

Guidelines for Telehealth Group Counseling Services

CAPS is excited to be able to offer telehealth group counseling services. Please read this entire document, along with the consent form, to help you understand online groups, confidentiality, the risks and benefits of these services and ways to help safeguard you and your fellow participants.

CAPS is offering these groups not only in response to changes in services due to the COVID 19 pandemic, but because online therapy has been shown to be helpful for group participants. Not all people find online group treatment helpful so if you or your therapist has a concern, it is expected that you will communicate that concern with each other and alternative services can be explored. If another form of intervention is believed to be more appropriate for you, your counselor will work with you on referral to a more appropriate service.

Confidentiality and Privacy:

CAPS adheres to professional, legal, and ethical guidelines of confidentiality. Information about your sessions will be released by CAPS only with your signed consent to do so, unless otherwise authorized by applicable law including, without limitation, situations such as allegations of child or elder abuse, or risk of immediate danger or harm to self or others.

Group leaders will likely use email to make administrative arrangements for the group, such as setting up group meetings or receiving cancellation notices from group members. Email is not considered a secure method for sharing detailed clinical information with a counselor. Should you need to speak with a group facilitator counselor about clinical concerns please call the CAPS (402) 472-7450 and the front desk will assist you.

Group leaders will host group using Zoom for Healthcare which is a HIPAA compliant platform. Students participating in counseling/therapy groups contract with one another to hold in confidence the identity of group members and the content of sessions.

In order to help protect privacy online, the following is requested of group members:

1. Be in a private setting, alone and with the door closed.
2. Headphones/earbuds are recommended so that what group members are sharing is more protected.
3. Should someone enter your room alert your group members, immediately cover your screen and reduce volume to 0. If the disruption is not brief, you may need to exit the group until you are alone again. If you are unable to return to group before the end, please email your group leader to inform them of the reason you were not able to return to group.
4. Use a secure Wi-Fi/internet connection rather than a public or free Wi-Fi.
5. Group members and group leaders will not record or take screenshots of the sessions.
6. Group members will not disclose to anyone outside the group any information that may help to identify another member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.

Expectations during Group Sessions:

Some considerations for helping others experience your “presence” in group, and ways to help you feel the “presence” of others:

1. Please connect using both video and audio, unless you make prior arrangements with your group leader.
2. Try your best to eliminate distractions: put “do not disturb on your door,” turn off cell phone/phone.
3. Limit potential distractions such as children, email, pets etc.. during the group session.
4. Look at the screen/camera to show you are attentive.
5. If possible, sit at a desk with your device at face level.
6. If possible, use a larger screen than the size on a cell phone.
7. Dress and prepare for the group similarly to an in person group.
8. Refrain from using the chat feature on the platform and communicate directly with your group.
9. Sit with the light source behind your camera, so that your face is visible. Try to avoid sitting with your back to a window because they will lead to too much shadowing.

Remember that by moving to a technology-based service we will lose things we take for granted in an in-person format, such as non-verbal cues. Bandwidth can offer some additional disruptions and images can lack detail. There is room for misinterpretation by group leaders and group members. Please clarify with group leaders and peers if you feel misunderstood. Group leaders will also ask periodically for clarification.

If there are technological issues that disconnect you from the group session, please try to re-join the group. If you are unsuccessful in re-joining, please email the group leader to inform them of the reason that you had left the group.

Please remember that between group sessions if you find yourself in crisis, ProtoCall, our emergency service, will be available 24/7 and can be reached at (402) 472-7450, select option 4. You can access face-to-face emergency services by going to your nearest hospital emergency department or call 911.

Contact Information/Emergency Contact Information:

If you are interested in participating in a group, you will need to confirm the address where you will be at the time of the group session. Please provide your address to your group leader via ZoomHealth. Due to clinician licensing restrictions across state borders, you will need to physically be in Nebraska while you are attending group. Please alert your group leader if you are attending at a different location than originally stated for each group meeting, even if your location remains in Nebraska.

Your group leaders will also need to know the name and contact information of an Emergency Contact person for you. Please provide this information to your group leader via ZoomHealth. Should there be concern for your wellbeing, your Emergency Contact person may be contacted by your group leader. By providing that information, you are also providing permission to contact that person. In cases of Emergency, group leaders may also request a welfare check by your local safety department.

I have received, read, and understand these Guidelines for Telehealth Group Counseling Services.

Signature: _____

Name (Print): _____

Date: _____