Introduction

These top tips intend to support practitioners specifically with the required practical and digital adaptations to deliver group interventions.

These guidelines have been developed during the Covid-19 pandemic. Digital group interventions may address some of the ongoing challenges in delivering group work in the current online world (when government recommendations of social distancing and mask wearing are in place). However we have written these guidelines to continue to be applicable and relevant for post Covid-19 ways of working.

Group interventions can take a number of forms including long term therapeutic groups, psycho-educational groups, one off workshops and drop in spaces, all of which will impact upon their structure, delivery and number of participants. Therefore, this document focuses on practical matters and does not address clinical considerations in depth. We aim to supplement rather than replace the clinical knowledge of face-to-face group facilitation, and so please consider this ‘practice tips’ document alongside your own service guidelines and processes.

Currently, there is little research in the area of digital group interventions. However, there are a number of books which touch on the considerations mentioned in this document.

These guidelines have been intentionally created to be as broad as possible: identifying common challenges when delivering group interventions, providing practice tips and considerations and questions to reflect upon regarding digital adaptations for delivering safe, contained and effective group interventions.
These guidelines have been structured according to the process of:

- Group preparation
- Group structure and security
- Group delivery
- Virtual endings.

**GROUP PREPARATION**

Group preparation is the first and perhaps the most important stage to think through to support you in managing difficulties that might come up through running the group.

**IDENTIFYING PARTICIPANTS AND ASSESSMENT FOR SUITABILITY**

A thorough individual assessment for suitability should be completed by a group facilitator or member of support staff, so appropriate adaptations can be made and reviewed throughout the group if necessary.

Social differences continually influence the process of therapy and learning. The Social GRRRACCEESS is an acronym that can assist practitioners to actively consider the factors of: Gender, Race, Religion, Age, Ability, Class, Culture, Ethnicity, Education, Sexuality and Spirituality (Burnham et al., 2008). It is important to note that practitioners should not automatically assume that digital interventions will not be suitable for an individual due to these factors or other identified difficulties. While digital exclusion is a problem for some, it is not the case for all of those in these groups, so suitability assessments and adaptations should strive to be as inclusive as possible.

This is in line with a number of digital guidelines from other sources (See APA).

**PRACTICE TIPS AND CONSIDERATIONS**

- **Access to the appropriate technology**
  - Are group participants able to access the needed online platforms or web-browsers, what software do they have, do they have headphones, is their internet connection reliable?

- **Access to the appropriate environment to complete the group**
  - Confidentiality (private space), in a quiet location, is there the possibility of domestic abuse where someone might be off camera monitoring, controlling or of someone overhearing?
  - This is especially important in group interventions where the privacy and confidentiality of other group members is vital.

- **Factors that may impact the person’s ability to access the group**
  - Language, literacy, vision, hearing, substance use difficulties, socio-economic factors such as access to technology and wifi, living environment.
  - Risk issues: dissociation, risk issues towards self or others.
**QUESTIONS TO REFLECT UPON**

- Do the facilitators or support staff have an adequate level of understanding of the requirements of the digital group and the potential participants, to complete a thorough assessment for suitability?

- If so, do they have a systematic approach to use to do this?

- Have issues of digital exclusion been considered?

- How will each of the Social GRRAACCEESS (Burnham et al., 2008) impact accessibility to the group?

- What steps can be taken by the service to improve accessibility?

- If there are factors that mean that the person can’t access the group, what will the alternative be?

- How can the service/practitioner support clients to access the appropriate technology and internet connection so that this does not exclude their access to the group? This might mean supporting the learning of skills that improve the usability of technology for that client or referring to someone who can help them with this.

**GROUP STRUCTURE AND SECURITY**

We recommend that practitioners thoroughly familiarise themselves with all the functions of the platforms they will be using to deliver the groups. This will help them to aid the learning of their group participants, who might be using it for the first time. Each service will have their own guidance on online platforms so please follow that.

Most platforms will have helpful guides and videos which can be sent to participants to help them prepare for using the platform for the group.

- [Help with Zoom](#)
- [Help with Teams](#)

**PRACTICE TIPS AND CONSIDERATIONS**

- The length of sessions – consider problems such as screen fatigue, breaks, as longer sessions will take more concentration.

- The group number – it is important to have every participant visible on the screen at all times. This can vary from platform to platform. We have generally found that anywhere between 6–10 is a good number for therapeutic groups.

- The number in psycho-educational groups might be larger so it may be helpful to consider using breakout room functions with multiple facilitators each attending a separate room with a small group of delegates.

- Remember the more people in the group, the greater the bandwidth requirements.

- If possible, try to have two facilitators. This means that one facilitator can focus on the running of the group and another can be on hand to help with technical issues in the background.
• Security and meeting links are important. If you use the same link every week, consider using passwords and waiting rooms to keep the attendance secure. It is recommended that you keep a list of the expected attendees so you can check it against those in your waiting room. If you use a different link every time, this should be sent in advance to participants. However, please ensure you don’t send a bulk email with all the attendees email addresses visible, unless they have consented beforehand to have their email shared with the group.

**PRE-GROUP COMMUNICATION**

We suggest having a standardised pre-group individual meeting or written communication to send/give to your participants, for example, welcome email and frequently asked questions. This will help to reduce confusion and ensure all participants have all the information they will need. For example:

• How to set up and access the link, what to do in the event of technical issues.

• Group boundaries and expectations e.g. lateness or interpersonal factors that might impact upon the rest of the group.

• We recommend you read the BPS guidelines on practitioner top tips and send your clients the patient top tips.
  
  – Effective therapy via video: Top tips
  
  – Top tips for psychological sessions delivered by video call for adult patients.

• Consider how you contract for the group; you might want to adapt your face-to-face group contract to include a section on digital considerations. This might be completed in the assessment for suitability, but it is important to take the time to explore any issues that might come up in the group on an individual basis.

**RISK MANAGEMENT**

To prepare for the possibility that someone becomes distressed during the group, explore in their assessment what the follow up would be and how you manage that, for example, an individual contract, agreement about safety and involvement of other services.

For the possibility that participants become distressed following a group, ensure they have out of hours contacts and perhaps contacts for charities which support people 24 hours.

**GROUP DELIVERY**

**Orienting to technology**

• Consider an orientation session (describing the main features, provide opportunities to practice and problem-solve together any issues).

**Agreeing group expectations and boundaries at the beginning of a group**

• Complete group guidelines together at the beginning of the group and review each week.

• Review and reflect upon interpersonal dynamics specific to the group and how these impact upon group containment and safety.

• Be clear on boundaries for example use of the mute button and chat function.

• The association for counselling and therapy online have published a useful blog regarding maintaining boundaries when working online.
QUESTIONS TO REFLECT UPON

• How will you manage the interpersonal dynamics of a group, which can be altered by the virtual environment? Remember that it is harder for group members and facilitators to pick up on social cues.

• How will you gently manage group members who dominate the discussion? Just because a facilitator can mute group members, should we do this?

• How can you sensitively encourage quieter group members?

• Should members use the mute button in between their sharing, or should the group strive to have the mute button off to encourage smoother dynamics in the discussion?

• When should the chat function be used in groups, to share resources, or send messages? Be aware some platforms allow group members to message each other privately.

• How is it different having everyone in view on the screen at all times but being physically distant as opposed to being in a face-to-face group where everyone is in one room, but might not be looking at each other?

TIPS TO ENHANCE PARTICIPATION

• Encourage group members to give feedback about the process of doing a group online, building a collaborative problem-solving atmosphere.

• Consider contacting group members who appear to be struggling with group participation, to see if there are any further adaptations that can be made.

• If screen-sharing for psycho-education elements, ensure you end screen share when these aren’t being actively used, so that group members can see each other better.

VIRTUAL ENDINGS IN GROUP THERAPY

Ending each group session

• Review self-care and safety at the end of the group and consider the need for any follow-up after the group session.

• The importance of check in and check out when facilitating remote groups due to the difficulty in picking up on body language and cues.

• What would you do if a client terminated a group session mid-session, especially following a disclosure of plans or intentions to harm themselves or others?

• How do you manage the anxiety of the group if someone has presented as at risk? How do you ensure other group members don’t feel responsible for the safety of each other?

The final ending of group therapy sessions

• Consider how the ending of the group might impact upon the participants, for example, if they feel they have come to depend on the support and safety of the group.

• How can you help the group to access other social support mechanisms?

• Taking time as a group to think together about how to mark the ending online?
FINALE TIPS

- Keep abreast of the evidence base.
- Be kind to yourselves – online therapy is a process of learning for everybody involved!

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APPENDIX


The APA has Guidelines on group therapy provide a summary of the main essential components of facilitating group therapy. These guidelines should be read in conjunction with these additional recommendations.

www.apadivisions.org/division-49/publications/newsletter/group-psychologist/2011/04/group-procedures

www.digitalhealthskills.com
www.bps.org.uk/coronavirus-resources
