**Basic AEDP Videotaping Guide**

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Since videotaping is central to the process of learning AEDP, we want to provide some basic information to help you get started.  Therapists who have not videotaped before are often intimidated and sometimes overwhelmed by the prospect of setting up a system, discussing the option with patients and obtaining informed consent, transferring and sharing files, and other aspects of videotaping.  This is an attempt to undo your aloneness in this endeavor!  This is not an exhaustive overview but rather a basic guide to which we welcome edits and new ideas.  First, we wish to start with a few words about privacy and data security since it is an essential foundation for honoring our patients’ trust and for ethical practice.

**Privacy & Data Security:**

If you are recording in-person sessions, we recommend either using dedicated videotaping equipment which you keep locked in a secure location, or else developing a clear protocol for moving files off of portable devices to a secure location every day before you leave your office (more details about this and other security issues will be spelled out in the relevant sections).  If using a telehealth platform such as zoom, it’s essential that your account be HIPAA compliant (if practicing in the United States) or compliant with privacy legislation in your home country. We recommend that files be transferred to drives that are kept in a secure location, and if files need to be taken with you that these drives be password protected.  If supervision is done at a distance, we recommend this be done on a HIPAA compliant platform such as ZOOM.  We outline further privacy and security measures in relevant sections below,  including  avoidance of using the cloud for storing your recordings.

**Introducing Videotaping to Patients & Obtaining Consent:**

The more clarity we have about the value of videotaping, the easier our discussions with patients about the topic.  In deciding to start videotaping, we make ourselves vulnerable.  We open ourselves to taking risks, learning and growing.  We’re asking our patients to try something new with us, and we’re of course making space for them to say no, as well.  Although the camera may be aimed only at them, it’s our psychotherapeutic work that is being watched, and the purpose of supervision is for us to be more helpful to them.  Ideally, you also appear in the video–more comments on this below.  Many of us can attest to the benefits for treatment when we do videotape.  Yet every patient has their own comfort level (or not) with the idea, and our goal is to empower them in making a choice for themselves.

Some ways you might introduce the idea to patients:

“I want to discuss a possible option in our work together, and I want you to know that it is completely optional.  I am always learning new skills in my ongoing psychotherapy training.  Right now part of my training involves videotaping sessions so that I can review my work with a consultant/supervisor.  The focus is on how I can be most helpful and effective in my work with patients.  Would you be open to considering doing this together?”

Or from faculty member Dale Trimble:

“I’m always seeking to improve what I do as a therapist. For that reason, I videotape all my sessions. This gives me a chance to review my work and make sure that you are getting the most skillful help from me. I have a form that we will go over together and we will both sign.

Sample consent forms can be obtained from your supervisor or course instructor.

**Making Recordings of Zoom Sessions:**

Most AEDP faculty and many certified supervisors use Zoom for telehealth sessions and for that reason we can provide the most detailed guidance for this particular platform.  As of January 2024, the Zoom Pro account is HIPAA compliant and more secure than their free account, which we believe is essential for protecting patient privacy, regardless of HIPAA and other professional requirements.  If you practice outside of the US, please check with the appropriate authorities about required patient privacy protections.

Videotaping Zoom sessions is quite easy once you learn a few basics.  To our knowledge, Zoom recordings saved to the cloud are not HIPAA compliant and therefore we recommend always saving recorded therapy sessions *to your computer and not to the cloud.*  Here is a helpful Zoom introductory video on recording locally on your computer:  <https://www.youtube.com/watch?v=wXgJWxGpl3o>

It will be helpful to experiment with different Zoom view options.  The benefit of using “speaker view” is that you will see the patient on the full screen even while you are talking and it is easier to keep their image in the center of your screen.  This facilitates a more direct gaze experience, that is, on their end you appear to be looking straight at them.  However, the recording will shift back and forth between the patient and you, depending on who has spoken last.  This can be positive in that your recording will have a full view of them, but negative in that you appear in the recording (and not them) when you speak.  You can “pin” the patient’s image so that the recording only captures them, which is both positive and negative since the ability to more clearly track them in the video means there is no visual tracking of you on the recording.  Alternatively, you can use “gallery view” which will capture both of your images side by side in the recording.  However your images are smaller.  If you experiment with expanding the zoom screen, it is possible to enlarge both of your images and then shift the window so you can look directly at your patient and your own image is off screen. Regardless of which option you choose (speaker vs gallery) it’s helpful to align their image with your computer/device’s camera so that you appear to be looking directly at them.

For added security, consider sending new zoom links for every appointment (vs link which can be used for recurring meetings) and lock the zoom room once the patient has joined the meeting.  To further guard patient privacy, avoid using their name for the recording file.  One option is to use first initial and date, eg A12-20-23.

**Making Recordings on Other Telehealth Platforms:**

As we receive input from others in the AEDP community, we may update this guide to include details on how to make recordings on other platforms.  To begin with, it is essential to ensure that any platform you use is HIPAA compliant (or equivalent if based outside the USA; please check with the appropriate authorities about required patient privacy protections).  Not all telehealth platforms have the option of making recordings so that is the next issue to clarify.  If the platform allows for recording, we recommend videos be saved on your computer and not on the cloud, unless HIPAA compliant (or equivalent) cloud storage is utilized.

**Making Recordings of In Person Sessions**

**Setting up the Camera in Your Office:**

If you are investing in video equipment and getting a signed consent from your patient, it’s important to fully take advantage of the opportunity! Certification tapes do not require that you be seen on the tape. But by using either a mirror, two cameras or a split screen camera, you benefit from seeing how you are coming across in your body language and expression.  And if you show your tape in supervision or core training, then your supervisor can help you track the impact of how you appear to the patient.

**Basic guidelines:**

* Avoid having the client with their back to a window because their face will often be in shadow if it’s bright outside (even on an overcast day). If that’s not possible, close the blinds or shade or else adjust the camera’s exposure in the settings so you can see their face. This will mean overexposing the brightest parts of the video but you will be able to see their face more clearly and benefit from seeing non-verbal changes.
* Frame the video so you can see the patient from their head down to their knees, if possible. It’s helpful to see body movements yet you want the image to be zoomed in enough to capture changes in the eyes, facial expressions, skin flushing, etc. If you are using a mirror, just remember that as long as you can see the camera in the mirror and the mirror is in your camera frame, your image should be captured.

If your office is quite small you may have to use a small tripod set on a bookshelf.  Alternatively, you can purchase a bracket that will mount to the wall and you can then screw the base of your camera into the bracket (like a tripod), or if using an ipod touch you could use a Scosche magnetic phone mount designed for flat surfaces.

**Videotaping Equipment for In Person Sessions:**

Colleagues in the AEDP community have used many different recording devices, and with frequent changes in technology, this is an ever-changing field.  Detailed equipment guidance is beyond the scope of this basic guide.  We are including details here for a relatively inexpensive option which one of us (Mary) continues to use. We welcome volunteers interested in researching current equipment options and creating an addendum to this guide!

* **Recording directly onto Mac computer, iPad or iPod Touch:** if you already own any of these devices, this can be a less expensive and more straightforward option.  If you have an old iPhone that no longer has phone service, it is now basically an iPod Touch.  Sound quality varies and should be tested beforehand.  Small wireless microphones (with a bluetooth sensor that plugs into your device) cost in the $30(US) range and may be used if needed. Videos from an iPad or iPod Touch are easy to transfer to a laptop (details below).  You can set up a strategically placed mirror to capture your own image in the camera frame.
* Here’s a video made by Marc Cecil, an AEDP colleague and certified supervisor, who has a different, easy and inexpensive way to make a split screen video: <https://www.youtube.com/watch?v=l4nUz8yB0Jc>
* **Please note:** it is crucial that your computer and/or devices are set to ***airplane mode/disconnected from any network through the entire process*** of recording, transferring and then “double deleting” the files (details below) in order to prevent the transfer of any recorded sessions onto a network or into the cloud (unless you are sure the network and the cloud storage are HIPAA compliant, or equivalent in your country).  Some clinicians record on their normal iPhones ***but many precautions need to be taken*** such as keeping it in airplane mode through the entire process, just as for the above devices, from recording to transferring to “double deleting” (see below) before taking off airplane mode and leaving the office. *If you do not always have time to follow all of these steps each and every time you record, we do NOT recommend using your iPhone for recording sessions.*

**Transferring & Storing Files:**

From Zoom recordings:  when stored locally to your computer, the videos are automatically put in a special Zoom folder in your Documents folder.  As noted above, we are not familiar with the degree of HIPAA protections which the Zoom platform provides for storing recordings on the cloud (even for paid HIPAA compliant accounts) so we recommend only storing your Zoom recordings locally to your computer.

From a camera:  the system for transferring video (or a file) from your camera to a computer or external drive will vary depending on your devices.  We recommend caution so that files are not stored in the cloud, even briefly such as when you import files to iPhoto.  Your computer and devices should not be connected to any network during this process especially if they sync automatically with the cloud.  Here are some examples of how this is done for different devices:

* If using a camera and you have a Mac, after your session you can connect your camera directly to your computer and import selected files to iMovie or iPhoto.  Many cameras use SD cards, in which case you remove the SD card, insert that in an SD card reader, and import files to iMovie or iPhoto. The size of the file will depend upon the speed you selected in your camera. If you are going to send the file you may want to reduce the size to less than 2GB. At the time this guide was first developed in 2019, some clinicians used programs such as Handbrake and Wondershare Video Converter Ultimate for this process.
* Neither of us have familiarity with PCs and we welcome input from PC users for future updates of this guide.

From an iPad or iPod touch:  Files can be transferred directly to a Mac, then from there to an external hard drive.  When you connect your device to your computer, the iPhoto app automatically opens and you can choose to import files.  There is no need for Dropbox or other cloud services.  Because they're compatible systems, it only takes about 5-10 minutes to transfer from the iPod touch to a Mac (for a typical session). *The iPad/iPod and computer should not be connected to any network* while doing this, especially if your computer automatically syncs your photos with iCloud.  Once the file is on your Mac, then transfer the file to an external hard drive (more below).  Then delete the file from your computer and the iPod touch.  Of note, with Apple devices deleted files are actually saved for another 30 days, so be sure to go to the “deleted” folder and permanently delete files from there.  Then you can reconnect your devices with your networks.

Transferring to an external drive:  We recommend transferring files from your computer to a password protected external drive since this provides an extra level of security so that you can keep confidential material in a secure location that is not connected to any networks.  This way, files are at much lower risk of being lost or stolen (another reason: you would have to transfer files off your computer at some point due to storage space).  One option for a password protected external drive is Western Digital My Passport. Another option for storing video is the Keystone DataTraveler Locker+ G3. It comes in sizes from 8 to 64 GB. 16 is sufficient for several one hour sessions depending on the recording quality you’ve set in your camera. Once the video files have been transferred to your external hard drive, be sure to completely delete the files from your computer (including any “deleted files” folders).

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**Sharing Files for Supervision Purposes:**

For in-person supervision, practice caution whenever you transport confidential patient materials.  We recommend that you always have the files either on you or in a secure location, that you use more complex passwords on devices and drives, and that patient names not be connected with files (for example use first initial and date of session, C7-15-23).

For remote supervision via ZOOM, this is often done using the supervisor’s account to ensure the account is HIPAA compliant (or equivalent in your country).  The screen sharing option allows your supervisor to see and hear your video, and they can walk you through the steps for doing this.

In a typical 50-60 minute supervision session, you may watch 10-20 minutes of a session together, depending on how often you and your supervisor pause, how much time may be spent discussing the case or doing limited role play, etc.  It’s helpful to watch at least part of the session on your own in advance, if possible, so you can select which portions you’d like to review; it’s also a rich opportunity for self-supervision.  Your supervisor may have guidance on how to choose segments and what to expect in your supervision sessions. You may want to show parts where you feel stuck or confused. And it's also very helpful to share work you are proud of to enhance your ability to be your self-at-best as a therapist.

Supervision can also be done by phone.  This requires mailing DVD's or flash drives in advance, then watching sessions simultaneously on your own computers and pausing to discuss as you go.  This is a reasonable option if internet access (or access to secure wifi) is an issue, but it is slower and the level of interaction between clinician and supervisor is less optimal.

**Interested in updating this guide to include more info about other telehealth platforms, cameras, other tech options, etc?** If so, please reach out to Mary at maryandroff.com.  Thanks!