

Webinar Tips for Attendees

Please review our webinar guidelines for frequently asked questions:

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Our webinar presentation (and audio) will begin promptly at 2pm ET.

For today's presentation, you will not see the presenter—you will only see the slides.



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Online Group Therapy

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Attendees Earn One Continuing Education Credit

The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists.
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Dr. Ann Steiner



Ann Steiner, PhD, MFT, CGP, FAGPA is a former Associate Clinical Professor, UC Medical School, S.F.; Founding Member and Faculty, Psychotherapy Institute's Group Therapy Training Program, Fellow and former Board Member of the American Group Psychotherapy Association. She is an internationally known author, consultant to therapists, lecturer, and workshop presenter. The third edition of her book *How to Create and Sustain Groups that Thrive: A Therapist's Workbook and Planning Guide*, is due out May 2020. She teaches her pioneering work: *The Therapist's Professional Will* in Law and Ethics workshops internationally and leads three online groups in the San Francisco Bay Area.

Disclosures/Conflicts of Interest

Disclaimers:

No warranty, guarantee, or representation is made as to the accuracy or sufficiency of the information contained in this webinar series for your specific circumstance.

I recommend that you seek practice and state-specific advice from your legal, regulatory, ethical and malpractice bodies before offering online services or programs. As always, it is best to get all such opinions in writing.

Conflicts of Interest:

I have no conflicts of interest with any individual, organizations, or groups referred to in this training.

Learning Objectives

1. Identify three types of patients or conditions that are inappropriate or highly difficult to treat in online group therapy.
2. Design written essentials group members need from the leader before joining group.
3. Predict the impact of COVID-19 on work, identity, and financial security.
4. Describe changes group members need to make to their home environment to improve privacy and confidentiality during online group sessions.

References

1. Gentry, M.T. (2019). Evidence for telehealth group based treatment. A systematic review. *Journal of Telemedicine and Telecare* , 25 (6): 327–342. <https://www.ncbi.nlm.nih.gov/pubmed/29788807>
2. Kozlowski, K., & Holmes, C. (2014). Experiences in online process groups: A qualitative study. *The Journal for Specialists in Group Work*, 39: 276–300.
3. Steiner, A. (2020). 3rd edition: *How to Create and Sustain Groups that Thrive: Therapist's Workbook and Planning Guide*. Routledge, London.
4. Weinberg, H. & Rolnick, A. (2019). *The Theory and Practice of Online Therapy*. NY: Routledge.



Logistics -Tips for Leading Your Groups Online

- The American Group Psychotherapy Association has a rich collection of resources, online courses for group telehealth, and disaster. See their I-SIG's listing of secure, group-friendly platforms and relevant updates
- Check that your service provider's Business Associate Agreement BAA offers the necessary legal protection: Docu-sign free version has no BAA
- Create and maintain a TelePsychology Folder to include: articles and resources relevant to your online groups/practice/ specialty and group work group agreements, emails from insurance companies about reimbursement, etc.

Maintain your normal standard of group psychotherapy care, process notes, intake evaluations, collaboration with adjunctive providers, etc. Consider updating adjunctive providers about group moving online.

Think through in advance your policies re:

- Charging for and handling session disruptions caused by equipment or connection problems
- Since people are more isolated - will you modify your policy about outside of group contact?
- Secure method for group members to complete, sign and return TeleHealth policy addendum to office policies, Group Life History Intake Form, etc.

Making Online Groups Safer

* Provide addendum to informed consent: **Supplemental Informed Consent for Video Conferencing**

Address where I will be calling from: _____

If Dr. _____ doesn't already have this information, our safety plan includes at least one emergency contact, in the event of a crisis situation:

Family Member, or Friend, Name, Relationship, and Contact Info.:

Name: _____

Relationship: _____

Phone: _____

- Prior to and during first online group meeting discuss, and document having discussed, the risks, challenges and benefits of moving group online. Provide updated group agreements as needed
- Call fire department: ask if they respond to psych emergencies
- Have list of emergency services accessible during every online session.

Who is Appropriate for Your Ongoing and New Online Groups?

Modify don't abandon normal group assessment/ screening/ preparation process and established group culture/norms

- Review diagnoses, mental status, coping skills, history of trauma/ grief and resilience of each member
- Who will you rule out?
 - Actively abusing drugs/ alcohol?
 - Suicidal/ homicidal
 - Self-harm history or risk
 - Domestic Violence
 - Paranoia – unwilling to sign consent for telepsychology

If privacy not possible, the patient may not be good candidate for continuing in online/video group therapy

- If children in the home, any reasonable options for child care?

Screening/Selection Content to Include/Address

Same/ modified assessment/ intake procedures as in person:

Assess:

- ☐ Ability to experience and reflect on interactions
- ☐ Ability to identify AND VERBALIZE their own emotions, or interest and ability to learn to do that:
This is even more important online
- ☐ Empathic capacity
- ☐ Capacity to acknowledge need for others
- ☐ Ability to ask for and accept help
- ☐ Capacity to work effectively within organizations, work and social settings
- ☐ History of being dependable/ responsible



Working Diagnosis: Strengths and weaknesses – Psychotic core?

Attachment History

- Assess attachment style and prior roles in group, experience as scapegoat
- History of attachment
- Early childhood attunement experiences
- Trauma - Abandonment history



- Reactions to & history of unplanned changes, **like having to move group online** and termination(s)
- Connection/transference to you, and previous group therapists.

Traditional Guidelines for (Considering) Exclusion From Heterogeneous Groups

- Insufficient impulse control (Harm Reduction)
- Imminently suicidal
- Chronically psychotic patients
- Sociopathic
- Organic Brain Syndrome
 - Unwilling to sign a consent to telepsychology
 - Technology not available or usable by group member

Saying “No”

- Who do YOU want to rule out, eliminate refer elsewhere?

Know your communities resources for:

1. Domestic violence,
2. Crisis,
3. Hospitalization,
4. Drug/alcohol treatment

Think About Your Preferred Leadership Style

What is your theoretical orientation, beliefs, values, etc.

Your Customary Leadership Style:

- ☐ Active, directive
- ☐ Psychodynamic
- ☐ Cheerleader
- ☐ Traffic Cop “Share the road/ screen”
- ☐ Teacher

Have you always provided written
Group Agreements and Termination Agreement ?

Why Call Them “Group Agreements” Not Rules?

- Allow for exploration of self defeating behaviors
- Patients learn to be responsible to agreements to the groups vs. always blindly abiding by them
- Helps reduce group collusion to avoid tough topics, ie lateness.

Adapted from: Rutan, S., Stone, W. (5th ed.) Psychodynamic Group Psychotherapy. Guilford Press, 2014, pg. 126.

- **Do you want to modify/expand your group agreements for online sessions?**

COVID-19's Impact on Members and Group as a Whole

Help group openly address and discuss impact on work, identity, financial security, feelings of competition and survivor guilt re:

- Job loss> identity challenges
- Housing and food insecurity, exacerbation of: prior eating disorder, OCD, PTSD
- Feeling can't afford group, consider reducing fee during Shelter in Place?
- Consider inviting fuller discussion of difficult issues, class and privilege. If so, update group agreements to address and discuss difficult conversations. For example:

To expect, accept and respect disagreements and lack of closure.

“Develop and access our resilience. Because safety cannot be assured and is often unilateral and not multilateral, we choose to cultivate bravery to help us move beyond the secure and familiar.” (The Psychotherapy Institute, Feb., 2020)

Advantages of Online Groups

- Maintains and provides continuity and connection
- Antidote for isolation, disconnection, and treatment disruption
- Contact with members can feel more direct, lively, intimate
- Many group psychotherapists describe feeling enlivened by needing to be more actively engaged, direct and directive
- Can elicit greater flexibility and creativity for all
- Increased intimacy on multiple levels

Clinical Challenges

- Leader is no longer in control of the environment
- Boundary dilemmas, ie. only private place to call from his or her bedroom
- Can't smell each member when they enter
- Can't see whether their gait has changed
- Can't see nervous nail picking, twitching legs, subtle cues that signal who will speak next
- Clocks not as visible as in my office > give group 5 - 10 minute warning before group ends
- Online group leader's role often requires modification
From facilitator, to Choreographer....

Challenges During Challenging Times

- Only one microphone for entire group > refer to members by name
- One important leadership task is to invite anger towards us as leaders. May feel harder now...
- Helping group work with nonverbal communication can be challenging online...
For example: How are you reading the group's reaction to what you shared?
- Bridging online takes energy and focus
- Busting the Star Formation (One on one therapy in group) Ruth Cohn, 1972



Telepsychology Codes

- HCFA CPT Code Modifier = **95**
- Group Psychotherapy by Telehealth **CPT Code 90853**
- Health Behavior Assessment and Intervention Group codes = **96164 and 96165**
- Place of Service Code = **02**
(Office = 01)
- Insurance codes may vary in your state, especially MediCare may require “-GT” for interactive audio and video telecommunication system
- AGPA iSIG information about available telehealth platforms and changes in billing
- Comprehensive listing of billing and insurance coverage available at: www.theinsuracemaze.com/telehealthpolicies and www.theinsurancemaze.com/coronavirus
(Listed with permission of Barbara Griswold, LMFT)

Place of Service Code = 02
HCFA CPT Code Modifier = 95

	24.	A						B	C	D	
		DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	
		From			To					CPT/HCPCS	MODIFIER
		MM	DD	YY	MM	DD	YY				
1		01	02	20	01	02	20	02		CPT code	95
2											

Enter "02" for Place of Service

Enter "95" Modifier

Billing/ Reimbursement “Trust but verify!”

- Contact insurance company to see if they cover telebehavioral or telehealth, require copays.. Document their answers
- If private pay group member visiting ill relative out of state, need to contact licensing board in the state where they are visiting
- Note: CPT Codes accepted by different insurers may vary by amount of time. Rx not always reimbursed at same rates by insurance companies in different states.
- Medicare Medicaid. Usually starts with G – Have been paying for years “interactive video conferencing system” Check to be sure: patients in rural and metropolitan zip codes, confirm! May require telehealth credentialing.

Consider negotiating a single payor agreement

Self-Care Reminders

- Rapid ramp up of new skill sets take time and energy
- Screen time is fatiguing!
- Tracking each member, their experience, reactions and their interactions in person is hard enough. Online requires different kinds of focus & attention
- Consider shifting the pace of your schedule to accommodate the adjustment to leading online groups, fresh air after groups
- Therapist's Professional Will > peer support & who will cover your group if you can't?
- Build in breaks, meal times, sunshine, walk the talk re self-care!

Q&A



- Dr. Sammons will ask Dr. Steiner select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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