Telehealth Learning Series Episode Three

NARRATOR: Hello and welcome to Top Telehealth Tips and Lessons Learned, part of the telehealth learning and discussion series through substance use disorder treatment and recovery support providers. This project is brought to you by the Addiction Technology Transfer Center Network, the Center for Excellence on Protected Health Information, the National Consortium of Telehealth Resource Centers, and the Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno, in response the COVID-19 pandemic. Today's speaker is Sandnes Boulanger, the Vice President of Clinical Services for Operation PAR, Inc., an integrated addiction and mental health services provider in Florida. Ms. Boulanger is also a telebehavioral health trainer for the Center for the Application of Substance Abuse Technologies. Ms. Boulanger discusses the top five tips for holding group services via telehealth.

SANDNES BOULANGER: We're going to talk about some groups, and I'm going to say I'm talking about we have never done groups prior to COVID here at my agency. And we obviously were put in a situation where we needed to do that. And one of our programs was running groups, specific parenting groups, that were meeting the requirements of child welfare for many of our clients. So I have spoken to them, and one of our sister programs about how groups are going, and what kind of things they have found and haven't found. So this is what we came up with.

So the first one, plan ahead. You have to do this when you're having groups live, but certainly when you're offering groups over video conferencing, you absolutely need to plan ahead. We need to talk about where is the facilitator? Are they in an office at your site or are they operating from home?

And where are the clients, are they all together in a room? Are they on separate logins? Are they in their homes? Are they at a program? Where are they? And that will really guide how you set up your safety protocols for each one of those, where people are.

You also need to look at what type of group are you running? Are you running a psycho educational group? Are you working off of a curriculum manual? Or are you doing a process group? What kind of group is going on? Again, it will change your safety protocols and how you run it.

Looking at the size, and I know what they have found is certainly, smaller groups have worked better. Looking at, oftentimes funders, I know Medicaid has a cap of what you're allowed to have in groups. So make sure you pay attention to those.

But look at what really works best on telehealth. Because what may work best live, having 15 people together may work great in your regular program, but then over telehealth, it doesn't work as well. It's more difficult to manage.

Looking at if it's an open or closed group, if you're going to allow people to continue to join, or if it's going to be a closed group for a certain number of weeks. And then also, when you log in, I think one thing that was really a good tip that I know our parenting group does, that when they

log in when the clients are invited in from the waiting room, the facilitator has shared their screen and it already has some of the group guidelines. I don't like the word rules, but I put it on there because a lot of people use it, group rules or group guidelines. So they can immediately talk about that at the beginning of every session.

So the second thing that we talked about was having a co-facilitator. And I think that's really helpful, especially with the technology, to have one person that's leading the group and guiding the conversation, and to have one person who's there to support, watch the chat, pay attention to what people are looking like on their screens, to watch for any safety issues, and really to have that second person there if an emergency does come up. That they could actually get off, call the client, do different things like that. If you were a single person running a group, you might run into some issues that you need to have a different safety plan for. So I think having to co-facilitate there has really been helpful.

We have talked about safety checks. I've said that several times as we've talked so far. And I think one of the things with group, is you have to, again, call ahead. You have to plan a little differently.

And I know with our groups, what we're doing is, the day before, we're having one of the members of the team call ahead to the client, and ask where will you be when you're attending the group? What's the address and location that you'll be located? And if we get disconnected, what's a good number for us to call and reach you? Looking at making sure we have their emergency contacts updated as well. And asking the question, is anybody going to be there with you during your group session? Do you have a private space where you won't be interrupted or you won't hear, there won't be background noise? And all things like that.

Also talking about if someone was to come into your space, let's come up with a group safe word that people can say. And I know what's happened is they've had to pause session. And there's been at least one occasion where someone had to leave the group because they had someone come into their home and they weren't able to have a private conversation anymore.

And four, what is available on the platform you're using? I know the one parenting group does operate off of a curriculum-based group. And so they certainly have worksheets and things like that, to be able to share their screen, be able use the whiteboards for some interactive activities. They've also used the breakout rooms for conversation, where you can put people out into different rooms and they come back. Polls.

So I would encourage you that whatever platform you're looking, look at what kind of interactive activities can occur for the group, and what can make it more interesting, keep people engaged. And when you find those, I would say practice, practice, practice. Practice with your colleagues, practice with other professionals, before you start doing it so that you kind of know how to problem solve with it, and you know how it works.

And number five, I put, the facilitator drives the bus. We had set up, part of our safety, is we set up some channels that have various supervisors attached to the channels. And on those channels people can reach out if they're in a telehealth session and have difficulties.

And we had one of our therapists reach out and say that they could hear noise in the background, like people talking. But the client kept saying that there was no one there. So she felt uncomfortable going on with the conversation.

And so she was chatting us saying, what do I do? What do I do? And I said, well, maybe you need to talk about, this isn't the best time to have this session. And you'll have to contact the client and reschedule.

And then she chatted back and said, well, the client is refusing to leave the session. And so I said, you can say we're going to end the session. You can end the session. You're the one in charge. So I think sometimes people forget that you need to make sure that if there's an unsafe situation, if there's a situation where it feels like it's not confidential, they don't have the privacy, that certainly the facilitator can control the session.

Also, talking about within groups, using the chat, giving directions on that, how to raise your virtual hand, making sure people are muted so then they're not talking over, paying attention, all those things. And it's a different skill that a facilitator would have to have. Using the technology is certainly different than when we're live.

I know when I ran groups live, I often would walk around. I ran teenage groups, so of course, you'd have side talking, you got people making jokes, and things like that. And I know I would just walk kinda over to that area where teens were side talking and just stand there, and it naturally stopped the conversation. But you can't do that virtually.

So how you control the group, how you maintain the group, how you maintain safety, and you know, even things like, you oftentimes in group you have those people that are dominating the conversation or kind of take over the group. So making sure that the facilitator knows how to also handle those situations virtually, because it is different than live.

And you know it was funny because I know we've talked to people that have done couples counseling, and one of the things they're like, you have the power, you can mute people. I think you know, really having a conversation with people ahead of time, you know when you have those group rules displayed, talk about if you want people to raise their hands, if you just want them to unmute. Talk about the group rules, the guidelines as to how you're going to interact in this different modality. I think that's really important.

NARRATOR: Thank you so much for joining us today. For a transcript of this podcast, presentation slides and other related resources, please visit our website at www.telehealthlearning.org.

We encourage all listeners to reflect on the context discussed during the series, and to take that information to colleagues and/or supervisors for further discussion, especially in the context of state rules and regulations. In addition, content related to privacy and security, and 42 CFR part 2 presented during these sessions should not be construed as legal advice. And listeners are directed to discuss recommendations with their agency's legal counsel.

Finally, listeners should consult SAMHSA resources that provide additional information regarding delivering services virtually. Once again, thank you to our listeners for tuning in today. We hope that you'll join us again.