# Delivering Group Based Pain Management Interventions through Virtual Platforms

*Guidance developed by the*
*Pain Management Programme Special Interest Group*
*of the British Pain Society*
*January 2022*

## A. BACKGROUND

Pain Management Services are considering alternatives to traditional Pain Management Programmes (PMPs) as a result of restrictions on face-to-face (F2F) healthcare delivery in response to Covid-19.

This document provides guidance in relation to the development, delivery and evaluation of virtual alternatives to PMPs, incorporating learning from early adopters.

It is important to note that whilst virtual PMPs are unlikely to fully replicate or replace face-to-face PMPs, they aim to offer an alternative during COVID-19 and after. This document provides good practice guidance and support for services intending to deliver virtual PMPs.

## B. SCOPE

Virtual pain management interventions can be offered within a spectrum ranging from PMPs which are fully facilitated by clinicians to those which are self-directed by service users. They have varying degrees of clinician input, examples of virtual pain interventions include:

1.  Service users access pre-populated content (e.g. videos, PDFs, worksheets, audio recordings) on a digital platform in addition to contact with clinicians
2.  1-way Interaction with a service user via email or via a static platform
3.  Interactive 1-1 audio consultation with a clinician (via telephone or digital platform)
4.  Interactive 1-1 video consultation with a clinician
5.  Interactive group sessions using a digital platform, facilitated by clinicians

Services may use one of the above or a combination of blended approaches. Access to the intervention by service users may be uni-modal (e.g., online group only) or poly-modal (e.g., a combination of an online platform and telephone contact with a clinician). There may or may not be associated peer support e.g., via social media.

This document relates to interventions which:

- Involve the virtual delivery of content
- Support groups of service users
- Are facilitated by clinicians
- Are broadly in keeping with the British Pain Society's guidelines on Pain Management Programmes (2013); these are currently under review

## C. CLINICAL AND OPERATIONAL CHALLENGES AND SOLUTIONS:

Several considerations arise at each stage of intervention development, design, delivery and evaluation. Some of these are discussed below.

### *C1* DEVELOPMENT AND DESIGN

#### *C1.1: Clinical Preparation*

- **Clinician engagement:** It is crucial to understand and support the needs of staff who may find new ways of delivering clinical practice online challenging. Responses could include (but are not limited to) feeling stressed about technology, fearful over losing control, anxious or angry. Conversely, clinicians might also embrace the challenge and welcome the opportunity to learn from different ways of working. Clinician responses should be validated and understood within the context within which they are expressed.

- **Staffing:** Changes in staffing due to shielding, illness and redeployment may impact on the availability of staff for both development and delivery of virtual PMP interventions, for example, if two clinicians are required in order to run a live session. This may provide increased opportunities for psychology, physiotherapy and occupational therapy assistants to be involved in the provision of virtual care. An appropriate clinician-service user ratio needs to be considered to ensure effective person-centred care and the ability to respond appropriately to participants who have technical challenges, are in distress or have bespoke needs. Phones/ alternative options of communicating will need to be pre-planned so that while the main facilitator delivers the session, the co-facilitator is able to provide individual support to service users if required.

- **Preparation of material:** Materials may need to be modified in format to be suitable for a new method of delivery. The literature highlights the importance of ensuring visual material is interesting to look at when providing videotherapy 'domsmanley@icloud.com'; Dominic Manley <info@divinedayz.com> (Rees & Haythornwaite, 2004) in order to engage people and maintain their engagement.

- **Communication**: Elements of F2F clinical encounters such as traditional group room settings, spatial cues and the use of flip-charts and stationery will be absent from virtual alternatives to F2F PMPs. Instead clinicians will need to develop new skills, for example, utilising online break out rooms and screen sharing to facilitate the delivery of sessions and facilitate interaction.

## *C1.2: Service User selection and willingness to engage*

- Service user choice is paramount and there is a need to ensure that service users do not feel coerced into engaging with virtual treatment. Services need to have a clear plan to support people who are not able to participate or for whom this is not an appropriate intervention

- Service users should be given accurate information about the clinical intervention, the mode of delivery and what it involves (e.g., IT requirements, digital literacy, time and set up of home environment)

- 'Marketing strategies' may need to be adopted with service users in order to outline the pros and cons of the offer, relative to other options, in a positive but realistic light

  Assessment of service users' access to the required equipment and internet connection must be considered so that people are not disadvantaged by digital poverty

- Special consideration is necessary to meet the needs of people who:

  1. Do not feel confident in their own IT competence
  2. Do not have the equipment required
  3. Are worried about issues relating to disclosure in a virtual group setting
  4. Have physical/emotional health issues which prevent them from participating (including but not limited to pain, fatigue, sensory deficits, anxiety, serious mental illness…)
  5. Have literacy needs

## *C1.3: IT*

- **IT competence of clinicians**: New skills are required to deliver interventions using virtual platforms and wherever possible, clinicians should receive training appropriate to their IT expertise. Facilitators of sessions could be supported through pairing with somebody with greater digital literacy. Using the software and all platforms in rehearsal mode will enable clinicians to become conversant with the functionality of the platform, including its strengths and limitations.

- **Selection and testing of IT platform**: The choice of platform may be dictated by the organisation rather than the service, with consideration given to costs, IT infrastructure requirements and information governance, amongst other issues. Care should be taken to ensure that ultimately, the platform available is fit for purpose.

## *C2* DELIVERY

The use of IT for healthcare intervention has gradually developed over the years predominantly through the use of guided self-help, involving varying levels of clinician input (Buhrman et al, 2016). Implementation of clinician facilitated interactive group interventions such as virtual PMP intervention are, however, a relatively recent development. They pose new challenges for service providers and users, but also present the opportunity for innovation. **There are a number of useful guides for how to conduct telephone and video consultations, which are available in the references. Table 1 below lists common challenges and potential solutions related to the delivery of live, interactive group based interventions.**

**Table1: Common challenges and potential solutions**

| NO. | COMMON CHALLENGES | POTENTIAL SOLUTIONS |
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| **A.** | **IT CHALLENGES** | |
| **A1.** | Clinician access to hardware | Service leads and managers need to ensure that their teams have the necessary equipment with appropriate functionality enabled in order to optimise staff capability and service capacity, such as a desktop or laptop with a camera and audio jack/microphone/ headset or a set of smart phone ear buds with a built in microphone. |
| **A2.** | Selection of platform | Services need to work with their organisation's IT teams to ensure that the platform being suggested is suitable for the purpose for which it is intended. |

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| **A3.** | **Clinician access to IT support** | **This may be necessary during the running of sessions to support clinicians and enable them to concentrate on delivering the programme. This could be provided by specialist IT staff or by clinical colleagues with a higher level of digital literacy who are tasked with IT support rather than clinical delivery.** |
| **A4.** | Audio-visual quality | This could be improved by the use of a headset, casting the audio to a TV, referring to written material via a separate screen/device or by printing it out, etc. It may help to trouble shoot by testing this in advance of the group session. Dual screens are recommended and projecting the image onto a large screen may help visualise participants better during sessions. This may aid the team to be more responsive to each participant's needs. |
| **A5.** | Internet bandwidth | A stable internet connection, Wi-Fi or mobile data is required, depending on whether a desktop, laptop, tablet or smart phone is being used. Internet speed should be a minimum of 1.5mbs DOWNLOAD & UPLOAD. Conducting sessions at times away from peak usage and switching off video participation may help improve connectivity. |
| **A6.** | Practice session | An online practice session preceding the onset of each group could be set up to identify and resolve technical issues and decrease anxiety. |
| **B.** | **ONLINE GOVERNANCE** | |
| **B1.** | Advance information | Patients need to receive written documentation outlining standards around privacy, confidentiality and recording of sessions. Breach of these standards may result in data protection breach, complaints and potential damage to the providers and users of the service. |
| **B2.** | Security | Ensure that the digital solution has end to end encryption. Closed groups are preferred options for better security and confidentiality. |
| **B3.** | Visibility of contact details | Care should be taken when sending invitations to ensure that service users' email addresses are kept confidential and to protect service users' (and potentially clinicians') contact details during sessions as phone numbers and |

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| | | email addresses are visible to others on some digital platforms.<br>When emailing participants as a group, the use of 'bcc' should be employed in order to prevent data protection breach. |
| **B4.** | Information storage and usage | At the start of the process, participants should receive an information sheet about the storage of their data in line with GDPR and return (either by post/upload via email) a signed sheet to confirm they have understood how their data will be stored and used. |
| **B5.** | Confidentiality | Traditional 'group rules' about confidentiality are as valid in virtual interventions as in F2F PMPs.<br>Advise service users in live sessions that service user to service user confidentiality cannot be guaranteed, so they should only disclose what they are comfortable disclosing.<br>In addition, participants need to ensure they have privacy and are not likely to be disturbed while participating in a live group session.<br>If it is not possible to be alone, service users could be advised to use a headset, where possible, and to disclose who is present at the start of every session. If participants are visible and identifiable by people other than group members, there is a potential for breach of confidentiality.<br>Wherever possible, childcare arrangements should be made to ensure that the service user is able to fully participate in the session, children are kept safe and other participants' experience is not impacted adversely.<br>Inability to provide and work within their own private space while engaging in the group could lead to reconsideration of a person's suitability for this intervention. |
| **B6.** | Recording of sessions | Recording of all or part of group proceedings should not take place without the permission of all participants. This should form part of the group rules/contracting and a standard operating procedure should be in place to manage the situation if recordings have taken place without informed consent. |
| **C.** | CLINICAL CHALLENGES | |
| **C1.** | Group rules and boundaries | Effective facilitation of a group of individuals during a virtual programme is as important as |

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| | | during a traditional F2F PMP. Setting group rules is vital to ensure the safe and smooth running of virtual programmes, whether 1-1 or in a group. Having clear boundaries informs the behaviour of facilitators as well as participants and setting up rules in a collaborative manner with service users will encourage 'buy in' and ensure the effective running of sessions. The group should agree in advance, any consequences which may ensue as a result of service users not following the collectively agreed rules. |
| C2. | Record keeping | Record keeping for virtual activity needs to be in line with statutory requirements and best practice and should be as robust as clinical records maintained for F2F interventions. |
| C3. | Managing risk: | Due consideration should be given to how risk is managed virtually, for example 'action in the event of' guidance should a service user fall during a virtual exercise session, demonstrate evidence of psychological distress or a deterioration in mental or physical health. Risk/care plans may need to be set up in advance with people with a known history of mental illness, including having a named clinician to check in with the service user, in case of increased risk or drop out. |
| C4. | High cognitive load and fatigue | Not all participants will be comfortable being on a screen or sitting before a computer for extended periods of time. Virtual working can place high cognitive demand on clinicians and service users due to reliance on two dimensional audio-visual cues and digital fatigue is a recognised feature of prolonged use of digital/ virtual platforms. Programmes consisting of short, frequent sessions are likely to increase engagement. Virtual programmes could model PMP principles, for example, by encouraging regular changes of positon and posture to ease muscle fatigue. Engagement can also be promoted by using group activities and encouraging feedback between participants rather than through the facilitator (Rees & Haythornwaite, 2004). Regular breaks should be built into the group schedule to promote self-care. Equally, clinicians' diaries need to be organised to allow for planned self-care activities to facilitate *their* concentration and engagement. |

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| **C5.** | Environmental cues for therapists and service users | When working virtually a sound approach is to assume visual feedback is unreliable when ambiguous. (Rees & Haythornwaite, 2004) It is therefore vital to 'check in' with people, to confirm a shared understanding of concepts and explore the impact of the intervention on individuals.<br>Training in communication skills online is recommended. |
| **C6.** | Social interaction and group dynamics | It may be more challenging to facilitate group cohesion, positive group dynamics, service user interaction and engagement virtually. Attention should therefore be given to the adoption of innovative solutions (e.g. use of 'break out' rooms for small group discussion. This could involve opportunities for participants to interact with each other without the presence of the facilitator. Using a list of participants and activating the online 'chat' function can enable interaction between participants and the facilitators.<br>Social media groups could be set up for peer support, with awareness of their advantages and challenges. They should be used with care to prevent splitting/the creation of cliques within groups. Service users should be encouraged to take responsibility for group cohesion alongside clinicians and this could be addressed within the initial discussion. |
| **C7.** | Didactic versus experiential learning | Early experiences suggest that virtual sessions can be more didactic then those previously delivered F2F. Steps should be taken to mitigate this wherever possible (e.g. discussion in break out rooms, chat functions, polls). As with face-to-face PMPs information provision alone is not an effective means of facilitating behaviour change (British Pain Society Pain Management Guidelines Guidelines, 2013). Due consideration should therefore be given to maximising the opportunity for experiential learning during and between sessions.<br>Alternatively service users could peruse pre-recorded/print/online material prior to live sessions, thereby maximising the therapeutic impact of time with experienced clinicians. |
| **C8.** | Managing attrition | Identifying reasons for attrition in virtual programmes will provide useful learning to inform future service provision. As with F2F interventions, service users who drop out should be contacted to understand the reason |

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| | | for their decision and the need for any further input or onward referral assessed. |
| C9. | **Staff well-being** | There are many stresses attributed to working in a non-F2F manner, for example, managing risk, responding to challenges associated with IT systems, dealing with social isolation when working remotely and maintaining boundaries when working from home. In response to this, staff may benefit from more frequent formal and informal mechanisms of support, regular and robust professional, clinical and managerial supervision and staff wellbeing initiatives. |
| C10. | **Clinical support/supervision** | In line with good practice, it is strongly recommended that services review their support and supervision practice in order to provide opportunities for clinicians to reflect on their experiences and engage in a pattern of continuous improvement. |

## *C3* SERVICE EVALUATION AND RESEARCH

In the interest of future service development and delivery, it is important that we capture people's experiences of virtual interventions as well as clinical outcomes, activity and cost metrics.

Public Health England (May 2020) recommends that virtual programmes are evaluated using the following principles:

1. Have a theory or model of how your digital product works
2. Be aware of possible unintended consequences
3. Reflect on what you are doing
4. Listen to feedback
5. Plan descriptive studies (routine data collection/audit and user feedback)
6. Consider carrying out rapid qualitative studies
7. Consider what historical data you have
8. Start collecting data before you implement your digital health product if possible, to help with before-and-after studies
9. Use natural experiments (for example, a product being introduced in one area but not in another) where possible
10. Consider the financial implications of the new product, or whether it is cost-effective
11. Be transparent about what you can conclude from your evaluation

As there are a lot of unknowns about the efficacy of virtual interventions, there is a definite need to identify key questions and to develop and conduct high quality and timely research to answer these questions. This should involve all key stakeholders, including experts by experience. Key research findings should then be disseminated and implemented into policy and routine clinical practice.

## D. RECOMMENDATIONS AND CONCLUSIONS

In order to support pain management services with virtual ways of working, this group recommends the following:

- The establishment of a reference group comprising clinicians who have already engaged in roll out to support teams and services around the country
- Periodic workshops/webinars to share learning and support teams at different stages in the development, delivery and evaluation of virtual interventions.
- Clinical supervision at local and national levels to share good practice and support colleagues

Pain Services have needed to embrace alternatives to F2F PMPs and implement them at pace and scale. Despite the significant challenges inherent in this process, early learning indicates potential solutions are viable. Continued evaluation of clinical and cost effectiveness and the personal experience of people using and delivering these interventions needs to be conducted and this learning used to inform future healthcare provision.

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## CONFLICTS OF INTEREST
None declared

# Appendix 1

NHS
North Bristol
NHS Trust

**Guide to Online PMP: Bristol Pain Clinic**

We have been learning how to use online platforms to keep our services running during the national COVID-19 crisis whilst face-to-face appointments are not possible. In particular, we have been testing out ways of running Pain Management Programmes. This can be done from a computer, tablet device or smart-phone. Initially, both staff and patients had reservations about how well this would work and it is encouraging to be able to say that the experience has been surprisingly positive on all sides.

There are a number of different platforms that can be used for video calls and our team tried most of the well known options. We took into account the need for privacy and the ease of use. We first ensured that the video/audio link-up is encrypted, allowing both pain professionals and patients to maintain the confidentiality of their work together. We liked systems that made it easy to sign in from an email message. We found we preferred a system that allowed us to have break-away smaller meetings in which participants discuss a topic with 3 or 4 others before rejoining the main meeting. This helped get more people actively involved contributing their experience to the discussion. From what we have learned we are now confident that this is an effective way of helping people who are living with chronic pain to improve how they cope.

The Pain Management Service at Bristol is routinely offering online PMP courses and we are inviting you to join one of these courses. It does require some preparation beforehand however and these notes offer some practical information to help you understand what to expect from the online sessions, along with some tips that help the process to run smoothly. When you confirm your interest we will send you an internet website address where you can watch an example of how it works and provide you with details of how to join your first session.

This guide also demonstrates the steps in joining from your computer or device. The steps are the same from your phone; although they may look a little different.
We mostly use one main platform provider but since this can vary. We have used terms in the notes below that may differ from one platform to the next but the way these work is very similar. You will hopefully get an impression of the basics and can then practice with the platform adopted for your course.

**Joining a session**

You will receive an email with an invitation. It will look something like this:

**Pain Management is inviting you to a scheduled [the platform] meeting:**

**Meeting Title, Time, Date,**

**Meeting ID, Passcode**

If you are using a smart phone or tablet device, you will likely need to download the [platform] app from the internet before you can proceed.

There are two options for joining a meeting, one is to click on the "Join Meeting" link from the email invitation and you will be directed to your meeting page. Alternatively you can log into your [platform] account on a web browser or in the app and select 'join meeting', you will then be prompted to enter the meeting ID and passcode sent to you in the invitation email.
If you haven't used the particular platform before, you will likely see a screen message advising you to download the programme. You then install the .exe file as instructed and you're ready to go.

If you have clicked on your invitation to meeting link before your host (from our pain team) has started the meeting, you will see a message advising you to: "Please wait for the host to start this meeting", or similar. Once the host starts the meeting, you will be asked to enter your name, so just use your first/preferred name.

**Sound**

There will then be an option to check your computer or phone's in-built audio prior to starting the meeting. Ensure you are in a quiet space as background noise will be noticeable to others. You may prefer to use a headset with a microphone for clearer sound. This is a good idea because sound quality is important. Try to position yourself close to the microphone you are using.

You can choose to join the meeting with video and audio (i.e. picture and voice) or audio only. We would encourage you to choose the "Join with Video" option, as it means we can see each other as we speak. This makes it easier to get to know the others taking part, but this is entirely up to you and we'll respect your preference.

**Visual presentation**

Ensure there is good room lighting and face the light from a window, to improve picture quality. You will be able to preview your video picture before joining in. It gives you a chance to position yourself to be seen clearly. Also consider about the items that may be around you in the background which would therefore visible to the rest of the group. Do please dress as you would if attending an appointment in person.

**Orientating yourself**

At the bottom of the window is often a meeting Navigation toolbar (although this will vary depending on the platform and the device you are using): On the left-hand side of the toolbar, you can turn your microphone and video on/off yourself. When you press the Chat button, which may be under the 'More' option, a chat dialogue box appears. This will enable you to type a response to the whole group if you feel unable to talk directly.

You will enter a virtual "Waiting Room" and when Host lets you into the meeting you will see their face. You will enter the group with your microphone 'unmuted' so be aware that others can see and hear you. In order to see the other participants, you will be able to select from different view options. You can click on a 'Gallery view' or swipe sideways on a mobile in order to see everyone in the meeting at the same time.

We greet each other as normal and settle into the virtual meeting room. If there are a number of participants, the sound quality can deteriorate so when the session starts the Host may mute everyone and then establish a method where one person speaks at a time. In some platforms there is also an option to type a private response to the pain professional only, if you want to alert them to something that might be affecting you. You may notice there may an option to record the session but your pain professional host will have this TURNED OFF. We don't permit sessions to be recorded by anyone, for Confidentiality and Data Protection reasons. We also request that you DO NOT copy/post any recording/screen shots to social media for the same reasons.

The sessions tend to be a little slower at the start of the course as those taking part are getting used to the way it works. They gradually speed up as we go along.

There will be comfort breaks during the meeting when the host will prompt everyone to move around and perhaps move away from the screen to get a drink or other refreshment. Do please return at the right time for the restart and at other times do please stay present in the meeting room.

**Ending each meeting**

When a session comes to an end, simply click the "Leave Meeting" wording on the toolbar to exit the meeting, alternatively the Host can end the meeting for the participants.
Agreeing how the group will work:

As everyone becomes more accustomed, we will try various functions. The host will share images or video with you whilst leading a discussion. Small group discussions will take place in separate break-away rooms created by the host.

"Ground rules" will be explained by the host at the start to help participants to settle and work together. There are a few points however we would like to raise from the start:
Confidentiality

In order to protect privacy we ask that you take part on your own with the door closed. If this presents a problem please get in touch with us before the beginning of the course.

Once we get underway we do encourage discussion of the themes we will be introducing. They are all relevant to living with a pain condition. After the meeting ends we do also encourage to discuss what you learn with those closest to you but it is important when doing this to protect the privacy of others taking part, not discussing any personal details disclosed by others. This means not discussing any personal information about anyone else taking part. Everything personal which comes up, such as someone's name, where they live, or their children's names, remains confidential amongst the members of the group and the hosts only.

**Listening to each other**

The course meetings work best when individuals speak one at a time. This is even more important when using an online platform. As a group, we will need to work out how we can do this and indicate when someone wishes to raise a point e.g. by raising a hand.

**Respecting each other**

Please respect the opinions of others as everyone will experience things differently. Hold back from getting involved in advising others what to do, as they need to work out their own approach: this includes for example giving advice to others taking part about diets, exercises or even relationships.

**General Pointers**

1.  Preparation: Set up computer or mobile with [platform] at least ten minutes before the session commences, of course checking it is fully charged or plugged in. (It is useful to test your audio and video before your session starts)

2.  Plan where you will be at the time of your session: Good connection to the internet is important but also ensure you have the time and privacy to engage fully. Your host pain professionals take every precaution to protect the privacy of your session and it is important you do your best to ensure you will not be disturbed during your session.

3.  Uphold confidentiality and do NOT let anyone else listen, to any part of the online session (via phone or any other technical device or in person).

4.  Pay attention to your posture and positioning: ensure your computer or mobile is at a sensible height and the camera is at eye level, so we can see your face (not the ceiling).

5.  Keep disturbances to the minimum, if unavoidable (e.g. due to children at home) please advise your pain professional at the start of your session. You can mute the microphone and turn off the video if you wish to leave for a short time then turn it back on.

6.  Reduce distractions: keep your mobile out of reach and with the sound muted.

7.  Technical difficulties can occur during meetings so please advise your pain professional as soon as possible and move to an alternative if you can, to minimise session disruption.

8.  Focus on your needs: have a drink, refreshments and tissues nearby.

9.  Personal readiness: ensure you are appropriately dressed (as if you were coming to a face to face group) and have not been drinking alcohol or taking drugs prior to the session.

10. Timekeeping: join the online meeting at the agreed time.

This is a new venture and we are continuing to learn as we go forward with this online format. We look forward to welcoming you.

"Your online video Pain Management Programme" Pain Service North Bristol NHS Trust 12.8.20

# Appendix 2

**DORSET PAIN MANAGEMENT SERVICE**

**Pain Management Programme Group Rules: adapted for virtual online groups**

As with Pain Management Programmes (PMP) that are delivered in person, the group guidelines for remote PMPs are developed collaboratively with group members during the first session of the programme. Suggestions of 'rules' that are typically included are as follows:

- Privacy: group members are to ensure they have the privacy needed for the group in order that it is not interrupted or overheard – this may include ensuring they are in a private room in which they are unlikely to be interrupted, or using headphones so that session content is not overheard and other group members information is kept confidential.

- Pets: disruption should be kept to a minimum and therefore group members should try to ensure they are in a space where pets are unlikely to intrude. If pets are noisy (e.g. dogs barking) group members would be encouraged to mute their microphone so as not to disrupt the session.

- Confidentiality: group members are asked to be respectful of what others share and not discuss sensitive or personally identifiable information with anyone outside of the group.

- Lateness and missed sessions: if participants are going to be late or unable to attend for any reason, they are to inform the central admin team as soon as possible. If two sessions are missed, participants may not be able to continue with the group.

- Do not record the session or take screenshots: additional documents used during the session can be sent out at the request of participants.

- Refrain from activities which might distract others, e.g., eating, speaking on the phone, moving around the house, smoking.

- Stay comfortable and move as necessary. A timer is set at 30 minute intervals at which point all participants are encouraged to stand and stretch/move.

- Try to stay in the meeting until the break: if group members need to leave beforehand they are encouraged to let the team know via the messaging function.

- Put microphone on mute while leaders talk and turn microphones back on for questions/group discussion time.

- Camera: group members are encouraged to have camera turned on for duration of the session to help facilitate engagement and a sense of togetherness. If for any reason this is a difficulty, participants are asked to communicate this to a facilitator.

- Mobile phones off or on silent and TV/radio switched off.

- Everyone should have an opportunity to speak: though it can be difficult when using video conferencing, group members are encouraged to give one another space to share their experiences, and try not to speak over one another or cut anyone off.

- Have respect for our differences, non-judgement, and kindness with self and others.

- Group members are encouraged to be supportive and take a 'non-fixing' approach to one another's difficulties, instead offering support and compassion, and sharing ideas about what has worked for you.

- Permission to make mistakes/laugh/cry/ask questions/have a bad day etc.

- Please contact a group facilitator if you need further support to participate, or if you're having personal difficulties with the material, and want to arrange to speak individually with a team member.