

Supporting WA State Behavioral Health Providers to Optimize Telehealth in Response to COVID-19

Q&A from BHI Telehealth Training Session #9 May 22, 2020:

Using Telehealth for Groups

Presenter: Erika Shearer, PhD, VA Medical Center

Q: Do telehealth consent forms have to be witnessed?

A: The telehealth consent forms discussed in the presentation pertain only to engagement in home-based group telehealth encounters and, in the Veterans Affairs settings, is called the Group Telehealth Agreement. This agreement does not have to be witnessed. That said, I defer to your facility with regard to the process of consenting telehealth patients.

Q: What kind of rules do you establish for these groups and topics that work well?

A: The rules for engaging in telehealth groups pertain to confidentiality, privacy, and treating home-based sessions like medical/behavioral health appointments. It is important to explicitly discuss the need for maintaining privacy for all group members (e.g., ensuring that setting is private and secure, no recording, no screen shots, etc.). I am not aware of group topics that do not work well for this platform. We currently offer group topics to include: insomnia, parenting, hoarding, chronic pain, mindfulness, DBT skills, CBT skills, PTSD skills, etc.

Q: Do all clients have to show their face?

A: I would defer to the group facilitator on this one as it would likely depend on the type and size of group. In a large psychoeducational group, it may not be as important for all group members to be visible. In my experience, being able to clearly see group members fosters group cohesion and processing and is important to emphasize.

Q: Have you had any experience running group(s) that involved patients who speak different languages and with interpreters? If yes, can you please share your experience. If no, do you have any resources running groups with patients using different languages other than English.

A: I do not have experience with this.

Q: Do some platforms allow more than one person to talk and be heard at a time? For example, if someone is talking and someone else interjects "Yes!", does the first person's voice get cut off so that others may miss part of what was said? This happens sometimes with doxy.me.

A: In my experience, no. Unfortunately, most platforms are not able to capture multiple people speaking at once, although higher speed connections appear to minimize the interference. There are likely platforms that are better than others with regard to this issue.

Q: How do you enforce group rules over telehealth? I work with teenagers and sometimes they use greenscreen or disconnect camera's temporarily to vape etc...

Q&A from BHI Telehealth Training Session #1 April 22, 2020: Telehealth Nuts & Bolts Kick-Off

A: This can certainly be a challenge. Again, I would defer to the group facilitator as the nature of the group and the relationship(s) with the participant(s) can certainly play a role. I would discuss the issue with the patient individually and remind the group of the group rules related to engagement and respect at the next session.

Q: What would be an ideal number of participants (minimum and maximum)?

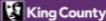
A: This depends on the capabilities of the platform and the type of group. I've led groups as small as 2 participants, which was quite small. Three and above is ideal and my preference is no more than 8.

Q: Optimal meeting duration depends on population and subject matter?

A: Correct, depends on type and topic of group as well as population. I do budget more time for telehealth groups to allow for technology challenges and the longer length of time for participants to speak up in group.

For more information, please see:

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Behavioral Health Providers across Washington State are on the front lines providing critical mental health and substance use treatment during an unprecedented public health emergency. State and federal guidelines continue to evolve so that more providers may use telehealth during the COVID-19 pandemic. Organizations from across the state have responded in amazing fashion to assure that providers across the continuum and age spectrum have access to information and resources necessary to help you begin or expand your use of telehealth.

<https://bhi-telehealthresource.uwmedicine.org/Pages/About-Us.aspx>



Northwest (HHS Region 10)

MHTTC

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

We provide training and technical assistance (TA) in evidence-based practices (EBPs) in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington). Our target workforce includes behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illnesses.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office. This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.