The Psychology Centre

ahead for health

Being Effective With Other People Group

Being Effective with Other People skills group is an 8-week group, with content from Dialectical Behaviour Therapy Interpersonal Effectiveness skills. The skills taught in the group can help group members ask for what they want from other people, or have an opinion taken seriously, and do so in a manner that maintains or improves their relationship with the other person, while also maintaining or improving their self-respect by feeling good about how they engaged in the interaction.

The group aims to contribute to addressing interpersonal difficulties experienced by survivors of traumatic events, alongside individual Support to Wellbeing sessions. Difficulties experienced with interpersonal interactions tend to fall on one or other end of a continuum, from hesitancy to speak up, through fear and/or shame, to being more quick to anger leading to a more impulsive and aggressive manner. For those who want to adjust their interpersonal style, the skills of Being Effective with Other People group can help.

Each session of the group includes learning new skills, and reviewing practice of previously taught skills, along with in-session practice of key skills.

The group does not include attending directly to content of traumatic events, focussing instead on teaching and coaching group members on managing current interpersonal interactions (please see below for further information on ensuring safety in the group).

This group will be the third in a series offered at The Psychology Centre; other groups offered include Coping Skills group and Navigating Emotions group. The skills of Being Effective with Other People group rely on both the ability to tolerate distress and to regulate emotions, and as such, referrals will be screened for these skills in order for group members to gain the most from this group.

Group members

Being Effective with Other People group is likely to be useful for people who want to gain or improve their skills for interacting with others. Referrals for people of all genders and ages will be welcomed.

The group is likely to be a useful adjunct to individual treatment in Support to Wellbeing. The treatment needs of some group members might be best met in the longer-term by additional interventions, such as ongoing individual therapy, or a Dialectical Behaviour Therapy programme; referrals will be screened for whether other group interventions could be more useful initially.

Group duration

The group will run for two hours per week for 8 sessions. Each group will include a 10-15 minute break in the middle. In total, 16 SCSGT hours will be required (8 x 2hr sessions), as well as an initial 'triage' SCSGTT session.

Facilitators

Group leaders for the first offering of this group will be Dawn Willix-Payne, and Julia Davis, both Clinical Psychologists, both experienced in running groups teaching these skills, and both registered with ACC as providing ISSC services, including group therapy.

Providers can access purchase orders from ACC by requesting group hours. Please request 16 hours of Group-based Therapy (16 SCSGT), and one hour of Triage for Group-based therapy (1 SCSGTT) for The Psychology Centre, VBJ647.

Please note that under the SCS service schedule, group-based therapy is only available as a post-cover service (please also see the SCS service schedule for other information).

Other information

For sake of clarity and group cohesion, group members who miss two sessions of the group will be considered to have actively disengaged from the group. Where this applies, that group member will be welcome to re-refer for a subsequent group, without prejudice. Lead providers will be notified if their client is considered to have dropped out.

In addition to group sessions, each group member will have attended an initial individual meeting with a group facilitator prior to the start of the group. The purpose of this meeting is to screen for likely benefit of the group, orient to the structure and purpose of the group, and obtain agreement to attend each session and practice skills. This initial introductory session can also serve to alleviate anxiety about attending the group by providing information, addressing questions, and allowing group members to attend with some familiarity of one of the group leaders and the location of the group. Each group member will also be offered an individual follow-up 30 minute meeting to review results of outcome measures completed in the group (detail about measures below). Doing so can be reinforcing of skills use, and/or motivating for increasing skills use, thereby enhancing follow-up outcomes. The follow-up meeting will be planned for within the fortnight after the conclusion of the group.

Client Safety and Key Group Guidelines

Indications of increased risk of self-harm/suicide arising within the group will be attended to by group facilitators, and managed as needed. This might include utilising additional services, as required, such as the local Crisis team. The ISSC Lead Provider remains primarily responsible for managing a client's risk outside of group sessions. Lead providers will be notified of any significant clinical information as it arises, as well as a summary of any risk management practices that may have been utilised.

Group members will be oriented to the unavailability of group facilitators for between session contact, aside from receiving messages giving apologies for planned nonattendance or lateness.

As mentioned, group content will not include details of trauma experiences; group members are not required to provide details of these experiences, and will be discouraged from volunteering details. As such, group members will not receive detailed information about trauma events experienced by other group members. This guideline will be discussed with each potential group member at the initial individual meeting, and reviewed within group guidelines in the first group session. If group members provide individual information within the group, they will be reminded of the guideline, and respectfully redirected to skills content and current interactions. Information indicating current risk of harm from another person will be attended to in the manner described above for managing a group member's risk of harm to themselves.

An additional group guideline limits any discussion of details of dysfunctional behaviour (e.g. self-harm, suicide attempts or ideation, substance use, disordered eating behaviour, etc.). Details of such behaviour are known to prompt a 'contagion' effect in others who have such behaviour within their repertoire, often prompting increased urges to engage in the behaviour. Such an effect interferes with the purpose of the group, i.e learning skills, making this objective more difficult to accomplish. Similarly to trauma content, this guideline will be discussed with group members individually prior to the group, and with the group in the first session. Any content arising within the group will be gently blocked, and the group member redirected to focussing on managing distress. As mentioned, screening for tolerating distress skills is anticipated to reduce the likelihood of this occurring.

Outcome Measurement

Outcome measures will be administered in the first and last sessions of the group. Combined, the three measures (questionnaires) take 15-20 minutes to complete. Collated group results will also be used to evaluate the effectiveness of the group, and consent will be sought from group members to release anonymised collated data.

Communication with Lead Providers

In addition to being informed of new clinical information and missed sessions, lead providers will receive a brief summary of the outcome of the group for their client, including participation in the group and any change on outcome measures.

We look forward to receiving referrals for this group, and to teaching these skills to group members!