



Mountain Plains ATTC (HHS Region 8)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Telebehavioral Health Group Service Delivery Part I

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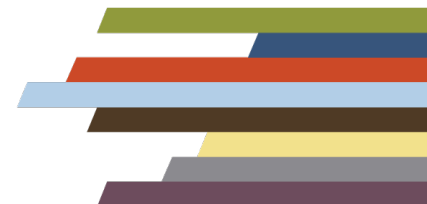
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# Learning Objectives

- Review recent research regarding patient satisfaction, group cohesion, and effectiveness of online group services.
- Identify challenges typically associated with online group facilitation and how to address them.

# Clinical Principles and Standards

## Assessing Appropriateness-Prior to COVID-19

- Not every client with internet access should be a telebehavioral health client
- Not every clinician is a good candidate for telebehavioral health practice

# Assessing Appropriateness

## The Clinician

- Foundation of Clinical Skills
- Experience
- Supervision
- Clinicians will be called on for skills and information typically not asked in F2F treatment

# Study regarding clinician's attitudes about telebehavioral health found:



- Clinicians with more telebehavioral health knowledge and experience tended to have more favorable opinions
- Increasing knowledge and promoting skill proficiency may be the key to widespread adoption
- Practice with feedback, observing colleagues, & accessing experts helped to build competency

McClellan et al., 2020

# Pregroup Screening

## The Client

- Their feelings about Telebehavioral Health
- Access to a Computer, tablet, smart phone
- High-Speed Internet Access
- Motivation to participate in telebehavioral health
- Safety of self and others
- Ability to participate-privacy, willingness to participate in a group

# May not be appropriate for Telebehavioral Health Groups

- Actively suicidal/homicidal?
- Psychosis?
- Under the influence/intoxicated?
- Active thought disorder?
- Not stabilized on medication? Easily dysregulated?
- Inconsistent attendance/consistent cancellations?



# Virtual Group Counseling

**A recent study found that patients participating in an online group reported feeling less connected than group members participating in in-person sessions.**

**But most of these online group members believed:**

- the convenience of attending group online offset any barriers or difficulties experienced
- they probably wouldn't have been able to attend group sessions if they did not attend the online sessions
- while an online group was not their first choice, it was preferred over no treatment

Lopez et al., 2020

# Challenges

## Maintaining Confidentiality-Group Members



# Challenges

- Lack of eye contact
- Lack of body cues
- Reading facial expressions



# Challenges

## Videoconferencing platform view



Banbury et al., 2018

# Challenges

## Co-facilitator Communication



Weinberg, 2020

# Challenges

- Therapeutic Presence
- Energy

*“There is no reason to doubt that therapeutic alliance can occur in remote therapy as well, as long as therapist and client agree about the goals and tasks and they feel a sense of connection and mutual respect.”*

Weinberg , 2020

# Clinicians have still been able to project a stance of

- Openness
- Interest
- Inquisitiveness

via expressing exaggerated postures and thoughtful inflections when speaking in virtual sessions. (Batastini et al., 2020)

**Clinicians have successfully introduced humor, direct therapeutic challenges, and motivational techniques such as “rolling with resistance”, too!** (Batastini et al., 2020; Moyers & Rollnick, 2002)



Therapists can directly discuss with the client the potential difficulties which may occur due to technology, location, etc.

Also, acknowledging a disrupted flow in the session and asking for feedback.

Doley-Amit et al., 2020



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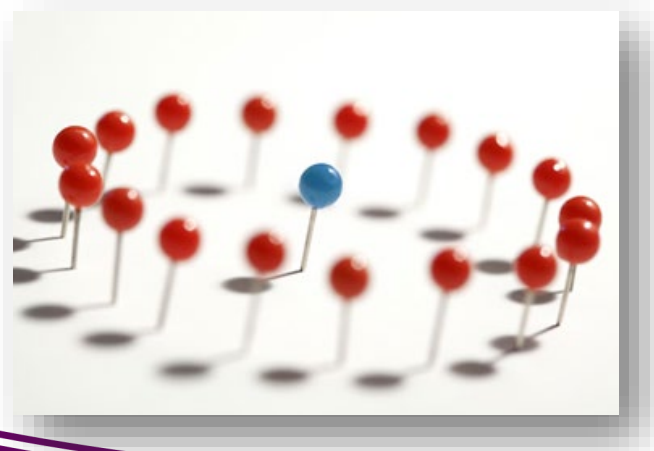




# CHALLENGES

## Group Cohesion-Circle to Screen

- Both groups equally connected to the facilitator.
- Online group members did not feel as connected to other online group members as the in-person group.
- Attendance was significantly better in online groups.



Weinberg, 2020; Lopez et al. 2020

# CHALLENGES

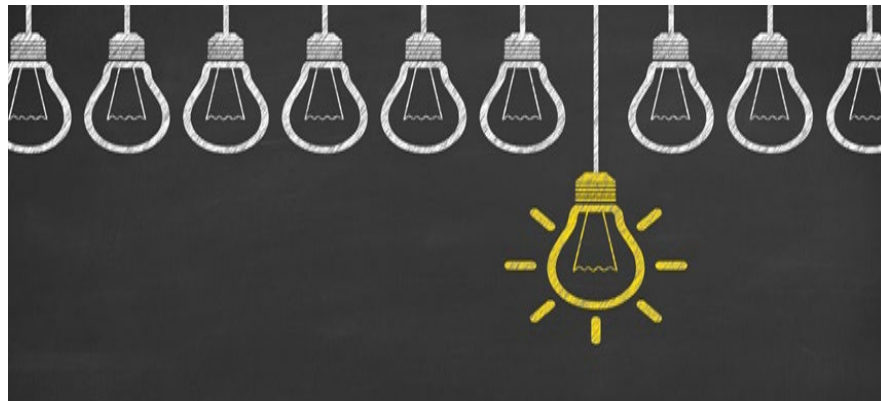
- Virtual presence in clients' homes
- Client's potentially virtual in clinician's homes
- Animals and other distractions



# CHALLENGES

*“Moving from in-person to online group therapy requires knowledge and training, just as when moving from individual therapy to group therapy.”*

Weinberg, 2020



# Ethical Duties – Telebehavioral Health

***‘Demonstrating competency with technology’***

**Minimally, clinicians/counselors using a videoconferencing platform for service delivery should be able to show their capacity to use the technology with basic skills and be able to troubleshoot problems.**



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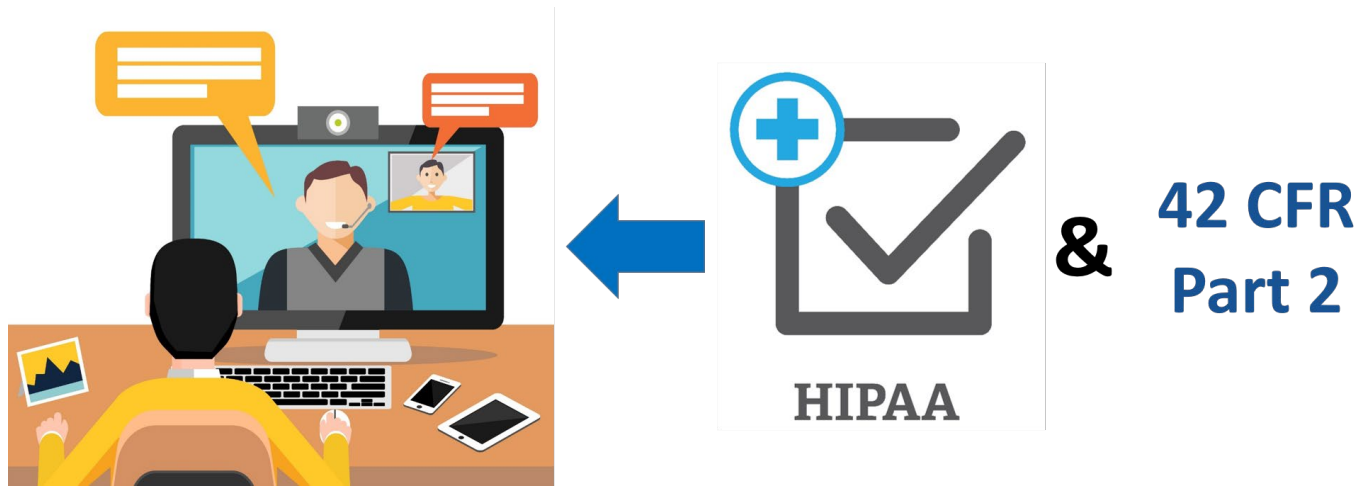


# Self-Assessment Questions for Clinicians



- Just because I can use telebehavioral health to conduct counseling/treatment sessions or group sessions, should I?
- What is my level of competence? (Beginner or Master's level)?
- Do I need more training and/or supervision?
- Does my practice/organization adhere to any specific telebehavioral health guidelines? Group guidelines?
- What do my state board regulations state about conducting telebehavioral health?

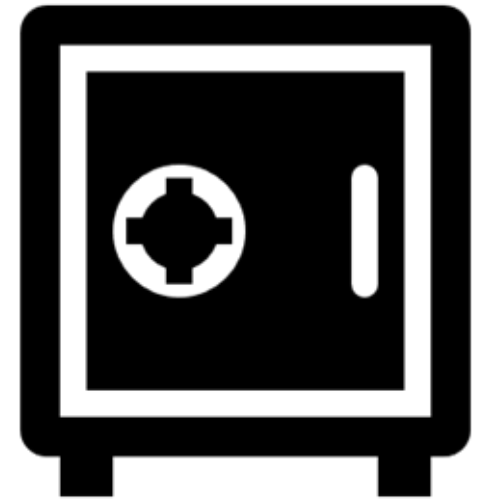
# Ensuring Privacy, Security, and Confidentiality



**HIPAA Secure – Not HIPAA Compliant**  
*Professionals Make Equipment HIPAA Compliant*

# VIDEO CONFERENCING PLATFORM

- How does the Platform Secure the Virtual Environment
- BAA
- ZOOM Security Measures



# Informed Consent

- Nature of Treatment
- Risks
- Benefits
- Alternatives
- Opportunity for Questions

**What are the risks & benefits of telebehavioral health?**



# Establishing Screenside Manner



## Do

- Look directly into the camera rather than looking at the picture of the person on the screen (pseudo-eye contact)
- Balance facilitative and directive language (e.g., *What are your thoughts about next steps you might take.; It sounds like you have a lot of background noise going on. Can you move to a different spot for our session?*)
- Wear solid colors; dress as if you are going to work in the clinic/office
- Nod your head and lean forward; make sure your face takes up 2/3 of the screen
- Adjust camera so your entire face is visible and facing forward
- Act slightly more animated
- Stay seated (don't pace); sit-up straight

# Establishing a Screenside Manner



## Avoid

- Fidgeting, tapping, doodling, etc. (any kind of distracting behavior)
- Eating or drinking during sessions (if you need to take a sip of water, turn your head away from the camera)
- Video-camera shaming (demanding that a patient/client turn on their camera)
- Making exaggerated motions with hands

# Specifically, clinicians/counselors should be able to do the following when delivering services virtually:

- Advise and help patients/clients with their use of the selected technology platform
- Explain the reasons for their choice of technology platform (e.g., ease of use, affordability, functionality, privacy and security, federal confidentiality 42CFR Part 2 protections, etc.)
- Be able to explain to patients the tenets of informed consent specific to telebehavioral health
- Translate clinical skills to provide services virtually (e.g., online engagement, support, pointing out discrepancies, employing EBPs and best practices, making referrals, etc.)
- Determine which patients/clients should not receive services using videoconferencing

# Use of Telephone and Texting

- As of July 23, all 50 state Medicaid agencies and Washington DC have issued guidance to allow for a form of audio-only telehealth services
- Texting Apps (Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessage)
- Texting patients using SMS texting should not be done
- ‘Clients increasingly expect to be able to contact providers via text messaging... although, incorporating text messaging in practice or clinical research may involve novel ethical concerns’

Lustgarten et al., 2020

# Code of Ethics for Telehealth Services

Social Work

Mental Health Counseling

Psychology

Marriage and Family Therapy

Certified Addiction Professionals

Peer Specialists



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# Reminders

1. Follow all requirements for ethical conduct from your profession's code of ethics.
2. Assess for client appropriateness
3. Utilize HIPAA secure video conferencing platforms
4. Practice within your scope of practice
5. Document all services as you would for Face-to-Face services
6. Confirm your malpractice insurance covers telebehavioral health

# Limited Uptake of Technology for SUD Treatment

- Computerized screening & assessments (70%/45%)
- Telephone-based therapy (49%/28%)
- Video-based therapy (55%/20%)
- Texting for appointment reminders (69%/13%)
- Mobile treatment apps (41%/5%)
- Mobile recovery apps (56%/9%)
- Virtual world therapy (35%/<1%)

Molfenter et al. 2018

# Champions of Telebehavioral Health

**Clinicians who are *Champions* of telebehavioral health can serve as strong advocates for expanding telebehavioral health services by:**

- **convincing other staff members of the value and utility of the delivering services virtually**
- **bringing legitimacy and credibility to the use of telebehavioral health**
- **using their relationships other clinicians to promote adoption leading to implementation**

Wade, Elliott, & Hiller, 2014



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# Rapid Virtualization of Behavioral Health Services



# Post COVID-19

- We needed to develop virtual groups-new safety checklist
- How would we conduct drug screens?
- Social distancing in the residential programs led to 10 or less in a room and the rest of the group participating via telehealth
- All visitation via video conferencing
- Needed more tablets

# COVID-19 Changes

- Protocols
- Policies
- Expanded billing
- Lifted Restriction on patient location
- Included Federally Qualified Health Centers (FQHCs)
- Use of Telephone
- Changed billing codes/modifies

# Office for Civil Rights (HIPAA) Enforcement Discretion During PHE

- Waived potential penalties for violations arising out of good faith use of telehealth
- Allows use of 'Non-Public Facing' remote communication products, which include:
  - Apple FaceTime
  - Facebook Messenger video chat
  - Google Hangouts Video
  - Whatsapp video chat
  - Zoom
  - Skype
- Do Not Use Public-Facing Platforms
- Remote Communication Products are open to the public and allow wide or indiscriminate use.
- Examples include:
  - Tik Tok
  - Facebook Live
  - Twitch
  - Slack

# Work from Home Telebehavioral Health Approval

\_\_\_\_\_ has demonstrated at-home equipment is able to run Zoom meetings and the space in the home is adequate for delivering treatment services. Therefore, the provision of telehealth services for PAR clients from the employee's home is approved.

\*YouTube video instructions

\*Telebehavioral Health Training – minimum 2 hours



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# For some patients, services delivered via telebehavioral health provide

- Feelings of safety and control (those with trauma- or anxiety-related diagnoses)
- While for others, the sense of ‘emotional or virtual distance’ experienced with telebehavioral health can at times be off-putting

Shore, 2020



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# Clinicians Use of Telebehavioral Health

## Concerns about:

- using new software programs or technologies
- confidentiality & privacy/security issues
- questions about telebehavioral health efficacy
- regulatory concerns (e.g., uncertainty about laws governing telehealth or roadblocks)

McClellan et al., 2020; Jang-Jaccard et al., 2014; Scott Kruse, et al., 2018

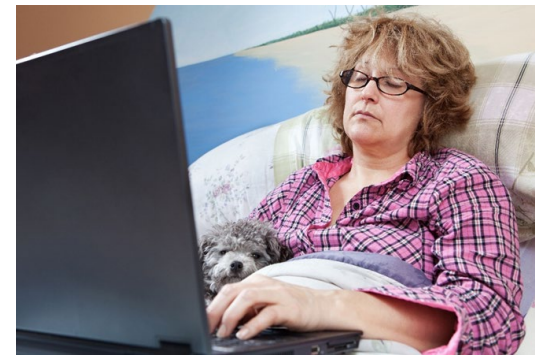


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# Serving as a Role Model



- Turn off phone and email (avoid distractions)
- Use a virtual waiting room but be on time
- Being online can cause people to act more casually (called disinhibition effect)
- Avoid self-disclosures or chatting (follow the 90/10 rule: listen, reflect, support, identify discrepancies, roll with resistance 90% of the time; self-disclose/chat 10% of the time at the beginning/end of the session)
- Maintain boundaries (remember this is a counseling session, not a casual virtual meeting with friends)



# Setting Up Office Space...

- Remove all distractions (you don't want patients/clients focused on trying to figure out what is on your bookshelf)
- Ensure there is good lighting (no shadowed face or halo effect)
- Provide a private and clean looking space
- Aim for a neutral backdrop like a plain wall or bookshelf
- Don't sit with a window behind you that can cast shadows
- Ensure good placement of camera, microphone, and speakers
- Remove any Alexa-type devices
- Put a Do Not Disturb sign on the door



**Telebehavioral health does change how a clinician provides services, with most of burden being on the clinician rather than the patient.**



# Plan Ahead

## Co-Facilitator recommended



# Plan Ahead

## Facilitators drive the bus

- In charge of Mute
- If something appears unsafe, directions as how to share or speak (chat or raise virtual hand), etc.
- Reschedule a session if someone logs on and is driving their car or is in a public place

# Plan Ahead

## Type of group

- Psychoeducational
- Process
- Support

# Plan Ahead

- Size of group-what is the cap?
- Open or closed



# Plan Ahead

- Where is the facilitator?
- Safety protocol changes



# Plan Ahead

*Have documents ready to share virtually  
(create a folder on your desktop that  
contains frequently used worksheets for  
easy access and sharing)*





# Plan Ahead

- Group Guidelines “Rules” shared when clients log on
- Developed by the group “rules”



# Plan Ahead

## Interactive Activities:

- **Break Out Rooms**
- **White Board**
- **Polls-Check In/Check Out**
- **Screen Sharing**

# What to expect next week...

- Discuss specific recommendations for online group facilitation and how it differs from in-person groups (e.g., tips and techniques, group agreements, etc.)
- Discuss safety protocols, further explore issues related to ethics and privacy/security and confidentiality in the context of online group case scenarios.

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