Behavioral Health Institute (BHI)
Training, Workforce and Policy Innovation Center
TeleBehavioral Health 301 Training Series

Behavioral Health Telehealth Resource
Website: https://bhinstitute.uw.edu
Email: bhinstitute@uw.edu

May 20, 2022

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
- Behavioral Health Training, Workforce and Policy Innovation Center
- Expanded Digital and Telehealth Services

WEBINAR LOGISTICS

CHAT Box

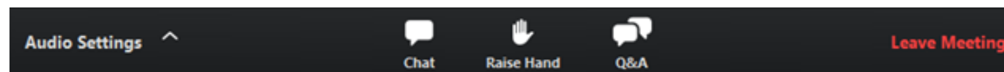
- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

WEBINAR LOGISTICS

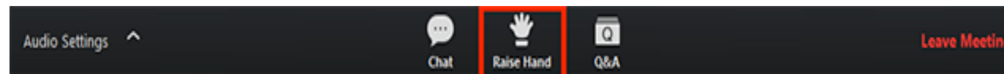
Q & A

1. Type question into Q&A Window
2. Raise hand (will be called on/unmuted)

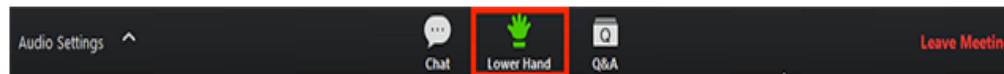
- Click Raise Hand in the Webinar Controls



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



- Click Lower Hand to lower it if needed



Speaker Disclosures

None of the series speakers have any relevant conflicts of interest to disclose.

Planner disclosures

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

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DISCLAIMER

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

We gratefully acknowledge the support from

BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

TeleBehavioral Health 301

Group Therapy on Telehealth: Lessons from Dialectical Behavior Therapy

CARSON ROBINSON, LICSW
DBT-LINEHAN BOARD OF CERTIFICATION, CERTIFIED CLINICIAN
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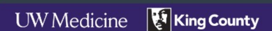
HARBORVIEW MENTAL HEALTH AND ADDICTION SERVICES

MAY 20, 2022

HARBORVIEW MEDICAL CENTER



Learning Objectives:

1. Explain rationale for providing group psychotherapy via telehealth
2. Identify two common barriers to implementation of telehealth groups and how to circumvent these
3. Identify two commons problems when running telehealth groups and how to prevent/address these

Agenda:

1. Rationale for providing group psychotherapy via telehealth
2. Brief review of relevant literature
3. Overview of considerations in implementing telehealth
4. Description of DBT program context for group therapy
5. Examples of challenges and solutions as experienced by the DBT team
6. Q&A

Reasons to use telehealth

- Social distancing
  - Multiple people in same room for prolonged period
  - Inconsistent masking behavior
  - UW Medicine cannot require vaccination to attend group therapy
- Increased access for clients who:
  - Work full-time
  - Live far from the clinic
  - Cannot afford transportation costs
  - Have medical problems that interfere with attending in-person appointments
- Enables clinicians to work from home

Research comparing in-person and telehealth groups

- Systematic review by Gentry et al. (2018):
  - Forty studies with variety of research methods
  - Six randomized controlled trials
- Findings:
  - Feasible to implement
  - High consumer satisfaction
  - Treatment outcomes are similar (small evidence base)
  - Some evidence for lower level of therapeutic alliance in telehealth groups

Gentry, Lapid, Clark, & Rummans (2018). Evidence for telehealth group-based treatment: A systematic review. *Journal of Telemedicine and Telecare, 25*(6), 327-342.

Research on implementation of group therapy via telehealth

- Paper by Puspitasari et al. (2021) describing transition to telehealth at an intensive outpatient mental health program
- Strategies included:
  - Assigning certain clinicians as telehealth “champions” to train and support other staff members
  - Adding telehealth information to informed consent forms
  - Coping skills taken from dialectical behavior therapy were incorporated into regular team meetings

Puspitasari et al. (2021). Rapid adoption and implementation of telehealth group psychotherapy during COVID-19: Practical strategies and recommendations. *Cognitive and Behavioral Practice, 28,* 492-506..

Know the relevant policies

- Policies for telehealth:
  - Consent protocol for telehealth
  - Clients need to be in WA state
  - Clinician and client must be able to see each other
  - Emergency response plan
- Policies for in-person sessions:
  - Masking required
  - Can’t require vaccination

Consider the type of group

Process groups

- Clinicians facilitate rather than instruct
- Discussions are open-ended
- Interactions between group members are presumed to be the driving force for outcomes

Psychoeducation, skills training

- Clinicians instruct the group members, like a class
- Teaching methods may include lectures, in-session exercises, assigning and reviewing homework

Know your population

- Telehealth psychotherapy with teens is a whole different story…
- Program context (total duration of screen time)
- Considering pros and cons of telehealth on case-by-case basis
- One-on-one assistance with problem-solving
- Ask clients about their prior experiences in group therapy, psychotherapy via telehealth, etc.

Know your telehealth software

- UW Medicine uses Zoom
- Settings/practices our program generally uses:
  - Waiting room enabled
  - Chat enabled (private chat between clients not always enabled)
  - Zoom meeting links provided to clients in advance

HARBORVIEW MEDICAL CENTER
UW Medicine King County
17

Description of Harborview DBT Program

- Evidence-based treatment for chronic suicidal and self-harming behavior
- Requires commitment to one year of treatment
  - Clients must commit to working on reducing suicidal/self-harming behavior
- Four components:
  1. Group therapy (single 2-hour session each week)
  2. Individual therapy (single 1-hour session per week)
  3. Between-session coaching (via phone, text, etc.) as needed
  4. Team of clinicians (meets once per week)

Description of DBT groups

- Group is primary venue for *skills training* to increase capacity for new behaviors
  - Mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness
- Each group has two clinicians
  - Group leader (skills trainer)
  - Co-leader
- Each session has two parts:
  - Homework review
  - Presenting new skills

Orienting + getting commitment

- Applies to all of the following problems
- Informed consent
- Group guidelines
- Be specific about what to expect
  - Active engagement
  - Private location
  - Camera on
  - Consequences for not following guidelines
- Ask about previous experiences in group, telehealth, etc.

Specific challenges: Individual clients are distracted or disengaged

- Expect behaviors that would not occur if group were happening in person:
  - Eating, making food
  - Talking to other household members
  - Lying in bed
- Specific instructions to the clients to remove distractions, demonstrate engagement
  - Co-leader private chats the client

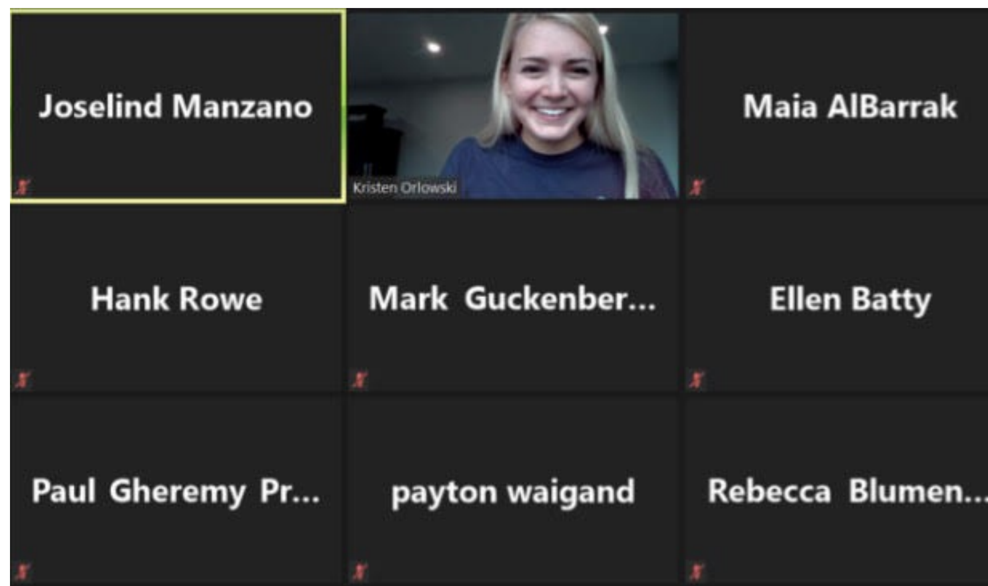
Specific challenges: Cameras off

- Don’t let this catch on!
- Why:
  1. Might not be able to bill
  2. Can’t ensure privacy
  3. Clinical reasons (can’t monitor engagement, etc.)
- Orient and get commitment to expectations

Source: Cesar Avalos 2013

- Consider booting clients from the meeting if they do not turn on their camera

Specific challenges: Cameras off



Source: Henry Rowe 2020

Specific challenges: Inappropriate behavior

- Depending on the behavior, could be more or less problematic in a telehealth group
    - Aggressive behavior may be less threatening because the individual is not physically present
    - "Triggering" comments or actions could be *more* problematic because other **group members have more immediate access to problem behaviors**

Source: "The Goblin" 2020

Specific challenges: Inappropriate behavior

- Examples:
  - Self-harming in group
  - Smoking, vaping, using substances, substances or paraphernalia are visible
  - Talking about problem behaviors or provocative topics
  - Private chat messages about others, or unwanted messages
  - Not being fully dressed
  - Provocative or disturbing art/decorations visible

Specific challenges: Inappropriate behavior

- Clear guidelines
- Explicit instructions to stop the behavior
- Contingency management:
  - Withhold reinforcers (laughter, praise, attention, validation)
  - Deliver aversives (firm instructions to stop, comment that behavior is distracting/aversive, call attention to the behavior)
- Consider moving client to waiting room
- Consider disabling private chat
  - Be transparent

Specific challenges: Group activities require you to be physically present

- DBT group therapy sessions start with mindfulness
- Large community of therapists has pooled ideas
- Experiment, try new activities
- Use breakout rooms

Specific challenges: Some clients are in person, others are on telehealth

- Just don’t do this
- Seriously
- Very demanding and aversive for the clinician(s)

Takeaways

- Telehealth groups are feasible and effective
- Set clear expectations
  - Preferable to prevent inappropriate behavior than have to respond to it
- Cameras on
- Be creative with strategies to promote engagement

- QUESTIONS & DISCUSSION

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Additional Information & Resources

After today's session:

Slides & resources will be posted after the session

https://bhinstitute.uw.edu/

Please complete the evaluation survey:

- LINK will be shared in the chat box & also emailed
- Helps the presenters plan future sessions
- Required for Certificate of Completion and CEUs

After today's session:

- Complete evaluation
- Certificate of Completion - no cost.
  - May be able to use Certificate of Completion to meet CE requirements.
- CME credit – nominal cost.
- NASW CEU – no cost

Continuing Medical Education Accreditation

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

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of 36 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour webinar is 1.0 credits).

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This workshop has been approved for 1 CEU by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists & Licensed Mental Health Counselors.

Our Provider number is #1975-433.

TELEBEHAVIORAL HEALTH 101

Online Self-Study https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series

Introduction to TeleBehavioral Health and Policy Overview
*Meets telehealth training requirement as established by Washington SB6061.
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

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

TELEBEHAVIORAL HEALTH 201

- Telehealth Policy – the changing federal and state landscape
- Preparing Patients & Technology for Telehealth
- Doing Groups over Telehealth
- Mobile Health (mHealth) for Serious Mental Illness
- Provider Self-Care & Wellness in the Era of Telehealth and Covid
- Behavioral Health Apps
- Children & TeleBehavioral Health
- Applying Telehealth SUD Treatment in Community-based Settings
- Cultural Competence & Humility in TeleBehavioral Health
- Applying Telehealth to Measurement-based Care
- Suicide Risk Assessment over Telehealth
- Couples & Family Therapy over Telehealth

Online Self-Study coming in April!

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TELEBEHAVIORAL HEALTH 301

Jan 21, 2022:	Bree Collaborative Telehealth Guide & Hybrid Models
Feb 18, 2022:	Crisis Management & Risk Assessment
Mar 18, 2022:	Safety & Consent Planning
Apr 15, 2022:	Substance Use Disorder Treatment over Telehealth
May 20, 2022:	TeleBehavioral Health & Groups: lessons from Dialectical Behavioral Therapy
Jun 17, 2022:	Whole Health & Telehealth
Jul 15, 2022:	TeleSupervision
Aug 19, 2022:	Children & Ado`lescents
Sep 16, 2022:	Trauma-Informed Care
Oct 21, 2022:	Remote Teams & Tele-Teaming
Nov 18, 2022:	TeleMental Health and Professional Liability
Dec 16, 2022:	Reimagining practice: integration of AI, digital therapeutics and automation in behavioral health

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Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:
- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

PROVIDER CONSULTATION LINES
- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- Perinatal Psychiatry Consultation Line