

SUPPORTING VIRTUAL TEAMS AND REMOTE CLINICAL SUPERVISION



Ontario Centre of Excellence
for Child & Youth Mental Health

Centre d'excellence de l'Ontario en santé
mentale des enfants et des adolescents





CONTENTS

BACKGROUND	3
SUPPORTING VIRTUAL TEAMS	4
Provide appropriate tools and offer clear guidance and supports for using them	4
Establish clear policies and procedures for the use of technology.....	4
Eliminate roadblocks to the use of technology	5
Implement formal policies and processes to structure virtual work.....	6
Set clear guidelines and expectations for performance	6
Facilitate clear patterns for social connection.....	6
Provide support, promote autonomy and nurture key skills for virtual work.....	7
Promote employee autonomy and meaningful work opportunities.....	7
Nurturing key skills for virtual work.....	7
Provide support and encourage balance and self-care.....	8
SUPPORTING REMOTE CLINICAL SUPERVISION	9
Anticipate challenges with technology	9
Work to establish good communication	9
Ensure safety, security and confidentiality	9
REFERENCES	11

BACKGROUND

The COVID-19 pandemic has had a significant impact on the way community-based child and youth mental health agencies provide support to families. To comply with orders of the emergency declaration in Ontario (March 17, 2020; extended on March 30, 2020) and associated efforts to promote physical distancing, many agencies are delivering professional services through virtual visits and telephone, having rapidly transitioned to using online platforms and tools that allow service providers to work from home. This sudden adjustment to a new way of working brings novel challenges for supervisors and teams.

To support our community partners during this challenging time, the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) and Children's Mental Health Ontario (CMHO) scanned the academic and grey literature for practical guidance for supervisors managing virtual teams. The content and resources shared in this document were not collected through an exhaustive search or systematic review, and reflect information available at the time of writing.

Our scan uncovered only a small number of relevant, credible, evidence-based resources offering practical recommendations on how to support virtual teams and engage in remote clinical supervision. This is an area in need of further study. As new practice evidence emerges, recommendations may evolve.

Despite these limitations, this resource offers:

- key considerations for supervisors supporting virtual teams
- key considerations for remote clinical supervision
- a short list of links to resources for additional reading

SUPPORTING VIRTUAL TEAMS

A 2017 review of theoretical and empirical findings from the research literature on virtual work identified a number of factors that are critical to the success of remote work arrangements (Makarius & Larson, 2017). Evidence shows that organizational leaders can optimally support workers by:

- providing appropriate tools and offering clear guidance and supports for using them.
- implementing formal policies and polices to structure virtual work.
- promoting employee autonomy and tasks that are meaningful and significant.
- providing feedback and support, fostering the development of key behavioural skills, and enabling trust and clear communication.

Provide appropriate tools and offer clear guidance and supports for using them

Establish clear policies and procedures for the use of technology

Many virtual platforms are available to enable productivity (e.g. document sharing and collaboration), scheduling and administrative tasks, and communication with team members, stakeholders, and clients (e.g. video conferencing, email, web chat and online messaging, text, phone). Evidence shows that organizations that manage successful virtual work environments have formal policies and set clear ground rules around which tools will be used, for what purposes, by whom and in what circumstances (Makarius & Larson, 2017). For example, virtual teams are more successful when organizations set core working hours where team members' hours online (on a specified platform or tool) overlap, allowing for synchronous communication and collaboration. Based on their review of existing literature on virtual teams, Makarius and Larson (2017) recommend organizations select tools that promote transparency, flexibility and sociality.

A tool or platform that is useful for one task or audience may not be appropriate for others. It is important to balance privacy and security requirements for the task with technical reliability and accessibility (cost, availability, acceptability) when assessing a tool's fit for use (OWL Labs, 2019). Professional colleges and associations share some guidance relevant to the professions they serve (for example, see the [College of Registered Psychotherapists of Ontario's](#) website). Clear, consistent guidance pertinent to the multiprofessional teams that make up the Ontario child and youth mental health sector may be forthcoming.

New resources from health service providers in British Columbia (created in collaboration with clinicians across the province) compare characteristics of a variety of tools and platforms for virtual work. This information may be helpful as you consider technology needs for your teams. While these resources were created with the needs of service delivery in mind, some of the tools reviewed are commonly used for team communication and conferencing (e.g. text messaging, email, FaceTime, Skype, Zoom):

- [Provincial Health Services Authority – Virtual health COVID-19 accessible solution toolkit](#)
- [Doctors of BC – Doctors Technology Office \(DTO\) – Virtual care resources](#)
 - Of note: see links to the [DTO virtual care toolkit](#) and [DTO Virtual care quick start guide](#)

Eliminate roadblocks to the use of technology

Makarius and Larson (2017) share that a critical element to successful telecommuting arrangements is the elimination of preventable roadblocks such as the use of outdated technology or the absence of support to troubleshoot technological challenges (Makarius & Larson, 2017). To ensure successful remote work, supervisors should enable staff to have reliable access to required technology, the ability to use the virtual tools approved by the organization and access to information technology (IT) support.

Even in cases where comfort with technology is high, the recent rapid transition to remote work has likely required staff members to use virtual tools (and more advanced features of those tools) more frequently than they did when working onsite (where, for example, an IT person would be available for support). Encouraging teams to review refresher training, manuals or tip sheets for the suite of virtual tools your agency uses may help to build their technological competence. Evidence from the field of virtual work has shown increased media competence is related to higher levels of self-efficacy related to remote work, which influences effectiveness, perceived productivity and job satisfaction (Makarius & Larson, 2017).

- Tutorials and tip sheets for virtual tools are widely available online on developer websites and through secondary sites such as YouTube and [LinkedIn Learning](#).
- The Ontario Telemedicine Network (OTN) is used across Ontario's mental health service providing agencies as a preferred platform for virtual service provision, but videoconferencing is also commonly used for multipartner education events and meetings. OTN has developed [videoconferencing best practices](#) and shared technical guidance for using the platform in their [training centre and resource library](#).

Implement formal policies and processes to structure virtual work

Policies reinforce employee perceptions of clarity, consistency and fairness around expectations of virtual work and team interactions. Organizations that set and enforce policies around virtual work have been shown to experience (Makarius & Larson, 2017):

- faster timelines for project completion
- lower sense of isolation among team members
- higher levels of perceived trustworthiness
- closer alignment between work and organizational goals

Set clear guidelines and expectations for performance

It is important to set performance expectations in any work context. However, with reduced frequency of face-to-face interaction, research emphasizes the importance of supervisors developing clear and specific shared expectations with staff (Blount, 2017; Cormican, Morley, & Coleman, 2017; Gajendran & Harrison, 2007; Makarius & Larson, 2017) in key areas such as:

- timelines for work communication (e.g. respond to emails within 24 hours; restrict work communication to a core set of hours to promote work-life balance)
- preferred channels and platforms for communication (e.g. SharePoint for document sharing, email or webchat for regular business communication, text for urgent communication, Skype for Business, Microsoft Teams or Zoom for videoconference meetings)
- creation of, and shared access to, project plans to ensure team members are aware of objectives, timelines and deliverables
- monitoring and management of staff performance and sharing of feedback (e.g. weekly one-on-one meetings between supervisors and staff)
- monitoring and resolution of staff needs and concerns (e.g. managing a team chat space, blog, holding weekly all-staff videoconference)

Facilitate clear patterns for social connection

Creating a structure for social interactions has been cited as one of the most important ways managers can support virtual teams to succeed and mitigate isolation (Makarius & Larson, 2017). Opportunities for virtual social interactions are even more critical in light of the current pandemic, as staff may be physically isolated from family, friends and community members in addition to their colleagues. Key things to consider when creating such structures include:

- A clear communication strategy that is co-developed with staff can help facilitate effective communication and ensure staff members feel engaged while working remotely (Imarhiagbe, 2017). Developing this early on can mitigate the effects of isolation that can result from reduced face-to-face interaction.
- Supervisors can ensure effective social interventions by offering training sessions that address the social challenges of working remotely, planning virtual social events and informal gatherings (e.g. virtual lunches) and creating channels or opportunities for regular informal communication, sharing and mentoring (Makarius & Larson, 2017).

- The use of multiple communication channels to support social connections across virtual teams with videoconferencing should be used more frequently (over audio or text platforms), as it has been shown to foster more meaningful engagement (Blount, 2017).

Provide support, promote autonomy and nurture key skills for virtual work

Promote employee autonomy and meaningful work opportunities

Some types of jobs have shown to be a better fit for virtual work — those with higher levels of autonomy, independence, and significance or impact (Makarius & Larson, 2017). While not all roles that shifted to remote work as a result of the COVID-19 pandemic have these characteristics, supervisors may be able to adjust work plans, establish new policies and procedures, or offer coaching to empower employees and promote higher satisfaction and performance in the virtual environment.

Allowing staff to exercise some autonomy and flexibility in their work, within a clear framework of boundaries set out by the organization's virtual work policies and procedures, can help to empower staff and mitigate negative impacts resulting from a dependence on technology and social disconnection from teammates (Gajendran & Harrison, 2007; Imarhiagbe, 2017; Makarius & Larson, 2017).

Assigning more significant tasks or emphasizing and providing feedback about the impact and meaningfulness of an employee's work can reduce the potential negative effects on performance resulting from virtual workers' sense of dependence on technology and isolation from teammates (Makarius & Larson, 2017).

Nurturing key skills for virtual work

Communication

- Skilled virtual workers understand how to choose the most appropriate communication tool among the many available, given the audience, level of clarity, nuance and sensitivity of the message. More complex messages tend to require richer tools (e.g. videoconferencing tools that permit synchronous audio and visual interaction). Poor fit-for-purpose can negatively impact clarity and in turn, decision-making and work relationships (Makarius & Larson, 2017).
- Efforts to ensure clarity in virtual communication promote more effective work and stronger work relationships. Research with virtual workers has shown that certain behaviours — such as summarizing points, providing appropriate contextual information, perspective taking, avoiding slang, carefully attending to appropriate tone, silence, and use of humour — can help to improve clarity (Makarius & Larson, 2017).
- Individual workers will differ in communication competencies. Supervisors can help to promote effective virtual work by establishing clear expectations and protocols for communication, and carefully attending to and providing feedback on their team members' communication skills (Makarius & Larson, 2017).

Trust

- Trust is a critical success factor for virtual work and contributes to stronger collaboration on teams (Paul & McDaniel, 2004). Supervisors can encourage active engagement in projects and team discussions, cooperative behaviour, timely replies to requests and communication, in-depth feedback and follow-through on commitments to promote stronger levels of trust across their virtual teams (Makarius & Larson, 2017).
- Some research has shown that judgments of others' abilities and competencies play a more important role in building trust on virtual teams because the other types of cues we would use to assess integrity in traditional work environments are not available. To foster strong, trusting relationships in the virtual environment, supervisors may need to pay closer attention to performance management and team members' perceptions of performance (Makarius & Larson, 2017).

Provide support and encourage balance and self-care

Virtual work can induce feelings of social and professional isolation. This is compounded by the physical distancing measures enforced globally to prevent the spread of COVID-19. Boundaries that working in an office environment would normally provide to promote work-life balance (e.g. standard office hours, breaks, commute home) are more easily blurred in a work-from-home environment (Blount, 2017).

The declaration of emergency in Ontario has led to the closure of schools and child care facilities, leaving children to be cared for at home by working parents. Consequently, many parents are working flexible hours scattered throughout a workday to accommodate child care. This unique situation may increase feelings of exhaustion and stress when balance between work and home life is difficult to achieve.

- Efforts should be made to encourage staff and supervisors to establish clear boundaries between work and personal time (Eddleston & Mulki, 2017).
- Supervisors may need to tailor support and create flexible work arrangements to match the unique circumstances, capacity and needs of individual team members (Blount, 2017).
- Supervisors may need to check in with team members more frequently to address concerns, offer support and troubleshoot challenges, and encourage strategies to promote well-being and work-life balance (Eddleston & Mulki, 2017).

Relevant resources for supporting staff well-being

- British Columbia Ministry of Health:
 - [Supporting the psychosocial well-being of health care providers during the novel coronavirus \(COVID-19\) pandemic](#)
- Mental Health Commission of Canada:
 - [Mental health apps: how to make an informed choice](#)
 - [Mental health and wellness during the COVID-19 pandemic](#)

SUPPORTING REMOTE CLINICAL SUPERVISION

Clinical supervision is key in a child and youth mental health service environment. Teams currently work from home given physical distancing measures, and clinical supervision meetings therefore take place remotely (e.g. through telephone, email, instant messaging, videoconferencing and client portals that can be accessed through computers, tablets or smartphones). Although virtual supervision has been on the rise in recent years (particularly to support communication, training and clinical consultation in remote areas), research on how technology can be best used for remote clinical supervision is limited. Work by Martin et al. (2014), Martin et al. (2017) and Deane et al. (2015) are notable exceptions. To support high-quality virtual clinical supervision, these authors make three overarching recommendations:

Anticipate challenges with technology

Issues with sound (delayed audio output, low sound quality) and poor image quality are likely when using technology. To deal with this:

- Set aside additional time to manage issues.
- Have a backup plan (e.g. have other technology available).
- Have a point person from the organization available for IT support.
- Take the time to become familiar with the medium, including accessing training.

Work to establish good communication

Interacting virtually can present challenges that make it difficult to stay focused. Since the person you are communicating with is not in the room, it can be easy to get distracted. To manage this:

- Discuss how you will communicate and implement the strategies you identify (e.g. take turns to speak, speak slowly and clearly, use the mute button while listening, paraphrase, ask questions, etc.).
- Don't multitask.
- Establish a dedicated, private space to hold supervision meetings.

Ensure safety, security and confidentiality

Protecting client information is critical. While practices for sharing information about a client in face-to-face clinical supervision sessions are well established, shifting to an online environment introduces security risks that can compromise confidentiality. To protect client information:

- Conduct clinical supervision meetings in a private space.
- Avoid emailing, texting or instant messaging regarding confidential information. These are the least secure modes of communication, as information could end up reaching unintended recipients. Instead, consider using a client portal — this is a safe place to keep client records, appointments, reports and messages between clients and therapists.



- Avoid sharing information that might identify the client. Only transmit content that is necessary for practice. Ensure that other team members are not able to access private information.
- Maintain strong passwords, keep virus protection up to date on your device and do not stay logged into accounts after you have completed your clinical supervision session. Laptops, tablets and smartphones that are being used during clinical supervision should have an encryption tool and be password protected.
- Make sure that all team members are informed about, and adhere to, practices and processes intended to protect client information.

REFERENCES

- Blount, Y. (2017). Management Skills and Capabilities in an era of technology disruption. In *Remote work and collaboration* (pp. 176-191). <https://doi.org/10.4018/978-1-5225-1918-8.ch010>
- Cormican, K., Morley, S., & Coleman, M. (2017). Managing virtuality. In *Remote work and collaboration* (pp. 192-213). <https://doi.org/10.4018/978-1-5225-1918-8.ch011>
- Deane, F. P., Gonsalvez, C., Blackman, R. J., Saffioti, D. & Andresen, R. (2015). Issues in the development of e-supervision in professional psychology: A review. *Australian Psychologist*, 50 (3), 241-247.
- Eddleston, K., & Mulki, J. (2017). Toward understanding remote workers' management of work-family boundaries: The complexity of workplace embeddedness. *Group & Organization Management*, 42(3), 346-387. <https://doi.org/10.1177/1059601115619548>
- Gajendran, R., & Harrison, D. (2007). The good, the bad, and the unknown about telecommuting: Meta-analysis of psychological mediators and individual consequences. *Journal of Applied Psychology*, 92(6), 1524-1541. <https://doi.org/10.1037/0021-9010.92.6.1524>
- Imarhiagbe, B. O., (2017). Exploring the barriers to electronic collaboration. In *Remote work and collaboration* (pp. 68-79). <https://doi.org/10.4018/978-1-5225-1918-8.ch004>
- Larson, B. Z., Vroman, S. R., & Makarius, E.E. (2020, March 18). *A guide to managing your (newly) remote workers*. Harvard Business Review. <https://hbr.org/2020/03/a-guide-to-managing-your-newly-remote-workers>
- Markarius, E., & Larson, B. (2017) Changing the perspective of virtual work: Building virtual intelligence at the individual level. *Academy of Management Perspectives*, 31(2), 159-178. <https://doi.org/10.5465/amp.2014.0120>
- Martin, P., Copley, J., & Tyack, Z. (2014). Twelve tips for effective clinical supervision based on a narrative literature review and expert opinion. *Medical Teacher*, 36(3), 201–207. <https://doi.org/10.3109/0142159X.2013.852166>
- Martin, P., Kumar, S., & Lizarondo, L. (2017). Effective use of technology in clinical supervision. *Internet Interventions*, 8, 35–39. <https://doi.org/10.1016/j.invent.2017.03.001>
- OWL Labs (2019). *How to manage remote employees: A leadership guide to supporting your distributed team*. <https://www.owllabs.com/hubfs/Campaigns/How to Manage Remote Employees by Owl Labs.pdf>