

Telehealth Support Group for Socially Isolated Older Adults during the COVID-19 Pandemic

--Therapist Manual--

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*Please email us if using the manual as we may reach out to you for feedback!

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PART I: INTRODUCTION AND BACKGROUND

INTRODUCTION AND OVERVIEW

Description:

An 8-week, open virtual/online or telephone support group for isolated older adults during the COVID-19 crisis.

Aims:

1. Increase social support for isolated older adults during COVID-19 outbreak
2. Teach group members anxiety and depression management techniques
3. Provide verified COVID-19 information and preventative strategies

Two facilitators are suggested for this group, particularly if facilitating a video call:

1. Group facilitator who leads sessions and has sound/camera on at all times during group
2. A technology facilitator who participants should direct message for troubleshooting technical challenges. This person is on the group call, but their sound and video are off.

This manual includes all the materials you will need to run this support group. Each week, you will need to have this manual with you for the group session. In here, you will find:

- An overview for each session, including background information, the learning objectives, and the materials you will need for the session
- Presentation materials for the Teaching section
- Questions to facilitate group discussion
- Skill Building Exercise scripts

In addition to providing instruction for group facilitation, it is also our hope that this manual serves as an accessible consolidation of resources for providing geriatric clinical care during COVID-19.

For many of us, the COVID-19 outbreak may be the first time we are providing telehealth services to older adults, or perhaps it is our first foray into using telehealth with any population. To help familiarize this modality, we have included information on the ethical and practical considerations of geriatric telehealth. These include the APA Telepsychology Guidelines for Psychologists, the APA Checklist for Telepsychological Services, and recommendations for using telehealth with older adults. Links to additional telehealth resources are also listed.

BACKGROUND AND MANUAL DEVELOPMENT

For this manual, we adapted evidence-based geriatric mental health treatments (e.g., ACT, PST, CBT) for administration by televideo or telephone in an effort to overcome barriers to care while still providing an evidence-based treatment. Please use flexibly to meet the changing needs of the setting you work in and ongoing nature of the pandemic itself. On the next several pages we share some resources to use to guide your use of this manual.

MENTAL HEALTH AND PSYCHOSOCIAL RESPONSES TO COVID-19

(Adapted from [*IASC Interim Briefing Note on Mental Health and COVID-19*](#))

In any epidemic, it is common for individuals to feel stressed and worried. Common responses of people affected (both directly and indirectly) might include:

- Fear of falling ill and dying
- Avoiding approaching health facilities due to fear of becoming infected while in care
- Fear of not being able to work during isolation and of being dismissed from work
- Fear of being socially excluded/placed in quarantine because of being associated with the disease (e.g. racism against persons who are perceived to be from, affected areas)
- Feeling powerless in protecting loved ones and fear of losing loved ones
- Fear of being separated from loved ones and caregivers due to quarantine regime
- Refusal to care for unaccompanied or separated minors, people with disabilities or the elderly due to fear of infection, because parents or caregivers have been taken into quarantine
- Feelings of helplessness, boredom, loneliness and depression due to being isolated
- Fear of reliving the experience of a previous epidemic

Emergencies are always stressful, but specific stressors particular to COVID-19 outbreak affect the population. Stressors include:

- Risk of being infected and infecting others
- Common symptoms of other health problems (e.g. a fever) can be mistaken for COVID-19 and lead to fear of being infected
- Caregivers may feel increasingly worried for their children being at home alone (due to school closures) without appropriate care and support. School closures may have a differential effect on women, who provide most of the informal care within families, with the consequences of limiting their work and economic opportunities.
- Risk deterioration of physical and mental health of vulnerable individuals, for example older adults and people with disabilities, if caregivers are placed in quarantine if other care and support is not in place.

The constant fear, worry, uncertainties and stressors in the population during the COVID-19 outbreak can lead to long-term consequences within communities, families and vulnerable individuals:

- Deterioration of social networks, local dynamics and economies
- Stigma towards surviving patients resulting in rejection by communities
- Possible higher emotional state, anger and aggression against government and frontline workers
- Possible anger and aggression against children, spouses, partners and family members (increase of family and intimate partner violence)
- Possible mistrust of information provided by government and other authorities
- People with developing or existing mental health and substance use disorders experiencing relapses and other negative outcomes because they are avoiding health facilities or unable to access their care providers

Some of these fears and reactions spring from realistic dangers, but many reactions and behaviors are also borne out of lack of knowledge, rumors and misinformation.

Social stigma and discrimination can be associated with COVID-19, including towards persons who have been infected, their family members and health care and other frontline workers. Steps must be taken to address stigma and discrimination at all phases of the COVID-19 emergency response. Care should be taken to promote the integration of people who have been affected by COVID-19 without over-targeting.

On a more positive note, some people may have positive experiences, such as pride about finding ways of coping and resilience. Faced with disaster, community members often show great altruism and cooperation, and people may experience great satisfaction from helping others. Examples of MHPSS community activities during a COVID-19 outbreak might include:

- Maintaining social contact with people who might be isolated using phone calls, text messages and the radio
- Sharing key factual messages within the community, especially with individuals who don't use social media
- Providing care and support to people who have been separated from their families and caregivers

HELPING OLDER ADULTS COPE WITH STRESS DURING THE COVID-19 OUTBREAK

(Adapted from [MHPSS COVID-19 Briefing Note](#))

Older adults are particularly vulnerable to COVID-19 due to weaker immune systems and frequent medical comorbidities. There is a higher COVID-19 mortality rate in the older population. High-risk groups of older adults include those who live alone or who do not have close relatives, those with low socioeconomic status, and those with comorbid health conditions, including cognitive impairment or other mental health conditions.

Older adults may become more anxious, angry, stressed, agitated, withdrawn, or overly suspicious during the outbreak/while in quarantine. These responses may be especially evident for individuals in isolation and/or with cognitive impairment. Socially isolated older adults may have limited information sources about the outbreak, which can exacerbate worry, feelings of helplessness, and misinformed beliefs. These stressors can be addressed with provision of emotional support through informal networks (families) and mental health professionals.

The suggestions below generally apply to community-dwelling older people. For older people in residential care (e.g., assisted living, nursing homes), administrators and staff need to ensure safety measures are in place to prevent mutual infection and the outbreak of excessive worries or panic (the same as in hospitals). Likewise, support needs to be provided to care staff who may be in extended lock-down/quarantine with residents and not able to be with their families.

Providing Education and Information on COVID-19:

Older adults should be provided accurate accessible information and facts about the COVID-19 outbreak, the progression, treatment, and effective strategies to prevent an infection. It is important to share the facts about what is going on and how to reduce risk of infection. Information needs to be easily accessible with clear, simple language that older people with or without cognitive impairment can understand. Information should be repeated whenever necessary. Handouts or pamphlets should follow geriatric legibility guidelines such as using large serif font.

Information should come from multiple trusted sources such as public media, social media and trustworthy health care providers. This will help prevent unhelpful behavior such as stocking of non-effective medical herbs as well as reinforce evidence-based preventative strategies such as social distancing.

Older people with mild cognitive impairment or early stages of dementia should be informed of what is happening within their capacity. They should be provided support to ease anxiety and stress. For people at moderate and late stages of dementia, their medical and daily living needs need to continue to be met during the quarantine time. Isolated or infected older people should be presented with truthful information on risk factors and chances of recovery.

Combatting Social Isolation:

Quarantine and social distancing practices eliminate the availability of regular supportive care services for older adults. Senior centers, respite services, and home health aides are among the many supports that older adults may not have access to during this difficult time. Because older adults are less reliant on social media for communicating with others than their younger counterparts, they may have a more difficult time adjusting to their disrupted social schedule.

Use a strength-based approach to encourage safe social engagement. Older adults with expertise, experiences and strengths could be encouraged to volunteer in community efforts to respond to the COVID-19 outbreak. Elders can also provide peer support, neighbor checking, and childcare for medical personnel restricted in hospitals fighting against COVID-19.

Provision of Medical and Mental Health Support:

Medical needs of older adults with/without COVID-19 need to be met during the outbreak. This includes uninterrupted access to essential medicines (for diabetes, cancer, kidney disease, HIV). Tele medicine and online medical services can be used to provide medical services. During quarantine, adjust respite or home care services should use technology (FaceTime, WeChat, WhatsApp, VVC) to provide trainings/counselling for family caregivers at home. This may also include psychological first aid training for family caregivers.

Use of Protective Devices:

Distribution of goods and services such as preventive materials (e.g., facial masks, disinfectants), sufficient grocery supplies, and emergency transportation access can reduce anxiety in this time of emergency. However, older people might not be familiar with the use of protective devices or prevention methods or refuse to use them. Instructions on how to use protective devices need to be communicated in a clear, concise, respectful and patient way.

IADLS:

Older people may not know how to use online services such as online shopping for daily supplies, consultation/helplines, or health care. Provide older people with details and how to get practical help if needed, like calling a Taxi, or dropping off supplies. Provide older people with simple physical exercises to perform at their home/in quarantine to maintain mobility and reduce boredom.

Activities that Will Support Older Adults' Wellbeing During Home Isolation/Quarantine:

- Physical exercise (e.g. yoga, tai chi, stretching)
- Cognitive exercises
- Relaxation exercises (e.g. breathing, meditation, mindfulness)
- Reading books and magazines
- Stress Stimulus Control
 - Reduce the time spent looking at fearful images on TV
 - Reduce time listening to rumors
 - Reduce time looking for information (1-2 times per day, rather than every hour)
 - Search information from reliable sources

PART II: FACILITATION GUIDELINES

APA TELEPSYCHOLOGY GUIDELINES

(From the [*Joint Task Force for the Development of Telepsychology Guidelines for Psychologists*](#))

Guideline 1. Competence of the Psychologist.

Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees, or other professionals.

Guideline 2. Standards of Care in the Delivery of Telepsychology Services.

Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services they provide.

Guideline 3. Informed Consent.

Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements, that govern informed consent in this area.

Guideline 4. Confidentiality of Data and Information.

Psychologists who provide telepsychology services make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks of loss of confidentiality inherent in the use of the telecommunication technologies, if any

Guideline 5. Security and Transmission of Data and Information.

Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure

Guideline 6. Disposal of Data and Information and Technologies.

Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

APA CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

(From the [*APA Checklist for Telepsychological Services*](#))

Screen potential participants to determine whether a telehealth support group would be appropriate for them

- Does the Veteran's clinical and cognitive status allow them to effectively participate?
- Does the Veteran have videoconference technology resources, e.g. webcam or smartphone?
- Is the Veteran able to log in and effectively use the technology?
- Does the patient have physical space for a private telepsychology session?
- Consider patient safety (e.g., suicidality) and health concerns (e.g. viral risk; mobility; immune function), community risk, and psychologist health when deciding to do telesessions instead of in-person.

Technology

- Is your technology platform consistent with HIPAA-compliant practices?
- Do you have a Business Associate Agreement (BAA) for that technology vendor?
- Do you and the patient have adequate internet connectivity for videoconferencing?
- Did you discuss with the patient how to log in and use the technology?
- Are you using a password-protected, secure internet connection, not public or unsecured Wi-Fi? What about your patient? (If not, it increases the risk of being hacked.)
- Did you check that your antivirus/antimalware protection is up to date to prevent being hacked? What about your patient?

Set-up

- Is the location private? Is it reasonably quiet?
- Make sure the room is well lit. Example: A window in front of you might cast a shadow or create low visibility.
- To improve eye contact, position your camera so that it's easy to look at the camera and the patient on screen.
- Consider removing personal items or distractions in the background.
- Check the picture and audio quality. Can you see and hear each other? Make sure nobody is muted.
- As much as possible, both people should maintain good eye contact and speak clearly.

Pre-session

- Discuss the potential risks/benefits of telehealth sessions with the patient(s).
- Get a signed informed consent from your patient(s) or patient's legal representative. If the psychologist or patient is quarantined, informed consent must be signed electronically; consider DocHub or DocuSign.
- Do you have a back-up plan in case of technical difficulties? In case of a crisis situation? What contact information do you have? Do you know the local resources (e.g. emergency room) where the patient is?
- Did you discuss how this session will be billed? Will the patient be billed if late/no-show?

Beginning of virtual session

- Verify the patient's identity, if needed.
- Confirm patient's location and a phone number where the patient can be reached.
- Review importance of privacy at your location and patient's location.
- All individuals present for the virtual visit must be within view of the camera, so the psychologist is aware of who is participating.
- Confirm that nobody will record the session without permission.
- Turn off all apps and notifications on your computer or smartphone. Ask patient to do the same.
- Conduct the session mostly like you would an in-person session. Be yourself.






PART III: INTERVENTION

GROUP AND SESSION STRUCTURE

The modules are formatted for easy reference and use. Each of the modules contains:

- Module number and title
- Module goals
- Suggested format for the module
- Materials/handouts needed
- Detailed description of information to be review and activities to be completed

Each session is structured with the following five activities: Check-in, Teaching, Skill Building, Discussion, and Goal Setting/Wrap Up. Activities are conducted in the same order and time allotment each session.

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Group members share updates from the week. Review successes and barriers to previous session's goals.	15 minutes
2	Teaching 	Facilitator presents on the topic of the week.	15 minutes
3	Skill Building 	Facilitator leads group members in an exercise to practice the skills they are learning.	10 minutes
4	Discussion 	Group members are asked to answer a question, describe a specific experience, or discuss a topic with other group members.	10 minutes
5	Wrap Up & Homework 	Summarize session themes. Group members plan one concrete step to take in the next week to reduce social isolation	10 minutes

Timeline

This support group has a total of 8 sessions that are designed to build on each other:






Session	Teaching	Skill Building Exercise	Summary description	Social Engagement Homework
1	COVID-19 Facts vs. Fiction	FACE COVID mindfulness exercise	Introductions, group norm setting	Where to get your info from
2	Noticing, Checking & Worry	Identifying Automatic Thoughts	Coping with worry, recognizing thoughts aren't facts	Pleasant Activities (What are you already doing)
3	Challenging Automatic Thoughts	Thoughts as Changeable	Develop a positive self-statement or mantra to say	Pleasant Activities (Try Something New)
4	Anxiety: Approach vs. Avoidance	Identify Behavioral Strategies for Anxiety	Basic Mindfulness Exercises	Calling an old friend
5	Attention & Mindfulness	Mindfulness Exercise	Practice additional mindfulness strategies	Writing a letter
6	Dealing with Difficult Emotions	Naming emotions, identify triggers	Emotions are neither good nor bad, our responses to our emotions are what hurt/help us	Sharing something emotional with someone
7	Emotional Barriers to Problem Solving	Emotion-Focused vs. Problem-Focused Coping	Emotion regulation strategies	Grieving a Loss
8	Mobilizing Resources and Giving Thanks	Gratitude Exercise	Recap the group members' experiences. Revisit social goals and discuss the future. Discuss mobilizing supports. Review local resources for emerging member needs.	Giving Thanks to Someone Important to Me

SESSION 1: GROUP INTRODUCTION & COVID-19 FACTS VS. FICTION (60 min.)

GOALS: During this session the facilitator and group members will:

- Establish introductions, review group rules, and share hopes and expectations for group
- Distinguish facts from misinformation about COVID-19
- Learn new acceptance-based skills to deal with pandemic-related stress and isolation

SESSION 1 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Introductions, review of group rules, group norm setting, sharing of hopes and expectations for group.	15 minutes
2	Teaching 	Facilitator presents on “COVID-19 Facts vs. Fiction.”	15 minutes
3	Skill Building 	Facilitator leads group members in ACT-based FACE COVID mindfulness and stress reduction exercise.	10 minutes
4	Discussion 	Group members discuss	10 minutes
5	Wrap Up & Homework 	Summarize session themes. Homework: Identify resources for reliable news and consider limiting news diet.	10 minutes



CHECK-IN

(15 minutes)

Welcome Group Members. Hello to everyone, welcome and thank you for being a part of our group today. My name is [FACILITATOR NAME] and I will be leading group every week. We are all here for the first session of a telehealth support group for older adults who are socially restricted or isolated due to COVID-19 social distancing (or quarantine).

This is my colleague [TECH COFACILITATOR NAME]. They will be here every week in case someone needs technology help for group. If you cannot hear, see, or get internet connection with the group, contact them by [PREFERRED MESSAGING OPTIONS] at [TECH COFACILITATOR'S VA PHONE NUMBER]. This allows us to continue group and stay on schedule even if someone has technological difficulties.

Before we begin, I am going to **Review the Group Rules***.

1. **TIME.** Group lasts for one hour. We will end by [END TIME] today. Because there is a time schedule, sometimes we will need to move ahead even though it might be nice to keep talking.
2. **PRIVACY.** Anything of a personal nature that is mentioned in group should be treated as private and should not be repeated outside of group. Can I see a nod (or hear a 'yes') from everyone showing me that you will protect each other's privacy?
3. **SURROUNDINGS.** Please make sure others cannot see or hear your screen when you are in group. If someone is near you, please use headphones to limit what can be overheard by non-group members. Limit distracting background noise if you can, like turning off your tv.
4. **VOLUNTARY PARTICIPATION.** Other than checking in at the start of each session, which is required so we can make sure everyone is doing okay, participation in group is voluntary. You can decide to take part or not take part in any activity. But we do ask that you join in as much as you can!
5. **GROUP MEMBERSHIP.** This is an "open group." That means new Veterans might join the group in the future. It is important that we are welcoming and respectful of every person who attends group, regardless of how many sessions they have attended.

** Printable summary of group rules located on page 45*

Group Member Introductions and Discussion. We'd like each of you to say hello, your name, and to describe your week in one word.

(Optional for every week):

Safety/symptom check in re: COVID-19, what they should do if they think they have sx's, etc. and any emergency preparedness messages.



TEACHING: Facts vs. Fiction of COVID-19

(15 minutes)

Today's topic is "Facts vs. Fiction of COVID-19." Goal: is to review the facts below and you can add more related to local needs. Consider framing it as a game: True or False, Fill in the Blank, or another modality to engage learners. More information on COVID-19 for older adults can be located [here](#).

- Distance between people is recommended to be 6 feet
- 20 seconds of washing your hands is one of the best ways to keep yourself safe

- Everyone (regardless of age) is equally likely to catch it
- Older people are at higher risk for severe illness from COVID-19 which may result in increased stress during a crisis.
- Fear and anxiety about the COVID-19 pandemic can be overwhelming and cause strong emotions.

(The above information is drawn from CDC.gov accessed on March 25th, 2020)

Validate that in a crisis there can be a lot of rumors or misinformation and it can be hard to tell what is what. Members can rely on VA providers as a primary source of information. Reiterate that not all who get COVID will experience a worst-case scenario. Ask if members have heard other rumors/confusing messages that can be clarified or open the floor for questions.

	SKILL BUILDING: FACE COVID	(10 minutes)
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Confusing messages can increase our anxiety and cause more stress when we aren't sure what's true or how to respond. We are going to talk about some ways to reduce stress based on a kind of therapy called Acceptance and Commitment Therapy. (Teach the following mnemonic to members step-by-step).


FACE COVID. How to respond effectively to the Corona crisis.
By Dr. Russ Harris, author of The Happiness Trap

'FACE COVID' is a set of practical steps for responding effectively to the Corona crisis using the principles of acceptance and commitment therapy (ACT). The key steps are:

- F = Focus on what's in your control
- A = Acknowledge your thoughts and feelings
- C = Come back into your body
- E = Engage in what you're doing

- C = Committed action
- O = Opening up
- V = Values
- I = Identify resources
- D = Disinfect & distance

Full script for FACE COVID exercise accessible [here](#).

	DISCUSSION	(10 minutes)
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Prompt: What are some of the stresses you face now? How can we help you to manage them? What is one thing you can do for yourself this week to help reduce your stress?



WRAP-UP & HOMEWORK

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTED THEMES]. Another theme is that all of you chose to participate in the first session of a new group, and we appreciate the bravery it takes to engage in these activities and discussions.

Homework. We encourage everyone to set a goal this week to check your references and consider limiting your news diet.






Wrap Up. Are there any questions or comments before we end? [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today. We look forward to seeing you at our next session on _____ at _____: _____ am/pm.

SESSION 2: Noticing, Checking & Worry (60 min.)

GOALS: During this session the facilitator and group members will:

- Learn to identify worry thoughts
- Learn new acceptance-based skills to deal with pandemic-related stress and isolation
- Identify pleasant activities that help them manage their worry

SESSION 2 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Group members update each other about their week and progress with previous week's goals.	15 minutes
2	Teaching 	Facilitator presents on noticing thoughts, checking thoughts, and worry.	15 minutes
3	Skill Building 	Facilitator leads group members in CBT-based exercise on identifying automatic thoughts.	10 minutes
4	Discussion 	Group members discuss anxiety and share worry thoughts.	10 minutes
5	Wrap Up & Homework 	Summarize session themes. Group members are introduced to Pleasant Activities (What are you already doing) Homework.	10 minutes



CHECK-IN

(15 minutes)

Welcome Group Members. Hello to everyone, welcome and thank you for being a part of our group today. My name is [FACILITATOR NAME] and I will be leading group every week. We are all here for a telehealth support group for older adults who are socially restricted or isolated due to COVID-19 social distancing (or quarantine).

This is my colleague [TECH COFACILITATOR NAME]. They are here every week in case someone needs technology help for group. If you cannot hear, see, or get internet connection with the group, contact them by [PREFERRED MESSAGING OPTIONS] at [TECH COFACILITATOR'S VA PHONE NUMBER]. This allows us to continue group and stay on schedule even if someone has technological difficulties.

Before we begin, I am going to **Review the Group Rules**.

1. **TIME.** Group lasts for one hour. We will end by [END TIME] today. Because there is a time schedule, sometimes we will need to move ahead even though it might be nice to keep talking.
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3. **SURROUNDINGS.** Please make sure others cannot see or hear your screen when you are in group. If someone is near you, please use headphones to limit what can be overheard by non-group members. Limit distracting background noise if you can, like turning off your tv.
4. **VOLUNTARY PARTICIPATION.** Other than checking in at the start of each session, which is required so we can make sure everyone is doing okay, participation in group is voluntary. You can decide to take part or not take part in any activity. But we do ask that you join in as much as you can!

Group Member Introductions and Discussion. We'd like each of you to say hello, your name, and to tell us how you did on your homework.

(Optional for every week):

Safety/symptom check in re: COVID-19, what they should do if they think they have sx's, etc. and any emergency preparedness messages.



TEACHING: Noticing, Checking & Worry

(15 minutes)

Sometimes we feel anxiety or other unpleasant feelings, but we don't know why. The reason behind our unpleasant feelings might be a stressful thought. We refer to these as **Automatic Thoughts**. These are the first thoughts that jump to our minds in reaction to something.

When we have strong emotions such as fear or loneliness, it can be difficult to identify the Automatic Thought behind the emotions. This also happens if the thought is very familiar to us, such as if we have had those thoughts many times before. For example, if we make a mistake, our first thought might be, "I'm so stupid for making that mistake." Or, if we are feeling lonely, we might have the Automatic Thought of, "I am always alone." If we are watching the news, we might think, "This is going to go on forever." During this stressful time, we may be doing a lot of cleaning, double checking that we are keeping surfaces clean, or waking up in the middle of the night worrying about something we forgot.

Sometimes it is hard to notice these thoughts, especially if they are familiar to us, but with practice we can become very skilled at noticing them.



SKILL BUILDING: Identifying Automatic Thoughts

(10 minutes)

There are ways to build our skill of noticing and identifying our Automatic Thoughts. Let's practice together.

Take a moment to reflect on what you are thinking and feeling right now. Silently and kindly acknowledge whatever is 'showing up' inside you: thoughts, feelings, emotions, memories, sensation, urges. Take the stance of a curious scientist, observing what's going on in your inner world. Realize that it is understandable to feel anxious and worried about what may happen, especially when many aspects of life are being affected. What thoughts are you having right now? [Pause] What emotions are you noticing right now?



DISCUSSION

(10 minutes)

Prompt: What pleasant activities do you do now to manage your stress? How have these activities been affected by social distancing/quarantine? What adaptations can we think of to still engage in activities we used to do outside?

Facilitator can guide them through the list of online activity resources if they would like more ideas, (<https://gerocentral.org/clinical-toolbox/covid-19-resources/> -scroll down for examples of activities)



WRAP-UP & HOMEWORK

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTED THEMES].

Homework. We encourage everyone to try to engage in at least one pleasant activity per day to help manage your stress.

Wrap Up. Are there any questions or comments before we end? [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today.






We look forward to seeing you at our next session on _____ at _____ : _____ am/pm.

SESSION 3: Challenging Automatic Thoughts (60 min.)

GOALS: During this session group members will:

- Learn cognitive-behavioral based skills to manage worry thoughts
- Learn new acceptance-based skills to deal with pandemic-related stress and isolation
- Develop a positive-self statement or mantra to use in times of worry

SESSION 3 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Group members update each other about their week and progress with previous week’s goals.	15 minutes
2	Teaching 	Facilitator presents on how to challenge automatic thoughts.	15 minutes
3	Skill Building 	Facilitator leads group members in CBT-based exercise that presents thoughts as changeable. Group members develop a positive self-statement or mantra to say.	10 minutes
4	Discussion 	Group members discuss coping statements and share their mantras.	10 minutes
5	Wrap Up & Homework 	Summarize session themes. Group members are introduced to Pleasant Activities (Try Something New) Homework.	10 minutes



CHECK-IN

(15 minutes)

Welcome Group Members. Hello to everyone, welcome and thank you for being a part of our group today. My name is [FACILITATOR NAME] and I will be leading group every week. We are all here for a telehealth support group for older adults who are socially restricted or isolated due to COVID-19 social distancing (or quarantine).

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Group Member Introductions and Discussion. We'd like each of you to say hello, your name, and to tell us how you did on your homework.

(Optional for every week):

Safety/symptom check in re: COVID-19, what they should do if they think they have sx's, etc. and any emergency preparedness messages.



TEACHING: Challenging Automatic Thoughts

(15 minutes)

Last week we learned how to identify our automatic thoughts. Now we are going to talk about how to challenge those automatic thoughts if they are unrealistic or unhelpful.

Shift negative self-statements to statements that allow you to function with less distress, worry, or fear. For example, if you are thinking "This is a terrible time," try changing it to "this is a terrible time, but I can get through this." Rather than getting discouraged, focus on what you can accomplish or control.

Consider the stressful situation in a broader context and keep a long-term perspective. Look for opportunities to practice being more patient or kind with yourself, or to see the situation as an opportunity to learn or build strengths. For example, this may be a time to call up old friends, organize old photos, or

even to start writing your memoir! Celebrate successes, find things to be grateful about, and take satisfaction in completing tasks, even small ones.



SKILL BUILDING: Thoughts as Changeable

(10 minutes)

Sometimes it can be difficult to untangle thoughts from facts. For example, if our automatic thought is, “I am going to get sick for sure,” it is easy to feel that is the case if we do not challenge that thought. That’s because we tend to think that the first thought to enter our mind is the “truth.” But this is not actually the case. Sometimes our automatic thoughts are realistic, and other times they are not. When automatic thoughts are unrealistic, they might cause us to become even more anxious. This leads us to our topic of the day: Thoughts are changeable.

The key to changing thoughts is evaluating our automatic thoughts and coming up with more helpful, alternative thoughts if needed. We can do this by asking ourselves some simple questions:

- Am I thinking in an all-or-none way?
- Does my thought include the word “should”? (Don’t “should” on yourself!)
- Do I believe “for sure” that something bad will happen?
- Do I believe that things are my fault when they are really out of my control?
- Am I making a big deal out of something that isn’t a big deal?

If any of your answers to the above questions are yes, then it is helpful to consider some alternative thoughts. This means finding another way of thinking about the situation that is more realistic. This is not just positive thinking; instead, it’s more realistic thinking. Some examples could include:

- I can develop a plan to deal with this situation.
- Worry won’t fix anything if it is not leading to action.
- Keep the focus on the present. What is it I have to do?
- Even if I make mistakes, it will be ok.

Find one or two alternative thoughts that feel the most useful to you. Develop it into a positive self-statement or mantra to repeat when you find yourself feeling anxious, lonely, or for when you identify an unhelpful automatic thought. One example could be, “I have overcome a lot. I can develop a plan to deal with this situation.”



DISCUSSION

(10 minutes)

Prompt. What other Coping Statements can we think of? What Coping Statements can help us navigate the stress of the pandemic? What Coping Statements can help us when we are feeling isolated or lonely?



WRAP-UP & HOMEWORK

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTED THEMES]. Another theme is that all of you chose to participate in the first session of a new group, and we appreciate the bravery it takes to engage in these activities and discussions.

Homework. Encourage group members to try out a new pleasant activity for relaxation and enjoyment. Have group members list one new activity they are going to try out this week.






Wrap Up. Are there any questions or comments before we end? [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today. We look forward to seeing you at our next session on _____ at _____: _____ am/pm.

SESSION 4: Anxiety: Approach vs. Avoidance (60 min.)

GOALS: During this session the facilitator and group members will:

- Learn about the relationship between avoidance and anxiety
- Identify behavioral skills for managing anxiety
- Share worry thoughts and methods of managing stress with the group
- Learn new acceptance-based skills to deal with pandemic-related stress and isolation

SESSION 4 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Group members update each other about their week and progress with previous week's homework of trying a new pleasant activity.	15 minutes
2	Teaching 	Facilitator presents on the topic of anxiety: approach vs. avoidance strategies.	15 minutes
3	Skill Building 	Facilitator introduces group members to behavioral strategies for anxiety: Diaphragmatic breathing, scheduling worry time, and progressive muscle relaxation.	10 minutes
4	Discussion 	Group members discuss anxiety, share worry thoughts and methods of managing stress.	10 minutes
5	Wrap Up & Homework 	Summarize session themes. Group members are introduced to homework of calling an old friend.	10 minutes



CHECK-IN

(15 minutes)

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Group Member Introductions and Discussion. We'd like each of you to say hello, your name, and to tell us how you did on your homework.

(Optional for every week):

Safety/symptom check in re: COVID-19, what they should do if they think they have sx's, etc. and any emergency preparedness messages.



TEACHING: Anxiety: Approach vs. Avoidance

(15 minutes)

Generally, anxiety affects our behavior in two ways: procrastination (putting something off) or avoidance and checking or repetitive behavior.

Procrastination or Avoidance – When there is an activity you think will make you anxious, you may put it off and procrastinate. Instead, to learn that you can manage anxiety, you need to **APPROACH** what is causing you stress.

Checking or Repetitive Behavior – Sometimes anxiety is associated with checking things to reassure ourselves that everything is ok. Other repetitive behaviors associated with anxiety may serve no clear purpose, like snacking or smoking.

These anxiety-related behaviors help to reduce anxiety temporarily. For example, putting something off and avoiding something might distract you for a short while and you do not experience anxiety symptoms. However, the anxiety comes back because the problem is still not addressed, and sometimes now it is even more troublesome. In the long run, behaviors that keep you from facing situations that make you anxious do not allow you to learn how to cope with them.

By **APPROACHING** anxiety-related situations, you can learn to cope with anxiety symptoms. Practice deep breathing, coping statements or changing thoughts to cope with and reduce physical symptoms and worries associated with anxiety.



SKILL BUILDING: Identify Behavioral Strategies for Anxiety

(10 minutes)

Instead of procrastination, avoidance, or unhelpful checking behaviors, try some of these strategies when you are feeling anxious. They will help to calm your anxiety.

Diaphragmatic Breathing.

Breathing from your diaphragm is an important tool that can be used on its own to decrease anxiety in the short term and help with symptoms related to anxiety. Take a normal breath in through your nose with your mouth closed. Exhale slowly with your mouth closed. Count slowly to 4 — then take another breath in this manner.

Set a Worry Time.

Schedule structured time in your day to worry. Set a timer for 10 minutes and write every worry and thought that comes to mind. Practice self-compassion and non-judgment with what worries come up for you. Then, when the timer stops, take a look at your list. Identify which items are outside of your control and which ones you can problem-solve. Then, let the worries outside of your control go. Practice this once a day to help your worry become contained and productive.



DISCUSSION

(10 minutes)

Prompt: What are ways that you manage anxiety? What activities help you feel present-minded?
Group members discuss anxiety, share worry thoughts and methods of managing stress.



WRAP-UP & HOMEWORK

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTED THEMES]. Another theme is that all of you chose to participate in the first session of a new group, and we appreciate the bravery it takes to engage in these activities and discussions.

Homework. Group members are encouraged to set a goal of calling an old friend on the phone.

Wrap Up. Are there any questions or comments before we end? [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today.






We look forward to seeing you at our next session on _____ at _____ : _____ am/pm.

SESSION 5: Attention & Mindfulness (60 min.)

GOALS: During this session the facilitator and group members will:

- Practice new present-minded meditation exercise
- Learn new acceptance-based skills to deal with pandemic-related stress and isolation

SESSION 5 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Group members update each other about their week and progress with previous week's homework of calling an old friend.	15 minutes
2	Teaching 	Facilitator presents the topic of the present as a calm place.	15 minutes
3	Skill Building 	Facilitator leads group members in ACT-based mindfulness and stress reduction exercise.	10 minutes
4	Discussion 	Group members discuss how to overcome barriers to finding peacefulness in the present moment.	10 minutes
5	Wrap Up & Homework 	Summarize session themes. Homework: Write a letter to someone important to you.	10 minutes



CHECK-IN

(15 minutes)

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Group Member Introductions and Discussion. We'd like each of you to say hello, your name, and to tell us how you did on your homework.

(Optional for every week):

Safety/symptom check in re: COVID-19, what they should do if they think they have sx's, etc. and any emergency preparedness messages.



TEACHING: Attention & Mindfulness

(15 minutes)

Anxiety is often thought of as your mind being "stuck" in the future--trying to plan and prepare for what might happen later. One behavioral strategy to decrease anxiety and worry is to focus on the **present**. You can do this in a lot of ways. Some people do this by practicing mindfulness or meditation. Has anyone here in group practices that before? [Pause for discussion] Other ways to be present-minded is by engaging in activities that take your full focus. Sometimes this is a fun or challenging activity, like working on a hobby you are trying to get better at. People have described this feeling as getting in the "flow" of things. But you can practice being present while doing anything, even sitting in your chair.



SKILL BUILDING: Mindfulness Exercise

(10 minutes)

Let's do an exercise of mindfulness together that you can practice whenever you want to focus on the present.

5-4-3-2-1 Mindfulness Exercise

First, adjust your body so you are in a relaxed and comfortable position. Take three slow deep breaths. Pay attention to how your body is feeling in this moment. Now, look around the room. Name 5 things you can see. [Pause] When you're done, now name 4 things you can feel. Maybe it is the chair on your back or the phone against your ear. [Pause] Now list 3 things you can hear. Maybe it is a bird chirping. See if you can hear the sound of an air vent that you didn't notice before. [Pause] Now list 2 things you can smell. [Pause] And one thing you can taste. [Pause] Now let's gently bring our focus back to group.



DISCUSSION

(10 minutes)

Prompt: Discuss how to overcome barriers to finding peacefulness in the present moment.



WRAP-UP & HOMEWORK

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTED THEMES]. Another theme is that all of you chose to participate in the first session of a new group, and we appreciate the bravery it takes to engage in these activities and discussions.

Homework: Encourage group members to write a letter, compose a text, or engage in some other thoughtful communication with someone in their lives. It is up to them if they want to send the letter/text/message but invite them to try the exercise.

Wrap Up. Are there any questions or comments before we end? [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today.






We look forward to seeing you at our next session on _____ at _____ : _____ am/pm.

SESSION 6: Dealing with Difficult Emotions (60 min.)

GOALS: During this session the facilitator and group members will:

- Identify emotions and feeling words
- Identify unique triggers
- Practice talking about your feelings with someone else.

SESSION 6 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Review homework: Writing a letter	15 minutes
2	Teaching 	Facilitator presents on identifying emotions	15 minutes
3	Skill Building 	Facilitator leads group members in identifying triggers	10 minutes
4	Discussion 	Group members discuss ways to communicate feelings to others.	10 minutes
5	Wrap Up & Homework 	Homework: Share something emotional	10 minutes



CHECK-IN

(15 minutes)

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Group Member Introductions and Discussion. We'd like each of you to say hello, your name, and to tell us how you did on your homework.

(Optional for every week):

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TEACHING: Identifying Emotions

(15 minutes)

A pandemic like we are all in now can bring up a lot of emotions in us. Anger, sadness, guilt, and fear are normal feelings we all experience. How do you feel in your body when you get angry? How do you feel in your body when you get sad? How do you feel in your body when you feel guilty or afraid? What are some other emotions we all experience? (Gather responses from the group. Encourage them to generate as many emotion words and reactions as possible).

When people are in crisis or in danger, they often go into 'fight or flight' mode. The emotional part of your brain takes over and the logical part of our brain can take a back seat. When we are in the heat of the moment, it can be hard for us to think clearly and make good decisions. Have you noticed yourself reacting this way recently?



SKILL BUILDING: Identifying Triggers

(10 minutes)

The first step in not letting our emotions rule our thinking is to identify what emotions there are. The second step is to look at your particular emotional triggers. These triggers can be outside us - like noise, images, news, and people or events around you. These triggers can also be inside us, like pain, hunger, and fatigue. Take a few minutes to think about or write down some of your personal triggers. (Have group members each share one).



DISCUSSION

(10 minutes)

Prompt: Why is it hard to share our emotions with others? How can we overcome this?



WRAP-UP & HOMEWORK

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTED THEMES].

Homework: Share something emotional with someone. Try to use a feeling word if you can. Be open to the feedback you get.






Wrap Up. Are there any questions or comments before we end? [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today. We look forward to seeing you at our next session on _____ at _____ : _____ am/pm.

SESSION 7: Emotional Barriers to Problem Solving (60 min.)

GOALS: During this session the facilitator and group members will:

- Learn new acceptance-based skills to deal with pandemic-related stress and isolation

SESSION 7 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Review Homework from last week (Sharing something emotional with someone)	15 minutes
2	Teaching 	Facilitator presents on Emotion-focused coping	15 minutes
3	Skill Building 	Facilitator leads group members in an emotion regulation exercise - short meditation	10 minutes
4	Discussion 	Group members discuss recent losses they have had	10 minutes
5	Wrap Up & Homework 	Summarize session themes. Group members do one thing to remember someone or something they've lost.	10 minutes



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(15 minutes)

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(Optional for every week):

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TEACHING: Emotion-Focused Coping

(15 minutes)

Last week we talked about triggers for negative emotions. This week we will talk about what you do when those triggers happen to you. First you want to recognize that they are happening. You want to take a step-back or give yourself a time out before you start getting too overwhelmed. One way to do that is to give yourself a 'time-out' sign with your hands. Can anyone think of other ways to do it?

Next we want to do something to calm ourselves down, which could be something like counting to five, taking a deep breath, or something a little more involved like meditating, stretching, or taking a walk.

**SKILL BUILDING:** Emotion Regulation Skills

(10 minutes)

Teach a short meditation as an emotion regulation skill: Have group members close their eyes or look at a spot on the wall. Walk them through a short visualization exercise of gentle waves breaking on the shore. Have them notice what they feel, see, smell, hear, taste. Encourage gentle breathing. After, have members give feedback about how the exercise felt. Encourage them to practice

**DISCUSSION:** Grief & Loss

(10 minutes)

Many of us have experienced changes and losses in these recent weeks. Life may look a lot different than it did a few months ago. Sometimes we react out of anger, numbness, or fear, when what is really going on is our mind is recognizing something is missing. We are trying to adapt to what is missing in our lives. Sometimes these losses pile up on us and we don't have time or space to really talk about them together. Let's take a few minutes now to share some of those losses with each other if you choose to do so.

**WRAP-UP & HOMEWORK**

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTE THEMES].

Homework. Do one thing to remember someone or something you've lost. It might be lighting a candle, taking a moment to think of a favorite memory, shedding a tear, or allowing yourself space to let go.






Wrap Up. Are there any questions or comments before we end? [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today. We look forward to seeing you at our next session on _____ at ____ : ____ am/pm.

SESSION 8: Mobilizing Resources and Giving Thanks (60 min.)

GOALS: During this session the facilitator and group members will:

- Learn why gratitude is important
- Review group themes and skills learned over course of group
- Process termination of group

SESSION 8 FORMAT:

	ACTIVITY	DESCRIPTION	TIME
1	Check-in 	Review homework from last week (Grieving a loss)	15 minutes
2	Teaching 	Facilitator leads a gratitude exercise	15 minutes
3	Skill Building 	Facilitator reviews resources available in the VA and community for any future needs	10 minutes
4	Discussion 	Group members problem-solve around anticipated needs	10 minutes
5	Wrap Up & Homework 	Summarize session themes, and overall group. Group wrap-up and closure	10 minutes



CHECK-IN

(15 minutes)

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TEACHING: Gratitude Exercise

(15 minutes)

When we are in a time of crisis, it can be difficult to take a moment to appreciate what we have in our lives. These moments can also have us looking at the big picture, or what's really important to us. When we keep in mind what is important to us, it can help guide our choices and decision-making. Scientific studies say that expressing gratitude can promote health and an overall sense of well-being. Some people name or write down a few things they are thankful for every day. Take a moment and think about something or someone that you are grateful for, and we would like everyone to take turns sharing with the group.



SKILL BUILDING: Reviewing Resources

(10 minutes)

Even though this group is coming to a close, we want to make sure all of you are aware of resources that you can use if something comes up in the future. First, you can always be sure to call your HBPC team to help you identify sources of support. (Offer resources that are available for future needs - e.g. caregiver support, telehealth, other resources relevant to group members).



DISCUSSION

(10 minutes)

Prompt: What has helped you to get through this challenging period? What resources can you see yourself needing in the future?



WRAP-UP & HOMEWORK

(10 minutes)

Summarize Session Themes. Thank you again to everyone who shared with the group today. All of us have been affected by COVID-19 in unique ways, and there were also some themes that emerged during our group discussion. [NOTE THEMES]. Looking back across these eight weeks, what did you learn and what was the most helpful?

Goal Setting. We encourage everyone to set a goal this week to give thanks to someone who is important to them.

Wrap Up. Thank group members for participating. Provide time for group members to discuss ending of group (although you may wish to continue this as an open-ended group if you choose). Collect any feedback you would like to pass on to manual authors. Allow time for group members to share contact information with each other if they like. [ANSWER QUESTIONS AND RESPOND TO COMMENTS AS TIME ALLOWS]. Thank you all for joining today.

PART IV: RESOURCES & REFERENCES

OPTIONAL HANDOUTS TO SEND TO GROUP MEMBERS

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4. **VOLUNTARY PARTICIPATION.** Participation in group is voluntary. You can decide to take part or not take part in any activity.

- [Managing Stress Associated with the COVID-19 Virus Outbreak](#) – The COVID-19 (coronavirus) outbreak has the potential to increase stress and anxiety, both because of the fear of catching the virus and also because of uncertainty about how the outbreak will affect us socially and economically. The National Center for PTSD provides practical steps you can take to improve your wellbeing.
- [Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak](#) – Published by the Substance Abuse and Mental Health Services Administration (SAMHSA), a comprehensive guide to managing your mental health in the context of social distancing, quarantine, and isolation.
- Mobile App:
 - US Department of Veterans Affairs. (2018). Mindful Coach (2.1) [Mobile application]. Retrieved from: https://www.ptsd.va.gov/appvid/mobile/mindfulcoach_app.asp
- Audio Downloads:
 - Harry S. Truman Memorial Veterans' Hospital's Relaxation Recordings. Track 1: Introduction and Relaxed Breathing; Track 2: Passive Muscle Relaxation; Track

- 3: Progressive Muscle Relaxation; Track 4: Visualization; and Track 5: Mindfulness and Meditation [Audio downloads]. Retrieved from: https://www.columbiamo.va.gov/services/Relaxation_Recordings.asp
- Connelly, Mark. (2015, July 23). Progressive Muscle Relaxation. [Video file]. Retrieved from: <https://youtu.be/ihO02wUzgkc> • Fairweather, David. (2011, November 15). Self Hypnosis: Visualization Method. [Video file]. Retrieved from: <https://www.youtube.com/watch?v=RymX5Pon2kw>

ADDITIONAL RESOURCES FOR MENTAL HEALTH PROVIDERS

- GeroCentral COVID webpage for Clinicians and Consumers: <https://gerocentral.org/clinical-toolbox/covid-19-resources/>

Mental Health Support in Emergency Settings:

- Psychological First Aid
 - https://www.who.int/mental_health/publications/guide_field_workers/en/ IASC
- Guidelines for mental health and psychosocial support in emergency settings
 - <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/documents-public/iasc-guidelines-mental>
- IASC Inter-Agency Referral Guidance Note for Mental Health and Psychosocial Support in Emergency Settings
 - <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings/content/iasc-inter-agency-referral>
- IASC A common monitoring and evaluation framework for mental health and psychosocial support in emergency settings
 - <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common>

Telehealth Protocol:

- [APA article on 3 platforms](#)
- [APA CE Webinar on telehealth](#)
- [APA Informed Consent Checklist for Telehealth](#)
- [APA Guidelines for the Practice of Telepsychology](#)
- Sign up for electronic updates from the State Psychological Association, which are posting updates on reimbursement policies
- [Updated CMS guidelines](#)
 - <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>