

# Online clinical supervision in couple and family therapy: A scoping review

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## Abstract

Online clinical supervision, or telesupervision, is a growing practice in couple and family therapy. This scoping review aims to identify and synthesize the existing body of knowledge regarding the utilization, experiences, and perceptions of telesupervision among the couple and family therapists and to highlight gaps in the literature. The review followed the five-step approach proposed by Arksey et al. (2005). Fifteen articles were included and their analysis yielded four themes: 1. telesupervision competence; 2. setting and boundary management; 3. advantages of telesupervision; and 4. challenges of telesupervision. Our review clearly demonstrates the dearth of available conceptual and empirical work. The rapidly growing use of online therapy and telesupervision in couple and family therapy has created a critical need to expand this body of knowledge by collecting evidence that can later be translated into practice. Moreover, we identified several gaps in the existing body of knowledge, including a lack of reports on the efficacy of telesupervision and on the experiences, processes, and ascribed meanings of the supervisors and supervisees. We also noted a lack of practice and ethical guidelines for telesupervision. We conclude our analysis by suggesting areas and directions for further investigation.

## KEYWORDS

couple therapy, scoping review, supervision, telesupervision, teletherapy

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## INTRODUCTION

Teletherapy (also known as e-therapy or online therapy) refers to the use of technology, including videoconferencing, to deliver mental healthcare remotely, including for couple and family therapy (Whaibeh et al., 2020). This medium has been shown to be clinically efficacious in various clinical settings, different presenting problems, and among different populations (Richardson et al., 2009; Simpson, 2009; Steel et al., 2011), and received recognition by The American Association for Marriage and Family Therapy (AAMFT) in 2017 (Caldwell et al., 2017). Pennington et al. (2020) assert that AAMFT advertised its first telesupervision documents in summer 2001, when the movement toward online therapy was in its infancy. In those documents, issues related to the potential ethical ramifications of telesupervision and the potential usage of videoconferencing as a method of supervision were identified.

March 2020, when the World Health Organization (WHO) officially declared COVID-19 to be a global pandemic (WHO, 2020), was a crucial point in the world's relationship with the virus. At the time, many governments issued stay-at-home orders, and social distancing was enforced worldwide. This unique situation made in-person methods of working, learning, and socializing nearly impossible. Employees started working from home, schools, and universities transitioned to online learning, and mental health professionals were forced to turn to teletherapy.

Prior to COVID-19, couple and family therapists were slow to adopt teletherapy practices. Researchers found that practitioners were concerned about confidentiality, training, risky clinical situations, licensing and liability, and the overall impact on the therapeutic relationship (Hertlein et al., 2014). Blumer et al. (2015) called for more training in using technology in couple and family therapy. Their findings are even more pertinent now, with the expansion of distance-based education programs and the rapid shift to telehealth in response to the COVID-19 pandemic. For this reason, the need for telesupervision grew, on the premise that clinical guidance is an essential and vital tool to enhance the professionalism of clinicians. Another reason for the growth of telesupervision was social distancing, as COVID-19 regulations prevented supervisors and supervisees from meeting in person.

Telesupervision, or online clinical supervision, can be defined as offering feedback on one's clinical work by electronic means, most often videoconferencing (Inman et al., 2019; Martin et al., 2018; Watters & Northey, 2020). With the beginning of the pandemic, telesupervision became increasingly prominent among various healthcare clinicians, including family and couple therapists (Sahebi, 2020; Simpson et al., 2021). In addition, professional associations responded with recommendations and guidelines for the ethical and effective use of telesupervision (AAMFT, 2020; AFT, 2020; COAMFTE, 2020) and the most recent version (12.5) of COAMFTE accreditation (Commission on Accreditation for Marriage and Family Therapy Education, 2021) allows for greater freedom in adopting the practice. As a result, both the conceptual and empirical bases of knowledge expanded rapidly, some of them already in the early stages of development (Bell et al., 2020; Eppler, 2021; Hardy et al., 2021; Maier et al., 2021; Mc Kenny et al., 2021; Morgan et al., 2021; Simpson et al., 2021). In addition, while most supervisors are not familiar with online work, a small number have engaged in online work through various companies, such as Motivo and Clinical Supervision Now.

A comprehensive synthesis of existing knowledge is, however, lacking. This scoping review aims to fill the gap by identifying and synthesizing the existing literature that focuses on couple and family therapy telesupervision. We believe such a review is timely because of the need to consider the scope and nature of research and theory on telesupervision, with a view to clarifying the concept as it is used in couple and family therapy, and to summarize commonalities and discrepancies in substantive and methodological issues.

We adopted the scoping review methodology because of the broad nature of our objective. Scoping reviews are used to assess the extent, range, and nature of research on a given topic; they are particularly useful when little research is available, as they help to develop conceptual clarity and identify knowledge gaps (Arksey & O'Malley, 2005). Scoping reviews provide a transparent and reliable method for mapping research areas. They facilitate discussion of the volume, nature, and characteristics of primary research in the field of interest for a relatively short period of time. Performing such an analysis facilitates the identification of gaps in the evidence, as well as the summation and dissemination of research findings (Arksey & O'Malley, 2005).

## METHODS

This scoping review adhered to the five-step approach proposed by Arksey & O'Malley, (2005) and incorporated the enhancements to scoping reviews recommended by Levac et al. (2010).

### Stage 1: Identifying the research question

Consistent with the broad nature of scoping reviews (Arksey & O'Malley, 2005), our aim was to map the peer-reviewed literature on telesupervision with a particular focus on (i) definitional, (ii) conceptual, and (iii) clinical factors to inform an understanding of the extent, range, and nature of research on this concept. Although imperfect in some respects, the peer-review process enhances the scientific community's confidence in the quality and reliability of work that has been subjected to scrutiny by academic peers (Bornmann, 2011). However, as the search unfolded and the scarcity of data were revealed, we chose to incorporate chapters from edited books as well. Despite not being subjected to rigorous scrutiny (as that employed in peer review), these chapters contain an abundance of conceptual data and frameworks for our chosen topic.

### Stage 2: Identifying relevant studies

#### Search procedure

The authors performed an electronic search on November 17, 2021 of all papers published using six databases: (i) Web of Science (core collection); (ii) Scopus; (iii) Embase; (iv) Medline; (v) PsycInfo, and (vi) Pubmed. Search filters were based on common terminology identified in published literature known to the authors: (i) "Cyber Supervision\*" OR (ii) "Telesupervision\*" OR (iii) "Distance Supervision\*." These terms have been crossed with the following terms: "Family Therapy\*" OR "Family Counseling\*" OR "Family Intervention\*" OR "Family Systems Therapy\*" OR "Couple Therapy\*" OR "CFT\*" OR "MFT\*" OR "Couple's Counseling\*." Depending on the features of each database, we applied these terms to search topics, abstracts, titles, and/or full texts.

#### Inclusion and exclusion criteria

We considered papers for inclusion if they were written in English, published in a peer-reviewed journal or in edited books, and aimed to explore (e.g., by conceptual analysis)

and/or through directly assessed telesupervision, including videoconference consultations. Papers had to report on our article population, which was any person who identifies as a couple therapist or family therapist, or any practitioner who receives online supervision for their couple and family therapy practice. Searches were conducted collaboratively between both authors.

### **Stage 3: Papers selection**

Papers identified in Stage 2 as potentially relevant for this scoping review were screened independently by both authors using a two-step process (Figure 1). First, they screened the titles and abstracts of studies using the inclusion and exclusion criteria detailed in Stage 2. When it was unclear whether a paper was eligible for inclusion based on the information provided in the title or abstract, it was retained for further analysis. Second, the authors read full texts of papers that passed the initial screening using the inclusion and exclusion criteria detailed in Stage 2. Gaps were discussed until a consensus was achieved.

### **Stage 4: Charting the data**

The authors developed a data collection instrument to extract the characteristics of the papers. These included: title; author; publishing body; publication date; peer-reviewed or gray literature; country/countries involved; keywords; aims of the paper; methodology; paper population; satisfaction with technologies used; key findings; and paper recommendations. After a preliminary charting of the first few papers, both authors reviewed their results and refined the characteristics being reviewed/assessed. The data extracted from relevant studies were charted and sorted into themes using a qualitative descriptive analysis approach. The coding process was carried out by both authors using ATLAS.ti software. The first step involved reading all the articles in depth and coding each one according to a codebook developed by the researchers. Among the codes were references to *experience with telesupervision*, *competency in telesupervision*, and *professional identity in telesupervision*. As the process proceeded, both authors discussed any discrepancies. The codes were then synthesized into major themes. We paid particular attention to the type of telesupervision medium used—such as telephone, email, or video consultation—and how effective both supervisors and supervisees found them to be. After identifying themes from the literature, evidence was synthesized using summary tables with the key themes as headings, which is standard with scoping reviews.

### **Stage 5: Collating, summarizing, and reporting results**

Methodological and conceptual features of extracted data were analyzed. The methodological analysis focused on providing a descriptive account of the types of papers (e.g., conceptual and empirical), clinical settings, geographical location, participant characteristics, and methodological features (e.g., design) of eligible studies. In the conceptual analysis, we examined common and unique themes among definitions of telesupervision and its operationalization, and on primary research findings as they pertained to telesupervision.

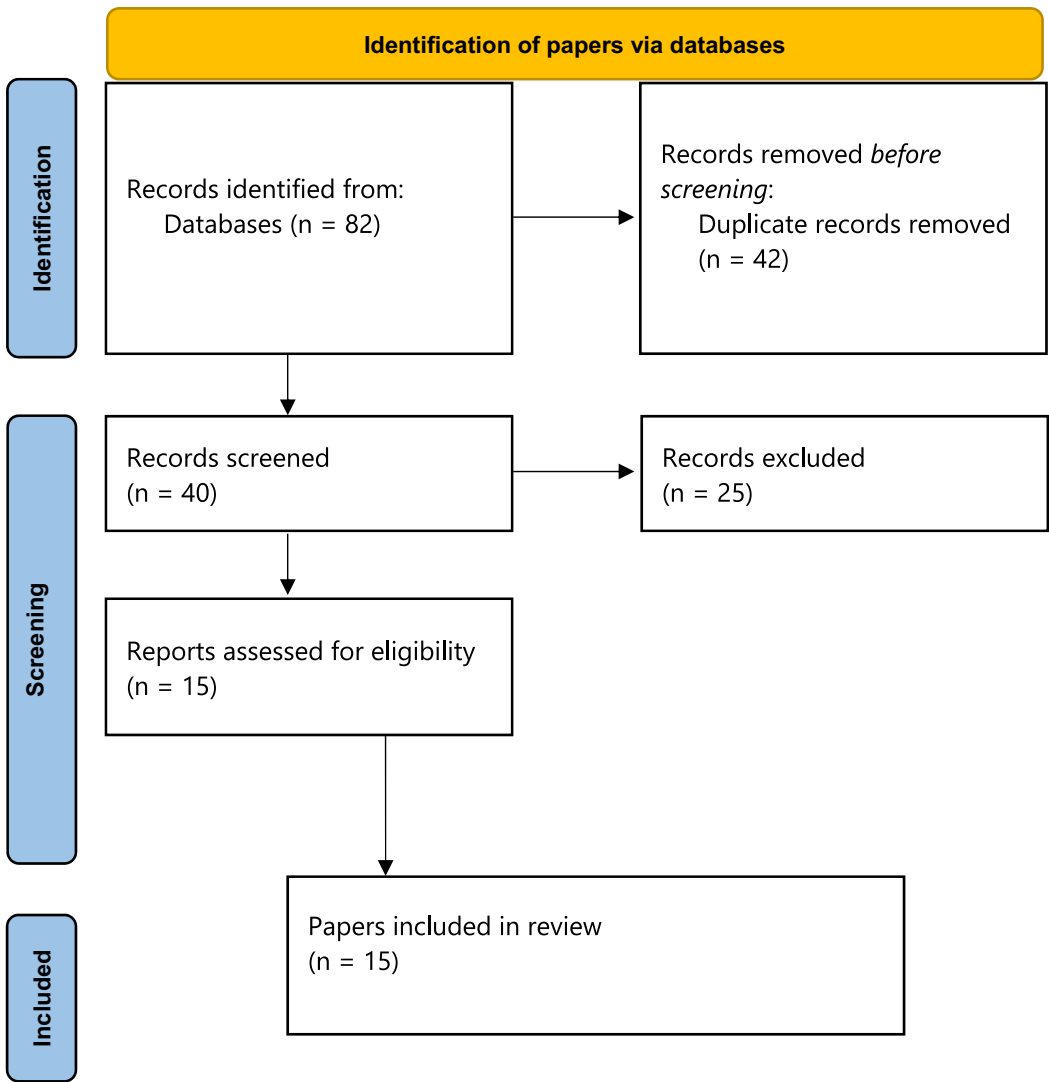


FIGURE 1 Flow chart of scoping review process on telesupervision in couple and family therapy

## FINDINGS

In total, 82 papers were identified at the initial stage of the search process (Table 1). After duplicates were removed ( $n = 42$ ), screening of the titles and abstracts of 40 papers assessed against the inclusion and exclusion criteria excluded 25 papers. A total of 15 full texts were assessed (Borcsa et al., 2021; Eppler, 2021; Harrison, 2021; Heiden-Rootes et al., 2021; Jordan & Fisher, 2016; Luxton et al., 2016; Nadan et al., 2020; Pennington et al., 2020; Perry, 2012; Sahebi, 2020; Schmittel et al., 2021; Sherbersky et al., 2021; Springer et al., 2020, 2021; Watters & Northey, 2020). The 15 papers identified from the search process were published across a 9-year period (2012–2021), with a total of 40% ( $n = 6$ ) being empirical in nature and the remaining ( $n = 9$ ) providing conceptual views of telesupervision in couple and family therapy. Most empirical studies utilized a qualitative approach (*descriptive analysis*,  $n = 1$ , *phenomenological analysis*,  $n = 2$ , *reflexive thematic analysis*,  $n = 1$ , and *thematic analysis*,  $n = 2$ ). In terms of

**TABLE 1** Selected articles addressing the usage, experiences, and perceptions of online clinical supervision in couple and family therapy ( $n = 15$ )

Author	Journal	Method, type of paper	Location	Aim (as described by original author/s)
Borcsa et al. (2021)	Journal of Family Therapy	Empirical: Quantitative (Self-developed online survey)	Greece, France, and Italy	To investigate the use of information and communication technology (ICT) among European systemic family and couple therapists. Descriptive analysis compared systemic family and couple therapists' digital practices and concerns from Greece, France, and Italy with those from the rest of Europe
Eppler (2021)	Journal of Marital and Family Therapy	Empirical: Qualitative (reflective thematic analysis)	USA	To understand clinicians' perceptions of providing relational telehealth during the initial months of the COVID-19 pandemic. The study's research questions included: What were the most and least meaningful experiences of providing relational telehealth during the COVID-19 pandemic? What are the professional and self-of-the-therapist dynamics related to treating couples, families, partnerships, and relationships via teletherapy during a pandemic?
Harrison (2021)	Journal of Marital and Family Therapy	Conceptual	USA	This article builds on the small body of couple and family therapy scholarship on technology in training and supervision, reviewing extant research on distance learning in social work and counselor education. Major themes in this research reveal opportunities and challenges associated with distance learning and offer guidance about ways that couple and family therapy education can evolve to effectively integrate technology and online learning into an educational landscape
Heiden-Rootes et al. (2021)	Journal of Marital and Family Therapy	Empirical: Qualitative (Hermeneutic phenomenological approach to qualitative inquiry)	USA	To understand the experiences of teletherapy trainees with couples and families as these contrast with individual clients and in-person therapy

TABLE 1 (Continued)

Author	Journal	Method, type of paper	Location	Aim (as described by original author/s)
Jordan and Fisher (2016)	Book Chapter	Conceptual	USA	To explore the use of technology in family therapy training and supervision, including the types of technologies used and ethical concerns
Luxton et al., 2016	Book Chapter	Conceptual	USA	To explore the use of telesupervision and telepractice including discussion regarding telesupervision process, competencies, licensure, and ethical considerations
Nadan et al. (2020)	Family Process	Conceptual	Israel	To outline the author's operational methods and adaptations for conducting live behind-the-mirror supervision online. Based on over 100 PractiZoom sessions conducted between March and May 2020, involving 14 supervisors and 28 therapists-in-training and their clients, the article reflects on this pioneering online practicum for the online live supervision of therapists with geographically distributed participants
Pennington et al. (2020)	Book Chapter	Conceptual	USA	To provide an overview of the current state of cybersupervision literature in psychotherapy, with an emphasis on systemic cybersupervision. It will: (1) provide a historical context of cybersupervision; (2) review definitions and conceptualizations of cybersupervision; (3) discuss the logistics of initiating and maintaining the cybersupervision relationship; and (4) examine the various forms and platforms of cybersupervision. In addition, ethical and legal risk considerations associated with cybersupervision will be infused throughout the chapter. In doing so, this chapter can serve as a learning resource for therapists who plan to engage in cybersupervision

(Continues)

TABLE 1 (Continued)

Author	Journal	Method, type of paper	Location	Aim (as described by original author/s)
Perry (2012)	Journal of Systemic Therapies	Empirical: Qualitative (semi-structured interviews combined with Giorgi's method of phenomenological analysis)	USA	To examine the process by which master's degree students can construct their professional identity in an online environment
Sahebi (2020)	Family Process	Conceptual	USA	This paper addresses the need for a swift transition from in-person clinical supervision to telesupervision during the time of the COVID-19 global pandemic. Five specific areas are being discussed in the effort to enhance the quality of clinical supervision provided to couple and family therapists in training at this time including the following: (1) COVID-19 and the structural changes and technological adaptation of supervision; (2) culturally and contextually sensitive guidelines for clinical supervision during COVID-19; (3) the supervisee's competence and the clinical supervisory process; (4) the new set of boundaries and the supervisory role; and (5) the supervisory alliance and supervisees' vulnerabilities in the face of COVID-19



**TABLE 1** (Continued)

<b>Author</b>	<b>Journal</b>	<b>Method, type of paper</b>	<b>Location</b>	<b>Aim (as described by original author/s)</b>
Schmitt et al. (2021)	Contemporary Family Therapy	Empirical: Qualitative (phenomenological)	USA	To describe the experiences of faculty telesupervisors who have provided TS as part of an online COAMFTE Accredited MFT master's program since 2012. Eighteen participants completed individual interviews or focus groups, which were analyzed using descriptive phenomenological procedures. Core themes include general experiences with TS as a modality, online university-specific experiences with TS as a modality, a systemic lens is intentionally applied, diversity, equity, and inclusion (DEI) are intentionally addressed, and clinical competencies and ethics are intentionally addressed
Sherbersky et al. (2021)	Journal of Family Therapy	Conceptual	USA	To consider how digital practices might reshape our systemic training, supervision, and competence evaluation, considering issues for students and trainers as they move to digital delivery of training and supervision. This paper explores the historical context of online learning, enhancing online presence, and the ethical and practical implications of teaching and supervising digitally
Springer et al. (2020)	Journal of Marital and Family Therapy	Empirical: Qualitative (phenomenological)	USA	To determine the experience of learning how to use videoconferencing to deliver relationally focused mental healthcare. Participants included 10 graduates of a COAMFTE-accredited master's degree program emphasizing training in telemental health. Each student had practicum placements that required videoconferencing to deliver relationally based psychotherapy

(Continues)

TABLE 1 (Continued)

Author	Journal	Method, type of paper	Location	Aim (as described by original author/s)
Springer et al. (2021)	Journal of Marital and Family Therapy	Conceptual	USA	This paper presents an important step toward increasing the effectiveness of the supervision of therapists who are delivering relational therapies online through the identification of relational competencies unique to this delivery medium. These competencies have been adopted and integrated into a COAMFTE-accredited master's degree program
Watters and Northey (2020)	Journal of Family Psychotherapy	Conceptual	USA	To facilitate the effective adoption and implementation of OTS authors draw attention to three distinct competencies critical to the effective use of OTS: technological, contextual, and relational. These competencies are in no way exhaustive but lay the groundwork for systemic supervisors to engage and connect with supervisees using video conferencing technology. In addition to the competencies, specific techniques and strategies are suggested to assist supervisors to hone their skills in OTS and subsequently improve the quality and effectiveness of supervision in a virtual environment

geographical location among the empirical work, studies were conducted in North America (United States,  $n = 4$ ), Europe (Greece, France, and Italy,  $n = 1$ ), and Asia (Israel,  $n = 1$ ).

## Telesupervision competence

One major theme that emerged from our analysis relates to the competencies needed for online clinical and supervisory practice. It has become apparent with the migration of supervisors from an in-person setting to telesupervision that some skillsets which were relevant before are no longer relevant, and that new skills are needed for the shift to this mode of supervision. There is an important distinction to be made between a supervisor's competence in the supervision session (i.e., how does one practice supervision when it takes place online), and training competencies concerning online therapy (i.e., how does one supervise therapists who work with couples and families online). It seems that very little is known regarding which competencies are needed for online clinical and supervisory practice. In the articles analyzed, competencies were mostly presented and discussed through their absence or through the lens of incompetency. Sahebi (2020) points out that hardly any practitioner today has extensive experience in teletherapy. Moreover, they argue that most clinicians and supervisors were forced to move into online practice in March 2020 due to COVID-19, and as a result, adopted their current therapy process and supervision to an online environment ad hoc. In sum, it seems that a supervisor's competence in the supervision session, and competencies concerning training to conduct online therapy, are both underdeveloped concepts.

## Familiarization with the technology

Sherbersky et al. (2021) argue that the first step needed when transferring to the virtual arena is to increase supervisors' confidence by familiarizing them with the technology. Supervisors also need to be wary of the de-skilling effect that the switch to online therapy creates for novice and experienced supervisees alike. According to Schmittel et al. (2021), once supervisors had gained confidence in the use of technology, their engagement in supervision increased. Consequently, supervisors and supervisees were able to establish better connections, have access to more effective tools for interacting, and experience better communication.

In most cases, familiarization has been slow, since changes in delivery during the pandemic have largely been a process of learning, which has progressed from initial anxiety to increased familiarity and comfort. Furthermore, supervisees and supervisors in online environments may be concerned about the clinical competency of supervisees. Sahebi (2020) stresses that almost no one today started with an experience of teletherapy. Supervisees may find themselves with a decreased level of confidence about themselves and the quality of training in an environment where almost everyone is new to the experience. This may increase their apprehension about issues such as isolation and uncertainty about the future.

## Dealing with non-verbal communication

The embodied experience is limited online (Sahebi, 2020). Lacking body language means supervisors should help supervisees pay greater attention to non-verbal cues, which is harder to do in an online environment. This can be especially problematic when providing couple, family, and other relationally based therapies where there is normally a heavy reliance on nonverbal cues and information needed for assessment and intervention that may only be available through physical proximity (Springer et al., 2020). Sahebi (2020) suggests that one reason for

the slow adoption of technology by MFTs in the years before the pandemic may have been the centrality of space and physical positioning in many systemic models, as well as the importance of emotional attunement and experiential therapy.

## Supervisory alliance

In Sahebi's (2020) view, supervisors should assist supervisees with the challenge of developing an alliance with clients whom they meet online. This can be made more effective through modeling when the supervisory relationship is collaborative and honest (Pennington et al., 2020). Online supervision may affect the development and continuance of alliance and rapport in the supervisory relationship. By helping their supervisees resolve technology issues or at least empathizing when these occurred, supervisors were able to establish meaningful relationships (Schmittel et al., 2021). Conversation in an online, two-dimensional reality may prove to be far more challenging than in an in-person supervision. However, this does not rule out a meaningful relationship. Watters and Northey (2020) suggest that the difference lies in the techniques used to facilitate a supervisory relationship. It was argued that it is the supervisor's role to take responsibility for this process and create engagement, which reflects the quality of the supervisee's participation, commitment, and motivation for learning and developing clinical and virtual competence (Bloomberg & Grantham, 2018).

Watters and Northey (2020) put forward the construct of “presence,” relying on Lehman (2010), who viewed telesupervision as a dynamic interplay, the supervisor engages the supervisee in an interactive and iterative process. This process demands a focus on three types of presence: social, psychological, and emotional.

*Social presence* is the desire to be perceived as “real” and to perceive others as “real,” even when communicating in a virtual world. When a supervisor starts the meeting and disappears into the background, there is a lack of “realness.” A supervisor's ability to present himself or herself as multidimensional is crucial to maximizing the supervision experience for supervisees. To establish a sense of trustworthiness and safety in the online environment, one key factor is social presence, or “being real.” Nadan et al. (2020) depict a situation in which supervisors in practi-zoom—live supervision during an online family therapy session—would text the supervisees during sessions to “ensure equal footing” (Nadan et al., 2020); this is an example of how supervisors can experience a challenge to the “realness” of their intervention. Watters and Northey (2020) stress that social presence is all about conveying a sense of safety and trustworthiness in an online environment.

*Psychological presence* in the supervisor-supervisee relationship is manifested when the technology becomes only the medium used and the relationship itself becomes the primary focus (Lombard & Ditton, 1997). When supervisees trust and feel connected to their clinical supervisors, they are more willing to be vulnerable in the online supervisory relationship (Belsak & Simonic, 2019). Supervisors may be able to create a sense of psychological presence through individualized communication and intentionality in their conversations regarding the modality.

*Emotional presence* is the ability to convey feelings and emotions through words and interactions. This pertains to what is known as the supervisor's “use of self” in assisting the supervisee with any difficulties they may be facing in the supervision or therapy process. An emotional presence can serve both as a modeling tool for the supervisee and as a way to explore the supervisory relationship. Despite the examples given, our analysis revealed little information on how supervisors can guide their supervisees to develop social, psychological, or emotional presence.

## Latency and technological understanding

This skillset relates to the supervisor's competencies in using the technology of telesupervision. Competent supervisors must pay attention to the focus of the camera, the background, how much light is in the room and that it is behind the camera maintaining eye contact through the camera, making sure the sound quality is good—as all of these, and more, influence the way supervisees experience supervisory alliance. Furthermore, supervisors are expected to understand the concept of “Latency,” the length of delay between the original signal sent and the signal arriving at its destination (Luxton et al., 2016; Pennington et al., 2020). Basically, low latency is associated with a good user experience, whereas high latency is associated with a poor one. When latency is as close to zero as possible, it is ideal. However, in the case of most modern computers and/or other means of communication, the better the connection (bandwidth) the lower the latency (Friston & Steed, 2014).

Clearly, in an in-person setting, we experience zero latency, which creates greater fluidity and flow in the conversation, even when multiple speakers are present. In a virtual setting, there is a limit to the degree of latency, and this is usually influenced by multiple factors: the software/application being used (Skype, Zoom, etc.), the location of the router, the WIFI plan, and other factors. Severe latency or delay makes it impossible to continue a conversation, whether supervisory or therapeutic; this results in the parties' inability to hear or to see each other (Pennington et al., 2020; Watters & Northey, 2020). As a by-product of latency, competent supervisors learn the effect of this on timing. Awareness of timing, for instance, by reading body language, using silence, or any other method, is vital in a physical setting but may become a challenge in telesupervision, especially in group telesupervision. Using tools such as mute, chat rooms, hand-raising, and so on might prove to be helpful in creating structure and order in the session (Jordan & Fisher, 2016; Watters & Northey, 2020).

Acquiring new telesupervision competencies can be daunting, given the fast pace of technological change and the overall changes in healthcare, clinical settings, and mental health agencies (Harrison, 2021; Pennington et al., 2020). New supervisees are often technologically savvy and are excited to learn about online therapy. Supervisors who want to assist supervisees in recognizing all aspects of online therapy and the competencies associated with its thoughtful, cautious, and responsible practice, need careful adaptation of current skills. For example, observational skills linked to assessing dyadic and systemic functioning will have to be intensified to detect subtleties easily lost in a virtual setting. Therapy skills, such as offering reflecting teams, will need to draw on new methods to monitor the impact of reflections on family members (Sahebi, 2020; Sherbersky et al., 2021; Watters & Northey, 2020).

## Managing setting and boundaries

Thinking about the context of supervision, one must also consider the use of space boundaries, as Watters and Northey (2020) suggest. Where are the supervisor and supervisee located? Home/office? Public sector/private practice? Supervision from one's home is different from meeting in an office. When using videoconference from one's home, each side discloses additional personal information, intentionally or unintentionally. An example of this may come in the form of kids making a noise in the other room, barking dogs, and so on. According to Watters and Northey (2020), the setting chosen is neither good nor bad but is an added factor requiring attention. However, it is recommended to be included in the supervisory conversations, according to several authors (Luxton et al., 2016; Pennington et al., 2020; Sahebi, 2020). These discussions may involve ongoing assessment and evaluation of the clients' needs and the session environment as new challenges are presented. It is also possible that other topics may be discussed, such as confidentiality, recording, utilizing a shared screen to assess any forms

required, or monitoring the use of self. Furthermore, supervisory discussions may address liminality, that is, movement between two spaces (e.g., moving from staying at home to entering telesupervision; Stein, 2013; Van Gennep, 2019). In telesupervision (or telepsychotherapy), the liminal space may include preparing a hot drink or a glass of water, opening the computer, closing unnecessary applications, putting on headphones, and so on (Sherbersky et al., 2021).

By bringing boundary issues into supervision dialogue, we may start to negotiate with ourselves and with supervisees and clients in regard to our relationship with space. Home space provides comfort but could also be professionally challenging. Supervisors, according to Watters and Northey (2020), are expected to invite reflections on the issue of space, and as a result they facilitate the process of joining. Additionally, this allows them to serve as a model for how the supervisee may conduct online therapy conversations.

Ideally, the supervisor would be able to use the data received through the screen to help the supervisee do a better job with a client. Interruptions can be problematic if they create distractions and do not assist the supervisory process (Watters & Northey, 2020). Sahebi (2020) points out that there is a need to monitor online supervisory processes. For example, supervisors may show more readiness to become available outside of the dedicated supervision time through other means, such as through text messages and phone calls outside the supervision hour. Even though this may demonstrate flexibility on the supervisor's part, there is an additional risk of burnout, as well as of setting a precedent for breaking the boundaries of the relationship (Rosenberg & Pace, 2006).

Using the space to interact becomes intentional and can be utilized by the supervisor to establish a connection with the supervisee. The supervisor can acknowledge the space by commenting on it or comparing it to their own environment, which facilitates joining and even creates a space for modeling (Watters & Northey, 2020). During supervision in a trainee's bedroom, for example, a supervisor might ask how having a client in this room could affect therapy. Greater supervisor flexibility may serve as modeling for the supervisee and, as a result enhance the growth of therapists in training. This is because one of their developmental tasks is to develop their ability to be present with their client-related anxieties and to become more curious about expanding their case conceptualization.

## Advantages of telesupervision

The main advantage of telesupervision that emerged from our analysis is related to the online domain. Telesupervision has a major ability to bring together supervisors and supervisees from different geographical zones. Moreover, telesupervision has the power to increase the variety of internships offered, allowing supervisees opportunities beyond their immediate location. It can benefit the seasoned therapist by increasing access to experts on a specific topic of interest. Greater geographical flexibility may also contribute to a multicultural experience for both trainees and graduated therapists (Perry, 2012).

Convenient scheduling and effective use of time were found to be the most documented advantages in the literature reviewed (Jordan & Fisher, 2016; Luxton et al., 2016; Nadan et al., 2020; Pennington et al., 2020; Sahebi, 2020; Watters & Northey, 2020). Jordan and Fisher (2016) contend that easier access to supervision may result in greater job satisfaction for supervisees and a lower rate of clinical burnout. The access may have different dimensions such as time, location, and different specialties of supervisors or supervisors who speak certain languages. As a result of telesupervision, working hours can be extended, making it more convenient for all parties involved. Supervisors and supervisees are no longer tied to their local time. Furthermore, since the pandemic has forced many people to leave their offices for home, time flexibility is a crucial factor when juggling the delicate work-life balance. Nevertheless, there is a risk that too much flexibility will lead to an

erosion of the importance of supervision time (Martin et al., 2018). It is therefore recommended for the supervisor and supervisee to discuss best practices for scheduling supervision (Watters & Northey, 2020).

## Challenges of telesupervision

Our analysis indicates that the challenges of telesupervision are mostly on the level of technological skillfulness, the use of screens, and creating boundaries.

### Technological skillfulness

Nadan et al. (2020) describe a feeling of helplessness and frustration experienced by supervisors and supervisees alike when encountering technical issues; the split attention required by the videoconference platform and the tiredness resulting from looking at a screen for a long time, which is known as Zoom Fatigue (Fauville et al., 2021). Watters and Northey (2020) add that system limitations are bound to happen no matter which videoconferencing platform is used. They stress the importance of supervisory conversations in regard to what to do when the system crashes and the alternatives available. In addition, according to Watters and Northey (2020), watching oneself on a screen is a double-edged sword. Most people seem to tolerate it but would prefer not to look at themselves (or have anyone else look at them). There is no clarity as to whether the reluctance to appear on camera stems from self-consciousness, the desire to engage in other activities during the meeting (multitasking), or something not yet understood.

### Scheduling

Watters and Northey (2020) discuss the issue of scheduling. This aspect of telesupervision has two sides. We have mentioned its benefits, but flexibility in scheduling also brings a collapse of boundaries. Expectations are different because the “workday” is not set in stone but is rather a personal choice of the supervisor and supervisee.

### Limiting intervention

Furthermore, Sherbersky et al. (2021) agree with Nadan et al. (2020) that the technical aspects of using telesupervision might limit the variety of interventions group supervision could create, and thus hinder the learning and supervisory processes. Sherbersky et al. (2021) also note that for some supervisors, the inability to be present with the supervisee (and his or her clients) in the same room leads to missing non-verbal communication and, perhaps, to overlooking energy that is present in the therapy room. In conjunction with the online disinhibition effect, which refers to the lack of restraint one feels when communicating online in comparison to communicating in person (Suler, 2004), a different therapeutic communication is generated.

## DISCUSSION

This scoping review was designed to identify and synthesize the existing body of knowledge regarding the utilization, experiences, and perceptions of online clinical supervision among

couple and family therapists, also known as telesupervision. Telesupervision is a method, a model, and an approach that is currently in its infancy. Our review clearly demonstrates the very limited conceptual and empirical work available (Martin et al., 2018; Phillips et al., 2021). With the rapidly growing use of online therapy and telesupervision in couple and family therapy (Machluf et al., 2021; Mc Kenny et al., 2021; Schmittel et al., 2021), there is a pressing need to expand this body of knowledge in general, and in couple and family therapy in particular, and to collect additional evidence that can be translated later into practice. We have presented the fundamental elements of the supervisor's competence in both supervision and technology, as well as their intersection (Pennington et al., 2020). It is crucial to recognize that supervisors need to be competent not only in their professional domain but also in the virtual domain, and be aware of how these two domains are intertwined and affect each other. Nevertheless, this review serves as an important first step in demonstrating telesupervision as a promising intervention. Supervisors should possess a variety of skills, including technological, contextual, and relational abilities, which will assist both in enhancing the supervisory experience of trainees and educating novice therapists to work effectively in a virtual arena.

Among the studies reviewed, the challenges and benefits of telesupervision have emerged as a key topic of discussion. In earlier studies (Jordan & Fisher, 2016; Perry, 2012), telesupervision was examined as an effective method for enhancing learning among beginning and novice therapists, along with a few difficulties to be considered. Later studies, however (Nadan et al., 2020; Sahebi, 2020; Sherbersky et al., 2021; Watters & Northey, 2020), focus on supervisors' experience of learning a new way of working and a new system, as well as diving further into the intricacies of the particular dos and don'ts of telesupervision. For example, trainees can be aided in managing conflict between their couples and families in the virtual arena using supervision conversations on therapeutic stance and how it shifts between physical and virtual settings (Sahebi, 2020; Springer et al., 2021).

This scoping review reveals several gaps in the existing body of knowledge. First and foremost, from a quantitative perspective, the data regarding the efficacy of telesupervision for family and couple therapists are thus far insufficient. Nonetheless, they provide some information regarding outcomes of telesupervision and may perhaps serve as a basis for comparison between online couple therapy and the vast scholarship on in-person couple therapy. There is also insufficient qualitative data regarding supervisor and supervisee experiences, processes, and meanings, as well as a lack of ethical guidelines and protocols regarding safe and professional online clinical supervision. Moreover, a more comprehensive exploration of how different circumstances affect themes such as the supervisory relationship and boundaries is needed. For example, how does a better internet connection affect the relationship? Or, what is the effect of having to work from home while one's children are present? Another gap in the research is the product of a generation gap. While it can be argued that, as Prensky (2001) has noted, there are digital natives and digital immigrants, further research is necessary to determine whether this assessment can be applied to our field. Indeed, many supervisors who may belong to a pre-internet age, are competent and quick to adapt to the technology. A comparable gap in online therapy is slowly closing (AAMFT, 2020; AFT, 2020; COAMFTE, 2020), and a similar trend is desirable in the area of telesupervision. Working in front of a screen can lead to Zoom Fatigue, which people feel after engaging in videoconferences (Bailenson, 2021; Bennett et al., 2021; Peper et al., 2021). Our review found little research on how to deal with this during telesupervision specifically, or in online therapy in general, or on how supervisors might support their supervisees through such challenges. Thirdly, and perhaps due to the lack of data, there are little to no protocols and recommendations for supervisors and supervisees that could generate a set of guidelines for the use of telesupervision. Therefore, we would strongly recommend the development of specific programs, perhaps even as a subspecialty, for the training of competent and ethical telesupervisors.



Our review yields suggestions for future research in this area. Although the notion of telepresence, the experience of being fully present at any given time and participating fully in the online therapeutic process (Berthiaume et al., 2018; Bouchard et al., 2011), has already been investigated by couple therapists (Aviram & Nadan, 2022), we believe that a deeper inquiry concerning telesupervisors is necessary. Furthermore, the concept of liminality—the movement between two spaces (e.g., the movement from staying at home to telesupervision; Stein, 2013; Van Gennep, 2019)—also requires attention from the scholarly community to fully understand its implications for the online supervisory interaction. It is crucial to clarify that our use of the word “spaces” here is not meant to describe a physical space. Whether supervisors are working from home or from their office, they are in a professional/therapeutic/supervisory space. Liminality refers to the transition from the personal or home space of the supervisor to his or her supervisory space. Lastly, it would be useful to conduct research to determine whether there are any differences in telesupervision when the supervisor views both the supervisee and the couple/family undergoing therapy on the same screen if this affects the supervisors' awareness of the session, and what impact this may have on their ability to supervise the trainees and their clients both safely and ethically.

Certain limitations of this scoping review should be noted. First, its intention was to present a comprehensive review of the findings in this field. The quality of the studies was not evaluated; however, this will be an essential step once more papers are published on this topic. Second, as we analyzed a relatively small number of diverse articles (qualitative, quantitative, and conceptual), we conducted the same analysis for all of them, consistent with the scoping review methodology. Once this body of knowledge is expanded, it will be essential to conduct additional analysis to clarify which findings were empirically supported. Third, despite an extensive literature search, some studies may have been omitted. Various databases may have produced additional articles, and our exclusion criteria may have excluded other key clinical supervision publications. Furthermore, this review included English-language journal articles, which meant that monographs and gray literature were not systematically considered. There may be additional findings available in other languages that were not included. Lastly, despite our best efforts to make most of the review process collaborative, we are aware that our interpretations are positioned, which will have influenced our interpretations of the included studies.

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