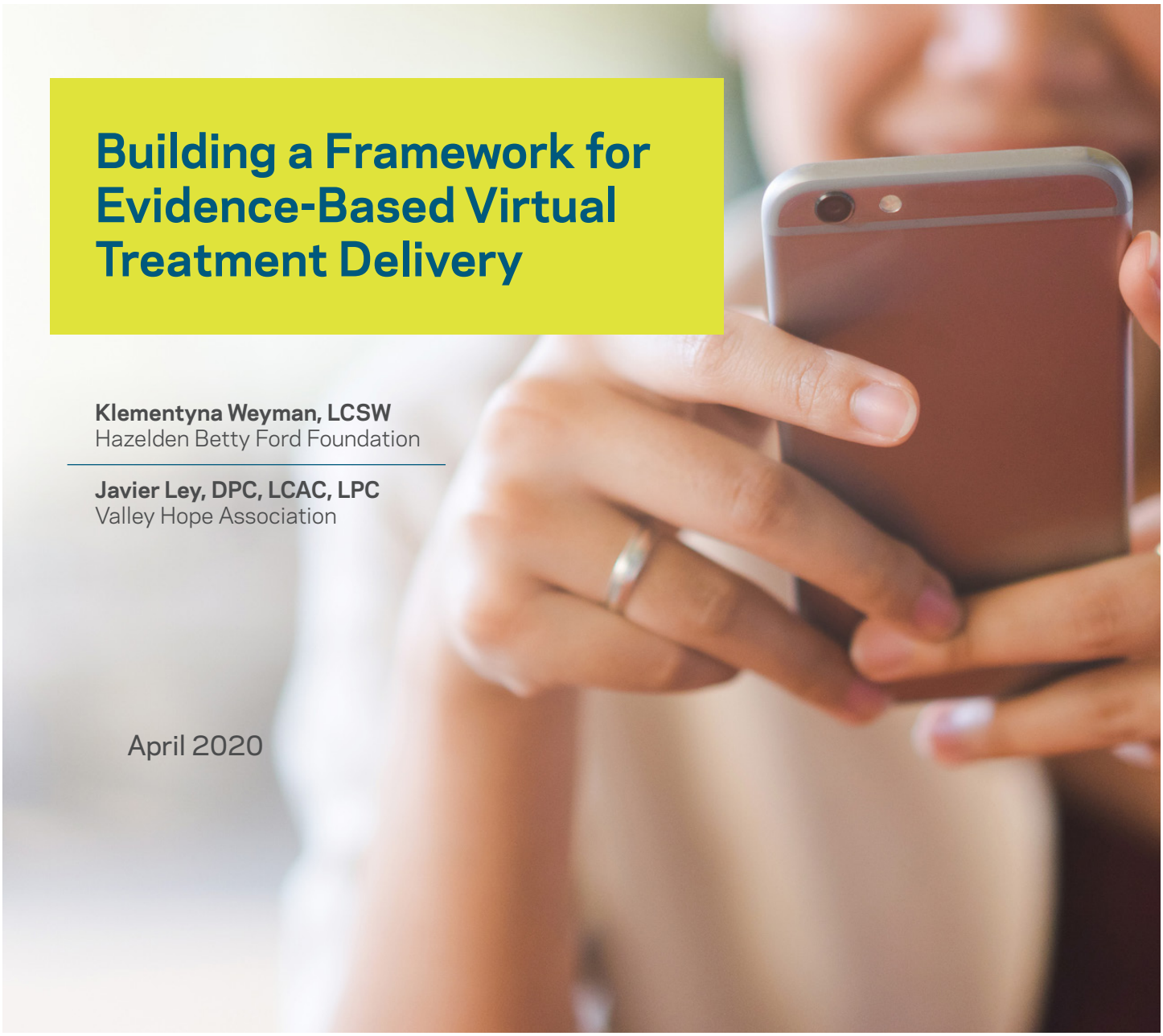
Exhibit K

Enhancing Care Through Virtual Visits



Building a Framework for Evidence-Based Virtual Treatment Delivery

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Hazelden Betty Ford Foundation

Introduction

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Since March 2020 the Hazelden Betty Ford Foundation has taken several steps to adjust to COVID-19. A few of these steps include ensuring our residential services remain open while implementing robust safeguards to minimize risk to clients and employees. As part of this effort, we are offering all intensive and outpatient services virtually.

We're expanding our virtual portfolio for training and consultation, including translating how to use our top evidence-based treatment curriculum, *Living in Balance*, to deliver standardized, efficient clinical care in a virtual environment.

We believe we are all in this together, and the Hazelden Betty Ford Foundation wants to help and support our partners and colleagues in the field.

This guide is part of a larger series being offered by the Hazelden Betty Ford Foundation focused on providing clinicians with resources during these challenging times. Using Hazelden's *Living in Balance* curriculum as a model, this guide will share key elements of program design affected by a shift to virtual delivery, how to effectively adapt program design, and ways for clinicians to manage stress. Because the focus of this guide is on program design and delivery in the virtual setting, we will only briefly address network security and how to choose the best platform for your organization. For questions on IT or network security, we refer you to your respective IT department. Those experts are your best resource.

In addition, there are some basic questions you will want to keep in mind when you are choosing an online learning platform:

1. What are your clients' technical capabilities?
2. How easily can you build courses or online experiences?
3. Is there mobile capability? Does it have a responsive design?
4. Does the provider of the platform provide adequate customer support?
5. Can I develop learning experiences that are accessible to all learners?
6. Can I "push" content to the learner as it is needed?
7. Does the system allow me to track clients' progress?
8. How can I communicate with my clients using this system?
9. How secure is the system? Is it compatible with your confidentiality needs?
10. How many people will need to access the system at one time and total—both clinicians and clients?
11. Do you need different levels of access—administrator view, client view, etc.?
12. What type of learning tools are provided with the platform? In building courses?
13. What type of back end data can be gathered? Is that data consistent with the type of data you need to collect?
14. Do you want an "out-of-the-box" solution, or do you need to build your own?
15. What is the pricing model?

For a comparison of different learning management systems, visit elearningindustry.com.

Working with Virtual Environments

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Delivering services within a virtual environment can sound like a daunting prospect. But when we're talking about virtual environments, we're just talking about interaction facilitated by technology. A virtual environment is made up partly of the online platform and tools we use to interact with our clients and the structure of the group or the evidence-based practice that we use.

As mentioned previously, this guide won't be going into much depth on which platform is best to use, but as a very brief note on compliance, check with your agency to make sure your chosen platform is HIPAA-compliant. Also check with your state licensure board about requirements for telehealth. It may require you to have a telehealth-specific training before providing virtual services. Many state boards have waived the training requirements for the current health crisis, but some have not.

As with other technological advances, when we shift to virtual service delivery, there are some things that will change, but many things will remain the same. And just like with other changes, virtual service delivery does bring with it some pros and cons. Let's talk about some of the potential drawbacks first.

Absence of Physical Presence

The absence of physical presence does take some getting used to. Virtual service delivery is not an exact one-for-one replacement for in-person interaction. Even with a webcam, we lose access to some body language, such as hand gestures and so on, because we can see only what's in the frame. Sometimes facial expressions or tone may come across differently since we may not have access to the whole context of a situation as we would if we were in the same room with a client.

To provide a real-life analogy, think about the difference it makes in an interaction when there's a desk between one person and another. Judges or bankers may have a desk between themselves and their client, while a clinician may not. Just having that piece of furniture between two people changes the dynamics of an interaction. Figuring out how to navigate these challenges of physical distance will be an adjustment for both the client and the clinician. However, it isn't as much of a barrier as a lot of people fear it to be.

The Need for Additional Equipment

Virtual service delivery does require additional equipment for all parties involved. This requires time and resources for both client and clinician. This is something to keep in mind when considering how virtual services will be delivered. Is equipment something my clients have the means to obtain?

Distractions and Disruptions

Technical difficulties, such as slow connections, disconnects, and poor internet service can be disruptive to a session and frustrating for all involved. Distractions also abound when people are at home, and they can be very tempting to indulge in.

Virtual environments do bring with them a lot of potential benefits and opportunities.

Convenience and Accessibility

Virtual environments are generally convenient and accessible. Having access to virtual service delivery can remove a lot of barriers and make therapy easier to get to for both the client and the clinician. Access to a means of transportation or money for transportation is a barrier that's removed when in a virtual environment. Access to childcare becomes a little less of a concern as well when the client can access therapy services from home.

More Modes of Communication

Virtual environments offer multiple pathways for communication and self-expression. Those can include not only voice communication but things like text, pictures, and emojis. This is something that we, as clinicians, will want to keep in mind for several reasons. One, how someone chooses to communicate may give us insight into other ways to communicate back, and two, how people choose to communicate can be indicative of how they remember things or how they learn. Both of those things can help them better connect with treatment-related material.

More Creative Ways to Present Content

Virtual environments can present opportunities for creativity, especially in terms of how the material is presented, because there is more access to other forms of media. For those of us who are not particularly artistic, we can access visuals that help our clients better understand concepts presented in treatment. If we have videos to show, we now can do that without having to book a particular room or to set up a TV and a DVD player. Video assets are readily available on the internet.

However, just as you would in an in-person setting, be sure to review any video content you use before presenting it to clients. You want to make sure the content is appropriate. You don't want to show anything that may be offensive to someone. Screening the content beforehand also allows you to ensure that it's connected to the objectives of the treatment curriculum that you're using, such as *Living in Balance*.

Some pictures or video clips that we find online may seem great, but if we give them a second look or play them all the way through, we may learn that they don't convey the specific ideas we thought they did or they don't connect to the material well. By collecting appropriate online content that directly relates to various sessions of ***Living in Balance***, you can develop a list or a library of video assets on critical recovery concepts and add to it over time.

A Comfortable Environment

Last, virtual service delivery allows clients to be in a familiar environment while getting treatment, which can be comforting. The absence of physical presence may even make it easier for some individuals to participate. For example, someone who has a hard time talking in front of a group may feel more comfortable sharing in text chat.

Accessibility, Structure, and Preparation

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When we're moving service delivery to a virtual platform, there are three key points we may want to consider. Those are accessibility, structure, and preparation.

Accessibility

When we're adopting virtual methods of service delivery, there are two key questions we need to ask ourselves. One is: What kind of access do my clients have to communication technology? What does that look like for them? And two, is that access reliable?

The type of access a client has is going to determine what adaptations we, as clinicians, need to make to our program materials and how they're delivered. Most of our clients will have access to one of three options:

- Option 1: Audio with two-way video. Think something like a webcam, a microphone, and an internet connection.
- Option 2: Audio with one-way video. In this case a client doesn't have a webcam but still has access to a microphone or telephone and an internet connection.
- Option 3: Audio only. In this case a client has access only to a phone or an internet connection or cell phone plan that isn't good enough for video or streaming.

Again, our response is going to be different based on which of these options our clients have access to.

Option 1: *Audio with two-way video*

This is probably the option most of us hope for, where clients can see the clinician and can see everyone else. Everyone can communicate with everyone else. If this is the case, there may be less for the clinician to change.

Consider getting your materials out to clients ahead of time, either through email or through a client portal. Having their own copy, whether that copy is a physical or digital version of the client materials, allows clients to go through them at their own pace or to go back and reread them if they missed something.

Role-plays can still happen on camera, especially given adequate preparation, for example, if the role-play scenario is sent out to clients ahead of the session. Clients may surprise you with their creativity in doing role-plays virtually.

The capacity for small-group work may depend on the platform, so be aware of that if there are group activities that require clients to break into pairs or groups of three. It will depend on whether your chosen platform allows you to create virtual breakout sessions. These breakout sessions allow smaller group connections where people can have interactions separate from the rest of the larger group. The structure of the *Living in Balance* curriculum, including the handouts and activities, makes it very well suited to this type of breakout work.

Option 2: *Audio with one-way video*

Say your clients have access to an internet connection and some form of audio, either a microphone or a telephone, but they don't have a webcam. They can see and talk to you, but you can't see them. This is where you will need to change some things about how you interact. Role-plays are going to be more challenging to do with just voice to rely on. It is very difficult to role-play for a lot of people without having something to emote at.

However, various forms of relevant content can still be shared in both directions, such as pictures or video. Screen sharing, streaming, text chat, and voice chat are still open avenues of communication. Given that the visual contact will be one-way, this type of setup may necessitate use of more direct methods of getting engagement and participation. This may include asking for participation verbally or asking more direct questions than might be otherwise used. It may involve using text chat for questions or using polls where participants can either type in an answer or click on one of several options. That still provides an avenue for clients to interact with you and to show that they are engaged even if they're not always talking.

Consider also what clients see and hear. If your clients can see you but you can't see them, then you may need to be a little bit more intentional about emoting, especially vocally. This helps convey that you're engaged and listening, even when you can't see whom you are talking to.

Option 3: *Audio only*

In this case, clients don't have access to an internet connection that's good enough for any kind of video or visual, or they don't have a laptop or a tablet at all and have access only to a phone. This is the most challenging setup of all, and it can be frustrating for both the clinician and the client.

Accessibility, Structure, and Preparation

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Think back to the last conference call you attended, where everyone could talk with one another but no one could see anyone else. Navigating group discussions with only vocal cues to rely on is challenging. This may mean that extra effort needs to be made to ensure that clients have access to the material well in advance. You may also want to consider assigning any written work well ahead of time, as this maximizes the time spent on discussion and may help minimize long periods of silence on the line while people write.

Because a voice-only environment leaves no access to visuals, this also makes it hard to do role-plays because you don't have anything to emote at. All communication needs to be verbal.

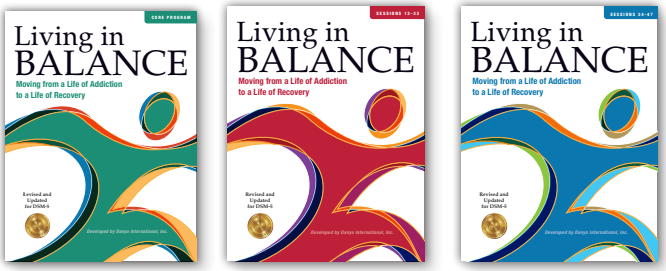
You may also want to think about what verbal communication practices look like in group and how the existing culture and norms of the group may need to shift to account for having this be your only avenue of communication.

Small changes, such as having speakers identify themselves before they share, can make a big difference in ensuring clarity. That is not too different from current practices in face-to-face Twelve Step support groups. Finding real-life examples like this when we are changing the rules and changing the expectations may help to normalize these practices for clients. Navigating group discussions also takes a little extra patience to ensure that everyone gets the chance to talk.

Structure

Structure refers both to the structure of your program and the structure or framework of the evidence-based practice being used. If you're running, for example, a three-hour intensive outpatient program (IOP) and you're shifting to online delivery, you might divide your time up differently than if you were delivering in person. You might add more breaks. You might weave in more activities designed to get people out of their seat, as three hours is a long time to sit in front of a camera or in front of a computer for most people.

As far as the structure of program materials goes, let's use *Living in Balance* as an example. *Living in Balance* is one of Hazelden's evidence-based treatment programs. It's made up of three curricula addressing a broad range of factors affecting recovery. The core program, made up of 12 sessions, addresses basic tools and skills our clients need when starting their recovery journey. Next come 25 sessions in recovery management, incorporating more advanced topics such as family relationships, parenting, and medication-assisted treatment.



The last set of materials, the co-occurring disorders sessions, are designed to help clients with these concerns to navigate their recovery. It covers things like the Twelve Steps for co-occurring disorders and how to ensure a recovery plan incorporates mental health needs.

One of the important things to know about *Living in Balance* is that it's meant to be an interactive program. Clients master core concepts related to recovery via experiential learning, so it requires active participation. This requires clients to be engaged, and engagement will depend on how the sessions are taught.

Two important strengths of *Living in Balance* that make it perfectly suited for delivery in an online format are the fact that it is flexible and adaptable. In terms of flexibility, it can be used as a core treatment model or an adjunctive strategy. It plays very well with other evidence-based practices, one might say. It can be used across a variety of program types and levels of care, and clients can join the treatment process at any point in program delivery.

Living in Balance is also adaptable. Delivery of the materials can be adjusted to address the needs of specific populations or to target certain issues related to recovery, such as trauma, anger management, family conflict, and so on. Other materials and other media can be used to enhance delivery of the program and to help clients better connect to the core concepts. How the program is adapted is up to the facilitator.

The printed materials for *Living in Balance* are very comprehensive. Each session is made up of multiple core elements, all of which can be reordered and readjusted to suit a specific population, clinician style, or delivery context.

The client handouts contain educational information in the form of readings and written exercises for clients to reflect on the material and how it applies to their experience. Group discussion is a key part for clients to process what they've learned, process their reactions to it, and learn and respond to one another. *Living in Balance* makes extensive use of role-play, visualization, and relaxation exercises to help clients acquire and practice new skills before they might need them in the real world.

Again, this is a program where clients are meant to learn by doing, as active participation confers an experience that can't always be replicated just through discussion. In addition to talking the talk, this helps clients to walk the walk and to put their new understandings into practice.

Use of video with *Living in Balance* is highly encouraged. The program includes some guidelines on how to use video within the context of a *Living in Balance* session. There is also homework assigned between sessions for clients to apply what they've learned outside the context of treatment and further their learning by doing. Because this program is so highly adaptable, the clinician has a wide array of options to choose from when assigning clients practice between sessions. This isn't just limited to written work. If you facilitate a session by just going through the handouts, this may mean you're missing some of these critical interactive elements.

Living in Balance includes a structure that is meant to be used in each session. Structure helps create a sense of safety as well as predictability, so clients know what to expect. Each session is designed to be about an hour and a half to two hours long. You may have to adjust this for online delivery, as that might be a long time to ask clients to sit in a chair.

How you adjust each *Living in Balance* session, though, is up to you. You can put a break in the middle of a session to allow people to get up and stretch. You can break up the session by peppering in more activities, especially those that allow people to move around.

Generally, a session starts with a check-in and a brief relaxation exercise, and then you provide an overview of the session content. Next, you facilitate the session, lead an optional role-play or visualization, and, at the end, you summarize the learning. There is a Quick Start Guide included with the program materials that lists the session format and steps for how to conduct each element. It can be found in the back of the facilitator guide and on the CD-ROM with other reproducible materials, and it is also available on Hazelden OnDemand, a digital subscription service.

Now that we've reviewed the key elements and session format, let's look at some examples of how *Living in Balance* might be delivered online. Starting with check-in, many of us have a standard format for group check-in that we like to use, but it doesn't always necessarily have to be something like, "What's your name? How are you feeling today? And what's your goal?"

Especially when delivering online, you now have access to more options. Imagine asking clients to show you a picture that captures how they're feeling. Again, this allows for a different kind of self-expression that may not be readily available when delivering face-to-face. Or imagine asking for something like a link to the worst movie they've seen. This still allows clients to share something about their recent experience between sessions but in a little bit different way.

Living in Balance makes extensive use of relaxation exercises. Relaxation is a skill that we want to encourage our clients to practice so they have it readily available when it's needed. There is a 10-minute recorded meditation included with the program materials in two versions, one with guided narration and one without. That recording is also available through Hazelden OnDemand. Alternatively, if you have a guided meditation that you really like that's available elsewhere, such as on YouTube, you can play that. As you can see, more options are available when it comes to virtual delivery.

Now let's talk a little bit about delivering the session. As you've seen, this is a program that isn't all talk, and it certainly does not have to be. Delivery in a virtual environment offers additional opportunities to go beyond handouts, worksheets, and discussion. Consider creating a presentation that highlights the key elements of the material, especially something that uses a lot of visuals. The written materials can still be read or narrated, but showing a PowerPoint slide with a picture illustrating a key concept helps clients connect to the material in a richer way. Audio and video clips work too.

One of the great strengths of virtual platforms is that you have the whole of the internet at your fingertips. Resources abound. Of course, one of the big caveats is that you have the whole of the internet and all that comes with it. Be careful to screen your content ahead of time, so you know exactly what's in it. This helps you better connect it to the core concepts in each *Living in Balance* session and allows you to start creating that library of online resources, session by session.

With homework or practice assigned between sessions, again, you have flexibility. You can have clients use pictures, audio, or video as part of activities and assignments. Set expectations ahead of time regarding what kind of content is permissible and appropriate, but again, allowing clients these kinds of options helps them better connect with the material and perhaps even develop a deeper understanding.

Accessibility, Structure, and Preparation

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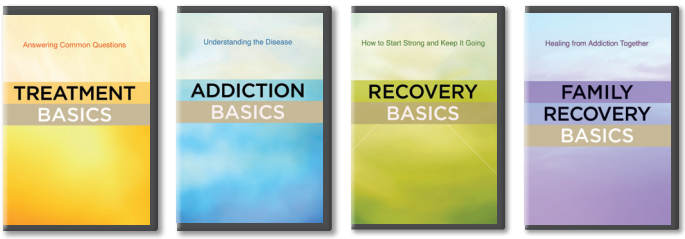
Text chat is also an important tool in an online environment and something that you need to remember to pay attention to. Some clients may be more comfortable sharing via text than voice, some may have questions but don't want to interrupt the speaker, and so on. It's certainly something that you can leverage in order to promote engagement and interaction, even when you're not sitting face-to-face.

Hazelden also has additional resources available for video content. One such resource is the *Basics Video Series*, which includes *Addiction Basics, Treatment Basics, Recovery Basics,* and *Family Recovery Basics*. Each video in the series is composed of short video segments covering a range of topics related to a central theme. The videos incorporate interviews with people in recovery and their family members. Again, this can help clients connect with session material. The same information can come across quite differently if it's coming from a peer versus from a clinician. Each video includes a facilitator guide with background information, client educational handouts, and pre-written discussion questions. It also has a Quick Start Guide with instructions on how to create a 50-minute psychoeducational session from each video, so it can be used as a standalone educational resource as well.



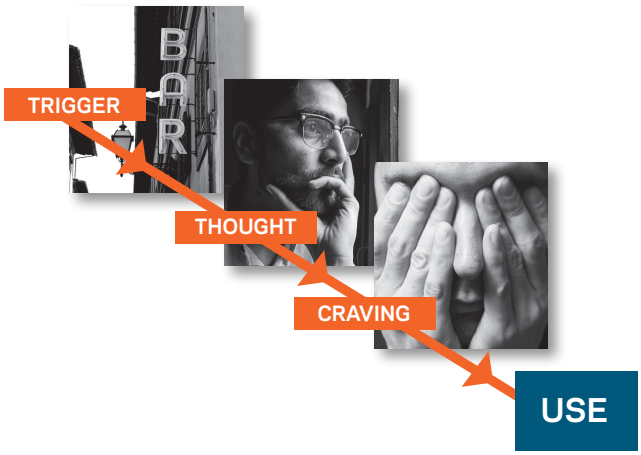
Enough information is included in the Basics Video Series facilitator guide so that even someone who doesn't have a lot of experience or preparation time can still facilitate a discussion. Given the current situation with COVID-19, access to a resource like this can be helpful if a clinician needs to cover a virtual group session for someone else on short notice, without a lot of time to prepare. It can also be used with families. If family members can't attend programming or visit with participants due to physical distancing for health and safety reasons, they can be sent the handouts from *Family Recovery Basics* ahead of time. Again, these materials are available on Hazelden OnDemand with a digital subscription.

These are just a few examples of the crosswalk between *Living in Balance* sessions and the *Basics Video Series* to illustrate how the videos can be used to enhance virtual delivery. This list is by no means extensive or exhaustive, as there are plenty of other examples, but it illustrates how the concepts are complementary, so that both programs can be used very well together.

Here is an excerpt from ***Living in Balance*** session 35, Chronic Pain and Opioids.

The key concept from this segment is that there is a cycle that can develop with chronic pain that can lead to opioid tolerance and dependence. This cycle can be difficult to break, even in the absence of addiction. If we're delivering this content in an online format, we can get creative. Instead of just talking or reading about it, we can create a graphic, as seen here, that illustrates that same core concept. The addition of pictures may help clients make an emotional connection to the material, something a little bit more personal, and possibly help them relate it to their own experience.

Session three talks about triggers, cravings, and avoiding relapse. Here is an excerpt from the materials, which talks about the four-step process by which a trigger can lead to relapse—trigger, thought, craving, use.



Again, instead of just reading the text, when you're delivering online, you have the option of creating a graphic to illustrate that same concept.

You can also get creative with activities and assignments. Earlier, the use of pictures and video in addition to written work was discussed. Here's an example of an assignment you could create that goes well with several *Living in Balance* sessions.

EXERCISE

Recovery Capital Show and Tell

Have each client submit a picture or short video showcasing the "recovery capital" they have access to at home.

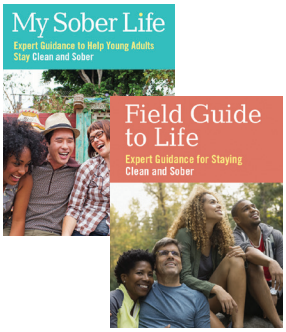
This is called Recovery Capital Show and Tell. By recovery capital, we mean what resources do clients have at their disposal that help them maintain their recovery in some way?

This is especially important at a time like this, when by practicing physical distancing, clients may not be able to attend peer support meetings. You can have clients submit a picture or short video showing the recovery capital they have access to at home. Someone might submit a picture and say something along the lines of, "This is my mindfulness nook."

They then get a chance to talk about how it works and what it does for them in terms of helping support and maintain their recovery.

This can be used as an assignment with several sessions. For example, *Living in Balance* session eight talks about stress and emotional well-being and how important it is to maintain our emotional well-being. Session nine goes into detail about skills to reduce stress. Session 32 talks about spirituality and personality, and it has a section on meditation, its practice, and potential benefits. Session 33, advanced relapse prevention, and many other sessions, also talk about this topic.

There are also mobile apps. Many clients may have access to a mobile phone. Hazelden offers many apps, but there are two that pair very well with core concepts presented in *Living in Balance*—The Field Guide to Life and My Sober Life. Each app offers several tools to help support an individual's recovery and keep him or her motivated and on the right track.



The apps have a tool that allows the user to save his or her relapse prevention and relapse response plans right in the app. Such plans, as well as the importance of planning, are explained and developed across several *Living in Balance* sessions, including session four on planning for sobriety, session 12 on relapse prevention basics, and session 33 on advanced relapse prevention.

There's a tool in each app that helps with cravings and motivation. It allows users to upload pictures of things that might motivate them in recovery, something that illustrates what they want in life, be that health, relationships, a career, or pictures of people who are important to them, such as friends and family.

The app users can look at those pictures when they're struggling with motivation or experiencing a craving. The pictures can help them to practice the skill of thought-stopping. This goes well with session three, as we already saw before with trigger, thought, craving, use, as well as with session nine, which talks about practicing stress reduction. The apps also have a function that helps clients track power-ups and obstacles that they encounter daily. Power-ups are positive resources that they have or tools that they're using to maintain their recovery.

Tracking is an important skill that helps to build awareness and identify patterns, and those patterns can then be changed, if needed. The tracking tool can be used as a complementary resource in session 10, which talks about negative emotions, or session 21, which talks about human needs and social relationships. Again, this is by no means an exhaustive list, but it illustrates how the evidence-based *Living in Balance* curriculum and the tools available in each app mesh very well. The goal is to help create a bridge between treatment and home.

Preparation

Preparation is the third critical area we want to look at when shifting to online delivery. Again, some of this won't be too different from the preparation we would do for in-person sessions, but because the context has changed, we now have some extra things to take into account or some things to consider building into our routine. Preparation refers to both preparing our clients and preparing ourselves.

Accessibility, Structure, and Preparation

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Let's start with clients. First, you will want to make sure your clients know the rules and expectations of virtual individual and group sessions. You want to let your clients know what's going to change and what's going to stay the same, and you want to be explicit and intentional. You don't want to assume that someone shares your understanding, in the same way you wouldn't assume the same in an in-person group. Those rules and expectations don't have to be a one-way conversation. Anytime you are making changes like this, it really helps to be transparent about it and to involve the client or the group in the discussion.

To give an example, earlier we talked about accessibility and about groups where every client has access to a webcam. What happens if one person in the group doesn't have a webcam or chooses to turn it off? Do you allow it? Do you move that person to another group? Not necessarily. That might depend on things like the existing group dynamic, how long the group has been meeting together, how it makes the other group members feel, especially in terms of trust and safety, and several other factors. It isn't a clear-cut black and white decision, and there are benefits to having an open discussion with clients about such changes.

Address confidentiality very clearly. If you're offering a virtual group session, you want clients to participate but in a way that protects their confidentiality and the confidentiality of others. Giving some clear guidelines about basics may help. Things like reminding them that if they're participating on webcam, to make sure they're not in a public place; that they're in a place where they won't be interrupted by others or their screen won't be seen; that they should use a headset instead of broadcasting sound over speakers or on speakerphone, and so on.

Consider also taking the time to orient clients to the platform that's being used. You want them to know how to use it, where the text chat is, how to log in and out, and where their mute button is. Remember, it will take them some time to acclimate. If you're orienting your clients, of course this means that by extension you also need to be oriented to the platform and to know where these things are.

When you're delivering services to a client who's likely to be at home, video conferencing can sometimes lead to boundary issues. Clients may need gentle reminders every so often to treat virtual sessions just as if they were coming to your office or to your agency in person.

You will also want to take the time to prepare yourself, and again, some of this may be the same as if you were delivering sessions in person. Just like with face-to-face sessions, you want to organize your information ahead of time. You want to be prepared knowing your program materials, knowing what you're going to cover in the session and what's for homework. You want to send session materials to clients ahead of time. This includes not only handouts but any additional resources, such as video links or audio files that you may want them to have access to.

Handouts from curricula such as *Living in Balance* can be printed and sent to clients via regular mail, which does require more lead time, so do keep that in mind. They can also be sent by email, or they can be distributed via a client portal for clients to download. For *Living in Balance*, the client handouts for each individual session are available to clinicians via Hazelden OnDemand.

Consider again converting visuals to an online format. If you don't have any existing visuals, this can be your opportunity to create some: images, video clips, quotes, anything you can use to demonstrate a point or reinforce a concept in a different way. And of course, you want to be aware of what it is that clients are seeing and hearing. You need to be aware of what's around you and especially what's behind you. When you screen-share, you want to make sure you're aware of what exactly it is that you're sharing and take steps to make sure you're maintaining your boundaries and protecting confidentiality.

There are some habits that you can make part of your routine to help with this. If you have another client's notes up on your computer, you want to make sure that you've closed them completely before a session. If you get reminders or pop-ups from email or calendar apps, it may help to turn those off or close the apps. If you have other browser tabs open, make it a part of your routine to close the ones that are not relevant to what's going on in group. To be on the safe side, tend toward closing everything and hiding everything. This is, again, like what you would do in a physical office—you would ensure your computer screens are locked, that any protected health information is put away, that your cell phone isn't out. You likely may not have personal pictures up. It's about applying those same skills you've used before in a little bit different context.

Of course, part of preparation is practicing stress management. We have a lot on our plates right now. Change by itself is hard. Most recently we've had a lot of massive changes in the world, and a lot of big things have suddenly become different almost overnight. There are a lot of unknowns, and that leaves people feeling stressed and scared. On top of that, you are now taking your services virtual, taking an evidence-based practice virtual. That's one more change on top of everything else.

In terms of managing your own stress, there are some practical suggestions for adding to your stress management toolkit. Practicing mindfulness, particularly mindful acceptance of what's going on, is important.

Be aware of your own thinking patterns, especially if you find yourself doing things like catastrophizing or immediately jumping to the worst-case scenario. Reframes can be very helpful in situations like this. Is there another way to think about this? Is there another way to look at this? Things may be hard right now, but is it possible that what you're describing as a challenge can really be an opportunity in disguise?

Routine now is more important than ever. It can provide us with some sense of structure to contain us even as our definition of normal changes. Self-care is also important. Make sure you're taking the time to attend to your own physical and emotional health. This is back to basics. Are you eating properly? Are you getting enough sleep?

None of us can pour from an empty cup. We need to take the time to replenish our own resources. Practice relaxation exercises. Now can be a good opportunity for us to start doing these exercises or to start again. Use humor but of course with appropriate audiences. Our clients are not going to be that audience, but maybe colleagues or friends or family members can be. And, of course, get your fill of the news that you need and then disconnect. There can be a lot of misinformation out there. Spending too long Googling things on the internet and reading article after article, post after post online can be draining on our emotional resources and can have an impact on our mental and emotional health.

All of this guidance should help you as you look to transition your implementation of evidence-based practices, such as *Living in Balance*, to a virtual experience.

Summary

When we speak about a virtual care strategy, we need to ask ourselves the question: Is virtual care a temporary response to the pandemic, or is it something that has merits in our post COVID-19 world? We may all find that when the COVID-19 crisis is over, our clients are more than ready to continue their care virtually, which will allow us to expand our services in new and creative ways.

A Real-Life Example

Valley Hope
Here is an example of how one organization transitioned the *Living in Balance* program to a virtual setting.

Valley Hope is a not-for-profit addiction treatment provider. It has been serving clients across seven states in the Midwest. It started its journey more than 50 years ago in a small rural town in Northwest Kansas. Starting in 2007, Valley Hope had offered telehealth services, called Telecare. It had 1,100 clients in that program, but it was downsized. Financial sustainability as a self-pay model was a challenge. However, the portal and the technological infrastructure remained. That was a key factor in its current circumstance, as it provided the organization with a head start in moving to virtual care delivery.

In early 2019, Valley Hope was in search of an evidence-based treatment solution. It reviewed many different programs, identifying the pros and cons of each. A few things really jumped out at staff about the *Living in Balance* program—three elements that really resonated with Valley Hope, who it is, and where it wanted to go in terms of treatment and recovery programming.

One of those elements was *Living in Balance's* emphasis on recovery management. As it moved away from an "acute model of care" perspective into more of a "self-management of recovery perspective," having this emphasis was very important. Also, *Living in Balance* has an emphasis on co-occurring disorder education. Given the prevalence of these disorders in the populations they serve, this was also important. The third issue that became very important was the ability to create tracks so the content of the *Living in Balance* curriculum could be personalized for individual clients or client groups.

Valley Hope selected *Living in Balance* as its evidence-based solution. Staffers participated in curriculum training during the summer of 2019 and then started rolling out the program in their Omaha outpatient facility. A couple of months later, it was rolled out in their O'Neill, Nebraska, residential facility.

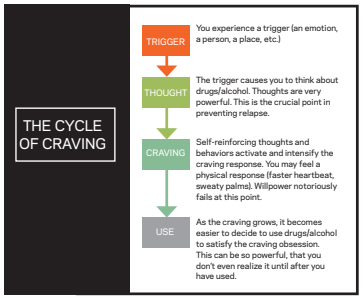
The plan was then to start rolling out the program in other markets as well. At the beginning of 2020, the organization had started conversations about expanding the use of the *Living in Balance* program with all Valley Hope clinicians when the COVID-19 issues started becoming more relevant in their daily lives. Already having experience with *Living in Balance* implementation and an already existing client portal played a critical role in allowing them to quickly shift outpatient services to 100 percent online.

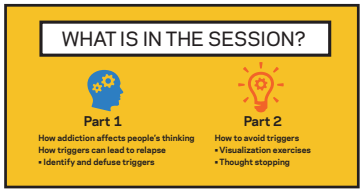
The organization began preparation on March 10, 2020, to have the Omaha facility move forward with virtual care. At that time the plan was to transition one facility at a time, but that plan quickly changed with increasing concern about COVID-19. Valley Hope decided to transition all outpatient facilities to virtual care as quickly as possible. Intensive training needed to happen in that process to get clinical staff and administrative teams all using the virtual platforms in a very short period of time. The teams also received training on ethics and confidentiality issues that are specific to virtual care.

There also needed to be support for transitioning their clients to the virtual world. Clients signed a consent for virtual treatment that explained the risks and benefits of virtual care. Clients also needed coaching on the use of the platforms and coaching on the expectations and regulations of participating in virtual care. The Valley Hope team made it happen. On March 17, 2020 (one week later), clinicians began virtual services at the Omaha outpatient facility.

What do these services look like, and how did they implement the *Living in Balance* curriculum in a virtual format? They used *Living in Balance* content in interactive lectures. A *Living in Balance* lecture takes anywhere between 60 to 75 minutes. That happens at the beginning of a three-hour outpatient session. That's followed by a break and then a process-oriented group.

For the interactive lectures, they created *Living in Balance* PowerPoint presentations. What you see here are example slides from one of these presentations.





They made sure the presentations include items found in the program's fidelity checklist, so they follow the evidence that supports the *Living in Balance* curriculum.

The fidelity checklist has two components:

The first component is a session preparation and delivery format to make sure the PowerPoint presentations display relevant talking points. There's also an overview of what a client will learn, which is used as a review during a session summary.

The second component of the fidelity checklist relates to how a counselor interacts with clients. Does the counselor display enthusiasm and energy? That can be different in a face-to-face environment versus a virtual environment. Does the counselor develop rapport with individuals but also with the whole group?

Valley Hope also includes meditations and role-plays in presentations. Staff members are also working on the best way to distribute printed materials. The easiest option is uploading worksheets as PDF files into a portal, but copyright restrictions are being discussed with the publisher.

The organization wants to construct the *Living in Balance* worksheet exercises in its portal so a client can type in his or her responses right onto the screen. Another possible option is mailing the hard copy materials to clients if that is their preference.

Throughout this transition to virtual programming, there were challenges, victories, and opportunities.

Challenges

- The need to create the virtual program and train staff in a very short, condensed timeframe
- The technological needs for both staff and for the clients
- Process adjustments that needed to happen. For example, intakes look different now. Intake staff now need to onboard clients onto the electronic portal.
- Communication between clients and clinicians. With the portal, there's a secure, direct messaging function that can be used to allow communication between clinician and clients.
- Privacy issues about finding the right place for clients to be at during a three-hour IOP session

Victories

- First and foremost, the continuity of care that prevailed for the clients. They were able to continue providing lifesaving treatment to clients in early recovery, assuring they can continue in recovery.
- A safe space created for both clients and staff, even during the COVID-19 pandemic
- The benefits of convenience and accessibility. Now *Living in Balance* can be delivered to more people in more places. The organization can reach clients in rural communities. It can also better support clients who are stepping down from a residential facility and who don't live in communities conveniently located near outpatient programming.
- Comfort. Clients quickly adapted to the platform and, in some cases, they were sharing more than they would usually in a face-to-face meeting.

Opportunities

- Enhancement. Valley Hope continues to work to improve the client experience in the virtual world. How can this be a more seamless experience for clients? How can clients be more engaged in this sort of medium?
- Multimedia. The organization is looking at introducing streaming video from its Hazelden OnDemand digital subscription into the *Living in Balance* lectures.
- Enhanced features. Staffers are analyzing other functionalities of the platform. For example, there's whiteboard capability in which the counselor can write a keyword or a key concept as he or she is talking with clients.

A Real-Life Example

- Smaller groups. Valley Hope is also looking at the ability for breakout sessions. This would allow smaller groups within a therapy session to break out into separate virtual spaces for discussions or assignment work. Clients could then come back to the larger group and share what they did or discussed.
- Continuing education. The organization would also like to continue clinician training with a focus on the research that supports virtual services both in terms of outcomes and therapeutic alliance.
- Client input. Staff members would like to gain a deeper understanding of client preferences and needs. For example, will there be an increasing number of clients who prefer virtual care as their first option? Will it be preferred by those who have social anxiety issues and don't want to participate in a face-to-face interaction?
- Moderator perspective. This is a good opportunity for clinical supervisors to spend time understanding the perspective of their clinicians and having honest and transparent conversation. Clinicians need to engage in conversations with their clients as well. Where are our clients at in their ability to access and benefit from virtual care? Do they think this is going to work for them? Do they think this is a barrier that will impede their recovery, or can they find benefits in this sort of medium?

About the Authors

Klementyna (Ky) Weyman is a licensed clinical social worker from the state of Florida. Her work and direct practice has focused not only on provision of services but also on program development and implementation of evidence-based practices for co-occurring disorders, with a focus on young adult and veteran populations. She also has a passion for teaching. With extensive involvement in the training of other clinicians in risk assessment and crisis intervention, her current areas of interest include finding synergy between evidence-based treatment modalities for co-occurring disorders, implementation and organizational change processes, and integration of care across providers and treatment delivery systems. She is a graduate of Tufts University and the University of Central Florida.

Dr. Javier Ley is the senior vice president of operations for the Midwest for Valley Hope Association, a not-for-profit addiction treatment provider that has offered effective treatment and compassionate care since 1967. Dr. Ley oversees business and clinical operations in Kansas, Nebraska, and the Missouri markets. Prior to Valley Hope, Dr. Ley worked at the Hazelden Betty Ford Foundation as program manager for residential services in Center City, Minnesota. Javier has also been instrumental in leading projects that introduce evidence-based addiction treatment in Central America, including motivational interviewing, *Twelve Step Facilitation*, the *Matrix Model*, and *Seeking Safety*. He has served as co-chair for the International Certification and Reciprocity Consortium (ICRC), the world's largest credentialing body of addiction professionals. He is credentialed as a licensed clinical addiction counselor and licensed professional counselor in the state of Kansas. Dr. Ley has earned a doctorate and master's degree in counseling and a bachelor's degree in finance.