

GROUP-BASED INTERVENTIONS

This section outlines competences required by professionals to offer group-based interventions. Not all of the competences will be relevant to all professionals and will be dependent on the type of group intervention being delivered. Practitioners should draw upon the competences relevant to the activity or intervention they are delivering, which should be within the boundaries of their professional role.

Knowledge

An ability to draw on knowledge of the characteristics of the target group population for whom the group intervention is designed (for example, age/ developmental stage, presenting problems etc.)

An ability to draw on knowledge that group interventions are integral to inpatient care, should be delivered flexibly seven days a week and out of hours by all professionals, to ensure group activities are available to patients at all times of the day

An ability to draw on knowledge of the aims, principles or model underpinning a group intervention

An ability to draw on knowledge that group interventions are beneficial ways for patients to learn from others, gain peer support, and develop interpersonal skills

An ability to draw on knowledge of national guidance indicating the range of psychosocial group interventions, including:

low intensity psychological interventions (for example, guided self-help, psychoeducation)

high intensity psychological interventions (for example, Cognitive Behaviour Therapy [CBT] groups)

family/carer support groups

activity based groups (for example, art groups, newspaper/reading groups, physical activity, and exercise)

peer-led groups to promote sharing experiences and peer support

process groups aimed at utilising group interpersonal processes for individual benefit

Group planning

An ability to draw on the evidence base to make an informed choice about the best group intervention plan for patients

An ability to coproduce a group with patients, which will meet the needs of current patients and, if applicable, their family and carers

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

practicalities (for example, setting and timing)

the content/agenda of each session

roles of staff running the group

any additional/ specific resources required for group sessions

any evaluation procedures

Group set up and engagement

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

An ability to provide participants with information on the content and purpose of the group

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

practical barriers (for example, other concurrent meetings)

emotional barriers (for example, social anxiety)

historical factors (for example, previous negative experiences of groups)

An ability to help each group member identify what they would like to gain from the group

An ability to consider the most appropriate location for the group and the pros and cons (for example, on the ward or off the ward)

Group delivery

An ability to develop a therapeutic relationship with all group attendees by conveying warmth, genuineness, empathy, and respect
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An ability to adapt communication skills to deliver a group with patients who may have varying acute mental health needs including:

adjusting verbal communication in response to the needs of individual group members

providing written and visual aids to support the communication of group content

making written communication more accessible by using simple language

An ability to structure sessions so they meet the needs of patients in crisis by ensuring:
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clear and collaboratively set group rules

the group content is focused on issues relating to their presenting needs

appropriate pacing of the group (for example, not covering too much information in a single session)
--

regular opportunities for group discussion and peer interaction

regular summaries and feedback to ensure patients understand the content
--

An ability to implement components of the group intervention including:

specific intervention techniques

management of group and change processes
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An ability to ensure the group is appropriate for inpatients by considering adaptations to the:

length (for example, potentially shorter with more breaks to allow for memory and concentration difficulties and fewer overall sessions)
--

structure (for example, having group sessions which can be accessible as standalone sessions so that patients can still derive benefit from the group even if they can only attend one session or join mid-way through)

frequency (for example, multiple, short group sessions per week)
--

attendance (for example, allowing more flexibility for patients to come in and out of the group)
--

facilitators (for example, having two facilitators to ensure the needs of the group can be managed)

location (for example, in the communal area or outdoors)
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An ability to manage the ending of the group, keeping in mind that the longer the patient has attended the group, the more likely ending the group programme may lead to some difficult emotions such as anxiety, or disappointment that group has ended
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An ability to help the patient reflect on their overall experience of group participation

Managing group processes

An ability to apply basic knowledge of group processes to establish an environment which is physically and emotionally safe, by:
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discussing the 'ground rules' of the group (for example, taking turns to speak, starting, and ending the group on time) in a manner that is appropriate to the group members
--

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

An ability to identify and manage any emotional or physical risk to group leaders and group participants	
An ability to manage any emotional distress or behaviours that challenge within the group context by:	
	ensuring, if possible, that updated information on any potential emotional distress/behaviours which challenge is gathered prior to the group (for example, by attending morning handover, checking the updated clinical notes/risk assessment) so a management plan can be considered
	using skills such as active listening, and adopting a calming tone and body language throughout
	knowing when it is appropriate to seek support from colleagues (i.e., when the behaviour/emotional distress is imminently going to result in harm, or is causing significant disruption to the facilitation of the group)
	reporting and recording any risk behaviours which have been identified
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Ability to evaluate the group

An ability to review the patient's goals for the group	
An ability to draw on knowledge of appropriate strategies and tools for evaluation, based on the resources available, and:	
	to provide a rationale for the evaluation strategy to patients
	to feedback evaluation in a sensitive and meaningful manner

Ability to use 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	