The Psychology Centre

ahead for health

Coping Skills Group

Introduction:
Coping skills group is an 8-week group, with content from DBT skills, that is intended to provide group members with adaptive means of managing distress, in order to deal with difficult situations and emotions effectively.

Likely benefits include:

- Increased ability to manage distress that might otherwise lead to dysfunctional behaviour – this could include avoidance behaviours, interpersonal conflicts, or self-harm/suicidal behaviour.
- Increased preparation for reviewing trauma content in individual therapy – developing skills for tolerating distress associated with focussing on traumatic events.

Group content:

- Includes DBT skills of Mindfulness and Distress Tolerance modules.
- Skills are designed to help group members to slow down, perhaps to look at a situation they are facing in a different way, and proceed in a manner they are more likely to feel good about later, with reduced negative impact of previously used resources for managing distress.

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 trauma, focussing instead on teaching and coaching group members to more effectively tolerate distress they are experiencing.

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).

Group Members:

- The group will comprise up to 12 members. The group is open to all genders, and all ages (over 18 years).

Coping Skills group is likely to be useful:

- For people experiencing acute or ongoing intense distress,
- And who want to gain skills to manage this effectively.
- Group members must also be able and willing to attend all sessions, practice skills in between sessions, and to contribute to a cohesive group.

Beyond these factors, there are no specific exclusion or inclusion criteria of diagnosis or type of problem.

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).

Group Duration:
Groups run for two hours per week for 8 sessions. Each group session will include a 10-15 minute break in the middle. Dates of each group are available separately.

In addition:

- Each group member will attend an initial individual meeting with group facilitators 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 people present (i.e. group facilitators).

- Each group member will also be offered an individual follow-up 30 minute meeting to review results of outcome measures completed in the group. The follow-up meeting will be planned for within the fortnight after the conclusion of the group.

Please note, group leaders are not able to request group approval for individual clients from ACC. Lead providers can request group therapy from ACC through either a Wellbeing Plan, or by conversation with ACC (16 hours of Group-based therapy, and one triage session, are required). Please request group hours from ACC before or when referring your client for the group.

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 disengaged from the group (i.e. missed two sessions), and if re-referring lead providers will need to request additional sessions to cover the 16 hours 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 SCS 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.

Group members will not provide details of trauma experiences. Group content will not include details of traumatic 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 traumatic events experienced by other group members.

Group members will not discuss details of problematic behaviour in group. 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.). Group members are however encouraged to discuss and receive help with examples of managing distress, replacing details of dysfunctional behaviour with a generic term, such as 'problem behaviour'.

Each of these two guidelines are intended to keep the focus on learning skills and will be discussed with each potential group member at the initial individual meeting. These points will also be reviewed within group guidelines in the first group session.

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!