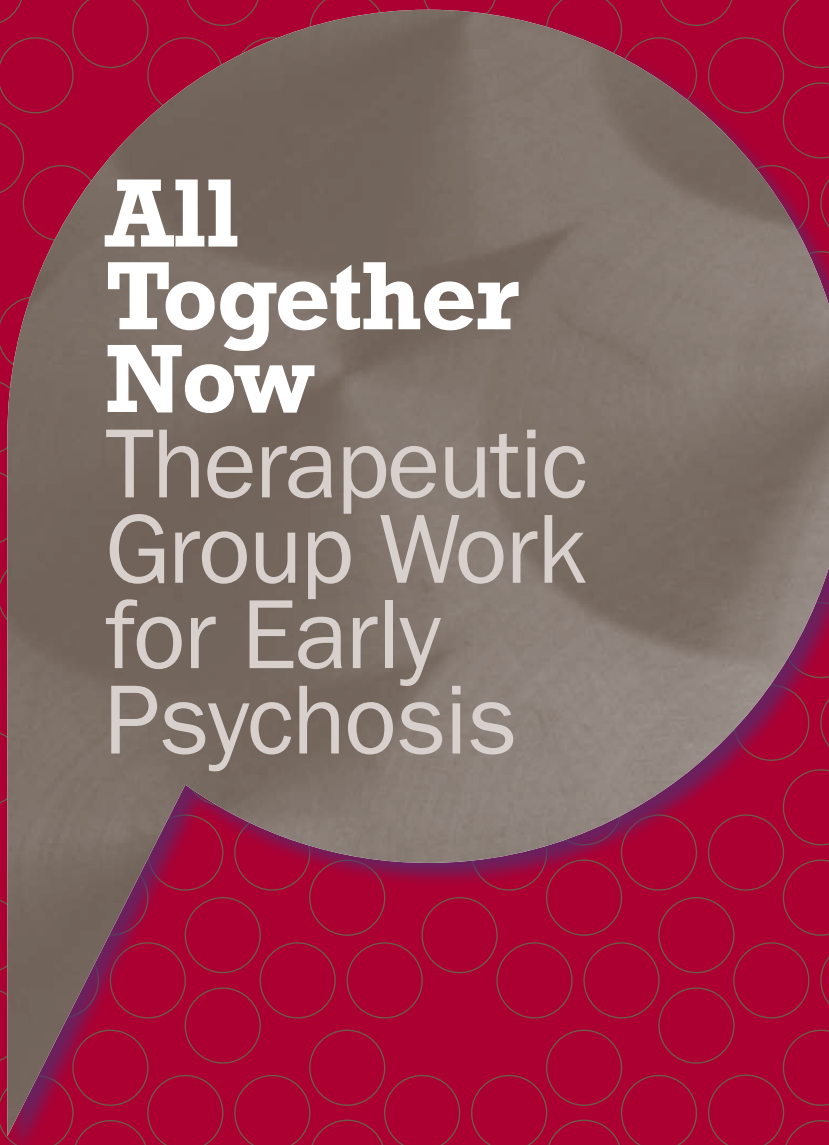

All Together Now

Therapeutic Group Work for Early Psychosis

Orygen YOUTH Health
Research Centre

EPPIC
Early Psychosis Prevention and Intervention Centre

The EPPIC National Support Program of Orygen Youth Health Research Centre has produced this document as part of its work to support the scaling up of the EPPIC model within headspace, the National Youth Mental Health Foundation, in Australia.

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All Together Now

Therapeutic Group Work for Early Psychosis

Contents

Introduction

Context of this Manual

This manual is aimed at mental health professionals working with young people in early psychosis, those managing group programs for young people with early psychosis and individuals responsible for early psychosis service development. The content of this manual has been derived from more than 20 years of experience of implementing group programs and delivering group interventions to young people as part of the Early Psychosis Prevention and Intervention Centre (EPPIC) at Orygen Youth Health Clinical Program (OYHCP).

How to Use this Manual

This manual consists of four parts:

1. **Background**
2. **How to Set Up Group Programs in Early Psychosis**
3. **Implementing Groups**
4. **Evaluation and Research in Group Work**

The **Background** section provides the theoretical rationale behind group programs in early psychosis, while the **How to Set Up Group Programs in Early Psychosis** highlights the practical application of group programs in early psychosis. **Implementing Groups** is an overview on how group programs can be implemented in an early psychosis setting; this section also lists specific examples of groups that have been developed and implemented at Orygen Youth Health Clinical Program (OYHCP) as part of the Group Program. The **Evaluation and Research** section explores the research and evaluation of group programs.

PART 1

Background

Background

The onset of a first episode of psychosis generally occurs during adolescence or young adulthood and often has a negative impact on self-esteem and social functioning in young people[1,2]. Key developmental tasks such as identity formation, transition to employment, tertiary education or vocational training and individuation from family are often disrupted[1,2]. Group interventions are developmentally appropriate treatment options for young people with mental illness and can be used as an adjunct to individual therapies delivered during case management and medical approaches. It has been suggested that group interventions support the overall management of psychosis, including medication compliance in young people with first-episode schizophrenia[3]. Group programs that focus on social confidence and peer support have been reported to help with psychosocial recovery in young people with first-episode psychosis[4], offering opportunities to address individual goals and needs by providing access to peer-to-peer psychoeducation. The Group Program at the OYHCP Early Psychosis Prevention and Intervention Centre (EPPIC) provides a range of group interventions that meet the developmental goals and needs of young people recovering from first-episode psychosis.

The Theory of Group Work

Group programs are therapeutic interventions that complement a range of other interventions such as individual and family work. Group leaders may use one of the many theoretical frameworks in response to the identified needs and goals of the young people within the group. It is important for group leaders to have a clear understanding of and skills in the practical application of the theories underlying group programs. Group dynamics, group processes and group leadership skills are all used to work towards the desired therapeutic outcomes of group recovery programs.

Group Dynamics, Processes and Leadership

'Group dynamics' refers to the behaviour of people within a group context. Toseland and Rivas advocate that group dynamics consist of a number of separate but related domains such as communication processes and interaction patterns, cohesion, distribution, the use of power within the group and the cultures of the group[5]. The group orientation to group dynamics explores the 'group as a whole' and recognises the creation of a new entity in and of itself. Yalom looked at the unique curative properties that emerge as a result of a 'group' compared with a collection of individuals[6].

‘Group processes’ (also described as ‘group development’) is a way of describing and understanding how group dynamics change over time. This includes aspects such as the structure of the group (e.g., open/closed, time limited/time unlimited), member-to-member communication patterns, member-to-leader communication patterns, roles and relationship to group activities. Group leaders need an understanding of the phases of group development to support the group through each phase, and to make therapeutic use of the group’s experience of this phase of development. Group theorists such as Bennis and Shephard, Garland, Jones and Kolodny, and Tuckman and Jensen provide accounts of the phases of group development and are useful reading for both beginner and experienced group workers[7-9].

Group processes and group dynamics are important tools in group work and group environment, and group leaders should have an understanding of the impact of these in order to achieve the objectives of groups. As Borg and Bruce state, ‘Understanding how a group takes on its own identity and influences its members is key to appreciating the means by which group treatment experiences can be so potent.’[10]

Group workers need an understanding of group leadership styles and roles in order to respond to, and make use of, group dynamics and group processes. Leadership styles have broadly been described as ‘authoritarian’, ‘democratic’, ‘*laissez-faire*’ or ‘distributed functions’[11]. Group workers need to consider how different leadership styles may be interpreted by their members, and how congruent those leadership styles are with the other theoretical approaches adopted. For example, adolescents may rally against authoritarian leadership styles; however, a *laissez-faire* approach may be experienced as uncontained. A democratic leadership style may lead to group members feeling supported while enabling their input into group activities and group operation.

The role of the group facilitator or group leader extends beyond selecting activities and supporting their implementation. The ‘roles’ and ‘styles’ of the group leadership help the group worker to effectively implement groups that will be therapeutic for group members. Johnson and Johnson discuss the value of ‘task roles’ and ‘group maintenance’ roles, and how the success of the group depends on leaders and group members taking on both task and maintenance roles[12]. In contrast, DeLucia-Waack separates leadership functions into ‘caring’, ‘executive functioning’, ‘emotional stimulation’ and ‘meaning attribution’ leadership tasks[13]. The frameworks of different group leaderships encourage group leaders to understand member interactions within a group and to support group members with challenges and interpersonal dynamics. When group leadership is shared, the group workers are encouraged to plan how they will work together to deliver the group to young people. Appendix 1: Session Planning Template, provides co-facilitators with a way to clearly outline their roles in the running of the group.

Theoretical Framework

Group program objectives should guide the selection of an appropriate framework for a group program and this framework must in turn guide the development and implementation of the group intervention: i.e., what group workers actually do and say when running the group. An understanding of developmental theory is important when delivering group interventions to this population group. Contact with a normative peer group has a pivotal role in adolescence, as it is a necessary stepping stone in moving away from the family. It also serves as the 'laboratory' for testing one's identity, intimacy, social skills and sexuality[14]. Gilbert states, "Because group therapists (working with adolescents) are concerned with peer interaction, young person insight, and the use of interpretation, they must be knowledgeable of the influence of development on peer relationships and cognition."[15]

An understanding of normal adolescent behaviour and how preoccupations are manifested in a group situation is helpful in managing the group and in using the group to address these developmental issues. As adolescent and young people may be testing boundaries and authority, and experimenting with independence and autonomy, the use of what French and Raven describe as 'coercive' or 'reward' power might be limiting in this setting[11]. Health professionals working with young people may instead choose to tap into peer pressure, or 'referent power', in establishing and maintaining group norms.

Yalom highlighted key therapeutic factors considered important in group work such as universality, instillation of hope, cohesion, altruism, interpersonal learning, imitative behaviour, socialisation, catharsis and corrective recapitulation of the primary family group[6]. A study of adolescent group members found that the most commonly reported helpful curative factors were catharsis, interpersonal learning, existential factors, group cohesiveness and relationship formation. For young people with psychosis, a sense of being 'different' and alone may develop at the onset of the disorder, which can result in withdrawal, isolation and social disability. The concept of universality as described by Yalom can be a powerful therapeutic factor of groups in this instance. When developing group programs, it is important to use the opportunity for experiential learning that occurs as a part of group process, as groups provide a contained space to try out new behaviour and apply learning from other contexts.

Some of the theoretical frameworks and models that are commonly used within group programs and are valuable for young people with early psychosis are systems theory[16], models of human occupation[17], cognitive behavioural therapy (CBT)[18], psychoeducational framework[19], learning theory, activity-centred therapy[10] and narrative therapy[20, 21].

Adolescent Development and the Impact of Psychosis

The period between 15 and 25 years of age is a significant time of transition for young people, marking the transition from childhood and early adolescence into adulthood. Adolescent development pathways have been described by developmental psychologists, and include increased importance of the peer group, increased independence from family and formation of identity, self-concept, self-esteem and self-efficacy and psychosexual and vocational identity.

Supporting psychosocial development is a key factor in the design and implementation of group programs for early psychosis, as psychosis can have a significant impact on the normal developmental tasks of adolescence[22, 23]. For example:

- Attention and achievement at school might be affected during the prodromal period, possibly as a result of inherent neurological deficits[24].
- Social withdrawal during and after an episode of psychosis can jeopardise the formation of peer relationships[25, 26]. This social withdrawal is now understood to be as significant among those experiencing an ultra-high-risk mental state as those with a psychosis, with a reduced size of network evident[27].
- There may be a 'fear' about pursuing intimate relationships among adolescents and young adults who have experienced a first episode of psychosis; this fear may be perceived as 'risky' and can interfere with the development of a healthy psychosexual identity[28].
- Psychosis may delay, and even prevent, the completion of education and attainment of a vocational identity[29].
- Stigma and self-stigma can have a detrimental impact on the development of a healthy self-concept during first-episode psychosis[30].
- Late adolescence to early adulthood may be a period when individuals are particularly sensitive to the traumatic experience of psychosis and its impact on personality organisation, leading to identity diffusion[31].
- The process of emancipation from parents and other carers is delayed, as the young person becomes more dependent on the family for a reliable and secure environment[32].

The Importance of the Peer Group

Group programs can assist young people to overcome the disruption of their developmental pathways caused by the onset of psychosis[33]. Involvement in a peer group is important in achieving many developmental tasks for young people. The peer group provides a sense of belonging and acceptance and an environment in which it is possible to take risks and explore options. Young people frequently identify groups as opportunities to work towards normative social and vocational goals[34]. Many young people feel alienated from their previous social contacts and networks after the onset of a psychotic episode[33, 35, 36] (see box opposite page). Young people with a longer period of untreated psychosis appear to have a weaker social network and are more withdrawn than those who have received more timely treatment[37]. Withdrawal from social contact may cause isolation and result in social anxiety, which further inhibits the young person's ability to be fully reintegrated into their community. They may develop long-term, intractable social disabilities instead of experiencing the short-term impact of an illness. Consequently, interventions that focus on social recovery during the early phase or critical period of psychosis are vital[38]. The peer group provided by a group program provides an opportunity to continue the developmental processes that are dependent on interaction with others. Group interventions that are timely and effective in engaging young people into group environments, and that recognise the stage of development of each individual, may promote successful completion of important developmental tasks[22].

PHENOMENOLOGICAL RESEARCH INTO THE EFFECT OF EARLY PSYCHOSIS ON YOUNG PEOPLE'S SOCIAL RELATIONSHIPS – MACDONALD ET AL. 2005[33]

Phenomenological research investigates the meaning of the lived experience of particular phenomena. In this research study, the phenomenon investigated was the effect early psychosis has on social relationships in young people who have experienced an episode of psychosis. A phenomenological research design explored, in fine detail, the subjective experiences of the participants in the study. Five themes were identified of participants' subjective experiences. Participants were more likely to:

- associate with peers who they liked during recovery
- value families more after recovering from an episode of psychosis
- spend time with old friends
- report feeling different from previous peers because of the issue of stigma
- build new social relationships to replace previous ones.

Participants in the study acknowledged that an episode of psychosis had a profound effect on normal adolescent activities, to the extent that they wanted to be with peers who were accepting and understanding of the trauma they had been through. Each participant acknowledged that participating in psychosocial recovery group activities satisfied their need to be in socially accepting relationships.

During the acute phase of illness, young people may be too disturbed to relate appropriately to others. Groups may provide an opportunity for positive social contact in a 'safe' environment. Feedback to young people about their social behaviour may enhance their ability to socialise successfully and prevent loss of social skills, isolation and social anxiety.

During the recovery phase of illness, groups can provide opportunities to develop social networks and maintain social skills. Some groups focus specifically on developing social competency, while others provide opportunities for less formal social contact with peers. The informal social contact that takes place prior to and after group sessions is an important aspect of groups. An accessible, comfortable, 'youth-friendly' space facilitates relaxed interaction with participants and provides an opportunity to maintain and develop social competencies in an informal, real-life situation.

Increased Independence

Group programs can provide young people, and their families, with a sense that there is a 'safe' space within which the young person can increase their independence and autonomy without significant threat to their safety or the family's caring role. A group program can provide activities that are away from the home and family and adapted to the individual's degree of independence. It can also provide opportunities for discussion with peers about their level of independence and issues of separation. Group programs provide support and encouragement for young people to take an active role in personal and group decision-making. They also provide a degree of independence and structure for some young people by requiring them to wake up on time and organise transport to and from the groups.

Identity, Self-Concept, Self-Esteem and Self-Efficacy

Many people who experience psychosis have emphasised the importance of reconstructing or rediscovering an enduring sense of self during recovery. Adolescents develop their view of themselves and establish their identity through comparison and contrast with their peer group. Group programs that promote self-awareness can enhance the development of identity at a time when self-esteem is particularly low. Some young people may find themselves experiencing 'engulfment', feeling that their illness is monopolising their lives and limiting their activities, and their sense of self. Opportunities to relate with peers who have similar experiences of psychosis, combined with exploration of explanatory models of illness, can reduce engulfment and assist with integration of the psychosis into the person's identity[33, 36, 39].

Vocation and Education

A psychotic episode can disrupt vocational and educational goals of young people. Some young people have a feeling of 'treading water', while others assume that their life purpose and all future plans are ruined. Such responses may develop into secondary problems such as depression[40] or anxiety. Emphasis on the recovery process and the possibilities for the future should therefore begin early.

Participants can explore these recovery issues in a range of ways in group sessions. Accurate information about the treatment and recovery process through psychoeducation in groups can help provide a realistic view of the future. 'Open' groups where young people can safely take risks can be particularly helpful during recovery[3]. The group can provide a flexible space within which they can take gradual steps towards functional recovery without feeling as though they have to completely commit. As the young person recovers after illness, and if their first attempt at returning to work or school is unsuccessful, they can quickly re-engage in other meaningful activities via group sessions to help with feelings of distress and disappointment.

The peer contact within a group program can provide an environment where young people can share experiences, improve personal strengths and coping skills, develop an optimistic outlook for the future and re-master appropriate developmental tasks.

The following box gives an overview of the OYHCP group program.

OYHCP GROUP PROGRAM

The group program at OYHCP aims to promote recovery from mental illness using various psychosocial group-based interventions. Activities within groups are carefully graded to incorporate new or unfamiliar experiences, designed to provide positive experiences to give young people a sense of success. All young people within OYHCP can be referred to the group program at any stage of their involvement with the service; however, it is desirable to have at least 2–3 months of care remaining. Inclusion and exclusion criteria are specific to each group. Intake criteria can include:

- males or female aged 15–25 years
- negative experiences with peers such as isolation, bullying or attachment issues, or difficulties in relationships with family and friends
- lack of structure and routine
- limited or poor social skills.

The OYHCP group program incorporates the Recovery and Acute programs and has strong links with the Travancore Education Unit (a Department of Education and Early Childhood Development-funded specialist educational setting). The Recovery Group Program at OYHCP is integrated within the wider Psychosocial Recovery Program (incorporating vocational recovery, educational recovery, family participation and youth participation). The Psychosocial Recovery Program also incorporates the Inpatient Group Program, which will be referred to in later sections of this manual. The Recovery Group Program is staffed by mental health clinicians from backgrounds of psychiatric nursing, occupational therapy, clinical psychology and social work, as well as a music therapist, teachers and peer workers. Groups run according to school terms, and typically 12–15 groups will run in a week. Young people referred to the group program are engaged in groups based on their interests, goals and support needs. Depending on their recovery goals and personal recovery trajectory, a young person referred to the program may participate in one group for one school term or as many as three groups a term for an entire year.

CASE STUDY: **STEVE – GROUP PROGRAM JOURNEY**

Steve was referred to the Recovery Group Program by his case manager during the early stage of his recovery. He was experiencing daily derogatory auditory hallucinations and the 'voices' interfered with his concentration at university and relationships with others. He deferred his final semester of study and was spending most of each day alone in his bedroom. Steve mentioned to his case manager that when played his guitar the 'voices in his head' were less dominating. The case manager contacted the OYHCP Group Program clinician to discuss the possibility of Steve participating in the Music Group.

Steve agreed to participate in the Music Group at least once to 'give it a go'. He joined the music group and appeared more comfortable around the other members of the group as the eight weeks progressed. One day another group program participant noticed the sticker of a local band on Steve's guitar case and asked him whether he'd like to go to their upcoming gig with him. At the end of the term, Steve met his key worker in the group program to discuss how the Music Group had been for him. He was experiencing fewer auditory hallucinations and ideas of reference were no longer a concern for him. Steve reported that he enjoyed the music group, that he looked forward to attending and it made getting out of bed in the morning easier for him. He showed interest in other group program activities such as the Team Sport Group, as he wanted get back into shape after gaining weight on his medication. Steve also reported that he wanted to continue in the music group, because he wanted to practise feeling more comfortable around other people and was enjoying the opportunity to express himself creatively.

As the year progressed, Steve attended more and more groups and became well known to group program staff. He began attending the weekly drop-in social and recreational group, and over pool games or Playstation began to get to know other participants. Steve decided to attend the Outdoor Adventure Group in the final term of the year. For the three-day Outdoor Adventure camp, Steve had a key role in menu-planning, and showed up on departure day with snacks to share on the bus trip. The camp gave Steve an opportunity to manage his own medication – which his parents had previously supported him with – and to spend three full days in the company of his peers … not to mention canoeing 50 km along a river. Steve returned to study three days a week the following semester. He had Mondays free and continued to come to the drop-in group, often having a key role in planning menus and activities for the following week, and supporting new participants by engaging them in games of pool and telling them about other groups on offer.

As his time at OYHCP drew to a close, Steve completed his university degree and was offered a graduate position in a company he wanted to work for. He nervously began full-time work and called his old case manager three months later 'just to say hi'. He admitted that he sometimes got nervous that he wouldn't do a good job, but then he would remember that he had once thought he wouldn't be able to learn new songs, write lyrics or canoe 50 km, and people wouldn't like him in groups either – but they did. In fact, he was going to see a band with a friend from music group on the weekend.

STEVE – GROUP PROGRAM JOURNEY CONTINUED

The group program provided Steve with an opportunity to maintain connection to hobbies such as guitar, to maintain physical health through physical activity, and to build day structure in preparation for returning to study. Perhaps most importantly, groups provided Steve with an opportunity to reconnect with peers and to remind him that he was likeable and had coping skills he could draw on in times of stress.

Phase of Illness in Early Psychosis

There are identifiable phases of illness within early psychosis, and these phases should be carefully considered when developing and implementing group work. Young people experience a pre-onset period called the 'at-risk mental state', or 'prodrome', prior to the onset of a first episode of psychosis. Young people may present with an array of psychiatric symptoms, functional deterioration and distress during this time, and it is often during this phase of illness that young people seek help for the associated distress. It is characterised by symptoms such as depressed mood, anxiety, irritability and aggressive behaviour, substance use and subtle subjective cognitive, affective and social disturbances. More importantly, attenuated or sub-threshold psychotic-like symptoms such as overvalued ideas and perceptual disturbances are present[41]. It is during this period that a decline in educational, vocational and social functioning may also occur[42]. The first episode of psychosis presents an adaptive task for the young person and it typically involves florid psychosis and high levels of impairment. Once a person receives treatment and begins to recover from the acute symptoms, they are faced with further functional and psychological recovery tasks. Group work during acute psychosis can provide opportunities for the prevention of secondary impairments such as occupational and psychological dysfunction.

The phase of illness also influences the role that the young person is able to perform in treatment. During acute disturbance, impairments in cognition and judgement may limit the involvement of the young person in shaping the treatment program. At this stage, engagement might be the main aim. As recovery begins, engagement is enhanced through the active involvement of young people in their treatment so they become a collaborator, and, sometimes, an innovator, in their own treatment.

Group Work in the At-Risk Mental State

Group work in the at-risk mental state for psychosis phase often involves groups that support a return to normal psychosocial functioning or address specific problems such as anxiety management. Examples of group interventions during this phase of illness include:

- vocational groups focused on school, study and work
- groups focused on improving health, for example through physical fitness, stress management and reducing drug use

- social and leisure groups that foster social relationships and enhance social skills
- groups focused on self-awareness, self esteem and creative expression, such as outdoor adventure and music groups
- groups aimed at developing independence and assertiveness skills.

Group Work in the Acute Phase

Please note: not every young person in the acute phase requires admission to an inpatient unit. The following section describes group work during the acute phase with a focus on group work in an inpatient unit.

Group work during the acute phase of psychosis should be designed keeping in mind the short duration of stay in psychiatric inpatient units. See the box below for the key aims of group programs in this phase. Challenges faced by group therapists in this environment include constant changes in group membership, the limited number of sessions attended by each patient, the variety of diagnoses represented in a group and often extreme levels of acuity[43]. The types of groups run in the acute phase are discussed later in this manual.

Crisis theory provides a useful strong framework of principles on which group interventions during the acute phase can be based[44]. It allows for greater appreciation of the threatening and stressful nature of psychosis and related features like hospital admission[45]. First-episode psychosis can be considered a situation that is unfamiliar and difficult to address with existing coping mechanisms, with the problem further compounded by the lack of life experience in young people. This can be ameliorated through targeted opportunities in group programs to acquire skills, coping strategies and opportunities for peer learning and support. The degree of trauma caused by the crisis can also be reduced by ensuring that the environment in which the crisis is occurring (e.g. the inpatient unit where the young person with psychosis is being treated) is not alienating.

KEY AIMS OF A GROUP PROGRAM IN THE ACUTE PHASE
Build rapport and engage the individual.
Assist participants to gain an understanding of their experiences; groups that have a psychoeducation focus are particularly useful in this task.
Provide less formal, and a wider range of, opportunities to assess mental state and function.
Provide choices about activity, thus empowering the individual to engage in their recovery.
Explore coping mechanisms: groups that focus on simple forms of stress management and relaxation and encourage the use of previously practised coping strategies such as physical activity.

Given the duration of hospital stay, group work can serve to orientate the young person to group program processes, which may enhance their enthusiasm for recovery-based group programs after leaving hospital. The young person may be motivated to attend and engage in the recovery groups that provide a more ongoing, focused and socially-orientated range of activities.

Group programs can have a considerable impact on the ward atmosphere and milieu. The group program can facilitate a calm ward atmosphere by providing structured opportunities for inpatients to use excess energy, dissipate anxiety, and reduce restlessness and agitation. Atakan also recommends using group activities in order to manage violence within inpatient settings[46]. The box below describes the Orygen Youth Health Inpatient Unit Group Program.

THE ORYGEN YOUTH HEALTH INPATIENT UNIT

The Orygen Youth Health Inpatient Unit, co-located with the Western Hospital at Footscray in western metropolitan Melbourne, provides acute inpatient treatment to any registered young person of Orygen Youth Health.

The Orygen Youth Health Inpatient Group Program is:

- activity-orientated
- normative
- offered to all inpatients on the ward
- tailored to patients treated in high-dependency and low-dependency units.

There are a number of constraints, including:

- the high acuity of the young people
- brief admissions, the average length of stay being around 10 days
- interventions involving multiple staff
- day and overnight leave and excursions.

The overall aims of the Orygen Youth Inpatient Group Program are to:

- provide a reality-based, safe, structured and pleasant environment
- decrease the trauma of hospitalisation through provision of a variety of creative activities, games, leisure pursuits, outings and discussions that are meaningful and appropriate for this age group
- build rapport and engage inpatients in the beginning of a graded recovery program that could extend for up to 2 years (including the outpatient-based recovery group program)
- encourage appropriate behaviour, socialisation and peer support among inpatients
- provide an outlet (outside the more formalised interview situation) for inpatients to ask questions and express their thoughts and concerns about their issues and psychiatric management

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THE ORYGEN YOUTH HEALTH INPATIENT UNIT CONTINUED

- encourage interest and motivation through engagement in activities, exercise and outings
- provide assessment of social and living skills, through observation in semi-formal group settings
- encourage and provide opportunities for creativity, through participation in groups such as art and music
- encourage and provide opportunities for inpatients to learn new skills and to focus on, enhance, and demonstrate their competence within group settings
- encourage participation in games and activities that provide individuals with diversion from distressing symptoms
- decrease aggressive incidents within the inpatient unit through the provision of reality-based, structured, short-term activities and games that encourage a positive focus and require limited skills and concentration.

Following the potential trauma of first-time hospital admission, continuing the physical and psychological transition to life outside hospital can be a significant challenge for young people[45]. Some issues that can arise for the young person during this transitional phase are listed in the box below.

SPECIFIC ISSUES DURING THE EARLY STAGE OF RECOVERY
Loss of confidence
Post-traumatic stress disorder (PTSD) following the trauma of the experience of illness and admission to hospital
Loss of contact with usual social networks
Loss of the safety and support of the hospital environment
Social and psychological stressors
Confusion, fear and uncertainty of the illness
Lack of involvement in meaningful activity
Mood fluctuations
Anxiety

The development of a group program that supports transition from the acute treatment setting to community treatment setting can provide a useful ‘bridge’ from acuity to recovery.

The specific objectives of group programs during recovery are to help young people to:

- begin to develop an understanding of psychosis
- identify personal issues arising from the experience of psychosis
- identify risk factors for becoming unwell
- receive support in adjustment during this phase, acknowledging existing strengths and skills as well as individual concerns which may arise
- maintain and develop social networks
- express thoughts and feelings about the experience of illness.

For an example, see the O-Zone group module description on page 53 of this manual.

Group sessions should consist of warm-up activities that focus on social interaction, enjoyment and alleviating anxiety, followed by discussion of the issues listed above. It is helpful to have a group leader that is directly involved with the acute service and another group leader that is affiliated with the recovery group program to help young people effectively engage in the group and in their outpatient treatment.

Group Work During the Recovery Phases

The recovery phase for young people involves learning how to manage and cope with a vulnerability to psychosis once the acute symptoms of psychosis have become more manageable and less distressing.

Early recovery involves the remission or easing of distressing positive symptoms. 'Mid-recovery' refers to the period where positive symptoms have settled and psychological and functional recovery is occurring. 'Late recovery' covers the period from about 12 months to 2 years after the first episode of psychosis, a period during which relapse must be prevented or managed. 'Incomplete recovery' may be used to refer to the presence of ongoing positive symptoms or enduring loss of educational, vocational, social or psychological functioning (with or without the presence of ongoing positive symptoms) well after treatment commencement.

The early psychosis research literature is increasingly acknowledging a clear distinction between 'types' of recovery, where symptom remission recovery does not necessarily equate to functional recovery. The loss of social roles and academic and occupational functioning can occur prior to the transition to a full threshold psychotic episode, and may be maintained long after the acute phase. Some people experience a rapid return to their normal environment and responsibilities as helpful, while for others, it may precipitate a second episode[47].

Group programs can support young people to work towards all definitions of recovery. In the development of group programs, it is useful for program providers to be clear about which model of recovery is driving the development of the group program, as it may impact the ways in which young people and group leaders collaborate in the development, implementation and evaluation of group interventions. See Figure 1 for group work objectives in the recovery phase.

FIGURE 1: OBJECTIVES FOR GROUP WORK IN THE RECOVERY PHASE

Symptomatic	Psychological	Functional
To facilitate engagement with the outpatient treatment setting	To foster a collaborative experience of treatment	To collaborate recovery goals and enhance social confidence, social connections and skills
To support understanding of disorder	To explore explanatory models	To provide psycho-education and support
To support compliance with treatment	To reduce the trauma associated with the acute phase and diagnosis	To provide graded social, vocational and educational re-integration
To identify and respond to any comorbid disorder	To provide engaging and meaningful social, recreational, vocational and educational activities to support goals and interests	To provide engaging and meaningful social, recreational, vocational and educational activities to support goals and interests
To identify and respond to treatment-resistant symptoms early	To enhance and develop coping strategies	To develop practical strategies and enhance independent living skills
To provide opportunities for rehearsal of strategies for managing persistent psychotic symptoms	To promote positive self-concept	To provide activities that build strengths
	To separate 'illness' from 'identity'; to reduce the risk of engulfment	Using '*in vivo*' opportunities in supportive environments

Principles for Using Group Work to Facilitate Recovery

A number of factors have been identified that enhance the likelihood of a young person's symptomatic, functional and psychological recovery from a first episode of psychosis. These are outlined below and offer some approaches for the development and implementation of group programs in the recovery phase.

A focus on broad life areas rather than specific problems or symptoms that a young person may be experiencing[48].

Group work frequently focuses on the strengths and abilities of young people across a wide range of life areas. Involvement in group programs is often based on identifying goals and needs in all aspects of life, rather than taking a problem-orientated approach and focusing on the illness. Recovery group programs should assist young people with reintegration into the community, and this involves more than dealing with specific problems and symptoms. Malekoff suggests an organising framework for adolescent group work, in which he emphasises that strengths-orientated approaches "welcome the whole person, not just the trouble parts".[48]

An active role of young people in the process[49,50].

A group experience will be most meaningful when young people themselves decide to 'engage'. Warner suggests that a higher level of choice about the range of treatments available and when to engage in different kinds of treatment improves young person outcomes. The active involvement of young people in identifying personal goals and selecting group programs is likely to ensure the young person's role is emphasised and valued.

A high level of personal support from stakeholders in the recovery of the young person[51].

Group program staff and other group program participants can be viewed as sources of continuous support as the young person progresses through a recovery group program. Case managers, doctors and families can support the young person to see value in group programs, and to draw meaning from their participation.

The opportunity to develop mastery over the illness through education and skill development[36,38,52].

Psychoeducation and coping skills groups should be developed specifically to provide accurate information about the processes and course of the illness, and to enable young people to explore strategies that will enhance their ability to manage psychosis.

A focus on providing opportunities for expressing emotions in an understanding and non-stigmatising environment[36,51].

The sense of validation, acceptance and understanding from people who have been through similar experiences is an important aspect of a group program. This enables participants to speak freely and honestly about their concerns, and may build skills in allowing young people to do so in other settings (e.g. with family, with their case manager).

A recovery environment that can adapt to the growths and setbacks of the recovery process[51].

There must be a certain level of flexibility in the structure of any group program designed to facilitate the recovery process in first-episode psychosis. This structure should allow modification of the 'mix' of available groups, because the goals or needs of the young person may change.

Opportunities to revive and develop community survival and other life skills[45].

Groups that focus on the development of specific skills are important, but broader life skills such as problem-solving, time-management and decision-making can also be an important part in the recovery process.

An opportunity to experience a range of social interactions and relationships[35].

A recovery-based group program should offer a wide range of social experiences, from formal social skills development groups to informal social and recreational contact.

A tailored approach to the difficulties resulting from psychosis[53].

Groups should be adapted to acknowledge the cognitive limitations of participants, to ameliorate the effects of cognitive impairment and enhance cognitive functioning.

A range of therapies within a supportive milieu[54].

A variety of groups should be offered that reflect the range of therapies that may be of value to people with a psychosis (e.g. CBT, ACT, mindfulness, music therapy) and the interests and intentions of young people.

Establishing routine and structure in the use of time[55].

Many first-episode group program participants find it difficult to manage their time productively. The support of the group program workers and a choice of useful groups provide an opportunity to establish a routine and use time productively.

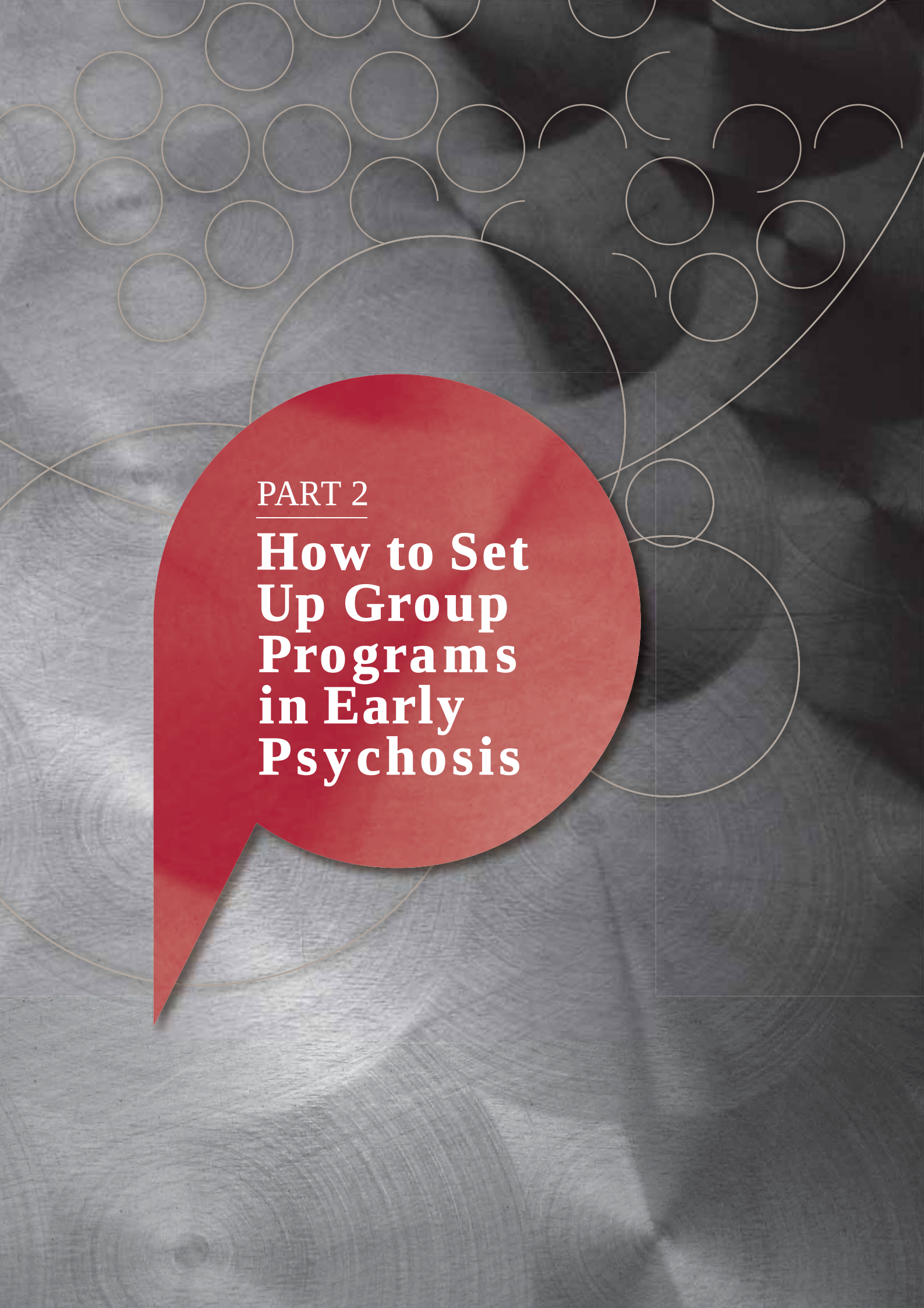
Encouraging a positive view of the future[55].

The emphasis on achievement of personal goals through participation in a recovery-based group program implies a belief in the young person's ability to make progress and to move positively towards the future.

Training in stress management to enhance coping with environmental stresses[56, 57].

The stress-vulnerability model for management of early psychosis focuses on the education of young people to help them manage the stressful components of their lives. Development of coping skills and stress-management strategies can be facilitated effectively in specific group programs[58]. Group program interventions can assist young people to engage in the treatment setting and have more options in which they engage in their treatment. Young people who have attended groups also talk about the opportunities they received to share their lived experiences, learn from others and develop of a broad repertoire of coping strategies[36].

Psychiatric illness and its ongoing symptoms, relationship difficulties, and difficulties with everyday functioning and independence are common stressors identified by young people within an early-psychosis service. Many group programs can effectively and efficiently address these areas by providing a supportive peer environment where these difficulties can be discussed and acknowledged and skills can be shared.



PART 2

How to Set Up Group Programs in Early Psychosis

How to Set Up Group Programs in Early Psychosis

This section of the manual describes a planning process to assist with developing effective group programs. It begins with a focus on the wider community context of group programs, then describes needs assessment, the setting of objectives and identifying available resources for group programs. The use of a planning tool for a specific group program, the Group Module Description (Appendix 2), is also outlined in this section, with examples of some of the group programs developed at OYHCP that use this process. Issues around recruitment and engagement of young people in group programs are discussed. Finally, issues associated with the implementation of group programs with young people with early psychosis in both the acute and recovery phases are also discussed.

Needs Assessment

Group programs should be developed with consideration for the continuum of group programs available within community and clinical settings. The Fourth National Mental Health Plan supports the development of recovery-focused services and strategies and supports collaborations between mental health and other community sectors[59]. Group programs can be tailored to the particular needs of an early psychosis population. Therefore, services initiating group programs will want to spend time exploring what other group programs are available to young people in their geographic area. Group programs run by local youth services, child and family services and other community agencies may meet some of the recovery needs of some young people. A mapping exercise will help identify groups that meet particular needs and help develop referral pathways with other services providing groups. The questions outlined in the following box provide a starting point for a community needs assessment.

QUESTIONS FOR AN INITIAL NEEDS ASSESSMENT
What groups exist in the community that are already available to young people with early psychosis?
What needs of young people and their families are not met by the existing organisation of services?
What services have responsibility and resources for working with (a) young people and (b) people with a mental illness?

What Groups Already Exist?

Local communities provide a range of services, which in an ideal world comprise a balanced service system. The early psychosis service may be established in a setting that already offers group programs (e.g. headspace, local youth services, community health services, sporting clubs and communities of faith); however, these existing groups need to be complemented with supportive and protective environments specifically tailored to the needs of those with early psychosis. Young people are encouraged to attend groups that provide mental health support, especially during the early and mid-recovery stages.

Group and club-based environments are available in all communities. Some young people with early psychosis will continue to participate in their existing groups; however, young people may struggle to maintain their participation due to loss of self-esteem, an increase in social anxiety, stigma, or a lack of community understanding of psychosis. Young people using early psychosis services benefit from building relationships with community and human service sector service providers. The stigma associated with psychosis may be reduced through the development of these relationships. The early psychosis service may also be able to provide specific support to the individual with their transition back into the community setting, along with consultation, training and other general assistance that may aid all young people.

A database of community group programs should be created by early psychosis services to determine existing group programs in the local area. This database should include information about the nature of the group (e.g. content, activities), eligibility for the group, referral processes and skills of facilitators (e.g. coaches, instructors, youth workers). It should also include the support available to the young person with psychosis, the age range of participants in the group program, costs associated with participation and accessibility by public transport. A nominated staff member should regularly update this database, and all staff should be aware of the variety of options for their young people. This database may also assist service managers to identify particular programs that young people would benefit from and provide additional support to external service providers to enhance access for young people. Some of the possible service providers to map include education-based groups, sporting clubs, self-help groups, youth programs and events, community health groups, neighbourhood centres, ethno-specific agencies and communities of faith.

What Needs are Not Met?

Knowledge of the young person group and illness trajectory, and the community context within which the group exists, is necessary in the development of any clinical intervention. Identification of ‘common’ needs across young people may indicate a particular opportunity for a group intervention. Needs assessments can be conducted in a formal or informal manner. Regularly conducting needs assessments can ensure that information from young people, families and staff is incorporated into the planning of the group program. The needs assessment should incorporate the perspectives of all stakeholders involved in order to be appropriately responsive to the range of perceived needs.

Strategies for conducting a needs assessment include:

- questionnaires and surveys
- formal file audit of Individual Service Plans
- informal interviews
- focus group sessions
- staff forums
- reviews of similar services and benchmarking
- service mapping in the geographic catchment area
- literature review, e.g. unmet needs in the population
- discussion with stakeholder groups, e.g. schools or youth services, to identify service gaps and opportunities.

The Recovery Group Program at OYHCP provides regular and structured opportunities for young people, families and staff to communicate identified needs and ideas, themes or suggested interventions. During goal assessment and review, young people are asked about their experiences of group programs and to provide input into the development of new group modules. Group program clinicians review each group approximately every ten weeks. The review involves careful consideration of the reach of a particular group, assesses whether group objectives have been met and identifies factors that have hindered the achievement of particular group program objectives. Objectives and activities of the group programs are then modified in line with the review outcomes.

Outpatient teams are paired with a specific group program clinician with whom they have regular contact. Case managers identify the needs of particular groups through ongoing discussion with a range of young people. For example, the *SAFE* (distress-tolerance skills) program was initiated by a case manager who identified the need of young people to develop skills in coping with emotional distress. The case manager felt that a group intervention that offered skills training, rehearsal and peer learning of new strategies was more likely to be acceptable and effective for young people than an 'awkward' in-session rehearsal with a case manager.

Following the needs assessment, objectives can be identified and set for a particular group. Setting objectives will be discussed later in this chapter.

What Services and Resources are Available?

Developing group programs that will best meet the needs of the young people with early psychosis is the next step. Collaboration with other services can be an effective way of providing well-targeted, efficiently resourced group interventions. Many non-government organisations offer group programs that provide ongoing support, skill development and close links with the community to adults with a mental illness. These programs provide an essential service where they cater primarily to a longer-term group of young people; they may, however, have a negative impact on the expectations and outcomes of adolescents and young adults experiencing a first episode of psychosis. These programs are often funded to work with a wider age range (e.g. in Victoria, the Psychiatric Disability Rehabilitation and Support Services sector is funded to work with 16–64-year-olds). Staff members of these programs may have limited experience working with the adolescent

developmental stage and limited experience offering programs that are not designed around the concept of 'rehabilitation'. Nevertheless, collaborative group programs can enhance the range of services available to young people and can have the additional benefit of skill-building in the wider sector. See the following box for an example of a collaborative group program.

FINDING YOUR FEET, A COLLABORATIVE GROUP PROGRAM

Orygen Youth Health, together with headspace Sunshine, identified a gap in service provision to young people with a mental illness living in two local government areas. It appeared that young people aged 12–19 were well-serviced by supportive social and recreational opportunities offered in their schools or by local youth services; however, there were few supportive 'entry points' into social or recreational activity for young people aged 19–25 who were disengaged from education and had withdrawn from their previous friendship group. Simultaneously, Mind, a large non-government organisation and provider of rehabilitation services to adults with a serious mental illness, identified a gap in their service provision to young adults, noting that young people were rarely referred and less frequently engaged. The three services began to develop a collaborative 8-week program which would run four times in any calendar year, be co-facilitated at any given time point by two of the three agencies and would accept referrals from all three agencies. A 12-month pilot period was developed along with clearly identified evaluation strategies. The program was promoted through a range of networks. It resulted in a range of referrals, and increased visibility of all three programs in the wider community.

Helping staff understand the rationale for group intervention can ensure that groups are seen as a valuable part of young peoples' treatment in an early psychosis service. Developing a positive interaction between group program providers and other areas of an early psychosis service seems to be the key to maintaining a high profile and effectively linking the goals of group work with the case work of the service. Implementing pilot projects that are effectively evaluated can provide useful information that can be used to lobby for further programs. In the 'Evaluation and Research in Group Work' section of this manual, we will discuss ways to disseminate evaluation findings.

Group leaders are a valuable resource for any group program, and those staff members who have had successful, positive experiences in terms of group interventions (as group members or group leaders) are more likely to want to deliver group interventions and support the profile of group work within the organisation. The mentoring of a 'new' group worker by a more experienced group worker can ensure that skills are shared throughout the service.

Resources for group program materials or activities should be budgeted for within the organisation or organisations delivering the intervention. Where such funding is unavailable, philanthropic funding may be sought. Donations are most likely to be received when the group is new, or a pilot, compared with an established program where philanthropists may consider it the responsibility of the organisation delivering the group to maintain it. Local businesses may contribute materials

such as art supplies and sporting equipment. Fundraising for group interventions is a good way to raise the community profile of the service and provide an informal opportunity for staff members to interact with the wider community.

From Needs Assessment to Group Program Development

It is important to have a clear understanding about the service context before a specific group program is developed. Whether groups are aligned with service goals and objectives, and whether a group program will help the service achieve these goals, need to be carefully considered before the development and implementation of a specific group program. Additionally, it is important to carefully outline the areas in which group programs may have the greatest impact. The establishment of a broad set of goals for a program that incorporates service goals can provide clarity about the focus and boundaries of the groups provided. Examples of goals for a recovery group program include:

- facilitating young people to recover previous strengths and abilities and develop new skills
- improving young peoples' sense of self-worth and confidence
- facilitating positive interactions with others, promoting the maintenance and development of helpful peer networks
- empowering young people to cope with their illness through knowledge, understanding and the development of coping strategies.

These goals may then be used to create a comprehensive 'menu', or timetable, for the group program. Staff experience and expertise will help guide and shape the potential group program modules. The availability of resources such as venues, equipment and materials will help determine which groups to include or exclude. It may be necessary to seek additional resources in order to support a particular type of group if it is considered an important component of the program. Reorganising the selection of program activities to include some activities that are cheaper to run but still meet the group objectives will also improve availability of these sessions.

When developing a group program, the balance and mix of group modules should be carefully considered to avoid skewing the focus of the program. It is important to have a wide range of group modules when there is a broad range of needs from young people and the group is diverse. Some specific organisational structures can help in developing and maintaining diversity.

There are no set rules for the development of groups; however, the process should be structured to ensure that all aspects of planning, implementation and evaluation have been carefully considered. The planning process begins with the needs assessment and evolves as an individual takes responsibility for the development of a group. The process should be formalised within an organisation with established procedures for the development of ideas, or structures for providing feedback and continued development of the group.

The Group Module Description Template (see Appendix 2) developed and used in the OYHCP group program (see box below) is a tool that may be useful in this process. Potential group leaders and other staff may use this tool to ensure a wide range of skills and expertise are accessed in the development of the group. Collaboration with young people during the planning phase will enhance young people's commitment – ensure there is clarity about objectives, content and the overall potential impact of the group program. Once completed, the Group Module Description may be used as a proposal document that is shared with managers and team leaders for the approval and allocation of resources. This document may also be used to form a grant application for funds or other resources, and sections may be used for publicity (e.g., to promote the group to young people, families and staff).

THE OYHCP RECOVERY GROUP PROGRAM

At Orygen Youth Health, data collected from 80 initial assessment forms led to the development of four 'streams' of group intervention. These streams form a comprehensive group program[4]. In any given school term, there is at least one group offered from each stream, providing a balanced program based on young person-identified goals.

The streams are:

- Vocational and Educational
- Creative Expression
- Social and Recreational
- Health Promotion and Personal Development.

Specific examples from each of these streams are described later in this manual.

Developing a Group Module Description

This structured process ensures all aspects of the planning, implementation and evaluation are considered. See Appendix 2: The Group Module Description Template for a template on developing a group module description.

Title

Consider how the title may appeal to young people. If a group sounds too 'straight', 'boring' or 'intense', young people are less likely to show interest. A common-sense approach to promoting a group by using a 'catchy' name can make a big difference. Ownership and commitment to the group program can be encouraged by involving participants or other young people in the selection of a name. Selection of a group title may be the *last* step you take in planning your group.

Examples include:

- Body and Soul: coping and self-care strategies and social support for young women.
- Chillax: anxiety management skills training and CBT for coping with anxiety.
- The O-Zone: drop-in style socialising and recreation for older adolescents and young adults.

Statement of Philosophy

Writing a statement of philosophy provides the context and background for the development of the group module and clarifies the place of the group in the overall service context. It may include the rationale for the group and a brief overview of the literature.

Aim

The aim is a broad statement summarising the purpose of the group. It is often written once the objectives have been defined and should include details about the target population, primary objectives and the theoretical framework supporting the group.

Specific Objectives

The objectives of a group should describe the stated purpose, interventions and define the expected change for the young people involved. It is essential to have clear and relevant objectives for groups to have consistent therapeutic outcomes. These objectives should flow from the needs assessment process and should be specific and measurable. Objectives guide the selection of the theoretical framework upon which the group is based and guide the choice of format and content of the group. Objectives need to be based on:

- identified unmet needs in the young person group
- the present level of social, psychological, physical, cognitive and emotional functioning of the potential young people. Focusing on a known target population (e.g. young people of your service with first-episode psychosis) will help to develop attainable and meaningful objectives
- specific information about the young people's needs and goals.

It is important to differentiate between ‘impact’ objectives, ‘process’ objectives and ‘outcome’ objectives. Impact objectives relate to the change in the young person that you are aiming to achieve that can be directly attributable to the group intervention. Process objectives are those that focus on the intervention employed to enable attainment of the impact objective. Outcome objectives are broader, and in mental health services are attributable to the broader treatment framework incorporating the impacts of the group, case management, medical treatment, etc.

Clearly differentiating between types of objectives assists workers to:

- make sense of what they’re hoping to achieve (impact)
- make sense of how they might best achieve it (process)
- see where a group intervention might fit within and complement a broader suite of available interventions (outcome).

While outcome objectives might already be outlined at the service level, process and impact objectives should be articulated by the clinicians developing a group. Objectives should be defined in a form that is measurable, so they can be used to evaluate the efficacy of the group. For further discussion of the evaluation process, please see the ‘Evaluation’ section of this chapter.

SMART is a popular mnemonic used to help guide the setting of objectives that are Specific, Measurable, Attainable (with the resources available), Relevant (to stakeholders) and Time-bound. It can be helpful to frame objectives for the group as statements of the changes you are hoping to achieve, for example, ‘increased knowledge about the symptoms of psychosis’, or ‘establishment of a vocational plan’. This also helps avoid confusion between impact objectives and outcome objectives. For example, ‘to provide an opportunity for expanding social contacts’ is not an impact objective. It may be an appropriate element of the overall aim of the group program, and a useful process objective, but it does not provide useful information about the specific changes you wish to see in the young person. Impact objectives related to expanded social contacts could include:

- an increased number of spontaneous social interactions within the group sessions
- increased confidence in initiating conversations
- increased knowledge of social opportunities available in the community
- reduced anxiety in new social situations.

An example of a social objective that clinicians and young people might have when developing groups might read:

> Participants who identify goals related to improving social confidence and attend 10 sessions of the Freestyle program, and who are supported by their case manager and group program clinician to reflect on their interactions with peers, will report an increased level of confidence in social situations.
>
> Participants who have identified goals related to increasing their social network and attend five sessions of the O-Zone group will report an increased social network in goal review with their case manager and group worker.

Objectives must describe change in participants and, ideally, include a description of the process used to attain that objective. Workers who write group module descriptions will need to be clear when describing processes that may enable participants to achieve these objectives. For example, for participants to increase their social network, the O-Zone group will need to be run in a welcoming physical environment with access to a range of normative recreational activities. Participants will need to be given opportunities to develop meaningful relationships with one another and group workers, through introductory activities and support in making and maintaining connections. Staff members developing objectives will also need to be clear about where the proposed objective sits in the broader treatment context. In the case of the O-Zone group, group program clinicians may assume that an increased social network will support resilience and reduce the likelihood of relapse. An approach to determining objectives is outlined in Table 1.

TABLE 1: DETERMINING GROUP OBJECTIVES

1. Brainstorm all possible objectives; think laterally and include all possible outcomes of the group.
2. Refine and focus the objectives.
3. Make objectives measurable.
4. Prioritise the objectives to determine which objectives will be most important or valuable to young people and most likely to be met by a group intervention.
5. Consolidate objectives by writing the aim of the group program. This will be a sentence that incorporates the group's purpose, processes and long-term outcomes.

The role of a group 'module' in a group program will need to be considered when developing specific objectives so that it complements rather than duplicates existing groups on offer. For example, a number of groups at OYHCP have been developed with specific objectives relating to psychoeducation over time. The Get In The Know group is a psychoeducational program regarding symptoms of psychosis and recovery from psychosis; SAFE focuses on exploring strategies to manage distressing symptoms, while the iVenture group encourages the integration of psychoeducation material into the young person's personal identity. The combined effect is a range of opportunities for young people to work through all the facets of psychoeducation.

A collaborative approach that involves participants in setting group objectives can enhance their ownership of the group, increase motivation to attend and contribute to their sense of self-worth and empowerment. One such example is described in the box on the next page. Such a strategy can be useful when initiating new group programs when the specific objectives may not yet be clear to the group leaders. The objectives for the group program can also be used as part of the promotional material to 'advertise' the group program to staff and young people. Objectives can be used to facilitate appropriate referrals from case managers and ensure continuity between the group programs and individual work that is taking place concurrently.

THE REINVIGORATION OF THE FREESTYLE GROUP

The Freestyle social and recreational group had been on hold for 12 months after reduced case manager-facilitated referrals and failure of young people to engage. Three 15-year-olds had been referred to the 'Catering' program for assistance with educational recovery; however, they were more focused on their social recovery, taking frequent breaks to chat, and becoming distracted from the workplace-like tasks by their socialising. The three young people and an additional young person had all previously declined participation in the Freestyle group. They agreed that they had social goals and agreed to support staff with the development of a more 'acceptable' intervention for their needs. Over a series of three afternoons, after the Catering group, the young people met with a group clinician to discuss what content would be useful for inclusion in a supportive social group and how to promote the group. One young person designed the poster and two spoke with their case managers about other referrals. All four agreed to engage in the group when it commenced, and the original three continued to engage in Catering, redirecting their attention in that group to their educational recovery.

The Freestyle group has run consistently since this time, with adequate referral numbers, and continues to use the promotional material collaboratively developed with this impromptu focus group.

Timing of Sessions

The timing of groups can be a very important element of group programs. Common difficulties in recovery among young people are sedation from medication, negative symptoms and finding it difficult to get out of bed in the morning, and all need to be taken into account when deciding on timing. Groups that run too early in the day are inappropriate for many young people who have retained a limited structure and routine as a result of a first episode of psychosis. To facilitate some informal social contact, it can be useful to choose a time near morning tea, lunch or afternoon tea and provide facilities that create a comfortable environment. Other people at the venue should also be considered. For example, in general mental health services it may be better to run a young people's group at a time when there are fewer older adult service-users attending the service, to enhance the 'youth-friendliness' of the environment. Evening and weekend groups may be particularly useful when focusing on the development of social or leisure skills, or if prospective participants are attending school or are engaged in part-time employment. While the day and time of the group should be convenient for the staff involved, it should also match with the objectives of the group. For example, groups with objectives around vocational preparedness may run earlier in the day than groups with social connectedness objectives.

Venue

The venue should be comfortable, accessible and appropriate for the activities involved. Whether a group should be run at a mental health service, a community venue or elsewhere depends on the type of group and the availability of suitable venues. How young people identify with the venue and whether the security of familiar surroundings will be less stressful are important issues to consider when choosing an appropriate venue. Furthermore, privacy is an important aspect in any venue setting, as unwanted observers can be very distracting.

It is usually best to avoid changing venues week-to-week, as group participants feel more secure and comfortable in familiar surroundings. There should be a regular meeting place that can be used prior to any excursions by groups who are starting to venture outside their familiar surroundings.

Tea and coffee making facilities, a small fridge to keep cold drinks and comfortable chairs are all useful for enhancing engagement. Whenever possible, groups should be run in a space that is unlikely to be used for other purposes. Providing a room or space for participants to meet and informally socialise enhances group cohesion. Consider whether the group session itself is an extension of the social contact and can be held in the same environment, or whether it should be run in another room to enable a clear focus and definite starting time.

For example, at OYHCP very few groups are run in the Group Program House, where participants meet prior to the groups. The process of 'assembling' the participants for a specific group and walking to a nearby room seems to emphasise the specific purpose of the group, providing staff with a clear starting point, and differentiating between informal socialising and purposeful group experience.

Staffing

The choice of group leaders for any group is crucial to its success. It is essential to have two group leaders when implementing any group with a first-episode psychosis population in order to manage difficult situations that may occur. Additional staff may be required when there are some risks involved, such as excursions involving more acutely disturbed young people.

Group leaders require skills in managing group processes and dynamics to ensure effective group sessions. If the group is based on a specific theoretical framework, at least one of the group leaders needs to be competent in application of the intervention.

Training opportunities for less-experienced staff should be considered when selecting group leaders. Pairing an inexperienced group leader with an experienced group leader then allowing time for discussion and processing of the group upon its completion provides valuable '*in situ*' training. The joint development of the Group Module Description by group leaders ensures that visions for the group's development and purpose will be consistent between staff and during its implementation.

The involvement of staff with specialised skills, whether internal or external from the service, can broaden the breadth of groups provided and contribute to development of specialised skills in group leaders.

At OYHCP, there are other experts involved in the delivery of groups, including teachers from Travancore School (a Department of Education and Early Childhood Development facility), outpatient case managers, inpatient unit staff members, specialised staff such as a resident music therapist, tertiary-level and postgraduate healthcare students, peer support workers and family peer support workers.

A number of staff members may express an interest in being involved in leading groups, but commitment is often tested when it comes to allocating the time involved with group programs. Therefore it is important to calculate time allowing for planning and evaluation of the group in addition to group implementation time.

It is the responsibility of the group leaders to contact potential group members, assess their suitability and liaise with appropriate individuals such as case managers. At OYHCP, the group program clinician becomes a 'key worker', working with the young person, their case manager, their family and others involved in their care, to understand both the whole range of the young person's recovery goals and those recovery goals that will be specifically targeted through group participation. The role of the key worker is to engage and support the young person throughout their involvement in the program including assessment and goal setting, review and liaison with the treating team and family. Group program clinicians liaise directly with the treating team and the young person regarding the work required to help the young person achieve their goals; work done by the key worker may include phone calls to remind young people about group participation, travel, training, researching and linking to external services.

Group programs require time and energy for success, so it is important to consider ways of enhancing and maintaining the motivation of staff. Supervision, either through individual or peer-group sessions, provides an opportunity for working through difficulties and to recognise the positive outcomes of group work.

Time for reflection between group leaders, preferably immediately after each group session, can help identify challenges and new opportunities. Group leaders may find it difficult to sustain their commitment to the group if there are no clear avenues to monitor the progress of the group. Staff may be reluctant to compromise time for individual work unless they can observe clear and beneficial outcomes from a group program; thus the use of evaluation strategies should have a positive effect on their enthusiasm (See Appendix 3: The Group Module Evaluation Form).

Referral Process

The description of the group should outline the process for referral of young people, including the forms to be completed, the responsibilities of the referrer and the group leader. At OYHCP, young people are referred to the whole group program rather than to specific groups. An example of a referral form is included in Appendix 4: Group Program Referral Form.

Specific Selection Criteria

The description of the group should include a statement on the level of functioning required for effective participation. It may be useful to include specific inclusion and exclusion criteria. When devising criteria for group sessions, the demands of the group sessions should be carefully considered. For example, some groups require a greater degree of concentration and cognitive focus than others.

Referral, recruitment, selection, composition and engagement will be further discussed later in this chapter.

Description of Content and Format

The description of the proposed group content usually summarises the themes or activities of the group and may indicate the theoretical framework being applied. It often includes a list of session titles or themes and the proposed format, such as warm-ups, discussions, practical exercises, external speakers, activities, games etc. For example, each stress management session includes an experiential session followed by discussion of young people's experience of the rehearsal and homework planning.

Materials and Equipment

Resources include staff, materials and equipment. Descriptions of staffing should cover:

- desired levels of staffing and the names of staff committed to the group
- possible involvement of students
- specific roles of staff, such as 'co-leader', 'art instructor' etc.

The description should be based on an accurate estimate of required staff time so leaders know the exact amount of time they are expected to contribute. The total staff time involved in each session includes:

- preparation
  - organising the venue and equipment, contact with participants, planning of the session activities
- implementation
  - the actual time the group is in progress (including travelling time)
- evaluation
  - required statistics
  - completion of a written evaluation form after discussion with group leaders
  - supervision relating to the group.

The description of the group should include a list of all materials and equipment that will be needed, particularly those that may take some planning and time to acquire. Common needs include audio-visual equipment, art and craft materials, whiteboards, pens and paper. These resources can be taken for granted, but can be crucial for young people to feel confident and safe with the group worker.

Evaluation

The description must include a statement of the evaluation strategies that will be used for the group module. Evaluation should apply both to individual sessions and to the module as a whole. The best way to evaluate individual sessions is for group leaders to meet after the session to discuss and record their immediate reflections. Measures to evaluate the group module as a whole may include leaders' ratings of the objectives of the group using a simple rating scale,

questionnaires for group participants and pre- and post-program measurements to establish that change has occurred. The Group Module Evaluation form is a written record of the evaluation of a specific group module after it is completed that encompasses information from any evaluation strategies used and includes recommendations for future modules. Evaluation is further described in the 'Evaluation and Research' section of this manual.

Publicity

The description should include a statement specifying who needs to know about the group and how they will be informed. The group program can be promoted not only to potential young people but also to families and significant others, other services and staff within the service. Note that referrers in particular require accurate and current information about the groups.

A range of 'marketing' strategies can increase the publicity of the group, such as presentations at staff education sessions, posters and information booklets. Written information should be carefully edited and focus on a specific audience. The language used in information sheets for young people will usually be less formal and contain minimal jargon while still providing adequate information. Consultation with young people about the relevance and attractiveness of publicity materials can ensure that fliers and posters engage young people and use language that is meaningful to them. Discussion or presentations at staff meetings can be made to remind staff about the existence and purpose of the group programs and engage them in the continued needs assessment and program development.

Recruitment and Engagement of Young People

Creating a clear process for referral and recruitment is an important step in establishing and maintaining group programs. It is equally important to ensure that there is effective liaison between the group program and other staff within the service. Although referral to the group program may use an informal approach, completing the appropriate documentation is a formal process of referral and is necessary to accurately formulate the group program goals of the young person. Referral of young people can be initiated by completing a referral form (see Appendix 4) or, alternatively, a young person may self-refer.

The referral form in use at OYHCP is a simple form that clearly documents psychiatric history, current risks, key features of current treatment, and most importantly, reasons for participating in groups. It is also important to know if there are any potential risks for the young person in attending groups and to gain information about a potential young person that may highlight any barriers to group participation. At OYHCP, case managers complete a referral form and discuss suitable young people with a group program clinician. During this time the case manager and group program clinician discuss mental state, risk issues and other factors such as social functioning and personality that may impact group treatment. A group program clinician then makes contact with the young person and their case manager to schedule a meeting time to introduce the group program to the young person. It is during this time that the initial assessment for the group program is made. The group program assessment focuses on identifying the young person's strengths, interests and goals for participation in the group program. After the initial assessment, the group program clinician then presents the young person at the

group program clinical review meetings for discussion. During the group program clinical review meetings, decisions regarding the young person's involvement in groups and other psychosocial recovery interventions are made with consideration of the identified goals of the young person and availability within the group program. The group program clinicians then liaise directly with the treating team regarding the young person's progress. Formal reviews of the goals identified by the young person occur every 3 months, or more regularly if required. In some instances, it may be more appropriate to complete the review in collaboration with the case manager, rather than face-to-face with the young person.

Once a system of referral has been organised it should be clearly communicated to all staff members. The OYHCP referral form also importantly has a section that documents the outcome of the referral process, and helps to maintain a history of the young person's participation at a variety of groups. The referral form is always filed in the young person's medical history upon completion.

Once a referral has been made, it is common for a group worker to meet with the prospective group participant. Referrals may be directed to a specific group and the relevant group leader may meet with the young person (with or without their case manager or family members present). Some groups may have specific entry interviews to enable group workers to familiarise themselves with the young person's presentation.

New referrals to the group program at OYHCP are discussed at clinical review meetings. These are weekly team meetings for the group program clinicians and Travancore teaching staff; case managers and community agencies are invited to attend as required. The general agenda of clinical review meetings includes new referrals to the program, assessments/reviews and discharges. Updates on individuals and groups are also discussed.

Clinical review meetings aim to provide a forum where young people are routinely reviewed, for both quality assurance purposes and for clinical input regarding each young person's management plan. Generally, clinicians are asked to present cases at different review points throughout a young person's period of care. The key areas of review include monitoring of safety and risk, engagement and attendance, group dynamics and composition, progression towards goals and discharge. Assessments and reviews are documented via the Group Program Review Form, which is kept in a young person's clinical file and cross-referenced in the progress notes. Significant changes in mental state or risk issues are discussed with a member of the treating team and documented in the client file after a group. Referral forms and outcomes from initial meetings are also placed in the clinical file.

Clinical review meetings are also used by group program staff to discuss group composition and whether a particular group will meet a young person's needs. For example, if a 15-year-old reports their main interest in attending groups is to make friends and that their first preference is the music group, but that group is mainly comprised of 23-year-olds who are predominantly focused on creatively expressing themselves and do not have friendship-related goals, then group program staff would look to support the 15-year-old to consider other groups instead of, or in addition to, the music group; other composition issues are also discussed during this time. When determining group composition, group program clinicians think

about the strengths of the young person, take into account the diagnosis and think about what is developmentally appropriate for the young person. If a young person is younger than 18 years, then the Freestyle group is suggested; if older than 18 years, the O-Zone would be the primary group. Group program clinicians discuss any barriers to attendance for young people, from personal aspects, such as social anxiety, to practical aspects, such as transport, days and time of the week and work and other commitments.

While the group program at OYHCP is open to everyone, each young person's presentation and the likely 'group' presentation when all young people meet is carefully considered. The referral form highlights relevant features of the young person's presentation: for example, a history of harm to others or antisocial behaviour may be a 'flag' for further assessment. If harm to others has occurred mainly in the context of persecutory delusions that have been resolved, the discussion will be very different compared with when a young person has exhibited a pervasive pattern of violence in a range of environments and contexts. Even when young people have behaved in ways that may expose themselves and others to risk, they may be included in groups. If a young person has goals related to interacting and behaving in different ways with peers, it may be that with adequate supports this is a goal that can be worked towards in groups. Information on the referral form provides group program clinicians with a 'thumbnail sketch' of issues that need to be addressed in the group program introduction. Group program clinicians will discuss possible barriers and enablers to the attainment of group participation goals with the young person, and will also discuss how the group program clinician can support the young person to progress towards their goals.

Ideally, participants will be sufficiently motivated to attend groups with minimal staff intervention; however, many do have difficulties, especially during the initial stages. Developmental issues play a role in dissuading young people from attending groups. For some potential participants the perception of the group program as a 'formal' structured system, similar to school, may negatively influence their attendance. Portrayals of group therapy in the media are grossly distorted, and as young people are very susceptible to media influence, these may be a powerful deterrent.

Engagement of young people with group programs is dependent on each young person's understanding of the potential benefits of the group program. A collaborative goal-setting process within the pathway into the group program provides personal goals, achievement of which can be facilitated by specific group modules, consequently making attendance more meaningful for the young person. Testimonials from peer workers and other group 'graduates' can enhance the degree of commitment to group participation by a young person by increasing their belief in the potential benefit of group participation.

There is often a stigma associated with group work; an essential part of trying to get young people to engage is debunking misconceptions of group work: for example, what is often portrayed in the media. Sometimes young people are not well enough to participate or are not interested in participating in groups, and it is the role of the key worker to try and engage the young person in a supportive manner. The key worker should empower the young person by saying that the group is not compulsory and that the young person is free to leave whenever they want.

There are many symptoms and issues that can have an impact on young people's engagement in groups. Some of these include positive and negative symptoms of psychosis, social anxiety, lack of routine, poor motivation, disorganisation, social stressors (unstable accommodation, lack of transport or financial difficulties), family conflict, stigma, fear of confirming the illness or diagnosis, and coexisting problems (substance use, depression, PTSD or personality disorder). The process of engagement also depends on the phase of illness that the group program is focused on. During the acute phase, staff may need to take a more direct role in engaging young people. In the recovery phase, it becomes important to engage young people through the collaborative goal-setting process.

The inpatient setting can provide an opportunity to engage young people in group programs. Young people are already on the premises and are experiencing long days in hospital with few demands, which can easily lead to boredom and create a 'captive audience' for group programs. Staff in the inpatient unit can also be a valuable resource in assisting young people to attend group programs.

Engagement may be easier during the recovery phase because young people are more independent, or aware of their personal goals and needs, or able to articulate these needs. However, there are other challenges. Young people may not be onsite, or have family, work and other commitments. They may be exposed to greater social stressors when living in the community compared with being an inpatient. The box below outlines some of the barriers to group attendance.

BARRIERS TO GROUP ATTENDANCE
Clinicians not adequately acknowledging or responding to young people's fears
Lack of clarity about the young person's goals
Lack of understanding of young person's perspective
Not working with the young person 'where they are at'
Practical barriers – location, timing, transport access, cost
Dissatisfaction with the service
Not youth-friendly environment
Poorly communicated aims and benefits of group programs
Issues related to sex and gender, ethnicity, sexuality
Appropriateness of group for particular age (e.g. discussion group for 15-year-olds)
Competing demands not adequately responded to (e.g. childcare needs)

If group programs are prescribed to young people by staff members without consultation with the young person, there is a risk of non-attendance and drop out. The reason for the referral and the potential benefits of the group need to be clear or it may lead to poor motivation and commitment.

Empowerment emphasises the value of collaborating with rather than prescribing to the young person. The young person and staff both benefit by actively involving the young person in the treatment process. Collaboration is a strategy that many mental health workers use as a basis for their clinical work. It can, however, be overlooked among the demands and pressures of the job, as effective collaboration takes time and energy.

Recovery goal-setting is one of the recommended clinical tasks in the *Australian Clinical Guidelines for Early Psychosis*, along with the subsequent use of these goals as guides for treatment (3.4.6.5). Setting realistic goals and establishing action plans to achieve them, including participation in group programs, can be very effective with this age group. Establishing clear individual goals helps develop a shared understanding of the value of group participation and increases motivation to attend. Some younger people may find it difficult to define comprehensive goals due to a lack of maturity; in this instance, staff may provide assistance, with the aim of defining meaningful short-term goals that may eventually lead young people to a range of options. Using tools such as pre-prepared goal cards can assist young people to select a salient goal from a range of possible goals.

It is necessary to determine who is responsible for the engagement of young people within a group. Group leaders and case managers need to discuss this in order to clarify the engagement process and clearly delineate their areas of responsibility. Family or carers or other key people may play a valuable role in encouraging and supporting participation. These other parties need to be well informed about the role of the group programs, either through discussion or written information.

Group workers may think about providing support for group attendance and participation through convenient locations, transport assistance and reminder calls to encourage engagement. Macgowan suggests that attendance alone is a poor indicator of ‘engagement’[60]. He suggests that verbally contributing, relating to peers and demonstrating a willingness to seek support from – and provide support to – others should all be considered in order to gauge the extent of the young person’s engagement with the group program. Macgowan provides a range of strategies that may assist an organisation to overcome barriers to engagement, listed in the box over the page.

STRATEGIES TO ASSIST IN THE ENGAGEMENT OF 'HARD TO ENGAGE' YOUNG PEOPLE
Clarify the goals of participation with the young person.
Organise meetings between young person and group leaders so the young person is more comfortable with the idea of attending.
Establish a 'buddy system' that assigns a regular participant to be a 'buddy' to a new participant and support them through the first few attendances.
Provide opportunities for potential participants to informally 'check out' the group program by suggesting a graduated plan of increasing attendance.
Allow adequate time to develop rapport with the young person.
Consider individual explanatory models, paying attention to the individual's needs, priorities and fears.
Promote a sense of empowerment by listening and responding to young people's needs, goals, interests and strengths.
Verbally and positively reinforce attendance and efforts to attend.
Consider incentives to attend, such as providing meals or participation in recreational activities free of charge or at reduced cost.
Allow young people to engage in their own time to avoid premature challenging or defensive behaviours.
Provide structure, routine and predictability, to reduce emotional challenge/ overload.
Attempt to make the physical environment user-friendly and comfortable.
Address issues as they arise with the young person.
Gather background information prior to meeting the young person and avoid inappropriate questioning.
Avoid information overload in the initial stages of engagement, and be clear about the aims and expectations of group programs.
Liaise with others to overcome practical barriers such as transport or cost.
Offer prompts to attend groups by phoning the client a day or two before.
Provide opportunities for young people to exhibit strengths.
Provide opportunities for young people to take on new roles.

Safety

Clear behaviour guidelines are needed to ensure a safe environment for all individuals participating in group programs. Group leaders should be aware of every individual's history and make careful decisions about the group's configuration; for example, a group that includes too many members exhibiting externalising behaviours can be difficult for the group program leaders to control. Involving group members in establishing group program limits is an effective way to encourage young people to adhere to group program rules, as rules that have group ownership have more impact than those that are externally imposed. Key issues in group implementation are the frequency of breaks, the management of participants who leave the group in progress and maintaining socially acceptable behaviours.

Developing a 'Group Agreement' or 'Group Guidelines' is a way of outlining acceptable behaviour for group participants. Staff members need to ensure that consequences of unacceptable behaviour are clear and are implemented when required. This is not only to support positive behaviours, but also to ensure a sense of safety and containment among all group members. Additionally, staff members need to have clear procedures for incident management that are in accordance with their organisation's guidelines. Anticipating potential areas of difficulty can help prepare staff for the occurrence of incidents. A pre-group meeting with a prospective participant can provide group leaders with an opportunity to outline the expectations of behaviour and discuss any potential challenges for the young person to behaving in these ways – and ways group leaders can support them. Individuals unable to provide assurances regarding adherence to normative standards of behaviour may not be ready for a recovery group program.

PART 3

Implementing Groups

Implementing Groups

This section of the manual will outline some of the identified challenges and opportunities of group implementation in settings across specific phases of early psychosis and how to reduce challenges and optimise opportunities. Descriptions of specific groups that have been developed and implemented at OYHCP are included within this section.

Groups in the Acute Phase: Groups in Inpatient Unit Settings

When developing acute group programs, length of stay, age of the young people, and degree of distress and disturbance and resultant behaviours (poor concentration, restlessness and distractibility) need to be carefully considered. The inpatient milieu is often challenging, but inpatient unit group work can provide opportunities for the active engagement of young people and meaningful interactions with peers, staff and activity[10, 61]. The ability of young people to benefit from group programs depends on a number of factors, including:

- the degree of psychiatric disturbance and the fluctuating mental state of individuals
- external stressors such as unstable accommodation or family conflict
- the impact of the trauma associated with hospital admission
- stigma, denial and unresolved grief
- the effect of an unsettled treatment regimen
- side-effects of medication and withdrawal from illicit drugs or alcohol
- unfamiliarity with the service, or reluctance or inability to identify with a mental health service.

There are particular implementation issues that need to be considered when providing meaningful and effective groups within a challenging environment.

The Profile and Purpose of the Group Program

The acute group program should be clearly advocated and promoted as a vital component of the broader treatment process, providing not only positive outcomes in terms of therapeutic change but also valuable assessment information. Participation in groups can give a clear indication of the young person's level of functioning, from cognition to daily activities, and can be used as an assessment tool. Observation of interactions with others can provide a valid assessment of interpersonal skills and self-esteem. Level of insight and ability to process and

integrate psychoeducational material can also be assessed. It is important to ensure that observations and assessments of participating young people are communicated to staff through handovers, clinical review meetings and medical records to ensure best management of the young person.

Recruitment of Young People

The young person's current mental state and suitability for groups must be communicated to the group leaders. Regular communication with inpatient staff is vital due to the fluctuating mental state of young people experiencing acute symptoms. The obvious challenge in inpatient settings is to develop the group as a coherent whole and to try to maintain the identity of the group[62].

Graded Involvement in Activities and Group Programs

The onset of a psychotic episode can severely impair the ability of many young inpatients to function within a group setting. Initially, they may find interacting with others too stressful to focus on a group activity. Alternative strategies for meaningful use of the time will need to be developed.

Youcha describes a graded process for acute group involvement that recognises the varying levels of ability of an inpatient young person over time[63]. The first is an activity group that provides three areas of involvement – working on an individual project while part of a group, followed by working with a partner, and then working on a group activity involving all group members. The next level is a discussion group that evolves from discussions in the activity group about non-personal general themes of interest and concern. The issues are often related to the kinds of problems that brought them into hospital; however, other themes can emerge that can lead to change in the milieu, such as the 'Community Meeting' style group. The third level is the 'focal therapy' group, which initiates the process of further personal exploration and the development of a more insightful approach to their problems.

The acute group program at OYHCP has a flexible structure to cater for varying levels of functioning of young people. Young people can begin their involvement in a group program through an indoor board game or crossword session, where they can come and go as they please, or at an open art session, where they can stay for 10 or 30 minutes and not necessarily interact with others. Once the young person's mental state has settled, staff may discuss moving them into groups that require more interaction and concentration, such as shared preparation of a meal or a team-based sporting activity, and then eventually more focused groups, such as psychoeducation or discharge planning. As young people can fluctuate daily during the acute phase, their involvement in particular groups needs to be reviewed at the beginning of each day. When choosing activities it is always important to consider the demands of a group task, so that a young person can successfully participate and complete the activity. However, the aim is still to provide a group program that will meet the needs of the acute young people during this phase of care.

Planning and Evaluation

Post-group reflection and evaluation, even for as little as 10 minutes, provides support for staff, debriefing, acknowledgement of positive outcomes and feedback between group leaders. There is often a temptation to bypass any formal group

planning process because of the many variables that impact on acute group programs, such as the degree of disturbance of young people, staff workloads and the need to respond to the 'here and now' needs of young people. The use of group session planning and evaluation forms (Appendices 1 and 5) should assist with the evaluation of group session objectives and group activities. For further information please see the 'Evaluation of Group Programs in Early Psychosis' section of this manual.

Content and Structure of the Acute Program

Structured groups held at regular times, but with some degree of flexibility, provide the routine necessary for a contained environment. The OYHCP acute group program runs a daily and weekly timetable where there is a range of groups to cover the different needs of young people. There are groups for leisure, discussion, creative activities, social interaction, relaxation, sporting activities, outings, and cooking. A timetable establishes structure, but the content of the group is flexible and can be adapted to the current needs of the young people by allowing them to choose from a range of activities. A consistent, reliable, and structured program that provides daily group sessions can have more impact than groups that occur in an *ad hoc* manner in the acute setting.

Group Leadership

Leading inpatient groups can require advanced skills from group leaders. Ensuring that group leaders have relevant skills and experience, and are provided with appropriate supervision, is important in providing group programs of a high standard. Group leaders should not be expected to respond to other demands, such as emergencies in other parts of the inpatient unit during group time. It is highly recommended that when external staff members provide groups, inpatient staff members who are familiar with the young people are co-leaders. This will provide continuity and help manage any difficulties in acute groups. Case managers from within the wider outpatient program can co-lead groups to help broaden the range of groups available in the acute program. There should be at least two group leaders involved in each group session, due to the potentially unpredictable behaviour of acute-phase young people.

Groups in the Recovery Phase: Groups in Outpatient and Community Settings

Recruitment, Retention and Enhancing Recovery

Referral by case manager or self-referral followed by goal assessment, engagement and goal review appears to be the most appropriate process for supporting young people to meaningfully engage in outpatient group programs and use group participation to support their recovery. Retention in a group program is supported through young person and group self-determination. Adequate information about available and specific groups should be presented to each young person and their interests and strengths in relation to each group fully discussed. Group members themselves should be encouraged to select the group program activities and grade the degree of difficulty or intensity of the activities that should be trialled in a group.

Drop-outs are common in recovery group settings, as young people's circumstances, for example family and living situations or education and employment, may

change. Provision of a range of 'open' and 'closed' groups allows young people to participate to the degree and way that fits with their stage of recovery, without receiving a 'diluted' group experience[3]. Expectations of participation should be clearly outlined in a positive way to young people before they are engaged, and any drop-out should be followed up. It may be that the young person's recovery goals changed, or that they were uncertain that the group was going to assist them with those goals. This information is valuable evaluation information for those designing and delivering groups.

A regular meeting with an individual group member and their case manager is one of the best ways to ensure that information from the young person's group participation is incorporated as a part of their treatment. Brief updates on the young person's participation, presentation and achievements will assist with the day-to-day work of the case manager and their understanding of the young person's recovery. This kind of liaison can also assist in raising the profile of the group program and the understanding of the broader role of groups in treatment.

Planning and Evaluation

Reflections from a particular series of group sessions form a valuable part of the process evaluation and can be documented for succeeding group workers to review in their continued development of a group module. Please see the 'Evaluation of Group Programs in Early Psychosis' section of this manual.

Content and Structure

Groups should be structured with time allocated for informal social interaction before more formally commencing the group. Warm-ups should be used to draw people into the psychological and social 'space' of the group, and the rationale should be explained. All activities in the group should be graded acknowledging the specific challenges of early psychosis and the different stages of recovery of group members. Group workers may find it useful to provide an unstructured or semi-structured 'break' during the group. This will provide valuable opportunities for individuals to self-care and manage the demands on their attention. This also provides group members who are now 'warmed up' with opportunities for informal contact. Group leaders will develop skills over time, with the appropriate supervision, to be able to recognise group processes and tailor group activities to provide space for therapeutic process. A first-session group activity in a closed group will be a completely different experience for participants compared with the same activity during the seventh session of the group.

Leadership

Providing opportunities for different clinicians to be involved in delivering groups can help ensure that the group program is valued by the entire organisation. The involvement of different clinicians in the group program can allow new skills such as artistry, sportsmanship and cooking to be incorporated and enhance the program of groups offered. Although the different skill sets of staff members will enable a different 'menu' of groups to be made available, the appropriate group leaders for a given group are those that are able to deliver its objectives. For example, a group that aims to provide a normative social environment for young people to access peer-delivered psychoeducation and share their experiences is better co-led by a peer worker than a clinician.

The demands of non-coercive engagement, person-centredness and group member autonomy should not be interpreted as requiring a *laissez-faire* approach to group leadership. It is the responsibility of group workers to provide predictability, structure and routine to group members while providing avenues for group-member decision-making and directedness. *Laissez-faire* leadership may lead to individual members taking control of the group and subsuming the demands of other members of the group. Non-coercive approaches to shared group leadership or diffusion of power include collaborative development of group guidelines, regular reflections on group members' experience of the group and opportunities for group members to 'direct' worker intervention.

Monitoring Mental State and Supporting Recovery

What happens if a young person has a relapse in the group program?

Young people in early recovery often experience fluctuations in mental state. These may be due to situational stressors (e.g. conflict at home, reduced income), medication changes, or challenges with adhering to suggested treatment. It is not uncommon for group leaders in an early psychosis service to notice changes in a young person from week-to-week. Ideally, the trajectory is positive, as the acute symptoms of illness resolve and the impact of the group experience is felt. However, significant changes in mental state or risk issues are discussed with young person's treating team as soon as possible. If a key worker notices anything that may indicate that a young person is relapsing, they will contact the treating doctor or duty manager as soon as possible. Often, management plans for individual young people are developed in conjunction with the young person and their treating team; the plan is then presented at the group program clinical review meetings and documented in the young person's file. Group program clinicians are also responsible for disseminating information regarding changes in mental state and treatment among members of the psychosocial recovery program.

How do you plan for discharge with the young person? What do group program clinicians do to support discharge?

The discharge process depends on what is happening for the young person and involves the role of the key worker. For example, if a young person has been participating within the group program by attending the Freestyle group and is starting Year 11 or 12, they may not be able to attend the group any longer even though they find the group beneficial for the social connection. The key worker would then try to find a group within the local community that meets the social needs of the young person. Often part of the discharge process would be to find a suitable group for the young person to attend within their local community that will help the young person transition from the service into the community. The key worker would also support the case manager to consider services within the community that can provide more support for the young person. Sometimes, the key worker can help find employment services for the young person, or look at strategies to support the transition of friendships the young person has made from within the group to outside of the group program and the service. Often group program clinicians will suggest strategies to a young person, such as sharing their phone number with a friend they have made in the group, to consolidate the work that they have been doing in the group program. Before discharge, the key worker will review the young person's goals for participation in groups and look at how they can consolidate the skills that the young person has learnt within the group program to transition them to the community. Ideas and possible plans are also discussed with the case manager.

Orygen Youth Health Clinical Program – Group Program Streams

This section provides examples of group modules that have been developed and implemented at OYHCP to facilitate recovery from early psychosis. They have been grouped according to the four streams that constitute the recovery group program. A 'streamed' approach to group program structure has been in use at OYHCP for many years, and recent investigations support the efficacy of a streamed approach to psychosocially-orientated groups for this young person group[34, 64]. The streamed approach provides multiple opportunities for young people with early psychosis to engage according to their personal goals and their personal interests. The streams developed within the OYHCP Group Program are:

- Vocational and Educational
- Creative Expression
- Social and Recreational
- Health Promotion and Personal Development.

Each stream will be described in detail below.

Vocational and Educational

The Vocational and Educational stream focuses on minimising the loss of work and study skills, encouraging the development of prevocational skills and establishing realistic vocational plans. Some sessions have a practical work experience focus, while other sessions provide opportunities for discussing relevant issues and establishing a vocational plan based on knowledge of the available options and recognition of personal interests, skills and values.

Group modules in this stream include: Work It Out, Horticulture, Catering and School's In. Details of the Catering Group are presented as an example in the following box.

THE CATERING GROUP

Statement of Philosophy

An episode of mental illness can significantly impact the vocational trajectory of an individual. Re-engagement in work or training can be difficult due to interference of symptoms, loss of confidence and lack of appropriate supportive training environments. Young people who have experienced mental illness benefit from targeted, supportive and normalising opportunities to re-engage with education, training and employment at their own pace.

Aim

The Catering Group is a joint venture between Orygen Youth Health and the Travancore School. The group helps young people develop confidence and skills in social and work environments while providing the opportunity to receive accreditation: young people may be eligible for some units of the Certificate I in Hospitality – Kitchen Operations. It is anticipated that participation in the Catering Group will enhance work readiness and assist in returning to employment.

Specific Objectives

Young people who regularly attend the Catering Group for consecutive weeks will be observed by group program clinicians to:

- develop increased confidence with workplace social skills
- develop increased pre-employment and hospitality industry skills.

Young people who sign up for the training component of the catering group and regularly participate will gain modules of the Certificate I in Hospitality – Kitchen Operations. Young people who regularly attend the group for consecutive weeks will indicate a sense of task-related mastery and/or improved confidence at goal review.

The content and format of this group are outlined in Appendix 6.

Creative Expression

The Creative Expression stream uses a range of different mediums to help young people express their creativity and enhance their self-esteem. This stream helps young people to express themselves, to return to previous interests and to acquire new interests. At OYHCP, creative expression group modules include: Creation Art Group, Creative Writing, Off the Cuff (drama improvisation), Music Jam, Art Space and Art-Rage-Ous. The modules have also included Health Arts projects with artists-in-residence, for example Go Crazy! film-making project, the Big Trees sculpture project and the Circus project.

Details of the Art-Rage-Ous group are presented as an example in the following box.

ART-RAGE-OUS

Statement of Philosophy

Young people who have experienced symptoms of mental illness can experience significant damage to self-esteem and social relationships. Engagement in supported creative expression can provide young people with a safe and pleasurable activity, and a way to reconnect with their peers. Engagement in creative activity can provide people with relief or distraction from symptoms, opportunities to rebuild self-esteem and a non-verbal means to express themselves.

Aim

To provide young people with a safe and accepting environment in which they can use creative media and peer interaction to express themselves and engage in enjoyable activity. To help young people share the meaning of their creative work and to consider how they can transfer skills in creative expression and self-expression to beyond the boundaries of the group.

Specific Objectives

Young people who have goals related to self-expression and regularly attend the group will have opportunities to try a variety of creative activities and reflect on their experience of these activities, and will report an increase in their ability to express themselves at goal review.

Young people who have goals related to using visual arts to cope with distress and regularly attend the group will have opportunities to try a variety of creative activities and reflect on their experience of these activities, and will report an increased use of art as a coping strategy at goal review.

Young people who have goals to increase participation in meaningful and/or enjoyable activities and regularly attend the group will have opportunities to try a variety of creative activities and reflect on their experience of these activities, and will be able to nominate one activity they enjoyed at goal review.

The content and format of this group are outlined in Appendix 7.

Social and Recreational

The Social and Recreational stream focuses on providing young people with enjoyable social activities, to help them develop social skills and networks, and to encourage access to community activities. A range of socially orientated objectives may be addressed in the early psychosis population, ranging from formal skills-training (e.g. the social cognition 'Facelook' group) through to less-structured 'drop in and chill out' programs such as the O-Zone.

Details of the O-Zone group are presented as an example in the following box.

O-ZONE

Statement of Philosophy

Young people recovering from serious mental health issues can experience disruption to appropriate developmental activities, such as a loss of confidence, isolation from peer group and social anxiety. The O-Zone group program aims to assist young people with their recovery by providing strengths-based, fun, meaningful and normative group activities. These activities aim to help young people engage in working towards psychosocial recovery goals.

Aim

O-Zone is an ongoing weekly group open to young people new to OYHCP. The group provides a safe environment and a regular opportunity for young people to participate in group activities and social interactions.

Young people who regularly attend the O-Zone program may be working towards achieving a variety of goals that have been identified with their case manager during individual service plan development, and/or with group clinicians during goal assessment or review.

While goals are mainly social, they may also include vocational and recreational goals. O-Zone aims to provide age-appropriate social and recreational activities to work towards these goals. These normative activities allow young people to experience live feedback from group facilitators and peers regarding their social skills within a supportive setting. Young people will be supported by their group program key worker, group facilitators, case managers and family to identify personal skills and qualities that they have used/developed in a group setting and consider how they will extrapolate these skills to scenarios in everyday life.

The O-Zone group also provides an opportunity for young people admitted to the inpatient unit to attend the group and experience an outpatient group program at the Parkville site at OYHCP.

Specific Objectives

Young people who regularly attend the group will report increased weekly structure and time-use, evidenced by young person self-report and family and case manager report at goal review.

Text box continues over page

O-ZONE CONTINUED

Young people who regularly attend the group, and who have goals to improve social skills, will be encouraged to participate in group activities, and will be provided with modelling, prompts and positive reinforcement. These participants will be observed and encouraged by group workers to participate more frequently in social interaction and will report improved social skills at goal review.

Young people who have goals related to increasing social connectedness are given the opportunity to engage in age-appropriate, normative social activities with their peer group, and will experience a sense of increased social connectedness, evidenced by self, family and case manager feedback.

Young people who have goals related to building social confidence are given the opportunity to participate in strengths-focused group activities with their peer group, and will experience increased social confidence evidenced by self-report at goal review.

Young people who have goals of sharing their experiences with same-age peers with similar experiences will be encouraged to participate in both formal and informal discussions about mental illness and recovery, and will report a sense of universality with group members at goal review, as well as a reduction in isolation and a reduction in stigma.

Young people who have goals of increasing their knowledge of their illness and/or recovery are provided with opportunities to ask questions and raise issues with clinicians and group members, and will report increased knowledge and reduced stigma at goal review.

The content and format of this group are outlined in Appendix 8.

Health Promotion and Personal Development

The Health Promotion and Personal Development stream focuses on broad issues of physical and mental health, with particular emphasis on issues pertinent to the age of the population. At OYHCP, groups include Chillax (understanding and coping with anxiety) and Coping Skills.

The personal development components of this stream focus on self-awareness and a range of skills and strategies that enhance the young person's ability to integrate the experience of psychosis into oneself.

Details of the Get in the Know and the Outdoor Adventure groups are presented as examples in the following boxes.

GET IN THE KNOW

Statement of Philosophy

Psychoeducation and support from others who have had similar experiences are an important part of treatment for young people with early psychosis. This group has been designed for people who have recently been diagnosed with a psychotic disorder. The emphasis is on developing an understanding of psychosis and the various treatments, and to develop a range of strategies to help people get well and stay well.

Aim

To provide educational sessions that facilitate the understanding of psychosis and mental health, and to develop a range of strategies to enable young people to manage their illness and enhance recovery. To instill hope, provide opportunity for universality, mutual aid and sharing of information.

Specific Objectives

Young people who attend six sessions of the group are observed to have increased knowledge and understanding of early warning signs, psychosis, recovery and relapse prevention.

Young people who attend six sessions will discuss strategies to assist their recovery and will report at least one new coping skill at goal review.

Young people who have goals related to reducing their experience of stigma will be encouraged to share their experiences with peers, and will report an enhanced sense of self and/or reduced sense of alienation and stigma at goal review.

The content and format of this group are outlined in Appendix 9.

OUTDOOR ADVENTURE

Statement of Philosophy

Young people recovering from serious mental health issues may withdraw from community-based recreational activities and hobbies, and may experience a decrease in their sense of wellbeing.

The Outdoor Adventure Program engages young people in challenging activities, such as rock climbing, using a 'team work' approach where participants are encouraged to support one another and practice social relationship skills. Activities are selected and graded for their level of physical, psychological and social challenge, culminating in a 3-day camp.

The program facilitates controlled risk-taking in a 'challenge by choice' model, in which group members are encouraged to step outside their comfort zones. Challenges that members face in the group can be extrapolated to the challenges group members face in their recovery from mental illness.

Aim

To promote recovery in young people who experience severe mental illness, via regular participation in a group that focuses on improving both physical and mental health, reducing isolation, promoting peer relationships, decreasing social anxiety and increasing self esteem and confidence through group physical activities.

Specific Objectives

Young people who regularly attend and participate in the Outdoor adventure program will:

- report improvement in their personal goals
- improve in areas of social and communications skills, via graded activities promoting social interaction, evidenced by observation and self-report
- develop team work skills via graded activities promoting cooperation, trust, problem-solving and communications, evidenced by observation and self-report
- use 'challenge by choice' to take safe risks via graded, novel activities that promote physical and emotional challenge, evidenced by observation and self-report
- report increased self-esteem, self-confidence and self-efficacy via participation in graded activities that promote group cohesion, evidenced by observation and self-report
- be able to recognise/identify personal skills and qualities and consider how these may be extrapolated to other areas of life, evidenced by self-report and discussion.

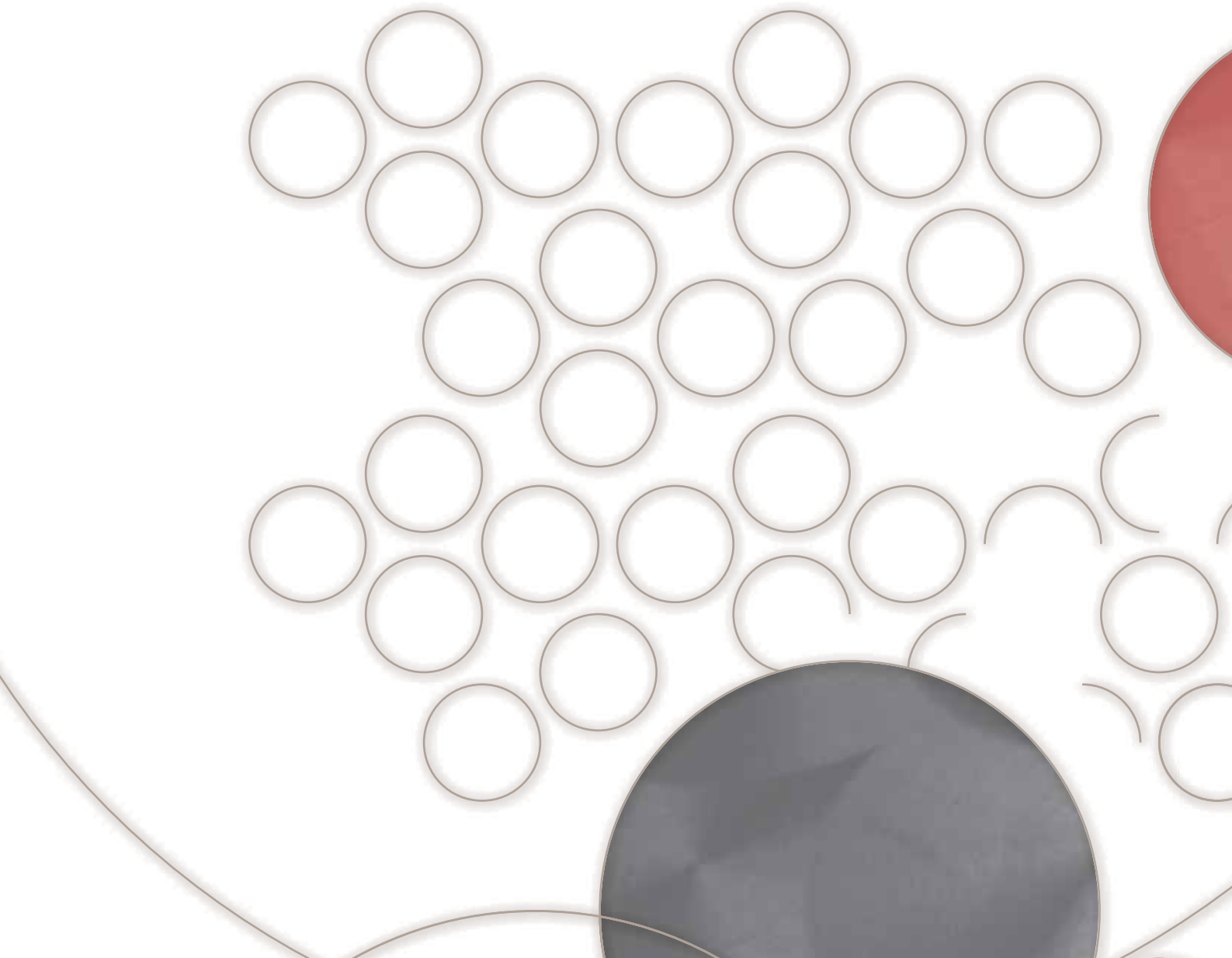
The content and format of this group are outlined in Appendix 9.

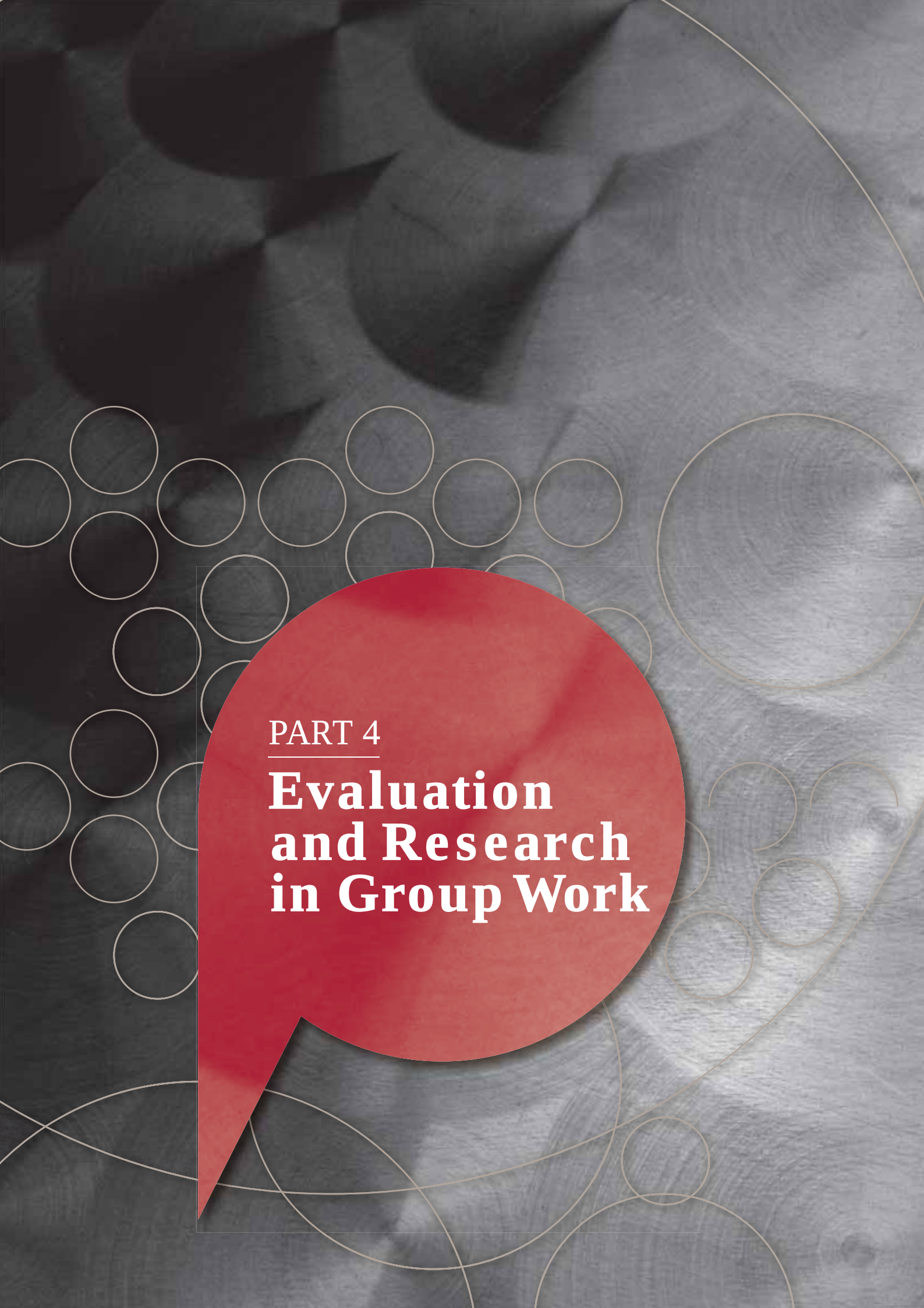
Groups in Other Youth Mental Health Settings

There are a number of groups within youth mental health services around the world, some of which are described in Appendix 10. It is important for youth mental health services to develop and implement group interventions that meet the needs of their young people and 'fit' with the organisation's overall objectives.

Timetabling

A group program can support young people (and their families) by providing a developmentally appropriate focus and a positive experience for recovery by promoting hope and optimism. Early psychosis services are encouraged to develop a group program with a timetable that meets the needs and interests of young people accessing their services. An example of an OYHCP Group Program Timetable is presented in Appendix 11. This can be used as a 'template' to help services with timetable development.





PART 4

Evaluation and Research in Group Work

Evaluation and Research in Group Work

Evaluation of Group Programs in Early Psychosis

Evaluation enables mental health professionals working in group programs and their organisations to:

- measure the impact of the group intervention on young people who participate
- assess the extent to which group interventions are congruent with other interventions across the organisation
- assess the extent to which group interventions are implemented as planned
- assess the extent to which group programs attain their strategic objectives
- be accountable for use of organisational resources
- advocate for additional resources
- support the further development of group programs.

Initiating an Evaluation

The first step in initiating an evaluation is usually to examine the evaluation methodology of similar programs. The current literature provides little information about group programs with the early psychosis population[64, 65], focusing mostly on groups for older people with more long-term problems.

Types of Evaluation

Hawe et al. outline three types of evaluation: impact, outcome and process[66].

Impact Evaluation: Measuring the Achievement of Program Objectives

Impact evaluation measures the initial impact of the program on the young person, that is, the immediate changes that are directly attributable to participation in a group program. Impact evaluation asks, 'If this program works, what changes will be observed?' A range of instruments might be used in impact evaluation, including quantitative and qualitative measures ranging from observation to tests or formal measures to young person self-reporting.

Using a form like the Group Module Description (Appendix 2) enables group program developers to think about impact from the start of a group's development. A clear definition of SMART objectives ensures that the type, and degree, of change anticipated from group involvement is determined from the outset.

As with all types of evaluation, impact evaluation can be resource-intensive and costly. One approach that is congruent with the recovery model is the goal-attainment scaling (GAS) approach[67]. The GAS approach, although it is time-consuming, is reliable and a valid common component of mental health practice with young people. Collated pre- and post-measures of goal importance and goal attainment with young people attending a particular group will enable a simple impact evaluation to be undertaken.

Outcome Evaluation: Measuring Achievement of Program Goals

Outcome evaluation focuses on the longer-term impacts of a group in the context within which the group is implemented rather than examining the outcomes for young people which are directly attributable to group participation. Outcome evaluation examines (a) where the group program 'fits' in the suite of interventions offered by the organisation and (b) whether group participation, alongside other interventions, leads to the desired outcomes for young people.

Articulating the overall goals of a group program provides an opportunity to measure a broader level of outcome. For example, the goals of the OYHCP Recovery Group Program are based on needs assessments of the young people, and following up the young people provides information for evaluating the attainment of goals, such as educational/vocational outcomes and quality of life.

The goals of a group program should be consistent with the organisation's objectives. For example, some of the aims of the EPPIC Program include reducing disruption to the young person's life and providing support during recovery. The effect of the group program on these goals can be measured by determining whether young people's individual goals have been met and compiling the information to evaluate how often participation in the group program is successful. Instruments that measure some of the broader aims of the group program or objectives common to a number of groups may also allow changes to be quantified through scales that measure coping, self-esteem, social relationships and networks.

From practice-based research methodology[68], it is possible to develop clinical information systems that can collect young person details and measure changes within the population that may be wholly or partly attributable to group programs. If information is collected at the time of referral to the group program, the extent of change can be determined once the group is completed. In the state mental health system under which OYHCP operates, clinicians complete a Health of the Nation Outcome Scale (HoNOS), Life Skills Profile (LSP-16) and Focus of Care scale for all young people at regular intervals. At the same time intervals, the young person completes a Behaviour and Symptom Identification Scale (BASIS-32). Using data that is already collected is a resource-efficient way of monitoring outcomes. This data can be used to look at trends in outcomes over time or to develop quasi-experimental approaches to looking at impacts and outcomes of group participation.

Process Evaluation: Measuring Achievement of Strategy Objectives

Process evaluation ensures that the service is implemented in the way in which it was intended, focusing on service delivery rather than impact on the young people.

There are four main questions that should be asked during process evaluation:

- Is the program reaching the target group, and are all parts of the program reaching all parts of the target group?
- Are participants satisfied with the program?
- Are all activities of the program being implemented?
- Are all the materials and components of the program of good quality?

A Session Evaluation form asks clinicians to identify if all activities were implemented as planned and if not, why. It also asks how group clinicians worked together and how clinicians recommend future sessions should run. This information can then be collated in the Group Module Evaluation Form (Appendix 3) and form a meaningful process evaluation.

PROCESS EVALUATION: COLLATING AND ANALYSING EXISTING INFORMATION

The collation of referral information can provide information about who is and who is not accessing group programs. It can also provide information about commonly identified reasons for referral among clinicians and commonly identified recovery goals among group members.

A research project collated and analysed referrals to the Orygen Youth Health group program over an 18-month period. The project found that those who did not attend groups were more likely to have a psychotic disorder, to be older, unemployed and identified by clinicians as having time management and substance use difficulties[34]. These lessons have enabled group clinicians and case managers to introduce more behavioural supports to referred young people who are identified as being at risk of non-engagement.

Considerations for Evaluating Groups

Some of the dilemmas faced when evaluating group interventions are detailed by Murphy and Johnson[69]. They note that impact evaluations of group programs focus on the experience of individuals rather than the experience of ‘the group’, and that cohesion, extent of participation and experience of mutual aid, in particular, may not be explored during evaluation. DeLucia-Waack compiled a useful review of the available instruments that explore the ‘groupness’ of a group in terms of process and impact. The addition of these instruments to any evaluation protocol will require additional resources[13]. Evaluators should acknowledge the strengths and limitations of evaluation tools, and be able to effectively communicate these to program stakeholders.

Evaluation and quality assurance processes have many common features, but they are not identical when it comes to process evaluation. Quality assurance processes measure the achievement of pre-set clinical standards, usually pertaining to service delivery or process issues rather than broader evaluation[70].

The Group Session Planning and Evaluation Forms

The Group Session Evaluation Form (see Appendix 3) combines group objectives for a specific group session with a brief evaluation. The Group Session Planning Form is completed by group workers prior to the session. The evaluation form is completed immediately after the session as part of a discussion between the group leaders. When the forms are used consistently they create a valuable resource for future sessions, as they contain both the session plan and suggested changes based on the evaluation.

Researching Group Programs in Early Psychosis

Research projects require time and effort. Murphy and Johnson identify the range of methodological challenges of research into group work in the mental health system[69]. They note that it is rare for young people to be engaged only in group work, which makes conducting 'gold standard' models of research such as randomised control trials challenging.

Establishing relationships with academic organisations is a useful start in exploring funding and research resources for group work in early psychosis. Involving students in research projects provides those students with a meaningful research project and assists the service with implementing valuable research. Students in a range of disciplines may be seeking viable projects, so contacting a number of training institutions may be productive in terms of research projects and funding.

Obtaining writing assistance from experienced research applicants (or funding bodies themselves) to gain insight into funding applications to philanthropic and government research bodies can be helpful when considering research funding and resources. Using staff members who have particular skills in the area of submission writing may also be helpful. It is important to understand that funding is competitive. An application can easily be rejected, and subsequent submissions (that address the reasons for previous rejection) may need to be prepared and filed.

Ten Steps to Research

A Coping Skills Research Project undertaken by OYHCP Group Program staff led to the development of the 'Ten Steps to Research'[71-73].

Step 1: Ask the Question

What is the issue you want to know more about? Decide what you want to know, and why you want to know more about the area of interest. This might arise from clinical observations, participant feedback or questions about the area of functioning that your group targets.

In the OYHCP research project mentioned above, the researchers decided they wanted answers to the following questions about people with first-episode psychosis who attended the Orygen Recovery Group Program:

- What is the relationship between different styles of coping and symptomatology?
- What is the relationship between different styles of coping (problem-focused and emotion-focused), coping with stress, and feelings of self-efficacy?[58]
- How effective is a coping skills training program in increasing coping with stress and feelings of self-efficacy?

Step 2: Collaborate With Others

Decide if you have all the necessary expertise, or if you would like to (or need to) work with other people who have specific skills and expertise to offer. Collaborating with academic staff from a university is a good way to approach research in the same topic area. Work out what each person can contribute and discuss how each person will benefit from being involved in the study. Different people may be able to contribute to the theoretical content, methodology statistical analysis and writing up the research.

Young people can provide input into the relevance of research questions. Engaging young people as partners in research design from the beginning of research projects ensures the research will be relevant to *all* stakeholders.

Step 3: Search the Literature

Search and evaluate all relevant literature. This will help you to find out what is already known about the issue and will place clinical observations in the context of the current literature. It can also help to determine what things you need to consider when researching the issue you have identified and the different ways to answer your question.

Step 4: Design the Project

Decide on the aim of your research and the appropriate questions or hypotheses. Try to keep it simple. Too many projects start and are never finished because they are trying to do too much. It is far better to start with a project that can be realistically completed within a 1-year time frame. Decide on the best way to answer your question or hypothesis – whether quantitative or qualitative methods will provide the best answer to your research question, which variables are relevant to your question, and which research strategies are appropriate to answering it. Decide on the study design, study sample, how you will collect data and how you will analyse this data. Consider whether you can use information from existing databases or young person records. Decide where you will conduct the research, and if using quantitative measures, consider measures that look at the group climate and context. Many quantitative measures explore outcome and fail to adequately understand the intervention that participants were exposed to.

Step 5: Write the Protocol

Write up a protocol for your research project. Research and ethics committees will require a protocol describing the project; however, writing up a protocol also ensures that you have a clear understanding of what the research entails. Involving young people in the development of your protocol can ensure that it is meaningful and easy to understand for them. This will also ensure that the protocol can be implemented as intended. Write a summary of the project using lay terms that anyone not familiar with your area of expertise could understand. Then include details of the research questions, background, ethical considerations, proposed timetable and specific details of the research plan.

Step 6: Investigate Resources

Determine whether you need financial assistance. It is important to note that many good research projects can be conducted with minimal financial assistance. If you require funding, make sure you investigate the options. Funds may be obtained from universities if you are collaborating with an academic staff member, from the body overseeing your clinical facility, from charitable foundations, or from government grant bodies.

Step 7: Consider Ethical Issues

Consider the ethical implications of your research. Check if you need to obtain approval from research or ethics committees or the clinical director of your facility. The committees have application forms and you may need to present your research in person.

You will need to write a 'plain English' statement about the project that will be used to inform participants about the project and what being in the project will mean for them. Young people may be able to provide input in developing the statement so its meaning can be conveyed clearly to study participants. Develop an 'informed consent' form for researchers, study participants and witnesses to sign. Researchers need to agree to conduct the research ethically and keep information confidential. Research participants need to agree to be in the research under the condition that they can withdraw from the research if they want to. Independent witnesses need to confirm that the participants understand the research and want to participate.

Step 8: Conduct the Project

Write a brief description (no more than two sides of a printed A4 page) of the project for colleagues who may help you enlist participants. Contact potential participants, explain the project and obtain informed consent from them. You may need to conduct a pilot study first to check you are getting the information you want. If qualitative methods are being used, data will usually be collected using techniques such as in-depth interviews, focus groups, participant observation or review of documents.

Step 9: Analyse the Data

Quantitative data must be checked for unclear responses or missing information. Code the data if it is to be statistically analysed. Enter the data into your data management system and analyse the data. Use practical guides to the use of standard statistical packages. There are numerous ways to analyse qualitative data. The method you choose will depend on the research question and the methodology. Analysis often commences and continues while raw data is still being collected. It is important to minimise bias when analysing data. Data analysis often involves identifying categories, their characteristics and the links between these categories. Computer analysis can be conducted on qualitative data. If appropriate (and previously a part of your protocol), involve young people themselves in data analysis. They may be able to see things about your data that you are too close to it to see.

Step 10: Report the Findings

Write up the research project. Unless you inform others of your findings you will not be contributing to the body of scientific knowledge about your area of interest. Link your findings to the information from the literature. What do the findings mean in theory and practice? What questions are left unanswered? Disseminate a brief summary of the findings to relevant organisations and colleagues. Search for journals that report similar projects and check guidelines for contributors to find a suitable journal for manuscript submission. You can write and submit a paper for publication or for a conference paper or poster presentation. Remember to acknowledge the support you obtained for the project.

Think about your next research project. Consider enrolling in a higher degree and use your next research project to gain a higher qualification. Alternatively, continue to research and publish and answer questions generated through your clinical practice. An example of a group program research project is described in the box below.

EXAMPLE OF GROUP PROGRAM RESEARCH

Data from previous evaluations of a particular group program suggested that social contact was an important factor associated with group attendance. In open discussion groups, group members said it was positive to share experience with those in the same situation and that they got helpful guidance from attending.

Staff observed that attendance rates had improved, there was a greater level of companionship among group members, there was a decrease in the reliance on staff, members were meeting outside of group program time and young people who were socially phobic were able to participate in the group.

Research in the group program into the social relationships of people with first-episode psychosis indicated that most support is obtained from family and health professionals rather than friends. A review of the literature showed that social support from socialising and companionship outside the family is important during the developmental stage of adolescence and when there is potential conflict in family relationships.

These background observations and literature review prompted a five-step series of questions:

1. What is the level of social companionship of young people with first-episode psychosis?

   What amount of social companionship from friends and acquaintances do young people attending the group program have?

2. How do young people with first-episode psychosis perceive their social relationships?

   In relation to the social contacts, what is their experience and what do young people find useful? Why are these things useful? What is it about these things that make them useful? What else would help?

3. What are the needs of young people in the recovery phase of their illness?

   What do young people who attend the group program feel would be helpful for them?

Text box continues over page

EXAMPLE OF GROUP PROGRAM RESEARCH CONTINUED

4. What variables are related to social companionship?

   What is the relationship of other variables to the amount of social companionship? What variables predict the amount of social companionship? Do young people who have been to the group program for a longer time or who come more frequently have greater social companionship?

5. Does coming to the group program increase social companionship?

   Research into these questions could use a pre- and post-test measure of social companionship that is completed after a 'specified dose' of a group program. It may be important to control for illness-related variables such as the time since onset of illness.

Summary

The onset of a first episode of psychosis typically occurs during adolescence or young adulthood, and can result in a disruption to key developmental tasks. Group interventions are developmentally appropriate treatment options for young people with mental illness that complement a range of other interventions, such as individual and family work. There are many theoretical frameworks that underlie group work, and it is important that group leaders have a clear understanding of the practical applications of these theories.

Systems theory, psychotherapy, models of human occupation, cognitive behavioural therapy, psychoeducational framework, experimental learning theory, activity-centred therapy and narrative therapy are some of the commonly used theoretical frameworks used in group programs. An understanding of developmental theory is important when delivering group interventions to young people with early psychosis. Supporting psychosocial development is a principal factor in the design and implementation of group programs for early psychosis, as psychosis can have a significant impact on the normal developmental tasks of adolescence. For a group program to be successful, it should be accessible to young people, and the program objectives should meet the overall needs of young people. Group program clinicians should be aware of their organisation's overall service goals to ensure that the program is congruent with these objectives.

This manual has described the rationale behind group work in early psychosis and explained how to set up a group program in an early psychosis service. Many of the examples mentioned within the manual are based on groups developed at OYHCP; it is important that services adapt and implement models that fit their population and context.

Appendices

Appendix 1: Sample Session Planning Template

Session plan

Name of group	**Materials required**
Session no.	
Date	
Staff	
Specific session objectives	
1	
2	
3	

Warm up	Materials required
Ice breaker	
Main activity 1	
Main activity 2	
Reflection and warm down	

Appendix 2: Sample Group Module Description Template

Title of group

Statement of philosophy

Aim

Specific objectives

Description of content and format

Time of sessions

Venue

Referral process

Specific selection criteria

Staffing

Staff time per week

Names of group leaders

Materials and equipment

Evaluation

Tools to be used to evaluate:

1. Each individual session

2. The completed program

Publicity

Form completed by **Date**

Appendix 3: Sample Group Module Evaluation Form

The purpose of this form is to record the evaluation of any group module at the completion of the series of sessions.

Staff observations, young person feedback, pre- and post-measurement etc. data and information from Group Module Descriptions and group session planning and evaluation forms should be included.

Group leaders are responsible for completion of the form; however, other interested staff or young people can be included in the discussion.

Copies should be forwarded to the Group Program Coordinator.

Title of group

Group clinicians

Dates and times of sessions

No. of sessions

Average no. of participants (If closed group, mean attendance per participant.)

Group session evaluations completed?	☐ **No**	☐ **Some**	☐ **All**
Objectives of group achieved?	☐ **None**	☐ **Some**	☐ **All**
Participants consulted about content?	☐ **Never**	☐ **Sometimes**	☐ **Always**

WHAT WAS THE IMPACT OF THE GROUP PROGRAM?

Do you feel the group met the stated aim and objectives?

Note each objective, its level of achievement and any suggested changes.

If you used any formal outcome measures what were the results?

What was the feedback from young people / case managers / families?

PRACTICAL CONSIDERATIONS

What changes should be made to the content and format of the group in the future? For example, theoretical base, suitability of content, level of challenge, mode of presentations, degree of social interaction, formal / informal

Were there any practical problems in implementing the group? For example, staffing, venue, materials and equipment, publicity

How do you suggest they be overcome for future groups?

FUTURE RECOMMENDATIONS

Are there any groups that should be developed to complement this group?

Are there any specific evaluations tools or research projects that could be applied to this group in the future?

Summarise your recommendations for future groups

Completed by **Date**

Appendix 4: Sample Group Program Referral Form

Contact telephone number(s)	Referrer
Tel 1	
Tel 2	**Estimated discharge date**
Contact instructions	**Current psychiatric diagnoses** (at time of referral)
	Principal
Date of referral	**1st additional**
Case manager	**2nd additional**

The following information assists psychosocial recovery staff to
i) understand needs and circumstances of young person, and
ii) assess young person's suitability for groups and appropriate group composition.

Principal reason(s) for referral to psychosocial recovery service (Tick as many as apply)

☐ **Relationships and communication**	☐ **Time use**	☐ **Independence skills**
☐ **Vocational / educational**	☐ **Symptom management**	☐ **Physical health**
☐ **Self-perception**	☐ **Other (specify below)**	

Key features of current treatment / management (Tick as many as apply)

☐ **Medication**	☐ **Individual case manager work**	☐ **Individual vocational / educational**	☐ **Family work**
☐ **Individual therapy**	☐ **Engagement / assessment phase**	☐ **Discharge planning**	☐ **Psychoeducation**
☐ **Crisis management**	☐ **Other (specify below)**		

KEY, RELEVANT FEATURES OF PRESENTATION & PSYCHIATRIC HISTORY

Is Assessment currently accurate? ☐ **Yes** ☐ **No**

If No, need: (eg, psychiatric history, medical problems, social functioning)

Risk assessment currently accurate ☐ **Yes** ☐ **No**

☐ **Self-harm** ☐ **Violence** ☐ **Substance use** ☐ **History of abuse / perpetration of abuse** ☐ **Other**

If any ticked, please describe

OTHER SIGNIFICANT ISSUES

☐ **Peer relationships** ☐ **School, work, training** ☐ **Family issues** ☐ **Cultural, ethnic issues**

☐ **Financial issues** ☐ **Other**

If any ticked, please describe

Completed by **(Case manager signature)**

Outcome of referral (to be completed by Group Program staff)

☐ **Seen by Psychosocial Recovery Service Clinician**

☐ **Not appropriate for Psychosocial Recovery** ☐ **Appropriate treatment not available**

☐ **Attended Group Program** ☐ **Did not attend**

Comment

Signed **Designation** **Date**

Appendix 5: Sample Session Evaluation Template

Name of group

Date **Venue**

Staff

Participants

Session title / theme

Specific objectives

SESSION PLAN FOLLOWED

Include: set up, special requirements, warm up / down, content, timing and flow, role of leader

GROUP RESPONSE

Include: mood, concentration, participation, interest, group process, stage, attachments, group structure, roles

INDIVIDUAL RESPONSES

SUGGESTIONS FOR FUTURE SESSIONS

Appendix 6: Vocational and Educational Stream

The Catering Group Content and Format

The Catering Group is an open group with an ideal group size of approximately eight members that runs during school terms.

General structure

GROUP MEETING (10AM)

Warm up including welcome and introduction to new members, checking in with group members, discussing the highlights from previous week

Outlining the day's menu, dividing staff and group members into pairs/small teams to complete each menu item

Instruction around individual tasks and timelines for each menu item

PREPARE AND COOK MENU ITEMS

Tasks graded for each individual within the group to promote success

Group workers focus on cohesion and social support within the group

Group workers facilitate group to work as a team

On a fortnightly basis, an educator from a registered training organisation works with young people towards achieving modules of Certificate I in Hospitality (often food hygiene and coffee making)

GROUP MEETING BEFORE LUNCHTIME SERVICE (11.30AM)

Review timelines

Reallocation of remaining tasks for food preparation

Allocation of roles for lunch service (front counter or plating food)

Allocation of times for lunch break

LUNCH SERVICE (12.15–1 PM)

LUNCH BREAK (1–1.30 PM)

Opportunity for young people to eat one of the meals they have created together and socialise with one another. A clinician is generally present to facilitate social connections. Sometimes other activities such as card games are used to assist social connection

CLEAN UP AND CLOSE CAFETERIA

GROUP MEETING (1.45PM)

Reflection on today's group to consolidate skills and self-awareness

Opportunity for young people to share leftover sweets and take home recipes

Planning of next group

TIME OF SESSIONS

Wednesdays 9.30am–2 pm

VENUE

Orygen Youth Health – Café Vista

The final week of each term is designated a celebration week where the group goes on an outing to have lunch together and experience different hospitality environments (e.g. Yum Cha, TAFE industry kitchens).

Appendix 7: Creative Expression Stream

Artrageous Content and Format

General structure

WELCOME, GROUP ROUND CHECK-IN AND CREATIVE WARM UP 2.30–2.50 PM

INDIVIDUALS WORK ON OWN CREATIVE PROJECTS 2.50–3.20 PM

Casual conversation with support from group workers to seek information about one another, self-disclose, enhance sense of connectedness

Share work or progress on work with larger group, with support from group workers to describe personal meaning of work and/or experience of process

GROUP WORK ON SHARED CREATIVE PROJECT 3.20–3.45 PM

Facilitated conversation focused on shared meaning of work, task distribution and mutual aid

PACK UP AND CLEAN UP 3.45–3.50 PM

GROUP CHECK-IN – EXPERIENCE OF SESSION 3.50–4.00 PM

Identify hopes for next week including materials required

TIME OF SESSIONS

Thursdays 2.30–4.00 pm

VENUE

Large Group Room

Appendix 8: Social and Recreational Stream

O-Zone Content and Format

The *O-Zone* group follows the same semi-structured format described below each week. Before each group session, the facilitators determine who is responsible for the preparation of lunch and who is responsible for post-lunch activity selection.

General structure

ARRIVAL 12–12.20 PM
Participants arrive
New participants are welcomed and orientated to the facilities and the general structure of the group
Facilitators will often encourage other group members to assist with this introduction/orientation process
Group members may choose to start small group activities such as pool, table tennis card games, table games, Nintendo Wii or art
Facilitators assist group members to engage in conversation (e.g. what young people did on the weekend, shared interests etc.)

PREPARE LUNCH AND CONTINUED SMALL GROUP ACTIVITIES 12.20–1 PM
The group facilitator who has the role of meal preparation will announce that lunch is to be prepared and invite interested group members to assist
Group generally splits into two or three smaller groups
Facilitator in the kitchen helps group members negotiate the cooking task
Tasks can be graded according to individual skill level in order to ensure group members experience a sense of achievement and success in this task
Facilitator continues to support social interactions among the small group
Other group facilitator continues to support social interactions among group members in the other small group/s

SHARED MEAL 1–1.20 PM

A group member is encouraged to invite all group members to come together to share the meal and the group is encouraged to choose the environment in which lunch is held (e.g. at the kitchen table, in the lounge, outside table)

Facilitators continue to support social interactions between group members and provide feedback to group members

- Facilitators may introduce topics that have been identified as being important by group members, including medication, side-effects, return to work, social relationships

One facilitator will encourage group members to decide on the group activity for after lunch

- Options may include activities as soccer, basketball, softball, dodgeball, cricket, down ball, cards or board games, art and Video games such as Nintendo Wii or Singstar
- Activity choice can provide a supportive forum for group members to express their preferences, contribute to a larger group discussion and learn how to negotiate with others

Facilitators encourage group members to consider each other's suggestions, preferences and abilities to ensure that all members feel included

LARGE GROUP ACTIVITY 1.20–1.45 PM

Opportunity for facilitators to support the group to move through the stages of group development and encourage social inclusion and group cohesion

Provides individual group members with opportunities to explore and develop strengths in teamwork

CLOSURE 1.45–2 PM

Group comes together for the closure of the group for discussion

- An opportunity for participants to reflect on their experiences within the group session
- Depending on the 'stage' of the group, this conversation may happen relatively naturally. At other times, it may be facilitated using a structured model
- Facilitators sometimes use a 'Keep, Stop, Start' sheet to encourage group members to work together to identify things that had worked well, things that they felt haven't worked in the group and things that might be interesting to try

The group works together to create the lunch menu and a shopping list for the following week. This provides further opportunities for asserting preferences, negotiation and compromise

TIME OF SESSIONS

Mondays 12–2 pm

VENUE

This is normally held at an Orygen Youth Health site that can cater for large groups, but can also be held local parks for large group activities.

Appendix 9: Health Promotion and Personal Development Stream

Get In The Know Content and Format

WEEK 1 – SYMPTOMS OF PSYCHOSIS

WEEK 2 – BIOPSYCHOSOCIAL MODEL OF PSYCHOSIS; STRESS-VULNERABILITY MODEL OF PSYCHOSIS

WEEK 3 – MEDICATION AND PSYCHOSIS

WEEK 4 – STRESS, WARNING SIGNS AND RELAPSES

WEEK 5 – COPING WITH SYMPTOMS

WEEK 6 – STIGMA

Each week begins with a recap of the last group session. This provides opportunities for social connection beyond the shared experience of psychosis.

There is a 10-minute break half-way through each session providing another opportunity for normative social interaction and peer connection.

Each session has a key theme (see below) and may be co-facilitated by a guest presenter.

Each session provides some material didactically, given verbally and in writing.

Each session also provides opportunities for participants to ask specific questions of presenters and to engage in facilitated discussion about their experience and the meaning it has to them.

Each session provides participants with opportunities to share their unique perspective with their peers.

Each session closes with a group round during which participants are encouraged to share what they will do or think differently in the following week as a result of the group session.

Time

Wednesdays 11.30am–1.00pm

Outdoor Adventure Group Content and Format

The group meets once-weekly on Thursdays for 6 weeks for a full-day group. In week 7 a shorter session will be held to plan the camp. In week 8 a two-night/three-day camp will be held from Tuesday to Thursday, and in week 9 a follow-up evaluation/reflection session will be held in conjunction with a BBQ.

Each session, warm up and reflection activities will be carefully planned and graded by group facilitators according to group stage, level of cohesion and social skill ability to assist with building social interactions, connectedness, team work and reflection skills. The outline of group module is carefully planned with the Outdoor Adventure facilitators to ensure activities are gradually graded for physical, emotional and team challenge.

Sample Module Outline

WEEK 1 – LOW ROPES COURSE

WEEK 2 – CYCLING

WEEK 3 – ROCK CLIMBING

WEEK 4 – CANOEING

WEEK 5 – CAVING

WEEK 6 – RAFT BUILDING

WEEK 7 – CAMP PLANNING

WEEK 8 – CAMP

WEEK 9 – EVALUATION AND REFLECTION BBQ

Time of sessions

Thursdays 9am–5pm

Camp planning session 10.30am–2pm

Camp 9.30am–5pm Tuesday–Thursday

Final session 12–4 pm

The outdoor adventure program has a positive effect on young people's self-esteem, self-confidence and sense of mastery.

Appendix 10: Other Groups Around the World

The Prevention and Early Intervention Program for Psychoses (PEPP) is a community-focused mental health program that provides comprehensive medical and psychosocial treatment for individuals with first-episode psychosis. PEPP is based in Ontario, Canada, at the London Health Service Centre and is affiliated with the University of Western Ontario. PEPP provides a group intervention called Recovery Through Activity and Participation (RAP), which incorporates low-stress activities to enhance daily functioning and personal goals of young people. RAP is an activity-based group conducted twice a week in an outpatient setting. The activities are driven by group members and may include cooking, games, sport, guest speakers or community field trips. The overall objectives of RAP are to:

- aid in daily functioning
- help participants gain skills for role functioning
- improve structure during the week
- provide ongoing support and encouragement
- improve social interaction and increase activity tolerance
- encourage personal responsibility for recovery.

The young people involved in RAP are members of PEPP who have experienced a recent psychotic episode. RAP is facilitated by an occupational therapist and two case managers. Inpatients are encouraged to attend the group before discharge and to continue to attend the group as an outpatient.

PEPP also runs the Youth Education and Support (YES) group, which is an opportunity for young people to gain support and understanding of personal difficulties during the treatment of psychosis. YES is a supportive group with an educational component for young people who have experienced a first episode of psychosis. The group runs over 8 weeks, has between 6 and 10 members and meets weekly for 2 hours during the afternoon. Group participants are asked to attend all sessions of the 8-week program. Some of the general goals of the group are to:

- grow in self-acceptance and respect
- learn about psychosis in order to make informed decisions about treatment
- explore ways of applying skills learned in the group to daily situations encountered with people
- provide support among peers with similar experiences
- reduce the risk of future episodes of psychosis
- resume functioning.

PEPP's Cognitively Oriented Skills Training (COST) group is an opportunity for young people to address deficits in functioning related to academic performance. COST meets for 2 hours weekly for 10 weeks and has a didactic format mirroring a classroom. The group is facilitated by the program psychologist and occupational therapist. The group aims to:

- increase the use of effective study strategies
- decrease frequency of cognitive complaints
- improve attention and concentration
- increase the use of learning and memory strategies
- improve academic performance.

For more information, please see www.pepp.ca

The Early Psychosis Intervention (EPI) program is a Canadian community-based mental health service that provides treatment for young people between the ages of 13 and 30 years. The program is funded by the Fraser Health Authority and the Ministry of Children and Family Development of British Columbia. EPI provides a variety of group interventions for young people and families throughout the Fraser South area of British Columbia. The youth group is for young people aged from 13 to 18 years, and focuses on providing information on psychosis and treatment, street drugs and psychosis, relapse prevention, coping and social skills and peer support. The group is held three times a year and runs for 6–8 weeks. The adult group is for young people aged 19 years or more, and has a variety of themes. The first-stage, or recovery, group is an educational group that focuses on providing information about psychosis and treatment, relapse prevention, coping skills and stress management. There are also four second-stage, or later recovery, groups run at different times of the year according to the needs of young people. These include a group on social skills training, a women's group on boundaries and relationships, a concurrent addictions and psychosis group and a cognitive-behaviour therapy group. The EPI program also holds groups for family members. For more information please see: www.psychosissucks.ca

The Support Through Early Psychosis Service (STEPS), run by the Hunter New England Mental Health Service in New South Wales, offers young people (aged 16–30 years) with early psychosis (during the non-acute phase) the opportunity to develop new skills, personal strength and relationships through their group program. The group program includes the groups listed below.

Engagement Group
An opportunity for young people in the early stages of engagement to socialise over lunch.

The Troop
An ongoing, open-support group run weekly that includes community-focused social and leisure activities.

Chill Out
A group that runs for 6 weeks and uses a CBT approach to help young people cope with stress.

Back on Track
A group that focuses on issues of recovery, including staying active, self-esteem, confidence and communication.

Family and Friends
A group that runs for 4 weeks aimed at family, carers and friends of young people of the service.

LEAP
An educational group for young people that aims to improve the knowledge and understanding of psychosis. Runs for 4 weeks.

For more information please see: www.hnehealth.nsw.gov.au/mh/services/mhsf/prs

The Early Psychosis Intervention Programme (EPIP) in Singapore offers a comprehensive and accessible service for people aged from 18 to 40 years. EPIP offers a Club EPIP service, which serves as a drop-in centre for people of the EPIP service, providing a comfortable environment for them to enjoy social interaction and engage in activities that focus on functional rehabilitation and recovery. Activities offered by Club EPIP include:

- psychoeducation programs
- stress and relaxation training
- social skills training
- art and music expression programs
- vocational skills training
- food and nutrition, weight management programs
- recreational activities.

For more information, please see: www.epip.org.sg

Western Region Health Centre's Young People's Mental Health Program, in Victoria, is designed to support the needs of young people aged from 16 to 24 years and offers young people and their families home-based support and group programs. The group programs for young people include The Launch Project, Hearing Voices and Kaleidoscope.

The Launch Project
A work readiness group that aims to develop life skills and build on existing strengths.

The Young Persons Hearing Voices Group
A group for young people to share their experiences and strategies about how best to cope with auditory hallucinations in a safe, youth-friendly environment.

Kaleidoscope
A group for young people to discuss harm minimisation strategies and healthy lifestyle options.

For more information, please see: www.wrhc.com.au

Appendix 11: Orygen Youth Health Clinical Program – Group Program Description and Group Program Timetable

A little bit more info about the groups this term...

i-VENTURE – Things been getting you down? Want to focus on having fun and trying new things, while getting the best out of yourself? Venture a bit out of your comfort zone, spend time with others, and learn how this group can help to rebuild your confidence.

THE O-ZONE – Get involved and do your thing at The O-Zone. Play the Wii, pool, sports or cardgames, make some art, cook some lunch or just chill out – you decide! Group members make decisions about what happens in the group, including what's on the menu for lunch each week.

WORKshop – Keen to find a job? Then join us at the workshop sessions to help you on your way! Write up a resume, prepare for interviews and learn how to take care of yourself at work!

GYM – An opportunity to get together with others from Orygen and build up your fitness at the same time. No gym experience necessary!

STUDIO 35 – Are you interested in playing an instrument, writing songs or sharing good tunes with other people? Studio 35 is a group for anyone who loves music! This term the group will select their own musical project to work towards over the term. You don't have to play an instrument or have any experience to join – if you like music and have an interest in trying out new things, then come and give it a go.

CATERING – Are you wanting to learn how to cook or make coffee? Here's an opportunity for you to do these things in a real cafe setting! If you are interested in developing your work and teamwork skills then this is the group for you! On top of that, you will also have the option to complete some certificate units through Good Taste RTO in coffee making and food safety with a trainer. And, you will get the chance to try some new and interesting foods as lunch is provided!

HORTICULTURE – Develop interest and skills in growing/propagating vegetables, plants and more. Learn how to operate and maintain garden machinery. Skill up to assist you in finding work, or enrol in VCAL to achieve subject work related skills. Opportunities exist for creativity in landscaping, photography and garden art.

FREESTYLE – This group gives people a chance to enjoy being around other people, build confidence and self esteem, make new friends, try new things and most importantly HAVE FUN. The group meets every week for a school term, and each week, tries a new activity. Group members make choices about the activities, and group workers help to make it happen!"

SCHOOL'S IN – The Victorian Certificate of Applied Learning (VCAL) is a hands-on learning option including practical work-related experience, literacy and numeracy skills and personal skills that are important for life and work. Support available for students studying VCE and distant education.

THE ART LAB – Looking for a space to explore your creative side? The Art Lab is a group for people to be creative together. You may have an existing interest in the creative arts, or are hoping to try something new. No experience is required!

ONE VOICE – A unique, engaging contemporary choir program with funk and style, aimed at connecting staff, family and young people, lead by one of Melbourne's top choir leaders.

MIND MUSCLES – Fed up of worrying about the future/thinking about the past? Learn to train your mind to live more in the present moment and experience a calmer way of being. This is an 8 week program of mindfulness meditation with some gentle yoga. Come along to a taster session before the course starts if you like so you can check out if this course is for you

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SCHOOL'S OUTREACH – Need help to get back into school or extra support to stay in school? The School's Outreach program is open to clients aged 19 or under who have not completed Yr 12. The aim is to provide the skills and support to students to enable them to return to education independently.

PSYCHOSIS 101 – A space to chat with others about the experience of psychosis, learn the basics and trade tips on managing health, relationships, work etc. Includes guest speakers

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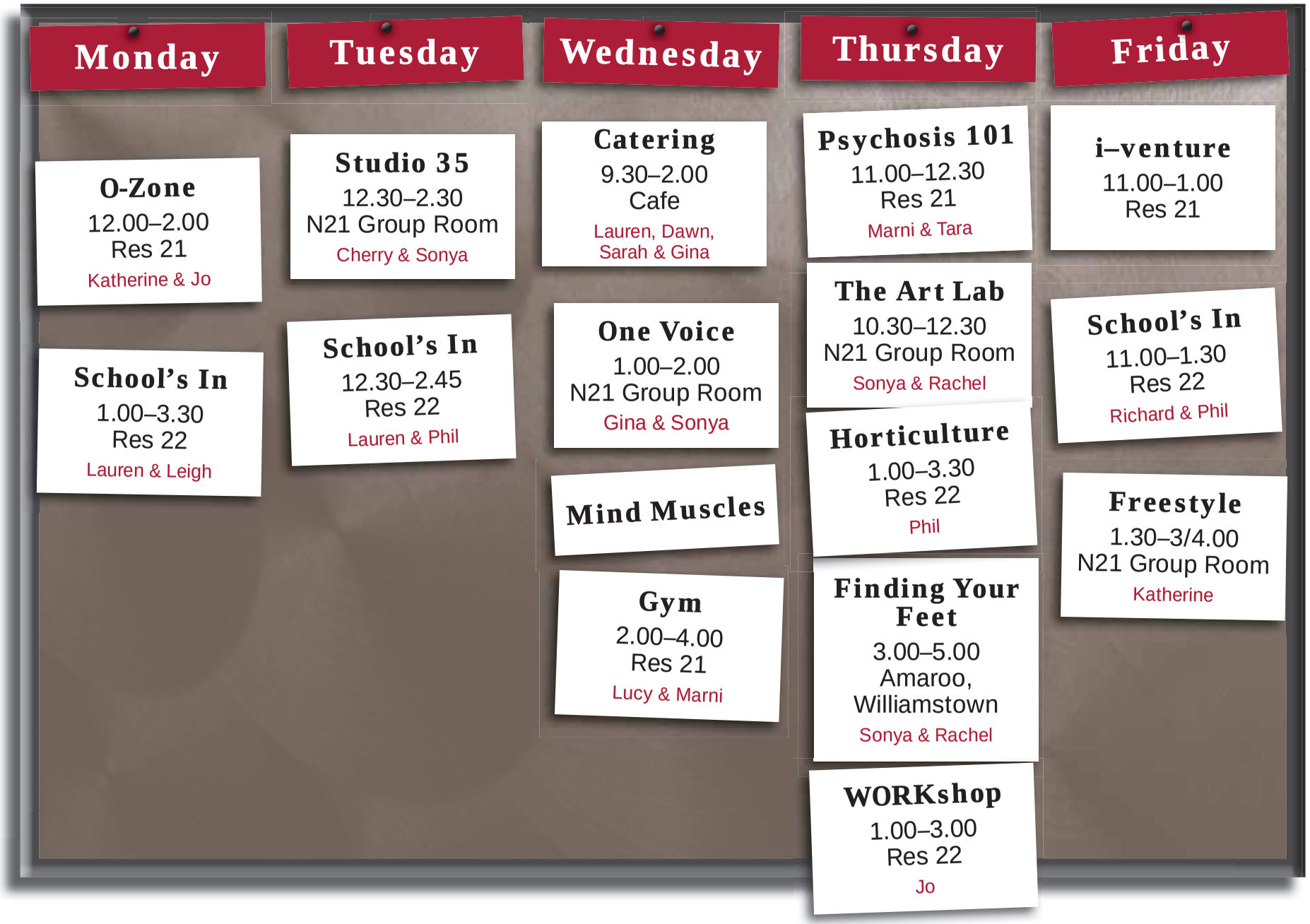
FINDING YOUR FEET – Interested in getting out and about again, being around others and meeting new people? Finding Your Feet is a welcoming and supportive group that will give you a chance to learn new skills and notice the skills you already have. Each week, group members will decide what happens in the group- art, cooking, sport, games - you choose! Based at Mind in Williamstown


Monday
O-Zone
12.00–2.00
Res 21
Katherine & Jo
School's In
1.00–3.30
Res 22
Lauren & Leigh
Tuesday
Studio 35
12.30–2.30
N21 Group Room
Cherry & Sonya
School's In
12.30–2.45
Res 22
Lauren & Phil
Wednesday
Catering
9.30–2.00
Cafe
Lauren, Dawn,
Sarah & Gina
One Voice
1.00–2.00
N21 Group Room
Gina & Sonya
Mind Muscles
Gym
2.00–4.00
Res 21
Lucy & Marni
Thursday
Psychosis 101
11.00–12.30
Res 21
Marni & Tara
The Art Lab
10.30–12.30
N21 Group Room
Sonya & Rachel
Horticulture
1.00–3.30
Res 22
Phil
Finding Your Feet
3.00–5.00
Amaroo,
Williamstown
Sonya & Rachel
WORKshop
1.00–3.00
Res 22
Jo
Friday
i–venture
11.00–1.00
Res 21
School's In
11.00–1.30
Res 22
Richard & Phil
Freestyle
1.30–3/4.00
N21 Group Room
Katherine

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NOTES

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