical supervision is defined and discussed and the various technology platforms that have been used to conduct supervision at-a-distance are reviewed along with the supervision outcomes observed in the research literature with each method. The potential for technology to reduce geographic and financial barriers to the provision of quality supervision is discussed. However, the chapter also outlines the potential negative impacts technology might have to the supervisory relationship, the ethical dilemmas posed by technology-mediated supervision, and the ways in which technology-mediated supervision may place limits upon the elements of supervision that rely upon a constructivist epistemology.

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INTRODUCTION

Since the advent of telephone technology and later television technology health care providers have sought ways to utilize communication technology to extend the reach of health services and; this approach has come to be known as telemedicine (Strehle & Shabde, 2006). The majority of the research and design in telemedicine has occurred in the last 20-30 years as computer, internet and audio/visual technology have matured and become increasingly available and affordable. Among the forces propelling the interest in telemedicine have been the rising costs of health care and the desire by providers to reach underserved populations (Craig & Patterson, 2005). Similar forces related to shortages of specific health care professional groups and the increased demand for health care services for traditionally underserved populations have promoted the application of technology to the training and supervision of health care providers as well. Such interest in applying technology to enhance both service delivery and training of professionals has certainly been present across the range of medical and allied health professions, and this includes the mental health professions in which the present authors are most interested.

Within the mental health professions a variety of technologies including telephones, email, text messaging, internet chat, web-based groups, virtual reality environments, and videoconferencing have been used to deliver a variety of mental health services including consultation, assessment and diagnosis, and medication evaluations (Hilty et al., 2002), as well as counseling/ psychotherapy (Caspar, 2004; Oravec, 2000). This work has been conducted across the range of mental health professions including applied psychology (Caspar, 2004; Kanz, 2001), social work (Park-Oliver & Demiris, 2006; Parrott & Madoc-Jones, 2008), counselor education (Vaccaro & Lambie, 2007; Myrick & Sabella), and psychiatry (Hilty, et al., 2006).

In addition to aiding the delivery of mental health services to clients, technology, particularly internet-based technology and video conferencing, has also been applied to the task of training and supervising mental health professionals (hereafter MHPs). Scholars across the mental health professions have explored and put forth models of training and supervision that utilize email (Clingerman & Bernard, 2004), web-based supervision groups (Gainor & Constantine, 2002; Yeh et al., 2008), web/computer-based training systems (Berger, 2004; Weingardt, 2004) videoconferencing (Wood, Miller & Hargrove, 2005), and virtual reality technology (Beutler & Harwood, 2004) to enhance the acquisition of knowledge and skills involved in the competent delivery of mental health services such as assessment, diagnosis and psychotherapy. Despite these existing efforts, other authors have noted that the potential of technology-enhanced clinical supervision and training of mental health professionals has yet to be fully tapped (Berger, 2004). It is the area of technology-enhanced clinical supervision of MHPs to which the present chapter applies its focus.

THE MENTAL HEALTH PROFESSIONS

Before proceeding to a discussion of the nature of supervision, a brief discussion of the nature of the mental health service delivery systems and the mental health professions is warranted to comprehend how technology has been adopted differentially to some degree across such professions. First, what are the mental health professions? Answering that question is not as simple as it might seem. Mental health is a field characterized by professions that have different philosophical traditions with sometimes only subtle differences in the scope of clinical practice that separates them. A potential list of these professions is as follows in no particular order:

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