

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

201 Training Series


Behavioral Health Telehealth Resource

Visit our [website](#)

Email: melmckee@uw.edu

BEHAVIORAL HEALTH INSTITUTE

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MEDICAL CENTER

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Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center


The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment.

BHI established initial priority programs which include:

- **Improving care for youth and young adults with early psychosis**
- **Behavioral Health Urgent Care Walk in Clinic**
- **Expanded Digital and Telehealth Services**
- **Behavioral Health Training, Workforce and Policy Innovation Center**

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WEBINAR LOGISTICS

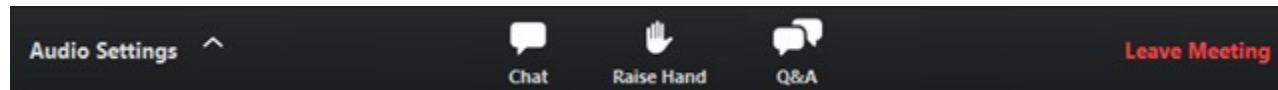
CHAT Box

- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

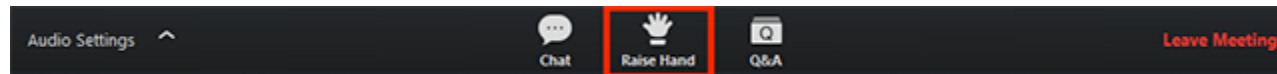
WEBINAR LOGISTICS

Q & A

1. Type question into Q&A Window



2. Raise hand (*will be called on/unmuted in order*)
Click **Raise Hand** in the Webinar Controls.



The host will be notified that you've raised your hand.

Click **Lower Hand** to lower it if needed.



Speaker Disclosures

Erika Shearer, PhD has no relevant conflicts of interest to disclose.

Planner disclosures

The following series planners have no relevant conflicts of interest to disclose:

Brad Felker MD
Melody McKee SUDP MS

Cara Towle MSN RN MA
Kimbo Smith MA MEd

AUDIENCE POLLS

- Who are you?
- Where do you practice?

BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH:


TeleBehavioral Health 201

FACILITATING BEHAVIORAL HEALTH GROUPS VIA
TELEHEALTH

Erika M. Shearer, Ph.D.
VA Puget Sound Health Care System
Promoting Access through Telemental
Health

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ACCELERATE
THE CAMPAIGN for **UW MEDICINE**

Learning objectives

- Describe adaptations needed to facilitate behavioral health groups within the telehealth modality.
- Discuss privacy and confidentiality-related considerations for home-based telemental health groups.
- Identify strategies to facilitate telehealth groups.

TH groups can vary by...

Participant location

- ▶ At participant's local clinic
- ▶ At participant's home
- ▶ Hybrid groups: Some combination of patients at their local clinic, their home, and/or in-person.

Type of group

- ▶ Psychoeducation group
- ▶ Evidence-based therapy group
- ▶ Support group
- ▶ Process group



*This training will focus on home-based groups



TH group literature Review

(Spencer, Kelly,
Langston, 2020;
Gentry et al., 2018)

- ▶ TH is a feasible modality for groups
- ▶ In general, studies suggest that TH works as well as in-person with regards to clinical outcomes.
- ▶ Results are mixed regarding group process variables:
 - ▶ Compared to in-person, TH groups were associated with lower therapeutic alliance and group cohesion ratings
 - ▶ However, the differences in therapeutic alliance and group cohesion did not impact clinical outcomes of the groups.
- ▶ Qualitative data revealed that patients reported:
 - ▶ Positive experience, wanting to continue group sessions, feeling valued by group members, feeling less alone

A dark grey arrow points to the right from the left edge of the slide. Several thin, dark blue lines curve upwards from the bottom left corner towards the title.

TH group components

Patient set-up

Privacy &
consent

Disseminating
group
materials

Planning for
emergencies

Facilitating
the group

Getting participants set up for TH

- ▶ Defer to facility regarding supported platforms and procedures
 - ▶ Ensure HIPAA-compliant option for meeting via video-based teleconferencing
 - ▶ Some have additional features
 - ▶ Chat, sending materials, sharing screens, camera tracking and presenter options, muting, disconnecting participants

VVC group example

The screenshot shows a web browser window titled "VA Session App - Google Chrome" with the URL "care.va.gov/vvc-app/#/". The interface is for a "Video Connect" session. On the left, a sidebar lists participants: "Angry Dragon" (Guest), "Enraged Dragon" (Guest), "Very Angry Dragon" (Guest), and "Dr. Erika Shearer" (Host). Below the list is a "Chat room" section with a message from "Dr. Erika Shearer": "Welcome to the Anger Management Class!". The main area displays a large video of a blue dragon head. In the top right corner, there is a small video feed of a woman. At the bottom, there is a control bar with icons for back, mute, video, and settings, and a "Write a message" input field.

VA Session App - Google Chrome
care.va.gov/vvc-app/#/

Video Connect

- Angry Dragon
Guest
- Enraged Dragon
Guest
- Very Angry Dragon
Guest
- Dr. Erika Shearer
Host

Chat room

Dr. Erika Shearer
Welcome to the Anger Management Class!

Write a message



When inviting a participant to group (1)

- ▶ All participants must agree to participate in the TH group.
- ▶ Whenever home-based patients are included, there is greater potential for breach of privacy.
 - ▶ Not all patients may be in a private setting, someone may attempt to take a screen shot, record the session, etc.
 - ▶ Some platforms may have technology to prevent on-screen recording; however, this is not yet common.
- ▶ Agreement can be obtained over the phone; however, TH visit is ideal to assess privacy, appropriateness, quality.
- ▶ Consider sending participants a copy of a 'Intro to Groups'/'Group Telehealth Agreement' document for their records. This letter should additionally be saved into the Veteran's chart to document consent.

Hello [participant name],

Here are some reminders about the GROUP NAME, as well as the materials you will need for the group.

Group dates/time:

Group leader(s) name & contact information:

Please contact group leaders if you cannot attend a session (via phone--listed on first page of packet; or via secure messaging). You may use this link to register for MyHealthVet secure messaging if you haven't already— <https://www.myhealth.va.gov/mhv-portal-web/home>.

Please note that a new VA Video Connect link will be sent to you over email for **each** VA Video Connect appointment.

When you join the VVC session, be sure to enter your **current address** for where you are located when joining, and only your **first name and last initial**.

Please keep your microphone on "mute" when you are not speaking as this will help to reduce noise.

If the VA Video Connect call unexpectedly disconnects, please close out of your browser, go back to your email and try rejoining the VA Video Connect link. If this is not successful, a group leader will follow up with you by phone or secure messaging.

Prior to your first VVC Group, please be sure to read over the Group Telehealth agreement & Guidelines for VVC. Please reach out to me if you have any questions.

For additional information on VA Video Connect go to:

<https://mobile.va.gov/app/va-video-connect>

<https://www.youtube.com/watch?v=HqhVlt4az-Q>

Please complete a VVC test call if you have not previously used VA Video Connect; click here: [test site](#).

Conduct a speed test using your device: <http://www.speedtest.net/> (ideally: download speeds of at least 10 and upload speeds of at least 3).

I look forward to working with you.

Sincerely,


NAME

CONTACT INFORMATION

Group Telehealth Agreement

- Confidentiality**: I understand the laws that protect the confidentiality of my medical information also apply to telehealth, including group treatment conducted over video telehealth. I understand that the VA has instituted procedures and policies to protect my privacy and confidentiality. The provider will lock the virtual medical room to ensure no unauthorized person will enter the session or listen. I understand that everything said and done in group is confidential. I agree to protect the group confidentiality, by not revealing the names of other members of the group, nor what is said and done in the group. I understand that if I violate this confidentiality, I will be removed from the group. I understand that there is an exception to this confidentiality that applies to the group provider. The one exception to confidentiality is when the provider believes that I may be a threat to myself or others.
- Risks and Consequences**: The VA does not record telehealth sessions, including group telehealth sessions, without prior approval. I understand that I will not audio or video record any portion of the treatment session. I acknowledge that while this session will not be audio or video recorded by the VA, there is a risk that the session could be audio or video recorded and disseminated by a group member without knowledge or approval from VA or other group members. The consequence for any member audio or video recording any portion of the treatment session will be the removal from the group for violating confidentiality, as well as referral for prosecution to the full extent of federal and local laws. Applicable local laws may include the location of the provider and all members.
- Privacy**: Participation in this group is voluntary, and I have the right to withdraw from the group at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I am otherwise entitled. No group member is ever required to answer any question, to participate in any activity, or to say anything. If I am asked questions or asked to participate in an activity that makes me feel uncomfortable, I understand that I have the right to decline, and I agree not to pressure any other group member to participate if they are uncomfortable. I agree to be in a quiet, private location during my session.
- Dignity**: I agree that I will be tolerant, respectful, and supportive of other group members. I will avoid language that stereotypes or is derogatory to others and will provide only helpful feedback. I will be considerate of others who are talking, will give others a chance to talk, and will not engage in side conversations.
- Behavior**: Safety is of the utmost importance. Violence or intimidation toward other group members is not tolerated. Gossip and grudges can be very destructive in a group. I agree that if I have something to say to another group member, I will say it to the member directly and in a respectful way rather than talk about him or her with others. I understand that if the provider believes that I am under the influence of alcohol or other drugs, I will be asked to leave the group.

I have read the agreement for group sessions and agree to follow it. The provider will note in my medical record that I have received, read and acknowledged this agreement.



When inviting a participant to group (2)

- ▶ Orient all patients to group rules and how to join prior to first session:
 - ▶ Respect confidentiality of group members (e.g., privacy, headphones).
 - ▶ Group etiquette (e.g., treating TMH group like in-person group, muting when not speaking).
 - ▶ Emergency planning – remind patients to enter their address in the pop up when they join the group to ensure address can be validated in the event of an emergency.
- ▶ Ideally conduct this over a video call so that you can assess the privacy of their surroundings and troubleshoot audio visual issues.

Disseminating group materials



Defer to facility regarding supported platforms and procedures

Ensure HIPAA-compliant option for sending and receiving digital materials

Can also send an entire packet or workbook via mail



Test how you review materials in group (e.g., share screen, whiteboard, etc.)



Planning for emergencies



- ▶ Emergency plan: contact 911 and request relevant services to be dispatched to the patient's physical location
- ▶ Remind group participants of emergency plan when going over group rules and expectations when inviting them to group and during the first group session
- ▶ Options for handling an emergency during group:
 - ▶ If you have a co-facilitator have one facilitator work with the participant outside of the group while the other facilitator continues the group.
 - ▶ Contact a colleague/suicide prevention coordinator type via instant message to assist
 - ▶ End the group and disconnect everyone except for the person having the emergency; follow up with group members

Facilitating the group (1)



Plan for problems on the first day.



Keep telephone numbers handy for easy access during the group.



Co-facilitator can be helpful so that one person can help troubleshoot technical difficulties while the other continues with the group material.

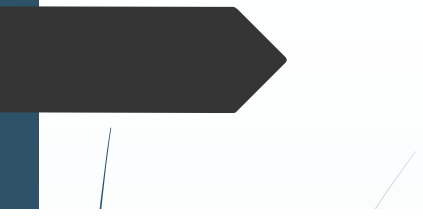


Consider having an audio option as a back up for technology failure

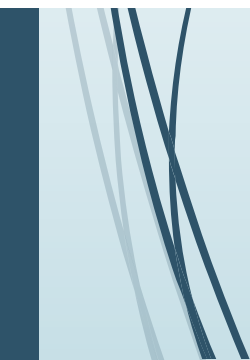


Facilitating the group (2)

- ▶ It can be helpful to use the “share screen” function to share a word doc with instructions (see next slide) at the start of group while you mute yourself and turn off video. This will allow participants to filter into group while you may or may not need to troubleshoot technology with others.

A dark grey arrow points to the right from the left edge of the slide. Below it, two thin, light blue lines extend diagonally downwards and to the right.

Welcome to the Healthy Sleep class. We are working to get everyone connected to the class. Please stand by. Thank you for your patience!

A light blue horizontal bar spans the bottom of the slide. On the left side, several thin, dark blue lines curve upwards and to the right, overlapping the light blue bar.



Facilitating the group (3)



- ▶ 'Lock' group session once participants have joined.
- ▶ You may need to use names/call on group participants directly more frequently than you would in-person.
- ▶ Budget more time after questions to allow participants to unmute and respond.
- ▶ Test how you will review materials in group prior to first session – whether by using a shared presentation on the computer or zooming in to a whiteboard or flip board. Enlist colleagues to test the call and shared screen capability. Have a back up plan for sharing materials.



Facilitating the group (4)

- ▶ Review group rules:
 - ▶ Treat TH group as you would in-person group.
 - ▶ Mute microphones unless speaking to limit distracting background noises. Headphones can be helpful to minimize feedback.
 - ▶ Be mindful of moving around with the device or moving out of the frame of view.
 - ▶ Provide orientation/coaching related to nonverbal communication (e.g., nodding, shaking head, thumbs up or down, etc.)



Thank you!

Questions, comments, or
other ideas?

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Slides & resources will be posted after the session

<https://bhi-telehealthresource.uwmedicine.org/>

Please complete the evaluation survey:

- LINK will be shared in the chat box near the end & also emailed out
- Helps the presenters plan future sessions

TELEBEHAVIORAL HEALTH 201 SERIES

mHEALTH & WORKING with SMI PATIENTS over TELEHEALTH

SPEAKER: Ben Buck PhD

JANUARY 15, 2021, 11AM - 12:00 PM PST

Monthly series: 3rd Friday of each month, 11am-12pm PST:

- 02/19/21 PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH & COVID
- 03/19/21 BEHAVIORAL HEALTH APPS
- 04/16/21 CHILDREN and TELEBEHAVIORAL HEALTH
- 05/21/21 APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS
- 06/18/21 (tent) SUICIDE RISK ASSESSMENT over TELEHEALTH
- 07/16/21 (tent) APPLYING TELEHEALTH to MEASUREMENT-BASED CARE
- 08/20/21 (tent) CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH
- 09/17/21 COUPLES & FAMILY THERAPY over TELEHEALTH

A CERTIFICATE OF ATTENDANCE WILL BE ISSUED FOR EACH SESSION ATTENDED

Continuing Medical Education credit may be provided for a nominal fee:

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1 credit)

TELEBEHAVIORAL HEALTH 101

- **6-module Online Self-Study**

Registration: <https://NRTRC.catalog.instructure.com>

- **6-session Interactive Webinar**

Register at: https://uw-phi.zoom.us/webinar/register/WN_64sfo7hrT-6TOibLXQUxIQ

- Introduction to TeleBehavioral Health and Policy Overview*
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

A CERTIFICATE OF ATTENDANCE WILL BE ISSUED FOR EACH SESSION ATTENDED

***This session will meet the requirements for telehealth training as established by WA SB6061, effective January 2021.**

TELEBEHAVIORAL HEALTH 101

CME Information

■ 6-module Online Self-Study*

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this enduring material for a maximum 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 6 modules, with each module accredited for 1 *AMA PRA Category 1 Credit™*.

■ 6-session Interactive Webinar

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

Learners may obtain CME credits from the online self-study module OR the webinar series, but not both.