

Online Audio-Visual Recordings Policy **for** **Therapy, Supervision and Training purposes**

1. Introduction

The audio and/or visual recording of clinical work and supervision is a very useful and widespread practice across many different services, both for the provision of client care and training and development purposes. It is an essential aspect of training for Applied Psychology and Psychological Therapies in particular, and something that must be conducted in a regulated and secure manner. The field of online practice is growing, but guidelines specific to recording online therapy or supervision sessions are as yet sparse.

1.1 Purpose of Policy

This guidance is designed to ensure that the recording of therapy, supervision or training sessions for clinical care, training or assessment is supported and conducted in a consistent and secure way.

1.2 Definitions

‘Audio recording’ refers to the recording of audio footage from therapy, supervision or training sessions via voice recorders, laptops, smart devices or any other type of audio recording equipment.

‘Video recording’ refers to the video recording of therapy, supervision or training sessions via camcorders, webcams, smart devices or any other video recording equipment.

‘Still image’ refers to the recording of photos of therapy, supervision or training sessions via digital cameras, laptops, smart devices or any other type of digital or analogue photographic equipment.

1.3 Scope of Policy

This guidance concerns the recording of clients, supervisees and colleagues regardless of purpose, through audio, video or still image.

1.4 Principles

The recordings addressed in this guidance are highly sensitive in nature and a robust set of safeguards must be followed to ensure their safety and security. It is of vital importance that recordings should be treated with the same degree of security and sensitivity as a set of client casenotes.

2.0 Policy Statement

Online Psychology and Counselling Ltd (thereafter referred to as 'OPC') is committed to delivering the best possible client care and ensuring its practitioners (thereafter referred to as 'OPC clinicians/therapists/practitioners/supervisors') have all the knowledge and tools that they need to provide this. Alongside this OPC recognises that a client or supervisee's wishes and the confidentiality of their information is of paramount importance. This guidance sets out the duties and procedures that must be followed to client or supervisee data in audio and video formats.

3.0 Duties

This guidance applies and must be adhered to by all practitioners who use audio, video or photographic recording of clients and supervisees.

Recordings may be made for any of the following purposes:

1. To enhance the assessment and treatment of the client
 - For the client to listen to as part of their own use
2. To enhance the staff member's own professional development and training
 - To be used as part of a university-submitted assignment
 - For the staff member to share in supervision in order to enhance their own skills and the care of their client
3. To contribute towards the training of other staff
 - To be used as an exemplar of practice in the supervision of trainee therapists
 - To be used in the delivery of workshops for trainee therapists
4. To contribute towards audit or research

If deemed appropriate, and given written consent has been obtained from all parties, the OPC clinician will make a recording using their own device. They will then share this with the client or supervisee who may wish to listen to it at home after the session. Certain therapies such as CBT positively encourage this so that the client or supervisee can consolidate their learning at home. Clients or supervisees will not be permitted to make recordings.

4.0 Procedure

4.1 Consent

Before any recordings can take place, it is essential that the subject(s) of the recording give their informed consent to be recorded. This may be the client, supervisee or any person present when the recording is made. This consent should be recorded using the attached consent form (See Appendices 1, 2 or 3).

Once given, consent is not permanent, and can be withdrawn at any time: the clinician should ask the client or supervisee to re-affirm their consent verbally before each recorded session, and the client or supervisee retains the right to pause or end recording at any time during the session.

It is important that the client or supervisee's consent to be recorded is an informed decision on their part. In advance of the proposed recording session, the OPC clinician should carefully explain the process, including what will happen to the recordings, who will listen to/see them, and of course the purpose for taking the recording. The potential benefits of recording sessions can also be mentioned at this time.

The signed copy of the consent form, including the date of the recording and the length of time the recording will be retained for, should be held in the client or supervisee's file. It is also good practice to keep an electronic copy of the consent forms with the audio files themselves.

4.2 Recording devices

There are many different devices that can be used for recording audio or visual footage. This may include utilising a separate digital recorder, or a screen capture facility directly from the computer. The preferred method is the screen capture facility on the computer directly. The recording is then saved directly to a password-protected, encrypted cloud-based service.

4.3 Storage of Recordings

All client or supervisee information is kept securely. Recordings are only to be kept on an encrypted, password protected device or cloud storage service. OPC uses iCloud provided by Apple which uses end-to-end encryption and two-factor authentication.

4.4 Transfer of Recordings

There is often a need to share recordings with another party so that they can be utilised in therapy, supervision or training. OPC uses the file sharing capabilities of 'WeTransfer' <https://wetransfer.com/> and Surrey Drop Off <https://dropoff.surrey.ac.uk/>. These are encrypted ways of transferring large files. In the case of therapy or supervision sessions, files are password protected before sending them and the password will be sent separately. There is no need to set up an account and clients can download the file directly from the link in the email sent.

Clients and supervisees accessing recordings will be required to sign a declaration pledging to keep the material securely, to use it only for the purpose of enhancing the benefits of their therapy/supervision. This agreement is part of the consent form completed at the beginning of therapy (Appendix 1, 2,3) and is re-iterated on the Disposal of Recordings at the End of Therapy Form (Appendix 4, 5). Where a recording of an interview with a service user, carer, or professional, or a teaching session is made there is no separate disposal form and instead the length of retention of the recording is noted on the consent form.

4.5 Retention & Disposal of Recordings

In all cases the retention period of the recordings should be observed and reviewed. Usually recordings taken for therapy or assessment purposes will have a retention period of no more than a few months (until they are reviewed or assessed) and the expected date of deletion should be recorded on the consent form and Disposing of Recordings at the End of Therapy Form.

Sometimes the OPC clinician wishes to use the recording on a more indefinite basis, for example to use in the delivery of a training workshop for other therapists, or to use in the supervision of other therapists as an exemplar of practice. If recordings are to be kept for this purpose, the OPC clinician will clearly explain the type of training and audience they are expected to be used with. Explicit written consent for this purpose will be recorded on the consent form.

Once it is ascertained that the recording is no longer needed for the purposes for which consent was granted it will be deleted.

A 'Disposal of Audio recordings' form will be completed with a client or supervisee at the end of the work. If the client or supervisee is not present, for example if they drop out without notice, then the OPC clinician will complete the form alone. A copy of this form should be attached to the client or supervisee's record. Where consent was originally given for the recordings to be used in the training and supervision of other therapists, the client or supervisee's continued consent will be assumed. If a client or supervisee has consented for the therapist to keep the recording indefinitely, and later they change their mind, they can contact the OPC clinician and the recording will be destroyed.

4.6 Information governance incident logging

If in the event that the above safeguarding measures fail and a potential data breach has occurred, then the incident will be logged and further investigated. This is so a complete picture can be built up of what has happened and an assessment can be made of whether training has to be amended to improve knowledge in a certain area, or whether procedures should be changed.

5.0 Development, consultation and ratification

The policy and procedures have been developed following best practice from NHS Connecting for Health and the Strategic Health Authority, as well as the principles of the Data Protection Act and exemplar guidance from Sussex Partnership NHS Foundation Trust. The policy has been shared with psychologists and psychotherapists with experience of delivering therapy and supervision online in both the NHS and private practice.

6.0 Reference documents

- Confidentiality: NHS Code of Practice
- Audio Visual Recording Policy (Sussex Partnership)
- Information Security Management: NHS Code of Practice
- Data Protection Act 1998 and the EU General Data Protection Regulations (2018)
- Information Commissioner's Office (ICO) Guidance on Data Breach Management.

APPENDIX 1

Audio-Visual Recording of Therapy Consent Form

This form must be used in conjunction with Online Psychology and Counselling Ltd's Audio Visual Recording Policy and practitioners are responsible for ensuring compliance with the policy.

<p><u>Individual therapy session</u></p> <p>Name of client being recorded:</p> <p>Name of OPC therapist responsible for obtaining consent to recording:</p>	
<p><u>Couples/group Session</u></p> <p>If present, list any family members here.</p> <p>Names of attendees: Relationship to client:</p>	

Date:	Time:
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Type of recording (please tick)	<input type="checkbox"/> Audio	<input type="checkbox"/> Visual	<input type="checkbox"/> Still image
<p>Purpose of the recording (please tick as many as apply)</p>	<p>To enhance the assessment and treatment of the client:</p> <p><input type="checkbox"/> For the client to listen to as part of their therapy</p> <p>To enhance the OPC therapist's own professional development and training:</p> <p><input type="checkbox"/> To be used as part of a university-submitted assignment</p> <p><input type="checkbox"/> For the OPC therapist to share in supervision in order to enhance their own skills and their care of the client</p> <p>To contribute towards the training of other staff:</p> <p><input type="checkbox"/> To be used as an exemplar of practice in the supervision of therapists</p> <p><input type="checkbox"/> To be used in the delivery of workshops for trainee therapists</p> <p><input type="checkbox"/> To contribute towards audit or research</p>		
Location of recording			

APPENDIX 2

Audio-Visual Recording of Supervision Consent Form

This form must be used in conjunction with Online Psychology and Counselling Ltd's Audio Visual Recording Policy and practitioners are responsible for ensuring compliance with the policy.

Individual Session

Name of supervisee being recorded:

Name of OPC supervisor responsible for obtaining consent to recording:

Group Session

If this is group supervision, other supervisees present should be listed

Date:	Time:
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Type of recording (please tick)	<input type="checkbox"/> Audio	<input type="checkbox"/> Visual	<input type="checkbox"/> Still image
Purpose of the recording (please tick as many as apply)	To enhance the supervision of the supervisee:		
	<input type="checkbox"/> For the supervisee to listen to as part of their supervision		
	To enhance the OPC supervisor's own professional development and training:		
	<input type="checkbox"/> To be used as part of a university-submitted assignment		
	<input type="checkbox"/> For the OPC supervisor to share in supervision of their own supervision in order to enhance their own skills and their care of the supervisee		
	To contribute towards the training of other staff:		
	<input type="checkbox"/> To be used as an exemplar of practice in the supervision of trainee supervisors		
	<input type="checkbox"/> To be used in the delivery of workshops for trainee supervisors or therapists		
Location of recording	<input type="checkbox"/> To contribute towards audit or research		

APPENDIX 3

Audio-Visual Recording of Non-therapeutic Sessions Consent Form

This form must be used in conjunction with Online Psychology and Counselling Ltd's Audio Visual Recording Policy and practitioners are responsible for ensuring compliance with the policy. Non-therapeutic recordings made for the purposes of preparing teaching or training materials may include interviews with service-users or carers outside the therapeutic relationship, or recordings of teaching/training sessions with professionals.

Individual session

Name of person being recorded: _____

Name of OPC practitioner who is responsible for obtaining consent to recording: _____

Context that the recording is being made in:

- Interview with service/user carer
- Interview/meeting with professional
- Teaching/training session. Please indicate the title of the training session _____ and the type of audience it is being delivered to _____

Group teaching session

If this is a recording of a group teaching session, then consent of participants will be gained verbally. Please confirm this was done here:

Date:	Time:
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Type of recording (please tick)	<input type="checkbox"/> Audio	<input type="checkbox"/> Visual	<input type="checkbox"/> Still image
Purpose of the recording (please tick as many as apply)	To contribute towards the training of other staff: <input type="checkbox"/> To be used as an exemplar of practice in the supervision of trainee supervisors <input type="checkbox"/> To be used in the delivery of workshops for trainee supervisors or therapists <input type="checkbox"/> To contribute towards audit or research		
Location of recording			
How long will the OPC supervisor retain the recording for?	<input type="checkbox"/> Until approx date: <input type="checkbox"/> With the consent of the person (s) being recorded the recording may be		

	retained indefinitely if it is to be used in the training of other supervisors/therapists.
Supervisee's Consent	<p>I have read this form and consent to being recorded for the purpose(s) stated above. I understand that I can withdraw consent at any time and ask for recordings to be stopped or erased. I will not reproduce or distribute any recordings of sessions that I retain without written agreement of the OPC practitioner.</p> <p>Name (s): _____ Signature(s): _____ Date: _____</p>
OPC Supervisor	<p>I confirm that to the best of my knowledge and belief, that the supervisee understands the above, is able to consent and gives that consent willingly and on an informed basis. I understand my responsibilities in relation to the recording process, storage and destruction.</p> <p>Name: _____ Signature: _____ Date: _____</p>

- Copy to be given to the person being recorded for information.
- Original consent form to be scanned and kept by the person making the recording. This should be kept alongside the accompanying recording and teaching materials of which it is part
- Please contact Alesia Moulton-Perkins on 07903 653 177 or alesia@onlinepsychologyandcounselling.com if you have any questions or wish to withdraw your consent at a later date

APPENDIX 4

Disposing of audio-visual recordings at the end of therapy

This form must be used in conjunction with Online Psychology and Counselling Ltd's Audio Visual Recording Policy and practitioners are responsible for ensuring compliance with the policy.

During a course of therapy, an OPC therapist may agree to make audio or video recordings of therapy. Written consent will have been obtained from the client at that time and is recorded separately.

Was the client present to complete this form with the OPC therapist?

Yes No

Cases where this may not be possible include unplanned endings, e.g. when the client drops out of therapy early.

Client		
I agree/do not agree that a copy of my therapy sessions can be kept by the OPC therapist for the purpose of:		
I agree to keep any copies of recordings I retain securely and not to distribute or reproduce them without the written consent of the OPC therapist.		
Name:	Signature:	Date:

OPC therapist (please tick as appropriate)		
I have destroyed all recordings		<input type="checkbox"/>
I have not destroyed recordings as they will be kept for the supervision and training of other therapists. I agree that any copies of recordings I retain will be kept securely.		<input type="checkbox"/>
Name:	Signature:	Date:

APPENDIX 5

Disposing of audio-visual recordings at the end of supervision

This form must be used in conjunction with Online Psychology and Counselling Ltd's Audio Visual Recording Policy and practitioners are responsible for ensuring compliance with the policy.

During a course of supervision, an OPC supervisor may agree to make audio or video recordings of supervision. Written consent will have been obtained from the supervisee at that time and is recorded separately.

Was the supervisee present to complete this form with the OPC supervisor?

Yes No

Cases where this may not be possible include unplanned endings, e.g. when the supervisee drops out of supervision early.

Supervisee		
I agree/do not agree that a copy of my therapy sessions can be kept by the OPC supervisor for the purpose of:		
I agree to keep any copies of recordings I retain securely and not to distribute or reproduce them without the written consent of the OPC supervisor.		
Name:	Signature:	Date:

OPC supervisor (please tick as appropriate)		
I have destroyed all recordings		<input type="checkbox"/>
I have not destroyed recordings as they will be kept for the supervision and training of other therapists. I agree that any copies of recordings I retain will be kept securely.		<input type="checkbox"/>
Name:	Signature:	Date: