Ability to deliver group-based cognitive behavioural therapies for depression

Delivering the competences set out in this document assumes that group leaders are conversant with and appropriately trained in CBT for depression (as described in the CBT competence framework)¹. As such they will have been trained to a level that confers a recognised registration / accreditation in CBT, as required by national/service standards.

For example, in English IAPT services the requirement is to have undertaken accredited IAPT CBT training and achieved individual BABCP accreditation OR achieved individual BABCP accreditation through training and experience with adults with anxiety and depression.

Associate leaders without such training will need to have an understanding of the CBT model and its application in practice.

Knowledge

An ability to draw on knowledge of the cognitive behavioural model of therapy for depression that underpins the group intervention

Planning the group

An ability to have in mind the appropriate numbers to recruit to a group (usually 6-8 people)

An ability to ensure clients can be recruited in a timely manner (such that the group can be started without incurring significant delays)

An ability to identify clients who:

meet the criteria for the group (e.g. depression as a primary problem, severity of presenting difficulties, range of problems)

are likely to be receptive to a group approach.

would be able to attend the group at a specified time and on a regular basis

An ability to ensure that there is managerial/ team support for the group (e.g. obtaining appropriate accommodation, resources and referrals)

An ability to plan the basic structure and content of the group, such as:

practicalities (e.g. setting, timing, refreshments)

the size of the group

outline content of sessions

roles of all staff running the group

any additional/ specific resources required for group sessions

any evaluation procedures

Ability to undertake an assessment of each client

An ability to ensure that all potential group members have received an individual assessment from a group leader, and that this assessment is documented

 $^{^1\} https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-2$

An ability to elicit information regarding psychological problems, diagnosis, past history, present life situation, attitude about and motivation for therapy

An ability to gain an overview of the client's current life situation, specific stressors and social support

An ability to assess the client's coping mechanisms, stress tolerance, and level of functioning

An ability to help the client identify/select target symptoms or problems, (including negative beliefs and problematic/maintaining behaviours) and to identify which are the most distressing and which might be the most amenable to the group intervention

An ability to help the client translate vague/ abstract complaints into more concrete and discrete problems

An ability to assess and act on indicators of risk (of harm to self or to others)

An ability to gauge the extent to which the client can think about themselves psychologically (e.g. their capacity to reflect on their circumstances or to be reasonably objective about themselves)

An ability to gauge the client's motivation for a psychological intervention

An ability to discuss treatment options with the client, making sure that they are aware of the options available to them, and helping them consider which of these options they wish to follow

An ability to identify when psychological treatment might not be appropriate or the best option, and to discuss this with the client, for example, where:

the client's difficulties are not primarily psychological

the client indicates that they do not wish to consider psychological issues the client indicates a clear preference for an alternative approach to their problems (e.g. for medication rather than psychological therapy)

Recruiting clients to the group

An ability to specify and apply any inclusion and exclusion criteria for the group.

An ability to explore collaboratively with clients the appropriateness of the group for their needs:

an ability to provide information on the content and likely effectiveness of the group intervention

an ability to discuss the pros and cons of a group intervention, for example:

that by sharing difficulties and the ways they are managed group members can learn from each other's experience

that some members might find it challenging to express themselves fully an ability to uphold the principle of patient choice by outlining any alternative intervention options or services which may be more acceptable to the client

An ability to explore (and where possible address) any barriers to participation in the group, such as:

practical barriers (e.g. transport, childcare, need to take time off work etc)

social barriers (e.g. worries about the stigma of attending)

emotional barriers (e.g. social anxiety)

historical factors (e.g. previous negative experiences of groups)

An ability to negotiate individualised goals with each group member

Following the model of group therapy

An ability to implement the components of the group therapy, including:

structuring the group (e.g. ordering and timing of material, use of media, homework)

specific intervention techniques

management of group and change processes

Ability to manage group process

Establishing the group

An ability to draw on knowledge that a group intervention should aim to establish a context in which:

all the members of the group feel supported and able to speak openly productive ways of managing mental health are modelled and responded to non-judgmentally

An ability to apply knowledge of group processes to establish an environment which is physically and emotionally safe, by:

discussing the 'ground rules' of the group (e.g. maintaining the confidentiality of group members, taking turns to speak, starting and ending the group on time)

"safeguarding" the ground rules by drawing attention to any occasions on which they are breached

helping all group members to participate by monitoring and attending to their emotional state.

monitoring and regulating self-disclosure by both members and group leaders in order to maintain an environment where members can share experiences at a rate with which they feel comfortable and safe

An ability to identify and manage any emotional or physical risk to group leaders, group participants

an ability to judge when it is appropriate to manage risk by addressing concerns with individuals outside the group meetings

Engaging group members

An ability to engage group members in a manner that is congruent with the therapeutic model being employed

An ability to match the content and pacing of group sessions, presentations and discussions to the characteristics of group members (e.g. attention span, cultural characteristics)

An ability to build positive rapport with individual members of the group:

an ability to monitor the impact of these individual relationships on other members of the group, and if necessary address and manage any tensions that emerge

An ability to manage the group environment in a way that helps all members to participate on a level with which they feel comfortable

An ability to use modelling and explicit social reinforcement to encourage the participation of group members

Managing potential challenges to group engagement

An ability to promote and encourage regular attendance, while not stigmatising those who fail to attend sessions

An ability to recognise when individuals form subgroups and to manage the impact of these relationships on overall group dynamics

An ability to keep the group 'on track' and to respond actively where the group has difficulties in maintaining a focus on the group task

An ability to plan for, reflect on, and manage potential challenges to the group including:

behaviour that disrupts progress for other members of the group

persistent lateness/absence

individuals who do not participate in sessions (and who might be at risk of dropping out)

group members who leave the group early

members who are over voluble or who dominate the group

high levels of distress displayed by a group member

where the emotional states of individuals impact on the other members of the group, an ability to attend to this so as to ensure others do not become overwhelmed or disengaged

Managing the ending of the group

An ability to prepare group members for the ending of the group by signalling the ending of the therapy at the outset and throughout group sessions, as appropriate An ability to draw on knowledge that the ending of the group may elicit feelings in the group member connected to other personal experiences of loss/separation.

An ability to help the group member express any feelings of anxiety, anger or disappointment that they may have about ending the group

An ability to review the themes covered in the group, in a manner that is appropriate to the model being applied

An ability to reflect on progress made as a result of participation, and to celebrate this in a manner that is appropriate to the model being applied

An ability to spend at least one session focused on relapse prevention strategies with each group member:

summarising what has been learned

identifying potential setbacks

identifying how setbacks could be managed using strategies learned in the group

developing an individual 'blueprint' for managing setbacks

Monitoring progress

An ability for group leaders to monitor session by session change in individual members of the group using symptom-specific measures (such the PHQ 9), and to use this data to identify whether individuals are making progress or deteriorating

Evaluating the group

An ability to monitor and document change in both individual members of the group, and the group overall

An ability to draw on knowledge of appropriate strategies and tools for evaluation, and:

to draw on knowledge regarding the interpretation of measures

to draw on knowledge of the ways in which the reactivity of measures and selfmonitoring procedures can bias report

to provide a rationale for the evaluation strategy

to feedback evaluation in a sensitive and meaningful manner

Using supervision

An ability to use supervision to reflect on group processes

An ability for group leaders to reflect on their own impact on group processes

Metacompetences

An ability to judge when issues arise that need to be raised with individual members outside the group, and when they are best addressed within the context of the group