VIRTUAL GROUP THERAPY

Evidence summary for child and youth mental health service providers

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Overview

The COVID-19 pandemic has required providers of community-based child and youth mental health services to shift rapidly from offering in-person services to delivering virtual care. As of February 2021, child and youth mental health agencies are integrating virtual care options into their regular suite of services. This shift enhances access and ensures a good match between service options and the needs and wants of a young person or family.

In a recent evaluation of the sector's transition to delivering virtual care, young people and families reported that their experiences were positive overall (Danseco et al., 2020). In many cases, young people and families found that virtual services were more convenient to access than in-person services, since they no longer had to plan for childcare or travel to and from appointments. This finding is consistent with other studies showing that virtual care can reduce barriers for in-person services (for example, Banbury et al., 2018; Gentry et al., 2019).

Young people report feeling more comfortable and open with clinicians when using virtual care when compared to in-person therapy (Danseco et al., 2020). These findings are consistent with growing evidence in virtual group therapy involving adults, which shows that some adults prefer virtual interaction compared to receiving in-person services (Banbury et al., 2018).

Organizations in Ontario's community-based child and youth mental health sector are excited by the opportunities offered by virtual group therapy. However, several barriers prevent widespread uptake. According to anecdotal evidence, counsellors lack knowledge about how to conduct virtual group therapy and are less comfortable using virtual platforms for group sessions. At the broader organizational level, barriers to virtual care include:

- a lack of access to stable internet connections.
- concerns related to privacy and confidentiality.
- challenges with building relationships with children, young people and families.
- difficulties engaging with younger children.

To encourage agencies to move toward offering virtual care as an option, more guidance and support are required to address some of these barriers.

The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) has reviewed the latest evidence on the implementation and effectiveness of virtual group therapy for children and young people. Here, we share the specific questions and search strategy that guided this review and present a summary of our findings, practice considerations and areas for future work.

Methodology

Research questions

1. What does the evidence tell us about how to deliver virtual group therapy for children and young people with mental health challenges? What are its benefits and how effective is it?
2. What are some common challenges of delivering virtual group therapy?

Search strategy

This document is based on a review of literature gathered through:

- a rapid, non-systematic search for peer-reviewed research literature.
- grey literature.
- practice guidelines focused on virtual group therapy.

The search was completed in November 2020. It was informed by consultations with three community-based clinical managers who shared insights about practice considerations in conducting virtual group therapy in child and youth mental health agencies. Where relevant, we have integrated information from these consultations into this report.

A Boolean search term was used to search databases: (virtual OR online OR digital OR electronic OR technologic* OR e-mental OR tele*) AND (group) AND (therapy OR treatment) AND (mental OR psychiatric OR psychological OR behavioural) AND (health OR wellness) AND (child OR youth OR young) NOT "virtual reality."

Databases used include MEDLINE, EMBASE, PsycINFO, Cochrane Library, PubMed, and Google Scholar. Articles were included based on:

- research and documents published between the years 2000 and 2020.
- literature available in English.
- studies available in full-text format.
- resources including book chapters, single studies, directive documents, guidelines, full systematic reviews (or review derived products such as overviews of systematic reviews) and rapid reviews.

The review did not draw from evidence from webinars and blog posts.

Inclusion criteria

- synchronous (real-time) virtual group therapy or treatment groups (video, phone)
- group sessions facilitated or mediated by a therapist or support worker
- hybrid (blended) models that include both in-person and virtual group therapy

Exclusion criteria

- asynchronous group therapy (email, message boards, other)
- unmediated groups
- peer support groups

Findings

Evidence on how to deliver virtual group therapy for children and young people with mental health challenges

Research on synchronous (real-time) virtual group therapy for children and young people is limited. However, we were able to locate two studies on the use of virtual group therapy for parents or family members of children or young people with Autism Spectrum Disorder (Hao et al., 2020; Pennefather et al., 2018) and one on children with relationship issues within the family (Hicks & Baggerly, 2017).

In these studies, children and young people involved in virtual group therapy experienced a reduction in autism symptomology (Hao et al., 2020), including behavioural symptoms (Pennefather et al., 2018). Parents experienced less stress related to their child's autism symptomology (Pennefather et al., 2018) and improved relationships with their children (Hicks & Baggerly, 2017).

These findings indicate that virtual group therapy has the potential to not only decrease negative emotional responses, but also foster better relationships between children and young people and their families.

One of the benefits of virtual group therapy is having a larger client pool, which may positively affect anonymity (Weinberg, 2019a). Another benefit is increasing accessibility for those who may face barriers to in-person services (Banbury et al., 2018). There are, however, several issues with this body of knowledge: methodological limitations such as the absence of control groups and small sample sizes (Gentry et al., 2019); a lack of differentiation between text-, telephone- and video-based virtual group therapy (Weinberg, 2020); few studies that examine real-time virtual group therapy; and little evidence to support blended group therapies that combine real-time virtual and in-person therapies.

In-person group therapy for children and young people

The effects of in-person group therapy have been studied extensively in children and young people. Studies show, for example, that group therapy is used to develop psychosocial skills (Venter & Uys, 2019), reduce mood dysregulation challenges (Sharma et al., 2017; Waxmonsky et al., 2016) and reduce borderline personality disorder symptomology in adolescent girls (Bo et al., 2017).

Effectiveness of virtual group therapy

As we stated earlier, there is limited information available on how virtual group therapy compares to in-person group therapy for children and young people. However, some insight can be gained from studying virtual group therapy in family contexts and in adult populations.

Family (or parental) virtual group therapy. Group family therapy has been found to be effective for young people experiencing various mental health challenges (Lavell et al., 2016). Evidence supports the use of virtual group therapy for parents of children who have received a diagnosis on the autism spectrum. For example, Hao and colleagues (2020) compared in-person and virtual group therapy for parents of children between the ages of 1 and 10 on the autism spectrum. The study found similar outcomes, including improvement in autism symptomatology, with children using more words or initiating more conversations. Parents and caregivers who participated in a virtual manualized Autism Parenting Program reported a reduction in stress, an increase in knowledge and a decrease in behavioural problems with their children (Pennefather et al., 2018).

Evidence indicates that virtual family therapy may be beneficial for children who struggle with relationships within their family. For example, Hicks and Baggerly (2017) found that virtual group therapy for parents of children between the ages of 3 and 10 helped improve family relationship dynamics. These results are promising, but the study sample was quite small and lacked a comparison group, which limits the ability to generalize the findings.

Adult virtual group therapy. Khatri and colleagues (2014) found that anxiety and depressive symptoms may be reduced as effectively in virtual group therapy as in-person group therapy, when using cognitive behavioural therapy. Similarly, a systematic review showed that adult virtual group therapy and group psychoeducation had a positive impact on both knowledge and skills, including those related to mental health (Banbury et al., 2018).

Even with similarities in treatment outcomes, virtual group therapy differs from in-person group therapy in one notable area. Gentry and colleagues (2019) found that group processes, such as alliance and cohesion, were weaker in virtual environments. However, the studies reported no impact on outcome measures, suggesting that even though group process may differ between virtual and in-person group therapy, virtual group therapy may be just as effective (for example, Khatri et al., 2014).

Though there has been more study of virtual group therapy in adult than child and youth populations, the limited evidence on individual differences and conditions well-suited to virtual group therapy has been mixed. Vaimberg and Vaimberg (2019) suggested adults experiencing phobic characteristics prefer virtual care, but those exhibiting paranoid characteristics can experience difficulty interacting in virtual therapy. Lal and colleagues (2015) found that, in their

sample of young adults (18-35 years old) with first-episode psychosis, the majority were highly receptive to using a mix of virtual media as part of their mental health care.

Adapting in-person group therapy to virtual formats

In-person group therapy for children, young people and families is effective in many different situations (Bo et al., 2017; Lavell et al., 2016; Sharma et al., 2017; Venter & Uys, 2019). Given the scant evidence available to guide decisions about adapting in-person therapy to virtual formats for children and youth, below, we draw from our consultations with practitioners to highlight considerations.

Our consultations with clinicians from child and youth mental health agencies identified cases where a virtual approach to group therapy may not be optimal. Privacy can be difficult to maintain during virtual group sessions where young people participate within the family home. Consequently, therapeutic groups that focus on relationships within the home environment (for example, supporting children through a parental divorce or separation) may not translate well to a virtual platform. Clinicians also cautioned that some children and youth (for example, those presenting with hyperactivity or attentional challenges) may require extra support to engage in online group therapy for a sustained amount of time. In a review of outpatient experiences with telepsychiatry during COVID-19, Chen et al. (2020) echoed this.

In our consultations, clinical managers suggested that organizations hoping to shift to virtual group care might start with sessions that are psycho-educational or focused on other non-therapeutic areas. Using this approach can enable staff to pilot the technology and adapt to a virtual format in lower-risk settings before providing deeper therapeutic care. Evidence supports the use of virtual platforms for psychoeducational groups and social support in adult populations (Banbury et al., 2018; Gentry et al., 2019).

Strategies for delivering virtual care

Agencies need to consider several factors when exploring, planning for, piloting or continuing virtual care. Key areas include consent to treatment (outlined by the College of Physicians and Surgeons of Ontario, 2020 and the Ontario Telemedicine Network, 2017) and providing training for counsellors engaged in virtual care (Kozlowski & Holmes, 2017).

Consent to treatment covers in-person care but does not cover the use of virtual services. Counsellors will need to obtain client consent for using virtual platforms as well as for group therapy. The Ontario Telemedicine Network (2017) and the College of Physicians and Surgeons of Ontario (2020) provide clear guidance on collecting consent to virtual care, including consent for virtual group therapy.

Training clinicians to provide virtual services requires a fresh approach. Among therapists who have shifted quickly to providing virtual service in response to the COVID19 pandemic, feelings of self-doubt and self-efficacy have been noted as common concerns (Békés & Aafjes-van Doorn, 2020). It is important for an organization to assess the training and capacity-building needs of staff when opting to shift to virtual care, and to ensure that these supports are in place.

Kozlowski and Holmes (2014; 2017) have published literature on training master's-level counselling students to deliver effective virtual group therapy. In their studies, the training groups had up to six trainers giving students the one-on-one attention they needed. The training included specific attention to ethics, professional mandates and legal issues related to online counselling. Live, in-person supervision was also included, which enabled staff to receive timely and constructive feedback. They also highlighted the importance of ensuring that students had experience in delivering group therapy in person before moving these skills to a virtual platform.

Dealing with common challenges when delivering virtual group therapy

Accessibility and equity

Even though virtual services have been shown to improve accessibility (Banbury et al., 2018), it is important to remember that virtual care may not be appropriate for every situation.

For example:

- Online group therapy may require the use of assistive devices or alternate formats for individuals with disabilities (Kozlowski & Holmes, 2017).
- People may not have access to a computer, tablet, smartphone or another device to connect them to the group (Kozlowski & Holmes, 2017) and may need support to overcome this barrier.
- People may not have access to the internet, which disproportionately affects rural and northern communities, racialized individuals and those with low socio-economic status.
- Individuals who experience language barriers may require additional support, such as an interpreter (Health Quality Ontario, 2020).

These challenges are key barriers for staff, young people and families. Again, we can find some guidance in the literature related to adults in virtual care settings. In a systematic review, Banbury and colleagues (2018) found that, in general, no barriers were encountered using the technology itself, although there were some technical challenges with audio and video. The review found that providing support to staff and clients helped to overcome these challenges.

- Support for staff included training (face-to-face, tutorials, instructions), resources (manuals or guides), and IT support during the group sessions.

- Support for clients included familiarizing clients with virtual group therapy. The review suggests that this training enhanced clients' ability to access virtual group services and enabled clients to overcome low levels of digital literacy.

Privacy, confidentiality and safety

Safeguarding privacy and confidentiality is critical in virtual group therapy sessions. All participants play a role in ensuring a safe space, and clinicians need to provide guidance for how to do so.

The literature on virtual care and virtual group therapy provides suggestions on what needs to be considered when it comes to environment and process.

- Young people and families should be in a secure, private space (Smith et al., 2020) and service providers should be in a private, noise-free room and wear headphones to make sure they are not overheard (Kozlowski & Holmes, 2017).
- Clinicians should make sure clients understand that the meeting is only for those who are part of the group, and that meeting links and passwords should not be shared with others (CAMH, 2020).
- Service providers facilitating the session should verify the identity of each participant in the group (Humphreys et al.,2000).

Clinicians and clients are encouraged to create and follow a code of conduct that guides their behavior and considers the unique issues of virtual sessions (Weinberg, 2019b). For example, some individuals might be more willing to engage in negative behaviours online than they would in person, called the 'disinhibition effect' (Colón & Stern, 2011). To prevent this from happening, the group could establish a general rule that states, "if you wouldn't say this in person, don't say it virtually." Codes of conduct for virtual sessions could be adapted from agreements for in-person sessions.

Weinberg (2019a) suggested that having individuals from various geographic locations participate in virtual group therapy may increase anonymity in group settings, as individuals in smaller communities can connect with others who they would not otherwise be able to see in person.

However, the opportunity to expand the geographic boundaries of a group has its own challenges. If access to virtual group therapy sessions is unregulated, clinicians may have difficulties addressing emergencies as they arise, and little recourse to follow up or check in with participants if needed (Humphreys et al., 2000).

Creating a therapeutic environment

Creating a therapeutic environment can be challenging in virtual groups, as outlined by Kozlowski and Holmes (2014). Examples of issues include:

- challenges with the format (which can easily devolve to more of a question-and-answer dynamic between the facilitator and group members, which can then impact the dynamic of the group)
- an increased awareness of the therapeutic space and environment among group members, which may limit members' comfort
- feeling that the space lacks authenticity
- challenges feeling comfortable with other members
- disconnection from the virtual group

To overcome these challenges, counsellors can make intentional efforts to:

- give more time for participants to engage, such as when conducting introductions or when speaking to each other (Kozlowski & Holmes, 2017).
- limit the group to four participants or have two facilitators if there are more than four (CAMH, 2020).

The therapeutic environment is influenced by the facilitator. The role of the facilitator should be clearly outlined, with all group members aligned on a common understanding of what the role of facilitator entails (Humphreys et al., 2000). Weinberg (2019b) noted that in virtual groups, the facilitator tends to be the 'center' of communication. To minimize this dynamic, facilitators need to encourage group members to engage and promote connection between participants.

Conclusion

The literature on virtual group therapy for children and young people is in its infancy, with most studies focused support for parents and caregivers (Hao et al., 2020; Hicks & Baggerly, 2017; Pennefather et al., 2018).

Findings from studies on the use of virtual group therapy for parents or family members of children or young people with Autism Spectrum Disorder show that virtual group therapy has the potential to not only decrease negative emotional responses, but also foster better relationships between children and young people and their families (Hicks & Baggerly, 2017; Pennefather et al., 2018).

In implementing virtual care, it is important to consider consent (Ontario Telemedicine Network, 2017), along with training and capacity-building (Kozlowski & Holmes, 2017) to ensure counselors are equipped with the necessary skills and feel comfortable providing care in a virtual setting.

In considering virtual care for young people, we can draw more insight from what we know about virtual group therapy for adults. Virtual group therapy was found to be as effective as in-person therapy in several studies with adult populations (for example, Banbury et al., 2018). In addition to looking at the effectiveness of group virtual care, it would be important to also consider where this modality may not be a good fit for an individual's needs.

The challenges of virtual group therapy need to be overcome for it to gain widespread adoption. Challenges include concerns related to accessibility (Kozlowski & Holmes, 2017), privacy and confidentiality (Smith et al., 2020) and the creation of a therapeutic environment (Kozlowski & Holmes, 2017).

At present, the suggestions on how to mitigate these barriers have received only preliminary support. More research is required to determine the best practices for virtual group therapy for children and young people.

Additional resources

The Centre has focused on supporting agencies in their shift to virtual care services due to the COVID-19 pandemic and has evaluated agency experiences in shifting to virtual services. Here are some resources that have been developed to inform the implementation of virtual care.

- A list of considerations for evaluating e-mental health services: Evaluating and improving e-mental health services: A guiding framework for evaluating e-mental health services.
- Findings from an evaluation of agency and client experiences in transition to virtual care: Transition to virtual care: An evaluation of changes to child and youth mental health service delivery in Ontario in response to COVID-19.
- The Centre is also working on guidelines for virtual walk-in services, available in 2021.

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