Getting Group Going

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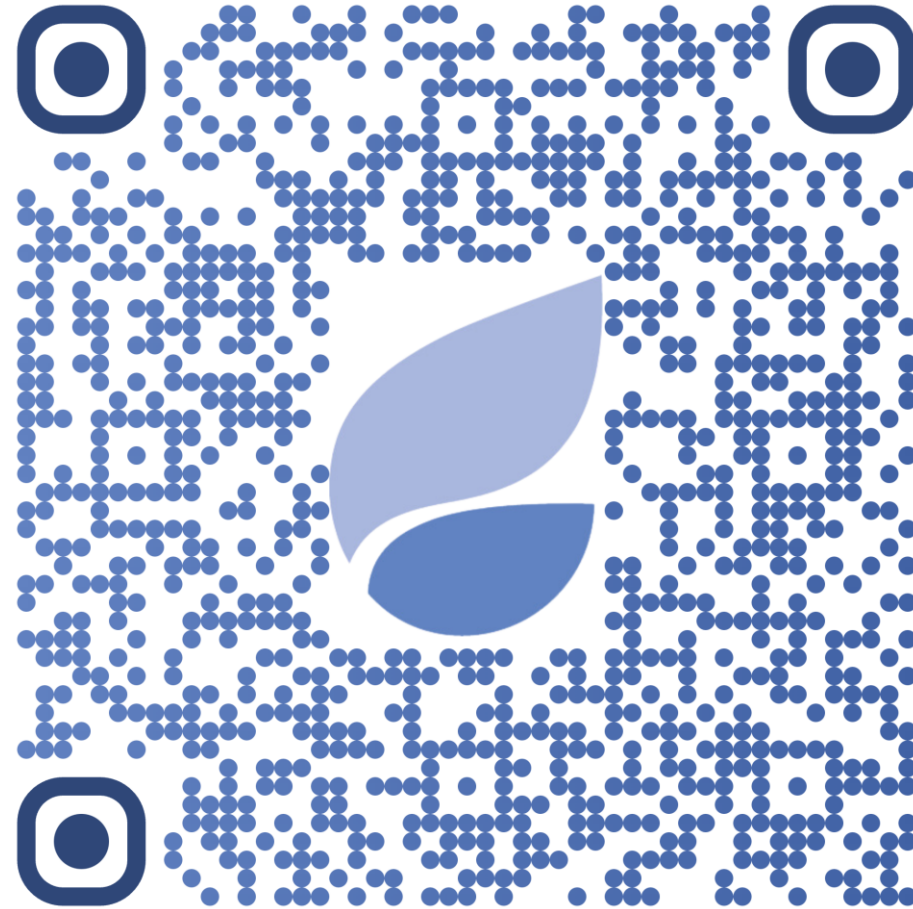
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Workshop Content

Scan QR Code below to access the workbook

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https://drive.google.com/file/d/1aF8leAxkoSrp
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Objectives

Participants will be able to:

1. Assess at least 2 barriers and 2 facilitators of group success including identifying/outreach to the target population, group space/digital platform, workflow, staffing, and clinic culture.

2. Articulate 2 factors that cultivate supportive group experiences and promote positive patient experiences.

3. Construct outlines for effective group curriculums targeting various substance use disorders.

4. Simulate and respond to common management issues that arise during group implementation.

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Workshop Roadmap

Establish a Group	Developing Group Culture	Building a Curriculum	Addressing Group Issues	Wrap-up & Reflection
Workbook p. 2	Workbook p. 3	Workbook p. 4	Workbook p. 5-7	Workbook p. 8
10 minutes	15 minutes	15 minutes	40 minutes	10 minutes

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Before we go any further....

Let's break up into groups!

Group-Based Care Model

- Group-based care is a patient-centered treatment model that can be used to provide treatment to patients with a shared chronic or acute illness

- Historically, group-based care has been used in inpatient addiction treatment settings, behavioral health/psychiatric care models, and community support programs

(Quiñones et al., 2014)
(Cunningham et al, 2021)
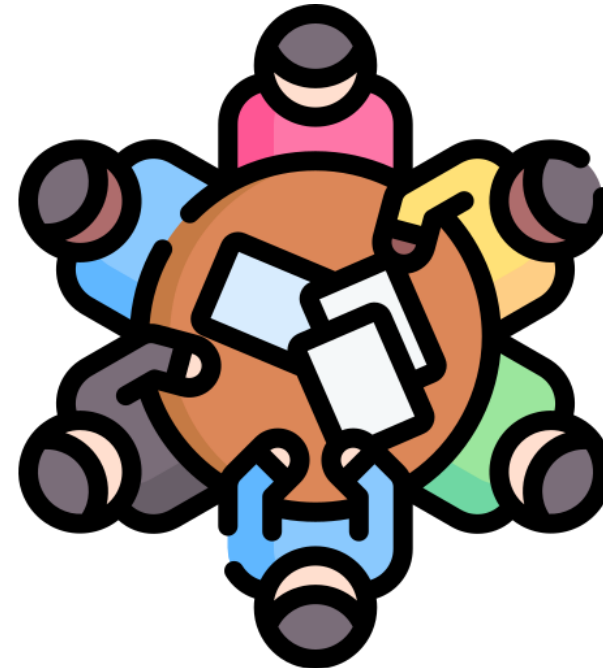
Group-Based Care Model

- Patient-centered model for managing patients with substance use disorders in the ambulatory setting

- Alternative approach to providing education and self-management techniques for chronic diseases

- Group-based care can improve access to medical and behavioral health treatment providers

Image: Group Flyer, Boston Medical Center, 2024

(Quiñones et al., 2014)
(Cunningham et al, 2021)

Benefits of Group Visits – Treatment Team

- Multidisciplinary team-based approach supports the medical home model and offers an alternative strategy to engage patients in treatment around their shared experience
  - Increase access to treatment
  - Offer timely treatment for new/current patients, particularly those with social determinant of health (SDH) barriers
  - Expand provider/clinical capacity
  - Increase time spent with patients during treatment episode
  - Opportunities for employing population health strategies
  - Increase billable time

(Quiñones et al., 2014)
(Cunningham et al, 2021)
(Thompson-Lastad, 2018)
(Cunningham et al, 2021)
(SAMHSA, 2023)

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Benefits of Group Visits – Patients

- Increase access to treatment

- Expand opportunities for education

- Increase opportunity for social connectedness

- Improve health outcomes

- Access to alternative strategies for education or intervention (e.g. acupuncture, reiki, art therapy)

- Provide structure for treatment engagement

Quotes from patients about group:

"Even if I miss all my appointments I can show up to group and get seen. Oh, and have a coffee."

"Group is the one time the attention isn't all on me. It's on us."

(Quiñones et al., 2014)
(Cunningham et al, 2021)
(Thompson-Lastad, 2018)
(Cunningham et al, 2021)
(SAMHSA, 2023)

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Establishing a Group

Assessing barriers & facilitators of group

Considerations for Implementing Group Visits

- Goal of the group

- Patient population

- Platform (in-person, hybrid, virtual)

- Space

- Workflow the day of group

- Scheduling

- Billing

- Structure of group

- Members of clinical team

- Resources & patient supplies

(Sokol et al., 2019)
(Sokol et al., 2020)
(AAFP, 2020)

Establishing Group Purpose

- Identify the needs of your patient population to develop group goal
  - Examples: Medications for addiction treatment, infectious disease screening/ treatment, integrating alternative treatment methods (e.g. art, acupuncture)

- Identify the needs of your healthcare team
  - Examples: Scheduling limitations, limited provider access, accommodating walk-in patients

- Consider what you can accomplish in a group setting versus an individual visit

(Sokol et al., 2019)
(Sokol et al., 2020)

Patient Population & Platform

- Group may stratified by…
  - Age
  - Gender
  - Substance or severity of use
  - Co-occurring psychiatric or medical condition
  - Provider panel
  - Topic or Intervention
- Platform for engaging patients
  - In-person
  - Virtual
  - Hybrid

(Sokol et al., 2020)

Photograph from BMC START Program of group space

Workbook Break

Turn to page 2 of your workbook.

Using the **Barriers & Facilitators Worksheet** brainstorm about starting a group in your practice setting

WORKSHEET: BARRIERS & FACILITATORS OF GROUP

Recognizing benefits or facilitators of group visits and identifying barriers or challenges to implementation is helpful in navigating development of outpatient groups.

Barriers
What are logistical or administrative challenges you anticipate in group implementation? (examples – space, resources, staffing, leadership support)

What factors would prevent patients from engaging in group?

What are areas that you or your clinical team may need additional support?

Facilitators
What concrete resources exist in the clinic already that could facilitate groups?

Who on your team would be good at recruiting or engaging patients?

How does your clinics culture already facilitate close relationships with patients?

Developing Group Culture

Building community guidelines to cultivate positive group experiences

Building Community Guidelines & Group Culture

- Structure of group
  - Open or closed group
  - Walk-ins or scheduled

- Community Guidelines
  - Group culture or boundaries for cultivating safe and supportive group environment
  - Establishing patient-centered community guidelines
  - Boundaries to maintain confidentiality and safety
  - Promote engagement in group
  - Vary based on group-specific activities or goals
  - May be created in collaboration with patients

Group Culture

We will work together to create a safe and supportive group culture based on these shared boundaries:

- What we say here, stays here
- Share the floor & listen to others
- Provide support for each other
- Silence phones
- No vaping in group
- Try to arrive on time
  - If you come late, enter quietly

We will start group by:
- Signing in
- Picking a group leader to start check-in, review group culture and pick topic
- Check-in with our name and if there is anything I want to talk about today

(Cavallo et al., 2024)
(Sokol et al., 2019)
Image: Group Culture, Boston Medical Center, 2023

Workbook Break

Turn to page 3 of your workbook.

Using the **Group Guidelines Worksheet** brainstorm with your small groups.

WORKSHEET: GROUP GUIDELINES

Developing community guidelines helps to ensure you achieve the goal of your group by promoting a safe and supportive environment for patients and the clinical team.

We will work together to create a safe and supportive group culture based on these shared boundaries:

1)

2)

3)

4)

5)

When we encounter challenges in group, we agree to...

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Building Group Curriculum

Creating a curriculum to achieve group goals

Creating Group Curriculum

- Build a group curriculum to support your goal
  - Set curriculum or evolving
  - Existing or unique/developed for your site
- Interventions or activities
  - Examples: art therapy, acupuncture, STI screening, mindfulness exercises
- Supplies to support curriculum and patient engagement
- Patient handouts or resources
- Snacks or Beverages

(Cavallo et al., 2024)
(Sokol et al., 2019)
Image: Languages of Color, Art Group, Boston Medical Center, 2024
Image: Group supplies, Boston Medical Center, 2024

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Building Curriculum Activity

You are building a curriculum for a group in your outpatient setting for people injecting drugs.

Type of group: Harm Reduction

Structure: Open / drop-in

Number of weeks: 12

Now it is time to build our curriculum...

Workbook Break

Turn to page 4 of your workbook.

Use the **Curriculum Building worksheet** to note ideas from our discussion that may be helpful in building your group.

Getting Group Going Workbook

WORKSHEET: CURRICULUM BUILDING

Type of Group:

Facilitators:

Structure:

□ Open group   □ Closed group

□ Set curriculum   □ Evolving

□ Number of weeks: □ Continuous

Curriculum topics:

1.

2.

3.

4.

5.

Group Supplies:

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Addressing Group Issues

Anticipating group challenges and practicing response

NAVIGATING CHALLENGES

- Identify anticipated challenges

- Strategize how to trouble issues with workflow or patients

- Address reservations about group-based care

  - Staff concerns

  - Facilitator/provider reservations or anxiety

  - Patient resistance or stressors

- Plan to debrief following challenging patient scenarios or situations

- Continue to cultivate a supportive patient care environment

- Build recovery capital and skills
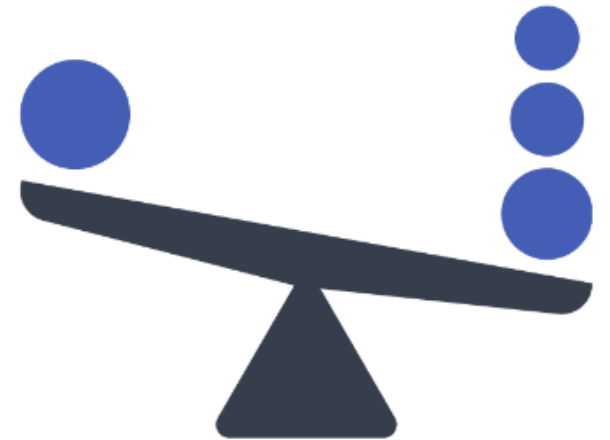
Practice, practice, practice!

Simulations are a good way to practice navigating some common (and not so common) issues in group.

In your small groups, simulation cases frame examples of various difficult situations that have occurred in groups. The goal is to assume roles and respond as if you are a facilitator or group member to practice this skill.

Time will be allotted to review lessons learned for each case.

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Workbook Break

Turn to pages 5-6 of your workbook for simulation cases.

After each simulation, take a moment to fill out the appropriate **Best Practices for Addressing Difficult Situations** worksheet on page 7.

WORKSHEET: BEST PRACTICES FOR ADDRESSING DIFFICULT SITUATIONS

Describe the challenges that came up in the different cases during the "Addressing Difficult Situations" simulation activity and associated strategies for maintaining the milieu of your group.

	Challenges	Interventions	Notes
Simulation A			
Simulation B			
Simulation C			
Simulation D			
Simulation E			

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Simulation Debrief

Simulations	Challenge	Examples of Interventions
Case A	Sharing the floor	• Open communication with facilitator guidance • Dedicated time for each individual to share experiences
Case B	Confidentiality	• Structured confidentiality agreement reviewed with group members • Process for managing issues with confidentiality among team
Case C	Resistance to group	• Model empathetic, active listening • Encourage open communication including "messy" emotions or experiences as a part of shared experience
Case D	Acute intoxication	• Assess symptoms and address safety with individual and remove from group if indicated • Assess group response and provide support
Case E	Medical emergency	• Provide medical intervention engaging members of the team • Determine who will continue group and who will manage emergency • Debrief with group members

Reflection

Share what you have learned during this workshop.

What are three steps you can take after you leave here to Get Group Going at your site?

WORKSHEET: GETTING GROUP GOING

What are three steps I can take after leaving this workshop to Get Group Going?

1. _____

2. _____

3. _____

Purpose of your group:

Target patient population:

Group space:

Clinical staff involved in group:

Supplies needed for group:

Anticipated schedule for group (e.g. days, times and staffing):

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