# Virtual Group Therapy Within a Shared Medical **Appointment: Innovative** Care Delivery in Behavioral Oncology

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Diagnosing and treating behavioral concerns should be prioritized throughout cancer survivorship. Behavioral health is included in national guidelines for survivorship care, but meeting those needs for a growing population of cancer survivors challenges limited behavioral health resources. This innovative implementation of group therapy and shared medical appointments enabled needs to be met using existing resources. A group therapy case study is used to illustrate the process, barriers, and benefits for patients and providers

### AT A GLANCE

- The behavioral health needs of cancer survivors should be prioritized and treated from the point of diagnosis throughout the remainder of the
- The growing population of cancer survivors has increased the demand for behavioral oncology resources.
- In behavioral health, group therapy and shared medical appointments can be effective alternatives to traditional models of care for the patient and the healthcare system.

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ancer can be a traumatic, life-changing experience. Cancer survivors, defined as those living with or beyond cancer, beginning with diagnosis and extending throughout the duration of a person's life (National Comprehensive Cancer Network [NCCN], 2022), have continued needs for psychosocial care (Holland, 2018). Cognitive changes, depression, or mood disturbance may persist beyond the completion of cancer treatment (Wu & Harden, 2015). Screening and ongoing surveillance of psychological comorbidity is included in national survivorship guidelines (NCCN, 2022; Watson et al., 2014). As of January 1, 2022, there are more than 18 million cancer survivors in the United States (Miller et al., 2022), which is projected to increase to more than 22.1 million by 2030 (Miller et al., 2019). Meeting the needs of this growing patient population presents an opportunity for innovative care delivery in behavioral oncology.

## **Developing a Framework for Care Delivery**

In the authors' community cancer program, a full-time psychiatric mental health nurse practitioner (PMHNP) collaborated with a psychiatrist, who was contracted for part-time psychiatric services. Only patients undergoing active cancer treatment were referred to this team. Initial evaluations were conducted in 60-minute individual sessions, followed by 30-minute follow-up visits.

The original plan for the behavioral oncology service was to refer patients to community mental health resources for any care continuation post-cancer treatments. Persistent patient needs, as well as national recommendations for survivorship care, highlighted a need for continuing, oncology-focused services. Provider capacity was limited; therefore, an innovative plan to offer group therapy within shared medical appointments was developed.

## **Group Therapy and Shared Medical Appointment**

Group therapy is a common care modality in behavioral health. The American Psychiatric Association (2022) describes group therapy as a setting where individuals meet on a regular basis to discuss a common problem