Ten Tips for the Facilitation of Virtual Groups

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The onset of COVID-19 has sparked new challenges to everyone's daily routines. As technological integration expands throughout all occupational fields, group work must also adapt to a virtual format. This tip sheet is designed to provide some useful considerations and practices that will aid the facilitation of virtual group work.

1. Understand and Choose the Best Technology for Group Work

- Consider which telehealth format best fits your practice, such as joining a pre-existing company that offers telehealth services (e.g., Better Help or TalkSpace), enlisting the help of an electronic health record company (EHR), or setting up a separate private practice (Guenther, 2019).

    - See pages 9 and 10 for a comparison of different HIPAA-compliant platforms with group session capabilities.

- Consider if the group will be asynchronous (e.g., text- or chat-based), synchronous (e.g., video teleconferencing), or a combination of both.

2. Set the Stage for Success

- Prepare for each session (Rewa & Hunter, 2020; Sandy, 2019):

    - Test the technology.

    - Ensure the group worker's face is visible with no strong lights in the background.

    - Choose a plain background with no distractions.

    - Limit background noise.

    - Wear plain clothing.

2. Set the Stage for Success (Continued)

- Document each session and consider how notes will be recorded (if notes are typed on the same device, consider muting the audio to minimize noise) (Sandy, 2019).

- Help group members test out and practice the technologies to be used in each session and provide resources for tech support (Rewa & Hunter, 2020).

- Start with utilizing simple tools first and slowly add on new tools and technologies as group members become increasingly comfortable (Rewa & Hunter, 2020).

- Establish a set of standard operating procedures or protocols that delineate counselor and client roles and responsibilities, acceptable means of communication, hours of communication (for daytime and after-hours coverage), emergency guidelines, and means for continual assessment and improvement of counselor performance (Shore et al., 2018).

- Keep in touch with group members by frequently asking questions. For example, ask if they can see and hear you well, if the group topic is understood, and if they have any questions and/or evaluative feedback for the group worker(s) (WHO, 2013).

3. Establish Norms

- Discourage multitasking and minimize distractions (Rewa & Hunter, 2020).

- Encourage mutual respect and confidentiality (Lifespan Research Foundation, 2020).

- Depending upon group type, encourage members to participate in the sessions as much as possible within their own comfort zones (Weiskittle & Mlinac, 2020).

- Determine if it is acceptable for members to have their cameras turned off during sessions or if it is mandatory to have them turned on (MHTTC, n.d.).

- Determine how the mute/unmute functions will be controlled in the group (e.g., will members automatically be muted, or will members be able to mute and unmute themselves at will?) (MHTTC, n.d.).

- Determine how the chat function will be used during the sessions (e.g., is it acceptable for members to private message each other or message the entire group?) (MHTTC, n.d.).

4. Attend to Cultural and Accessibility Considerations

- Continually assess each member's level of exposure, experience, and comfort with the technologies being used (Shore et al., 2018).

- Consider what technology each member has access to, and if they have access to a stable internet connection.

- Take into account each participant's cognitive capacity, treatment history, past or present difficulties with substance misuse, and history of violence or self-injury (Shore et al., 2018).

- Examine each participant's geographic distance from the nearest emergency medical facility, in addition to each participant's current support system and current medical status (Shore et al., 2018).

- Consider the environment of rural participants, including geographic barriers to healthcare and emergency resources, firearm ownership, and comradery (or conflict) between members of small communities (Shore et al., 2018).

- Provide extra support as well as alternative communication methods for members with limited language skills (e.g. English language learners & individuals with expressive or receptive learning disabilities) who may become frustrated with fast-paced dialogue and text-based communication (Gary & Remolino, 2000).

- Recognize accessibility issues for clients that are Deaf or hard of hearing, and allow clients to direct the type of accommodation to be used in their support (HLAA, 2020).

  - It is recommended that health care professionals employ the help of a qualified translator or captioner (i.e., Communication Access Real-time Translation [CART], such as those provided by StreamText or the National Court Reporters Association [NCRA] Online Sourcebook), or use other remote interpreting or relay services (HLAA, 2020).

4. Attend to Cultural and Accessibility Considerations (Continued)

- Acknowledge the heightened sense of confusion and disruption to the routines of clients with Autism Spectrum Disorder (Thom & McDougle, 2020).

- Look for available grants and partnerships with local businesses, community agencies, and technology companies to enhance access to WiFi and computer devices.

- Utilize culturally responsive group skills such as those contained in ASGW's *Ten Strategies to Intentionally Use Group Work to Transform Hate, Facilitate Courageous Conversations, and Enhance Community Building* (Guth et al., 2019).

- Understand and acknowledge the multiple intersecting identities of group members as discussed in *Multicultural and Social Justice Counseling Competencies* (Ratts et al., 2016).

- Remember to continually improve clinician cultural competence through continuing education, consultation, inquiry, and research (SAMHSA, 2014).

5. Monitor Group Process During Virtual Groups

- Take note of each member's participation and ensure that each member has an opportunity to speak and receive support (CTAC, 2020).

- Remember the basics of process observation by noting nonverbal (e.g., eye movement, posture) and verbal interactions (e.g., who talks and when, who is quiet, who interrupts and who falls back, and how decisions are made) (Gallagher, n.d.).

- Use group dynamics as a platform for discussing problematic interactions that could be distressing to members and provide opportunities to practice alternative approaches (Good Therapy, 2020).

- Help create balance between the individual member, the group content, and the group as a whole through effectively communicating feedback (Northwest ATTC, 2004).

Consider the ORAL framework for providing group feedback:
(O) Observe the event, behavior, or situation;
(R) Report and share the observation;
(A) Assumption, discuss what you think is happening; and
(L) Level, honestly share feelings and concerns (Northwest ATTC, 2004).

6. Incorporate Ethical, Privacy, Security, and Safety Practices

- Choose platforms that are HIPAA-compliant (Good Therapy, 2020; Shore et al., 2018).

- Although both group members and facilitator(s) are separated by physical barriers, take a moment to ensure that everyone can create an appropriate environment that is conducive to group work, welcoming, non-threatening, comfortable, private, and has few distractions (Shore et al., 2018; WHO, 2013).

- Promote auditory and visual confidentiality by showing members that the facilitator(s) are in a private, quiet setting, and encourage members to do the same (WHO, 2013).

- Use headphones if there is a possibility someone may overhear the group's dialogue and encourage members to do the same (Rewa & Hunter, 2020).

- Safeguard private communications by setting privacy controls (e.g., using encrypted communication channels) (Good Therapy, 2020).

- Choose private, encrypted communication channels (such as secure email and chat functions) to share informed consent paperwork, informational pamphlets, and emergency resources (SAMHSA, 2014).

    - Some HIPAA-compliant EHR platforms (e.g., VTConnnect and Wecounsel) will provide encrypted communication channels and e-signature document sharing.

    - Be mindful that free e-mail accounts and standard text services from phone or social networking sites, such as Facebook and Twitter, are not secure communication platforms (SAMHSA, 2014).

- Remind members to protect their privacy by storing their passwords, usernames, and email information in secure locations, controlling computer access, deleting cookies, and limiting identifying information on social media sites (SAMHSA, 2014).

- Ensure client safety by establishing positive group dynamics and providing adequate therapeutic support (Good Therapy, 2020).

- Screen all potential group members (Good Therapy, 2020).

- Verify each member's identity and location in compliance with state regulations and in case of emergency situations (Good Therapy, 2020).

- Encourage clients to appoint a friend, family, or community member as a "Patient Support Person" (PSP) in case of emergency situations (Shore et al., 2018).

7. Choose and Adapt Meaningful Group Activities

- Consider using group games or "ice breakers" to ease tension in the group, and explore each others' backgrounds (e.g., "Simon Says" or "I Spy") (CTAC, 2020).

- Share session agendas or outlines to group members ahead of each session when possible (Good Therapy, 2020).

- Utilize homework and external assignments to help members practice their new skills and strive toward reaching personal goals outside of sessions (Good Therapy, 2020).

- Use features of chosen technology platforms to maximize small and large group interactions (e.g., breakout rooms, whiteboard functions, and group chat functions).

8. Be Adaptable and Flexible

- Pay attention to group and individual energy levels. Manage energy levels by limiting session length (no more than two consecutive hours), scheduling breaks, and checking in on members' physical wellbeing (e.g., by stretching, repositioning, or temporarily looking away from the screen) (Rewa & Hunter, 2020).

- Ask coleaders and process-observers to help facilitate sessions, track group progress and participation, and/or provide tech support as needed (Rewa & Hunter, 2020).

- Acknowledge that members and group worker(s) now share control over the therapeutic setting (e.g., members must also find a quiet private setting to join sessions) and group worker(s) must be prepared for unexpected glitches and surprises (Lifespan Research Foundation, 2020).

- Be willing to adjust session agendas and goals to meet the needs of the group and the members' current circumstances (CTAC, 2020).

- Utilize the home environment to enhance each member's experience, particularly for children. For example, children can connect by showing each other their favorite toys or other meaningful objects (CTAC, 2020).

9. Consider Pandemic-Specific Issues

- Consider the impact that COVID-19 has on participants' personal beliefs, values, and commitments (the event's personal significance), and participants' abilities to cope (including the perceived level at which the event can be controlled, as well as the utilization of internal resources) (Lifespan Research Foundation, 2020).

- Expect possible phases of anger, disbelief, and exhaustion following the pandemic, similarly to those experienced as aftereffects of 9/11 (Stoll, 2020).

- Remember to maintain personal self-care and self-compassion to avoid burnout (Meyers, 2017).

- Be aware of and monitor for pandemic-related mental health problems, including anxiety, depression, posttraumatic stress disorder, and other trauma- or stress-related disorders, in addition to poor coping behaviors such as substance misuse (Tucker & Czapla, 2021).

- Appreciate members' heightened emotional states of stress, fear, and anxiety during the pandemic (Rewa & Hunter, 2020).

- Address the effects of pandemic fatigue, characterized by mental exhaustion and a loss of motivation to follow recommended health protective behaviors (Badre, 2021; Cline, 2020).

- Acknowledge the effects of additional situational and environmental stressors due to the pandemic, such as unemployment, economic losses, social isolation, and added responsibilities such as caring for children and family members while working from home (Tucker & Czapla, 2021).

10. Honor the Group Journey

- Emulate Yalom's therapeutic factors of altruism, catharsis, cohesion, family reenactment, feedback, hope, identification, interpersonal learning, reality testing, role flexibility, universality, and vicarious learning (APA, n.d.).

- Believe in the power of connecting virtually with group members, and encourage members to do the same (Stoll, 2020).

- Be mindful of how shared experiences of adapting to the group's virtual setting can build group cohesion and trust. Explain that the experience may feel different from in-person sessions and normalize the fact that it may take time for everyone to adjust (CTAC, 2020).

- Be honest, vulnerable, and genuine (Meyers, 2017).

ASGW hopes that group worker(s) will find this document helpful in their journey facilitating virtual groups. Group workers are encouraged to use the strategies contained in this document, as well as refer to other available resources such as the Association for Counselor Education and Supervision's "COVID-19 Counselor Education and Supervision Resource List", located at: https://cdn.ymaws.com/www.csi-net.org/resource/resmgr/publications/CSI_ACES_Resource_List.pdf (Tapia-Fuselier et al., 2020).

Please also refer to the next two pages of this document for information on HIPAA-compliant telehealth platforms available for videoconferencing.

HIPAA-Compliant Electronic Health Record Platforms

Here is a list of some top-rated HIPAA-compliant EHR platforms, with available features, that can be used for group work (Capterra, n.d.; Fang, 2020; Kent, 2019; Online Therapy, n.d.).

Features:	VTConnnect	Doxy.me	Vsee	Thera-Link	Wecounsel	Simple Practice	Thera-Nest	MyChart
HIPAA	X	X	X	X	X	X	X	X
BAA	X	X	X					
Group sessions	X	X	X	X		X	X	
Encrypted private messaging	X			X	X	X	X	X
Live chat	X	X						
Virtual waiting room			X	X				X
Cross-platform compatible	X		X					
Electronic billing	X		X	X	X	X	X	X
Appointment scheduling			X	X	X	X	X	X
E-Prescribe software							X	X
E-Signature document sharing	X				X			
Note function	X			X		X	X	
File sharing				X		X		X
Mobile friendly (may require app)		X	X		X	X	X	X
No download required		X	X		X	X		
Screen share			X			X	X	
Intake forms			X		X			
Live support	X					X		
Client profile				X				
Client portal						X	X	X

HIPAA-Compliance for Zoom, Microsoft Teams & Google Meet

Features:	Zoom	Microsoft Teams	Google Meet
HIPAA	X	X	X
BAA	X	X	X
Group sessions	X	X	X
Encrypted private messaging		X	X
Live chat	X	X	
Virtual waiting room	X	X	
Cross-platform compatible			
Electronic billing			
Appointment scheduling		X	
E-Perscribe software			
E-Signature document sharing			
Note function			
File sharing		X	
Mobile friendly (may require app)	X	X	X
No download required			
Screen share	X		
Intake formas			
Live support			
Client profile			
Client portal			

Zoom, Microsoft Teams, and Google Meet are not HIPAA-compliant by default. All three services require a signed business associate agreement (BAA), and there may be additional restrictions involved (Zoom, n.d.; *HIPAA Journal*, 2019; *HIPAA Journal*, 2017).

Zoom requires an additional package purchase to be used as a HIPAA-compliant healthcare platform (Zoom, n.d.). All default features are available to use after purchase.

Like Zoom, Microsoft Teams also has a separate package for healthcare professionals through their Microsoft Teams EHR connector (Microsoft, n.d.). Microsoft provides advanced security with their Tier-D compliance category, which requires the signed BAA (*HIPAA Journal*, 2019).

Lastly, Google Meet requires a package purchase of their business starter plan, and there are additional restrictions on G-suite use to remain HIPAA-compliant (*HIPAA Journal*, 2017).

For instance, secure messaging for Gmail is available with the G-suite account, but not free accounts (*HIPAA Journal*, 2017). For more information on ensuring HIPAA compliance with Google Meet, please refer to the 2017 article, "Is G Suite HIPAA Compliant?", by the *HIPAA Journal* located at the link below:

https://www.hipaajournal.com/g-suite-hipaa-compliant/

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Association for the Specialists in Group Work

The Association for Specialists in Group Work was founded in 1973 as a division of the American Counseling Association. ASGW exists so that members and other helping professionals are empowered with the knowledge, skills, and resources necessary to practice effective, socially just, and ethical group work in a diverse and global society.

For ASGW membership information, please visit https://asgw.org/membership/