



Unfolding the power of the digital world:

Launching online group counselling
in an Employee and Family
Assistance Program

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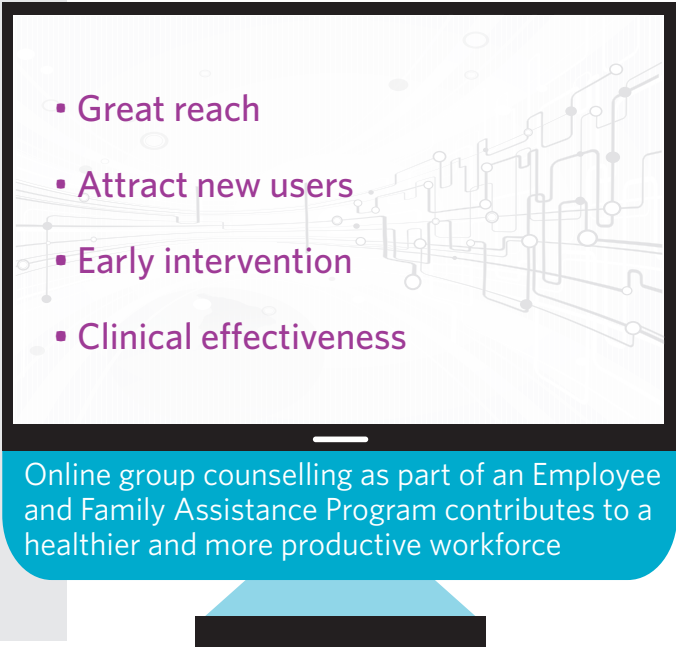
In the past, group counselling as an Employee and Family Assistance
Program (EFAP) service has not been a viable solution. Until now.

Business. Needs. People.

The digital world has touched almost every aspect of people's lives, at home and in the workplace. As creative minds continue to build technology-driven solutions, seemingly permanent barriers to information, products and services are crumbling. Such is the case in the area of EFAPs where the scope of services and access to those services has rapidly augmented, reaching a wider audience, including individuals that have not sought support in the past. The key to this growth is the convenience and anonymity that digital EFAP services give people; the freedom to express themselves, unaffected by stigma and/or location and access limitations.

Online group counselling is therefore garnering considerable attention. Accordingly, understanding the structure and practice of group counselling is important in determining it as an accessible and effective form of intervention. It is a method of support where multiple participants discuss their similar issue(s) with a counsellor in a group setting, based on the foundation that individuals benefit from having a shared experience. Group interactions allow participants to build relationships, receive feedback on how to meet goals and overcome challenges, and gain encouragement from others. When delivered digitally, users are able to anonymously access support via their smartphone, tablet, or computer, whenever and wherever they'd like.

Organizations who offer an online group counselling program as part of their EFAP can be considered trendsetters in the field of employee health and wellness. By providing another avenue for employees to access support, employers are able to reach more individuals seeking help, assist these individuals in getting the treatment they need, and even attract new users of company-provided EFAP services. All of this helps contribute to a healthier and more productive workforce.

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- Great reach
 - Attract new users
 - Early intervention
 - Clinical effectiveness

Online group counselling as part of an Employee and Family Assistance Program contributes to a healthier and more productive workforce

This paper will explore the current structure of group counselling, specifically programs that are built on the foundation of Cognitive Behaviour Therapy (CBT), and its effectiveness when delivered digitally through access to additional online resources. The digital construction of an atmosphere of anonymity for participants by protecting their identity is paramount to online group counselling success. While their identity cannot be recognized in the online group by members of their workplace or community, offline the facilitator must have tools to track each individual for ongoing progress and risk assessment. This paper also makes recommendations for further study considering the current demand for digital counselling solutions.

Current research on the clinical value of group counselling

With scientific research and theoretical development in group dynamics reaching as far back as 1895, the clinical value of therapeutic group solutions has been consistently proven. Among the findings, researchers have discovered that:

Group dynamics inspire confidence and validation in group members and encourage learning.

Individual members of a group influence each other's behaviour and thinking. Research suggests that groups derive their strength from the sharing of experiences and members can benefit from a safe environment where they experience emotional and mental support, self-assurance, understanding, validation, and encouragement from one another.

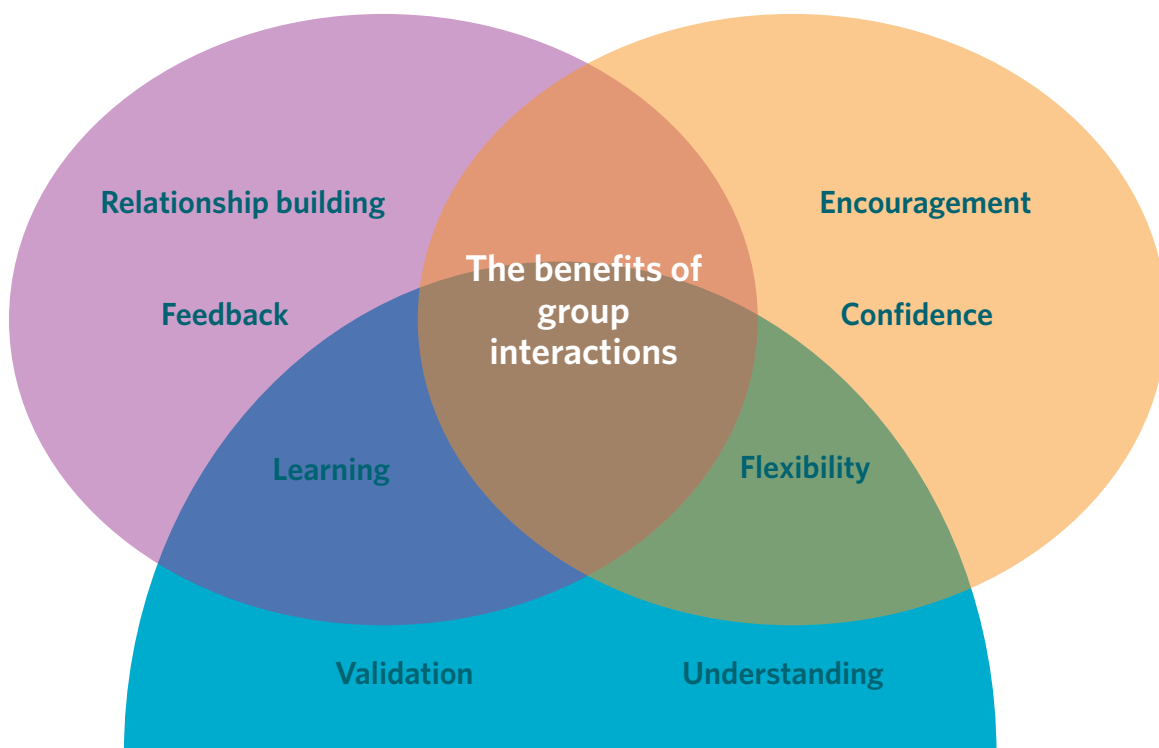
In a group setting, participants learn from similar experiences of other members and internalize new ways of thinking that are proven effective. These dynamics not only influence learning patterns within the counselling group, they also carry over to relationships that individual members have outside of the counselling. The circle of influence of the group, therefore, is larger than the context in which it exists (DeLucia-Waack 2013).

Group counselling fosters the development of an individual's flexibility.

The "freeing" or alteration of an individual's rigid response pattern to a situation is a fundamental aspect of group counselling. Participating as either a passive observer or active participant in role-playing exercises and giving and receiving feedback, members are exposed to multiple social situations. Nurturing the individual's ability to be open to new interactions helps them develop flexibility in their point-of-views and situational responses (DeLucia-Waack 2013).

Following a specific theory of counselling ensures the group functions properly.

When group counselling follows a specific model that encourages the creation of an atmosphere that members can work within, is unifying, and where matters of contention and suggested solutions are more readily accepted, group cohesion is formed. In a best case scenario, an underlying group theory that is "intertwined with group purpose and leader techniques" should be used (DeLucia-Waack 2013).



Cognitive Behaviour Therapy continues to prove its effectiveness.

Cognitive Behaviour Therapy or CBT is one such established theoretical base which has sustained its proven efficacy under rigorous testing and study. CBT effectively guides participants through recovery and helps them maintain long-term behaviour change.

The theory focuses on developing new thinking responses to situations by breaking down a person's reaction to stimuli. It then helps the individual create and adopt a positive response such as goal setting, to replace negative behaviours that inhibit that person's ability to adjust to a particular situation.

Advantages of this model include: the adaptability of its treatment plan to a host of presenting issues, from addiction to depression, and across all demographics; and the fact that participants thrive as they can quickly recognize positive changes stemming from their treatment plan (DeLucia-Waack 2013).



Similarly, Cognitive Behaviour Group Therapy has shown favourable treatment outcomes.

Akin to CBT, Cognitive Behaviour Group Therapy or CBGT also encourages significant positive outcomes in treating topic-driven groups. Studies focused on social anxiety disorder (SAD) have proven that in some cases, CBT and CBGT's outcomes are more effective than medication-based treatment (Hedman 2011). In one recent study on CBGT's use to treat hypochondriasis (health anxiety), the greater severity or more pronounced symptoms that individual group members displayed upon entering CBT treatment, the higher the clinical value they experienced or the better the treatment success (Weck 2015).

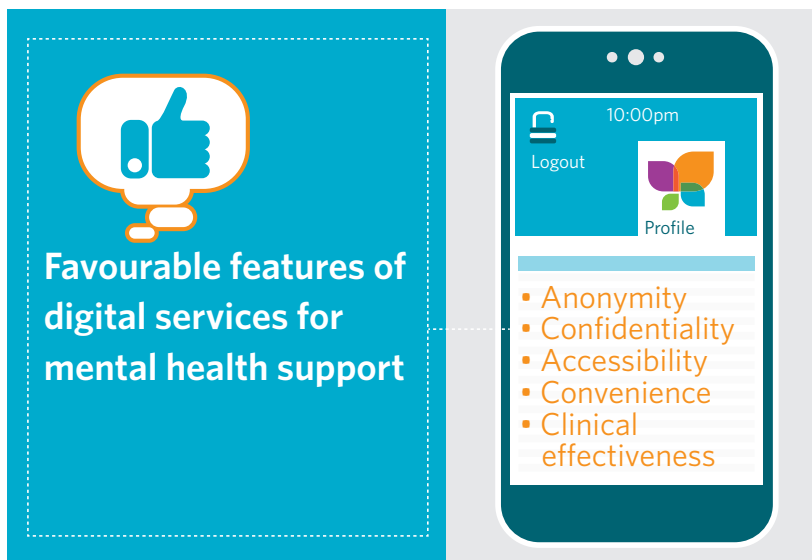
Research conducted in 2012 by David M. Rudd showcases a new group approach to suicide prevention in the military. He identified soldiers as unique in their suicide ideations because of three key factors: 1) they are exposed to intense violent events that can perpetuate unique trauma, 2) they have access to weapons, and 3) they have limited access to prolonged psychotherapy while in combat. Using what he coined Brief Cognitive Behaviour Therapy or BCBT, Rudd describes how BCBT can be used to address suicide risk in soldiers while in a warzone. What is of particular importance of his findings, is that Rudd states that BCBT is not considered a standalone treatment, but one that is supportive of other therapeutic goals as it specifically isolates the suicidal tendencies of the individual until other forms of psychological treatment become available (Rudd 2012), showing the value that short-term CBT contributes to the overall treatment of mental health issues.

A counselling group's topic of discussion can be broad.

While some forms of treatment are very focused in their approach or the issues they deal with, group counselling can cast a wide net of inclusion. A counselling group that is focused on reducing anxiety, for example, does not require its participants to have the same root cause of the state to be able to join and draw benefit from the group (Hoffman 2015).

Group counselling in the digital world

When a preference for anonymity over face-to-face encounters exists, it can often prevent an individual from getting the care they need (Fogliati 2014). A catalyst to the development of digital mental health solutions is the anonymity it delivers. While psychological digital service offerings are not for everyone, research continues to cite online programs' positive clinical results, including their ability to reach individuals who otherwise would not seek support (Veder 2013). Studies show that the ease of creating online identities fosters a sense of freedom. A clear example occurs in digital chat exchanges, wherein individuals may disclose information about themselves more easily due to the sense of unrecognizability, therefore, allowing them to express emotions or thoughts that they may not otherwise share (Grubb 2015). Individuals who demonstrate a preference for digital solutions, however, must still be assessed to ensure that it is the appropriate solution for their unique circumstances. Other barriers to traditional forms of EFAP access (such as face-to-face meetings) can include an absence of local counselling professionals and stigma related to asking for mental health treatment. Digital delivery of mental health services has been proven to address many of these restrictions (Veder 2014b). Whether delivered in-person or digitally, studies also show that there is no discernible impact on the success of the counselling (Veder 2014a).



Where in-person and online delivery of counselling differ is when it comes to patient interaction. Anonymity has the potential of spawning drawbacks. It increases the risk of individuals unleashing negative comments towards groups that they do not identify with, which could lead to the development of a negative environment for other members (Grubb 2015). Couple this with the fact that individuals seeking health support in the digital world increasingly expect that advanced technological skills are not required to successfully and privately connect to a healthcare specialist. A person who is experiencing high risk symptoms must be connected with intervening support immediately and, therefore, ongoing supervision of participants is also needed while maintaining the structure of the group to avoid impact on other participants.

Consequently, specific measures are needed to combat these potential risks and/or myths. Regardless of the digital platform that the service is delivered on, it must be easy to navigate and clinically valuable to prevent attrition. The initial assessment and ongoing monitoring of an individual must identify risk factors, set expectations and connect them with appropriate care in a timely manner. Identification by first names only in the online group, whether the name is real or fictitious, maintains anonymity. Linking those individual first names to the actual participant record offline that contains contact and assessment information, enables the facilitator to track progress and identify a specific person that may require assistance externally from the group setting without impacting the overall group structure or compromising anonymity within the group. The facilitators must have a clear risk triage path as a critical documented component of their best practices for online group counselling.

Conclusion

From coast to coast, the Canadian population remains an early adopter of digital solutions and so it follows for EFAPs to continue to expand their digital services (Veder 2014b). The fast-paced evolution of technological breakthroughs also dictate that digital offerings, rather than being a “future possibility,” be immediately linked with any and all new service developments.

Consequently, online group counselling grounded in Cognitive Behaviour Therapy and best practices of digital behavioural health, complimented by digital anonymity, has the potential to reach a wider audience, afford earlier support, and provide positive clinical outcomes to participants. Many EFAP providers have stumbled over trying to preserve this anonymity in group counselling, recognizing the new and exciting opportunities group counselling has to offer in the world of EFAP. Shepell’s established experience in digital health enables the extension of these services to offer online group counselling. Whether individuals choose in-person or online counselling, however, the goal is to provide them with the highest standards of clinical care, regardless of how it is delivered.

Recommendations for future study

This paper has attempted to investigate the focus and practice of group counselling, particularly of CBT, and in an online environment. Further study on professional-led online group counselling should expand upon this work (Khatri 2014).

Subsequently, Shepell, the world’s largest EFAP provider, is launching a new anxiety-focused online group counselling program, and conducting a study to rigorously test its clinical value for users. The studies’ findings will be published shortly thereafter.



Shepell expands digital counselling suite with Online Group Counselling

A frontrunner in the development and evolution of mental and physical health support for employees, Shepell is committed to making EFAPs more accessible by continuing to expand and enhance digital delivery methods while maintaining traditional service delivery.

As such, Shepell is releasing a new anxiety-focused short-term Online Group Counselling program in 2015. The program consists of in- and out-of-session learning and insight building, and each session is facilitated by an experienced counsellor. Group participants interact in real-time with both the counsellor and other group members during the session. Group activities, individual homework, and self-guided modules are assigned, giving participants the opportunity to build skills, practice behaviour change, and reflect on their own personal triggers and coping strategies to manage issues when they arise.

Shepell's development of Online Group Counselling further enhances the provider's clinically proven and integrated digital behavioural health services and platforms, including:

SERVICE	LAUNCHED	DESCRIPTION	BEST SUITED FOR
In-person Counselling	1979	Face-to-face counselling meetings between an individual and a counsellor.	Individuals more comfortable with face-to-face exchange and able to get to a counselling office.
Telephonic Counselling	1998	Individual and counsellor use the telephone (landline or mobile) for counselling sessions.	Individuals more comfortable with a verbal exchange, and with geographic or travel limitations.
E-Counselling	2000	Asynchronous, professional, and confidential counselling service available directly through secure email portal.	Individuals more comfortable with written communication.
Video Counselling	2011	Individual and counsellor communicate with each other using a webcam, landline, and encrypted custom Internet software enabling both parties to see and hear each other; participants are also able to share and create documents in real time.	Individuals facing geographic or logistical challenges but are more comfortable with face-to-face exchange via video. Also, those needing couples and family counselling.
First Chat	2011	Individual and counsellor communicate using a live counselling online chat tool; participants receive immediate EFAP clinical and/or service booking support.	Busy individuals that prefer instant digital exchange and/or have exceptional needs for privacy.
My EAP app	2011	Offers 24/7 mobile access to EFAP support, including counselling and service booking, videos, and articles. My EAP has won several awards for innovation in EAP.	Mobile individuals with a smartphone or tablet.
Online Programs	2011 – present year	Self-directed mental and physical health learning through customized websites: <ul style="list-style-type: none"> • Stress Coach Connects • Enhancing Your Relationship • Smoking Cessation • Financial Planning • Separation and Divorce 	Individuals who are comfortable with online tools and prefer to go at their own pace.
Fitness Coach Connects	2013	Three component interactive program, including fitness coaching, online program and a wireless activity tracker. Individuals improve their physical and mental health with fitness and behaviour change best practices.	Busy individuals that prefer instant digital exchange and/or have exceptional needs for privacy.

Authors

Barb Veder, MSW, RSW

Kelly Beaudoin, BA

Karina Dunmarra, BA

Yolanda Fasciano, BA

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Contact us for more information on our EFAP services and guidance on what makes a successful EFAP: Call [1.800.461.9722](tel:1.800.461.9722), email info@shepell.com or visit shepell.com.

About Shepell

Shepell is the market leader in optimizing employee wellness through our Employee and Family Assistance Program (EFAP). With leading-edge technology; the largest EFAP counselling network in Canada; and a personalized, high-touch, people-centered approach, our EFAP services help to proactively prevent and resolve employee health issues. Shepell is unmatched in the depth and breadth of our EFAP support and counselling offerings, the sophistication of our infrastructure, and the strength of our track record.

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