Best Practices for
VIRTUAL GROUP THERAPY

Best Practices for
VIRTUAL GROUP THERAPY

Collated from the experiences of mental health clinicians at BC Children's Hospital and feedback from patients and families.

The onset of the COVID-19 pandemic initiated an immediate need to provide virtual care whenever possible. For BC Children's Hospital and many other organizations, this includes group therapy for patients and their families.

Over months of offering a variety of virtual groups for patients and families in our Child, Youth and Reproductive Mental Health Programs, our clinicians learned many valuable lessons and refined our processes for providing safe, effective patient care in a virtual group setting.

We recognize that virtual group therapy cannot replace the process of in-person groups. However, virtual health options are essential in the current context, and over time, virtual group therapy may remain a valuable option in overall care strategies. These lessons are being shared with other health care providers to help them adapt to this new reality, and to continue to pave the way for improved virtual care in the future.

BC Children's Hospital
Provincial Health Services Authority

Healthy Minds Centre
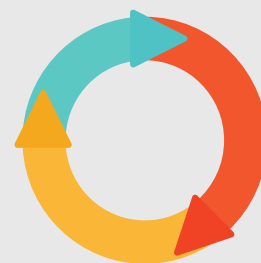
Processes

- Review the evidence on the applicability of a virtual format based on your group's intended purpose (e.g. psychoeducation, connection with others). Virtual groups are more effective for some therapeutic goals and processes than others.

- Consider the appropriateness of virtual groups for each participant based on their individual needs, relationships, and access to technology.

- Consider the different personalities, situations and therapeutic needs of all group members in order to ensure a safe and effective group environment, as it can be more difficult to manage group dynamics in a virtual setting

- Consider capping therapeutic groups at 6-8 participants/families, depending on the type of group. Psychoeducational or skills-based groups may be able to support larger numbers, but additional facilitators are recommended to support technology issues, moderate chat, etc.

- Ensure that you are following any applicable policies related to obtaining consent for virtual care within your professional institution

- Consider a brief one-on-one session (~15 minutes) with each individual/family prior to the start of the group to assess readiness for therapy, go over their technology setup and obtain consent.

- Consider adding an additional first session to establish group guidelines and cover housekeeping items. Alternatively (or in addition), send a written summary of guidelines to the group ahead of time.
    - Note the difference between group guidelines and group norms. Guidelines are rules to be followed by groups to ensure safety, while norms are mutually agreed upon practices that support effective communication.
    - Whenever possible, explain reasons for guidelines and protocols to participants in order to promote understanding and ensure adherence.

- Ask participants to commit to all sessions of the group. If parents are also attending, the same parent(s) should attend each session consistently.

Processes, cont.
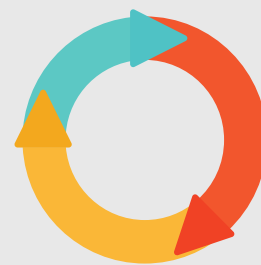
- Ask participants to attend from a consistent location, and to let the facilitator know if this will change. Explain that this is for purposes of safety in case something goes wrong.

- Emphasize the importance of privacy, including using a secure Wifi connection, when participants are choosing their location.

- Consider whether to enable or disable the chat function so that participants can communicate with one another. For instance, one benefit of chat is that it allows facilitators to check in with participants without disrupting the group. On the other hand, you may find that it is distracting to participants.

- Establish hand signals or Zoom functions (e.g. raise hand) to use during the group.

- Instruct participants to join the meeting using their first name so they can be easily identified when they join.

- The facilitator can use the private chat function to check in with an individual participant, or to communicate with another facilitator.

- Determine a plan for the following possibilities prior to the start of the group:
    - Participant goes off screen or turns off video
    - Unknown/uninvited participant joins the group
    - Participant becomes dysregulated
    - Participants multi-tasking or distracted
    - Participants getting off topic or too in depth in conversations
    - Technology problems

.

Roles & Responsibilities

- Consider the ratio of facilitators to participants; virtual groups tend to require more facilitation than in-person groups.

- Consider designating roles — one facilitator or floater' to moderate chat/troubleshoot, and another to facilitate the group.
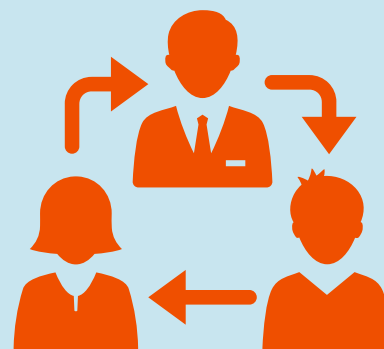
Technology Tips

- Ensure a virtual option is viable for each member of your group (e.g. they each have the appropriate device(s) and adequate bandwidth).

- Will other members of the household be working or completing school from home, and will this impact their access to a device or adequate bandwidth?

Use Zoom features to your advantage! Gallery view, breakout rooms, polling and chat functions can all be useful. Teach your participants how to use these.

- Consider device functionality (e.g. Smart phones and iPads do not support all Zoom functions); laptop or desktop computers are recommended if available.

- Consider features of Zoom Meetings vs Zoom Webinars, and pick whichever is therapeutically preferable. See a comparison chart here. It is important to note that Zoom meetings are more secure in that uninvited participants cannot join.

- Situate multiple facilitators in separate offices to avoid audio feedback, or on their own monitors with an audio puck if in the same room.

- If there are parents and youth participating from the same household, they may benefit from using multiple devices from separate rooms.

- Test your computer audio prior to the group. If computer audio is unclear, use earbuds with a microphone, or a headset.

- Consider whether to enable or disable private chat between participants, as this may present safety concerns or other challenges (e.g. a participant discloses a clinically relevant piece of information to another participant, but not to the facilitator). Participants will still be able to chat with facilitators and with the group as whole.

- Consider the use of virtual backgrounds. They may be useful for ensuring privacy and provide therapeutic options for interaction, but should be carefully chosen as they may be distracting.

- Turn off your self-view to minimize the distraction of seeing yourself, and encourage participants to do the same (note that self-view is different from video function, which enables others to see you).

Therapeutic Considerations

- Conducting groups in a virtual setting may make it more difficult to pick up on participants' feelings and responses. On the other hand, virtual groups have shown to be positive for participants with anxiety.

- Use the shared new experience of virtual care to start conversations and build a sense of community; ask questions that help establish common ground.

- Virtual groups can enable parents from different households to participate in groups together.

- Participants may be prone to participate in virtual groups at times or from locations that are not ideal (e.g. from a public location, while doing something else, etc.). Emphasize the need to dedicate distraction-free time into their schedule, just as they would for in-person groups.

- Attention span in virtual settings can be shorter than in-person, so adjust group content and duration accordingly. Consider building breaks into longer groups.

- Be prepared to cover less material than you might during in-person groups, and consider how targeted or in-depth you would like to go.

- When making introductions or during group discussion, consider establishing a process for deciding whose turn it is to speak.

- To better build rapport, frequently use participants' names and verbally check in.

- Acknowledge with participants that there may sometimes be distractions and that is okay (e.g. it may be appropriate to type into the chat if someone needs to leave momentarily).

- For parent/child groups, it is recommended that young children only participate for a shorter period of time. Suggest that parents plan an activity to occupy their child for the remainder of the group.

- To increase engagement, use features like the Zoom whiteboard or icebreaker games.

- Consider the most appropriate tools for the group (e.g. slides, videos, discussion, activities).

- Earbuds are recommended over head sets as they are less visually distracting.

- Consider providing an opportunity for group members to share contact information with one another if they would like to keep in touch outside of the group (ensuring consent provided individually for such). This can help to foster the feelings of support and community that are an advantage of in-person group therapy.

We hope that this guide provides helpful suggestions that support the provision of virtual group therapy. If you would like to comment, or have any additional practices you would like to share, please contact Shannon Vogels at shannon.vogels@cw.bc.ca.