Inpatient group psychotherapy for addiction patients in times of COVID-19

Grupo de psicoterapia para pacientes con adicciones hospitalizados en tiempos de COVID-19

Magalí Andreu*, María Teresa Pons*, Lourdes Navarro*, Pablo Barrio*.

* Addictive Behaviors Unit. Psychiatry Department. Clinical Neuroscience Institute, Clinic Hospital of Barcelona, Barcelona, Spain.

The pandemic and inpatient group psychotherapy

As the COVID-19 pandemic evolves, it has become more and more difficult to find a health-related area untouched by its consequences, either direct or indirectly (Legido-Quigley et al., 2020). Inpatient group psychotherapy has been no exception. In this report we describe the navigation of our inpatient group for addiction patients during the pandemics.

A challenge in itself, inpatient group psychotherapy for patients with substance abuse has therefore faced important issues since March 2020. The first, common to many health procedures, has been being put on hold due to pandemic-related scarcity of resources or rearrangement of priorities. Moreover, overburdened health professionals have found increasingly difficult to keep up with their routine tasks, especially when tasks depend on professionals' motivation and persistence (Rubino, Luksyte, Perry & Volpone, 2009). For example, inpatient group psychotherapy might not be a reimbursed procedure, or in many wards it might not even be considered an essential part of the care of patients with substance abuse (Bandelow et al., 2016; Emond & Rasmussen, 2012).

Secondly, given the world-wide implemented measures of isolation and social distance, group therapy has become a challenge, including its inpatient version. In Catalonia, for example, a prohibition of meetings exceeding 6 people has been enforced for many months. While in outpatient settings telemedicine could be a valid alternative (Uscher-Pines et al., 2020), today's inpatient settings lack the possibility to incorporate online solutions. Therefore, they must have fully adapted to this constraint. That means patient selection has been one of the great challenges of inpatient group psychotherapy, where prioritization must have taken place.

Another obstacle has been the obligation of mask wearing, which in Spain, as in many other countries, has become mandatory at all times. We believe this is not a minor issue, since reports already describe the implications that the use of masks may have on interpersonal communication and emotion reading, fundamental constructs in group psychotherapy (Carbon, 2020).

Finally, on top of that, addictions and mental health could be facing a greater challenge: that of competition with other health areas for the allocation of resources, a major issue given the limitation of health resources and the economic crisis ensuing from this pandemic (Li, 2020). As

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Send correspondence to:
Magalí Andreu. Clinic Hospital of Barcelona, Rosselló 149, 08036 Barcelona, Spain. Phone: +34 932 275 400; Fax: +34 932 279 933.
E-mail: maandreu@clinic.cat

seen throughout history, stigma will be a significant barrier in this new chapter (Vigo, Kestel, Pendakur, Thornicroft & Atun, 2019; Volkow, 2020).

All that being said, it has been our intention through the pandemics to advocate for the continuity of inpatient group psychotherapy for patients with substance abuse, since it has been our belief that it has been possible to overcome many of the beforementioned barriers, and we have also felt the need for maintaining such a group has been greater than ever.

Taking advantage of difficult circumstances

Starting with the COVID-19 safety measures, the inpatient group has actually significant advantages with regards to groups in outpatient settings. It is now common practice in many wards to test patients for SARS-CoV-2 before admission. That, together with the frequent testing of professionals, and the practically complete vaccination programme of healthcare workers, makes the inpatient setting a safe and SARS-CoV-2-free environment.

Although in our experience the group can run quite effectively despite the masks, if we feel that the patient and the group can highly benefit from a complete facial expression, we exceptionally ask patients to momentarily lower the mask to share what must be shared. Interestingly, we sometimes feel this symbolically equates emotion expression and sharing to other vital activities for which mask wearing can be waived, such as eating.

But even in a safe environment, we still must deal with legal constraints. For example, capacity limitations. In the case of Catalonia, the maximum number of people that can meet at the same time and the same place has been six (including therapists) during eight months. That has led to groups of five patients (with one therapist) or four patients (if a cotherapist also attends). The only possibility for inpatient group therapy therefore has been to create small groups. In our experience, it has also been an opportunity for a real "Small group", where a reduced number of participants can develop more intimate, cohesive groups. For that to happen, though, careful selection of patients must have taken place. In fact, patient selection could be considered one of the great challenges of successful group therapy (Gans & Counselman, 2010). Given the current legal constraints, it has also become paramount in inpatient group therapy.

We operate in an 8-bed inpatient Addictive Behaviours Unit, embedded in an Acute Psychiatry Ward of 24 beds. Our inpatient group is conducted by one psychiatrist, in co-therapy with one clinical psychologist. Prior to COVID-19, with no capacity limitations, we used to invite all patients from the Ward, even those who were not under the care of the Addiction team. That usually led to groups ranging between 8 and 12 patients. Under the current restrictions, we have been forced to select patients. In that respect, we have followed three main directives. First, we have prioritized substance abuse patients under our own care. Although "combined" therapy has raised a great deal of controversy (Gans, 1990), we believe that, under such circumstances, it can enhance therapeutic work by previous knowledge of patients' ambivalences, resistances, and needs. Second, patients with a higher degree of functioning and mindedness have also been prioritized. Finally, we have tried to keep stability in the patients attending the group, so that more cohesiveness could be achieved. In so doing, we expected patients to take greater profit from group work. Not surprisingly, we have come across some patients who have felt disappointed or left out from the group. Usually, an honest response in individual therapy is provided to these patients regarding the impossibility of attendance. In our experience, most patients have readily understood the situation and have been easily reassured that despite not being able to attend the group, they are receiving adequate care. All in all, we argue in favour of a careful selection of patients, a fact that has been determined as crucial for the success of group therapy (Kösters, Burlingame, Nachtigall & Strauss, 2006).

Another key issue for the survival of inpatient group psychotherapy for patients with substance abuse during this pandemic has been space navigation.

The architecture of our inpatient unit provides two main rooms for patients' activities outside their sleeping rooms. The biggest one is where meals take place. The second, significantly smaller, is the usual location of group and other therapeutic activities. Worth noting, our Unit runs under a closed-door policy. All windows are closed and patients have no access to "outside air" while in the ward. During the first two months of the pandemic, groups were not held. Then, when the initial fears were put under control, we felt the necessity and the responsibility to restart the group. We asked for a meeting with the medical and nurse coordinators. We exposed our reasons and our commitment to both patients' safety and quality of care, and our therapy group was restarted. Since then, when the incidence of COVID-19 has been again alarmingly high, we have changed the location to the biggest room, with better ventilation. Although the space has some important inconveniences, such as being in front of the nurse station and being in the middle of the main corridor (both affecting the privacy of the group), we have preferred to run the group under lesser favourable conditions to running no group.

The importance of inpatient group psychotherapy

But beyond arguing that technical solutions and adaptations have been feasible, we believe it is fundamental to argue in favour of the reasons that should compel wards to maintain their inpatient groups in spite of the current difficulties.

Taking into account the scarcity of health resources derived from the pandemic-related economic recession, cost-effective treatments should be a priority (López-Pelayo et al., 2020). Group therapy has repeatedly proved to be so (Tucker & Oei, 2007; van der Spek et al., 2018).

Worth remembering too, and in spite of the amount of evidence generated by inpatient groups being far from that of outpatient modalities (Burlingame et al., 2016), it has also been shown to be effective (Kösters et al., 2006).

Also, worth noting, distress, isolation and ensuing loneliness have become prominent features of this pandemic (Pfefferbaum & North, 2020). Moreover, in times of crisis, vulnerable populations, such as those with substance use disorders, usually suffer disproportionate consequences when compared to the general population. Isolation, for example, is more notorious for inpatients due to restrictions in relatives' visits to healthcare settings (Li, 2020). Also, noteworthy, healthcare staff also suffers consequences in the form of excessive workload, stress and burnout (Amanullah & Ramesh Shankar, 2020). This emotional overload might be easily transferred to the ward milieu and to inpatients themselves, a fact well reported in the literature (Hall, Johnson, Watt, Tsipa & O'Connor, 2016). Therefore, we claim that, inpatient group therapy for substance use disorders patients should not be relegated from the strategy that mental health is deploying in these pandemics. Yalom therapeutic factors of group psychotherapy can easily show us the reasons (Yalom, 1983). The need for instillation of hope, universality, cohesiveness and catharsis seems almost self-explanatory for anytime in inpatient psychiatry, but more even so amidst the current panorama.

A user of intravenous cocaine with a dually diagnosed psychotic disorder was constantly complaining about her committed admission to the ward. She reported the lack of fresh air and the impossibility of walking outside the ward (both restrictions due to the pandemics) to be major distress sources during her stay. She however was a constant attendee of the group, in which she was able to work well, showing good insight into her cocaine addiction. She was also able to give support in a consistent manner to other patients. In her last session, before being discharged to a long-term ward, she was asked about her overall experience within the group. She said "I believe the group is the only really positive thing I got from my stay".

Conclusions

COVID-19 has probably been one of the greatest black swans for modern healthcare systems, which seemed to be near fatal collapse at some points during these last months. Collaboration, persistence and the commitment, motivation and professionalism of healthcare professionals have probably avoided greater damages to the system.

Although far from completely recovering our previous normality, the advance of vaccination campaigns all over the world and the decline of incidence rates might shed some optimism to many fields, including that of group psychotherapy. We are already deescalating some of the restrictions we have endured, but we hope we will be able to retain many of the lessons we have acquired. We expect the difficulties our inpatient group has come across have made it stronger and more ready to cope with future challenges.

Not a new phenomenon, crisis always brings new opportunities. A good time for inpatient group psychotherapy to show its relevance.

Conflict of interests

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