BEST PRACTICE GUIDELINES

FOR DEMENTIA CARER SUPPORT GROUP LEADERS

BEST PRACTICE GUIDELINES
FOR CARER SUPPORT GROUP LEADERS

Written by Wendy Melia
Co-ordinator Group Development Unit

ACKNOWLEDGEMENTS

In 2009 Alzheimer's Australia NSW compiled a list of six Best Practice Guidelines for a Quality Dementia Support Group for Carers through findings in the Quality Support Groups Research Project (Phase III). These guidelines were the result of extensive research into what carers and leaders required of a leader to run a quality support group in NSW.

My aim of compiling this document has been two-fold; firstly to extend the framework for carer support group leaders to confidently lead a group with their well-being, and those of all group members uppermost in their mind, and secondly, to provide them with research based principles against which they can assess their practice for continuous improvement.

I hope that I have succeeded in this endeavour.

Wendy Melia
Co-ordinator Group Development Unit
Alzheimer's Australia NSW

CONTENTS

2 BEST PRACTICE IN GROUP WORK SKILLS AND PROCESSES *(CONT.)*

3 BEST PRACTICE IN PROFESSIONAL CONDUCT AND REGULATORY REQUIREMENTS

4 BEST PRACTICE IN SUPPORTING AND DEVELOPING THE GROUP LEADER

REFERENCES   17

SELF ASSESSMENT TOOL   24

SELF ASSESSMENT SUMMARY   38

INTRODUCTION

There are different kinds of carer support groups. Some are social while others offer emotional support and/or provide information and education, or a mix of all of these components.

While many of the guidelines or principles outlined in this document may be relevant for socially focused groups, they are primarily developed for psycho-educational groups that offer mutual aid – that is, groups that encourage members to share stories and information, offer empathic validation and support, and that may have an educational component to the structure of the session.

These guidelines are recommended by Alzheimer's Australia NSW[1] [2] as best practice principles for closed, time-limited, and open ongoing carer support groups that are led by a professional worker or trained volunteer who is not a current carer of a person with dementia.[3]

> *"An ongoing group is a resource which continues regardless of changes in leadership and/or participants or other functional considerations like changes in venue or time. As an open group, members may come and go as their needs change over time".*
>
> Leaderlink: A Resource for Leaders of Carer Support Groups
> 2nd Edition, 2010 (p.1)

While these guidelines have been developed for use in a dementia carer support group, they could be transferable to other carer support group situations, for example mental health or other medical conditions.

These guidelines describe ideal principles of best practice, and while group leaders are encouraged to engage in these preferred principles they also need to consider their individual resources and their organisation's mandates when applying them to their particular circumstances.

A self assessment tool and summary have been added as a means for group leaders to gauge how well they are performing in relation to the Best Practice Guidelines, as a yardstick for reflection on their practice and as a plan for continuous improvement.

While this document describes the underpinning standards of best practice in a carers' support group, it is recommended that group leaders attend the Alzheimer's Australia NSW Group Leadership workshops where the principles of best practice are demonstrated. This document should then be used as a referral resource for group leaders to maintain a professional group practice.

Group Leadership Workshops

- Introduction to Group Work Leadership
- Advanced Group Leadership
- Loss and Grief in a Carer Support Group

Benefits from attending the Workshops:

- Increased confidence to lead a group through the modeling of the Best Practice Guidelines by a professional group work educator

- Greater retention of information through the use of visual aids, robust discussion, interactive activities and demonstrated processes.

- Increased role longevity through practical, creative and fun ways to reduce the stress associated with group leadership.

- Personal assistance with challenging group situations, questions or concerns.

- Connection with other group leaders to share information and gain peer support

- Ongoing professional development and networking opportunities.

- Additional handouts and manuals associated with specific workshops, to ensure group leaders are well resourced.

For information, a training calendar and to register for a Group Leadership Workshop please contact Alzheimer's Australia NSW at:
GroupDevelopmentNSW@alzheimers.org.au

---

[1] Brown, J. (2009) Quality Support Group's Research Project Phase III. Alzheimer's Australia NSW. Sydney. Australia

[2] Coutts, M., Melia, W. and Huskins, L (2009) Leaderlink: A Resource for Leaders of Carer Support Groups 2nd Edition. Alzheimer's Australia NSW Sydney. Australia

[3] "Due to the reported stressors experienced by carers and the impact of these on carer health and well-being, the notion of a group led by a current carer is not considered ideal within the best practice framework". (Brown, J. 2009). Alzheimer's Australia NSW recommends that former carers abstain from leading a carer support group for a minimum of twelve months after the cessation of their caring role, and only then with supportive mechanisms including group leadership training, avenues for debriefing and clinical supervision in place.

BEST PRACTICE IN
PLANNING AND PREPARATION

1.1   ASSESSMENT

1.1A   Ecological Assessment

Group leaders assess the viability of a Carer Support Group by evaluating where applicable:

- Community needs and attitudes
- Organisational mission, resources and philosophies
- Funding opportunities
- Professional training levels of the leader and potential co-leader/s
- Support personnel competency
- Multicultural and diversity considerations

1.1B   Self Assessment

Group leaders will possess and assess the appropriateness of leading a carer support group by reflecting on their own:

- Skills - See Best Practice in Skills and Processes (p.6-13)
- Knowledge - Dementia, grief and loss and service referral pathways
- Education - Group Leadership and Suicide Intervention Skills Training
- Personal qualities and attributes - See Self Reflection and Action (p.15)
- Personal philosophy - aligned with employer and general social standards
- Practical considerations - including time commitments and the possible emotional effects of leading a carer support group

1.1C   Group Member Assessment

The interests of the carer support group members are best served by:

- Implementing a pre-attendance intake assessment for new members (see Sample Template 1 p.18)

- Providing a membership pathway strategy defining the parameters of group membership and assessing transitional points to other groups and resources. Parameters may include but not be limited to membership over a specific timeframe. For example eligibility for membership may cease:
    - After a specified number of sessions
    - At the conclusion of a calendar year
    - Once the care recipient has been placed into residential care
    - For up to one year after the death of the care recipient

This may be governed by organisational requirements, funding restrictions and/or the group leader's personal considerations. Group leader's may discuss this strategy and include it in the Group Guidelines (see p.6).

- Referral to other agencies or services as deemed necessary and appropriate by the group leader. This may include referral to a GP, counsellor, respite or community health services. It is not the role of the group leader to formally assess or diagnose a member of the support group; rather, to feed back their concerns and encourage the group member to self refer to appropriate health professionals.

PLEASE NOTE

Referral to a GP or Mental Health Team is essential if the group leader assesses that the group member may be at risk of suicide, self harm or intended harm to any person.

1.1D   Program Assessment and Evaluation

It is recommended that:

- Group leaders will actively seek and act on feedback from the group.

- The group leader conducts an annual or regular needs assessment in collaboration with group members to determine participant's needs and to plan the group's programs accordingly. This assessment may be formal or an informal chat between the group leader and their members. See page 20 for the Sample Needs Assessment Template.

- A method of how the program is to be evaluated will be devised during the planning phase in order to assess if the program has achieved its aims.
  It is recommended that program evaluations are:
  - Generally questionnaire based
  - Implemented ideally every 6 months and definitely every 12 months for ongoing groups
  - Implemented at the end of a time limited group program
  - Implemented when group members leave the group
  - Generally written, but can be verbal on account of language and literacy factors
  - Culturally appropriate (CALD)
  A sample Evaluation Template has been included on page 21.

- Carers exiting the support group are encouraged to evaluate their experience as a group member. A sample Carer Exit Evaluation Form has been included on pages 22 and 23.

1.2   PROGRAM DEVELOPMENT

When developing a program, it is recommended that group leaders consider and implement the factors that influence the quality of the group experience and incorporate the group's pre-determined needs.

1.2A   Characteristics of the Group

It is recommended that in a psycho-educational carer support group:

- The optimal number of participants will be no less than 6 and no more than 12
- Participants understand the group's purpose and what to expect from attending
- Participants understand their rights and responsibilities towards other group members and the group leader
- The group leader has training in group work skills
- The group engenders a positive environment and a sense of hope
- The group generates worthwhile outcomes and management strategies for carers
- Group members share information and support each other, facilitated by the group leader
- The group has an established presence in the community as a known resource to which carers may be referred by other health and community services, organisations and workers. This may include sports, social clubs and council

1.2B   Resources

The following factors will require consideration for resourcing a carer support group:

- Adequate funding if applicable
- Marketing, advertising and promotion of the group within the community. This includes printing and distributing flyers, and placing advertisements in newspapers etc
- Suitable venue and facilities. Considerations would include security, space and privacy, and flat or disabled access - if applicable
- Refreshments/catering
- Co-leader - if applicable
- Handouts, education and referral information
- Appropriate collaboration with other community agencies and organisations
- Organisational support for the group leader/s including time and resources for debriefing, set up, post group pack up and supervision
- Access to up to date and appropriate resources including DVD's, books etc

1.2C   Disclosures

Group Purpose

It is recommended that a Group Purpose Statement will be issued verbally and/or in writing to all current and/or potential group members outlining "
... the group's aims and destination, (and) what it is anticipated that the group and its members will achieve as a result of their participation together"[4].
An example may be:

> *"The purpose of the group is to bring together carers of people with dementia to discuss the impact of dementia on their lives and the lives of the person they care for, as well as receiving information, encouragement and support."* [5]

Confidentiality

- Confidentiality is the responsible use of information that may not be discussed or divulged to third parties.
- Group leaders will clearly define what confidentiality means in the context of the carer support group, why it is important to uphold confidentiality and the instances when it must be broken to ensure the safety of people at risk.
- A Confidentiality Statement will be discussed with potential group members during the pre-intake assessment and among all attending group members during the course of the life of the group.
- Any information obtained from a current or potential carer support group member must remain confidential unless the carer gives permission for the information to be shared or the leader assesses that the carer or other community members may be at risk.
- Any notes taken by the group leader during the course of a group meeting will be available for any group member to view upon request.

[4]   Northern, H., & Kurland, R. (2001) Social work with groups. (3rd Edition).

[5]   Coutts, M., Melia, W. & Huskins, L (2009) Leaderlink: A Resource for Leaders of Carer Support Groups 2nd Ed.

1.2D Group Leader's Responsibilities

It is recommended that group leaders will:

- Clearly define and maintain professional, ethical and social boundaries with all group members in accordance with their organisational role and type of group being provided. For example group leaders will:
    - Be mindful of sharing their story. While self disclosure may be appropriate to explain an example, it may take the focus away from the group members. If this occurs, private counselling and/or supervision for the group leader is required.
    - Not provide group members with their private mobile phone numbers unless in emergency situations.
    - Maintain confidentiality for all individuals including those who may be absent from the group.
    - Also see Ethical Adherence: p.14

- Consider that any action, interaction or service undertaken by them must be:
    - Equitable in that they must be able to offer all group members the same service
    - Sustainable in that they can continue to offer this action, interaction or service to all group members over time

- Seek to lead the group to positive outcomes which are timely, appropriate and effective.

- Be able to incorporate the needs of an individual into the group as a whole. For example if a group member speaks of feeling unable to cope with their caring role, the group leader may start a discussion on general coping skills or ask how other group members cope with their caring role.

1.2E Advertising and Promotion

It is recommended that:

- The Group Purpose statement will be printed on flyers, handouts and advertising material that relates to the promotion of the group along with the meeting times, the group leader's contact details and a request to "call for further details". The location will not be advertised to encourage potential participants to speak to the group leader in order to initiate the pre-attendance intake assessment.

- No printed material using Alzheimer's Australia NSW' name or logo is permitted for distribution without prior authorisation from Alzheimer's Australia NSW.

    For authorization please contact the Group Development Coordinator during business hours Monday – Friday on (02) 9805 0100.

1.2F Session Planning

Recommendations:

- Group leaders will formulate a plan for each group session and a proposed calendar for the year or duration of a time limited group.

- Flexibility needs to be ensured in order to cater for what is happening in the group at any particular time. (See Adaption Plan: p.7)

BEST PRACTICE IN
GROUP WORK SKILLS AND PROCESSES

2.1 ENVIRONMENT

It is recommended that group leaders provide a safe environment:

- **Physically.** Considerations will include the venue, lighting, disabled access, parking, transport, and a nonviolent location
- **Emotionally.** Practices would include confidentiality, acceptance and respect
- **Cognitively.** For example, if you say it's safe to cry in the group then that must be demonstrated

2.2 THERAPEUTIC APPROACHES

Group leaders are encouraged to draw on a variety of models including:

- Person centered approach (Rogers & Dorfman, 1976)
  - Promotes self determination through the use of active listening, empathy, unconditional positive regard and congruence
- Wellness approach
  - Promotes good physical, mental, spiritual and emotional health
  - Supports carers to maintain their own health
- Strength's based approach
  - Draws on the group members known strengths and encourages unknown strengths to be revealed
- Mutual Aid
  - A collaborative approach that encourages the giving and receiving of information between equal partners in the group experience
- J. William Worden's model of Grief and Loss (Worden, J.W. 2003)
  - Describes four key tasks to assist carers with the grieving process

> **Group leaders will only use methods and techniques in which they are trained or have had prior experience.**

2.3 GROUP STRUCTURES AND FRAMEWORKS

Group leaders are encouraged to discuss and implement the following within the group:

Occupational Health and Safety issues

- Outline OH&S issues and discuss with the group including new participants. This may include not leaving group members alone in the car park after dark etc.

Group Guidelines

- Develop a shared set of group guidelines with group members
- Distribute a written list of agreed guidelines to all group members
- Display guidelines at each group meeting and refer to them when necessary
- Revisit and update guidelines at least annually, for the term of the group, or when necessary to check for continued viability

2.3   Group Structures and Frameworks (cont.)

Examples of a group guideline may be:

- One person to speak at a time
- Be responsible for your own behavior

  Confidentiality statement See p.4 – Disclosures - Confidentiality
  Group purpose statement See p.4 – Disclosures – Group Purpose Statement

New Members Welcoming Procedure

Group leaders are encouraged to:

- Welcome new members prior to and at the first group meeting.
- Introduce new members and encourage them to share only what they wish to share.
- Provide them with a copy of the Group Guidelines either prior to, or on attendance of their first group meeting.
- Check in with them at the close of the meeting.

Transitioning Members Procedure

Group leaders are encouraged to:

- Ensure all group members are aware of a membership pathway strategy that defines the parameters of group membership and assess points of transition to other groups and or resources.
- Prepare the group when someone is about to leave or is not returning to the group.

Conducting a Session

Group leaders are encouraged to:

- Welcome all members
- Know and use members' name by which they like to be called
- Execute session plan (see Group and Session Adaption Plan p.7)
- Conduct "meaning attribution" (see p.12 for description)
- Close the session or series of sessions

Closing a Session

Group leaders are encouraged to:

- Leave time to close the session in calm unhurried way
- Summarise the main points from the session
- Clarify information if necessary
- Conduct "meaning attribution" (see p.12)
- Outline what members can expect for the next session
- Prepare group members to move back into their caring role

Preparing Group Members for the final Group Session

Group leaders are encouraged to:

- Assist group members detach from the group. For example a leader may ask what they will take away with them or offer referral pathways and links to other services
- Reflect on gains made in the group
- Evaluate their experience of group

Group and Session Adaption Plan

Group leaders are encouraged to:

- Adapt their session plan according to what is occurring in the group, either independently or in collaboration with group members.
- Consider cultural and ethnic diversity and respond to particular and special needs of the group.

2.3   Group Structures and Frameworks (cont.)

Diversity

The group accommodates diversity in group membership. The group members and their leader will acknowledge, respect and embrace diversity among group members, allowing members the opportunity to express their unique and specific concerns and promote cohesion. Diversity includes:

- Cultural and linguistic background
- Opinions
- Sexual orientation
- Race
- Gender
- Age
- Spiritual orientation
- The stage of the process of dementia and where group members are in their caring role
- The type of dementia for the person being cared for
- Employment status amongst carers

2.4 PROGRAM MANAGEMENT

It is recommended for group leaders to:

- Source and engage guest speakers in accordance with group member's requests for information and/or as a recognised adjunct to the sharing of information. Unless the group's sole purpose is educational, Alzheimer's Australia NSW would advise that guest speaker's be limited to a minimum of every alternate meeting.

- Seek to enable time for all members to have an opportunity to talk

- Ensure where possible that the group meeting starts and ends on time

- Promote the use of mutual aid between group members (see p.6)

- Remain vigilant for topics that are being avoided or dismissed (taboo topics) and sensitively address these with group members.

- Discuss sensitive topics either immediately or at a time agreed upon by a consensus of group members and the leader. Attendance at that discussion is optional for group members.

- Employ a balance of task and maintenance roles:

  - **Task Roles** refer to the interaction about the content of the group a and the tasks required to run the group, for example starting the group, summarising ideas and coordinating the group's activities.
  - **Maintenance Roles** refer to interactions between group members associated with emotional and interpersonal well-being of the group. Examples are expressing warmth and understanding, offering observations on group process, checking on group members' comfort (heating/air conditioning) or the need to take a break.

- Allow group members to try on both task and maintenance roles

- Only use and disseminate dementia related information that comes from credible (reliable and valid) sources. The Alzheimer's Australia NSW Library and Information Service (LIS) is able to assist with information searches and previews of information from credible sources. Contact nsw.library@alzheimers.org.au for borrowing and membership enquiries.

2.5 SURVEILLANCE OF GROUP PROCESSES AND DYNAMICS

- Group leaders are aware of the processes and dynamics of what is happening within the group beyond the content of what is being discussed or displayed.

- Group leaders are encouraged to utilise various skills including:

    Active listening
    - Using a well modulated tone and pace of voice
    - Congruent and relaxed body language
    - Using encouragers (nodding, "hmmm" etc)
    - Reflecting content (feeding back the story)
    - Reflecting feelings (feeding back the emotion)

    Redirecting
    - Shifting the focus of the discussion, topic or speaker.

    Clarifying
    - The re-examination or confirmation of information.
      For example "Are we having a guest speaker this month
      or next month?"

    Normalising
    - Acknowledging that an experience may be a "natural" response to an
      event, crisis or loss.

    Summarising
    - Selecting, drawing together and presenting the salient points of
      the story in a clear precise way.

    Cutting off
    - Directing the flow of interaction in a group for example by freezing
      the current discussion to encourage other responses, or shifting,
      keeping or returning the attention on a topic or person.

    Drawing out
    - Encouraging a greater depth of discussion as members are invited to
      contribute, elaborate and become more involved.

    Strategic questioning
    - Helping group members develop clarity and new perspectives
      on their situation through the use of a series of questions.

2.6 OTHER PROCESSES LEADERS MAY ADDRESS:

- The formation of cliques

    - Leaders will assess how a "clique" is affecting the group and will take appropriate steps where necessary. Interventions for dysfunctional cliques may include re-organising seating to separate group members and introducing activities that encourage greater involvement from a broad range of group members.

- Interaction between group members

    - Leaders will employ ice-breakers or activities to encourage greater interpersonal interaction between group members as required and use various skills including cutting off and drawing out (see p.9).

    - Leaders will encourage the use of autonomous interaction which is the interaction between group members and not only through the leader.

2.6   Other Processes Leaders may address (cont.):

- The impact of particular personalities including dominant personalities, negative, complaining and shy people

  - Leaders will assess how particular personalities are affecting the group and use appropriate interventions if required. For example a leader may introduce a "talking stick" to signal that only the person with the stick may speak, thereby giving quieter members a chance to share.

- Managing conflict

  - Leaders understand that different values and ideas is in itself a conflict, and that not all conflict is detrimental to a group. A cohesive group may be able to accept a healthy level of conflict; however, leaders need to be aware that conflict may be harmful to the group.

  - Leaders will assess if an intervention is required. An intervention may be to refer the members in conflict to the group guidelines, if one exists about respecting different ideas.

- The appropriate use of humour

  - Leaders will assess how the use of humour is affecting the group and may implement a group guideline around its use. For example, a guideline may be that it is OK to laugh with, but not at a person or their circumstances or to diminish another person.

  - Leaders will be aware of when humour is being used to avoid a topic or feeling, and employ an appropriate intervention. For example they might say "Jack whenever someone talks about missing affection from their spouse you make a joke about it. What's that about?"

- Group norms

  - Leaders will understand that group norms are behaviours that become "normal" within the group. They will appreciate that some norms can become dysfunctional for example group members engaging in side talk, and will have strategies to change a group norm if required. A strategy may be to address the behaviour directly and gain consensus from the group to change that behaviour.

- Understanding Phases of Group Development

  - Leaders will have at least a basic knowledge of how groups change and develop over time and they will implement activities and leadership tasks that correspond to the developmental phase of their group. For example a leader may challenge a group member they have known for sometime in the middle or later phases of a group's life, but may be less likely with a newly formed group.

- Working with the process of grief in relation to loss and change

  - Leaders are encouraged to have a good understanding of William Worden's task focused model, or other similar model to work with people who are grieving (see p.6).

  CRYING OR SOBBING

  - Leaders will have strategies to assist people who cry or sob in group. For example there may be a group norm that tissues are dispersed throughout the group for members to help themselves, and there may be a guideline that it is OK to express emotion in the group.

  - Leaders may encourage the development of a group guideline that outlines how crying or sobbing will be regarded in the group. For example, a guideline may state that tears are natural and acceptable in the group and that people will indicate what they want from other group members, as not everyone wants to be hugged.

2.6   Other Processes Leaders may address (cont.):

- Leaders understand that they have a choice as to how and when they respond to tears or displays of emotion.

- Leaders may normalise crying as a natural response to loss and will encourage group members to remain in the room where possible.
In the event that a group member insists on leaving the room, leaders will implement a strategy or intervention known to the group. This may include having the leader, co-leader or fellow group member check on the absent carer after a few minutes and encourage them to return to the group.

ANGER VERSUS AGGRESSION

- Leaders may invite discussion on how anger will be managed in the group as part of the group guidelines. An example may be that group members may express anger but not be aggressive, violent or abusive.

- Leaders will have strategies to work with anger in the group.
For example there may be an agreement that anger towards a health professional, service or general circumstance may be directed at an imaginary receptacle in the middle of the room so that other group members aren't afraid that the anger is directed at them.

- Inviting role changes where applicable

- Leaders will understand that group members will usually adopt roles in the group that they employ outside the group according to their personal qualities, experience, skills and talents.

- Leaders will become aware if a role is not contributing positively to the group and employ skills to encourage group members to "try" a new role. For example a leader may ask questions to assist an overwhelmed or "helpless" group member to focus on one issue rather than on many seemingly unsolvable issues in order to make one change.

- Leaders are encouraged to help group member's become aware of how their roles outside of the group affect their lives and to assist them make changes of their choosing by rehearsing new roles within the group. For example a group member who would like better communication with his family may practice new communication skills in the group.

- Balancing the needs of the individual with the needs of the group

- Leaders will work with the needs of individual group members while working within the context of the group. For example a leader may focus on one member's concern while linking it to other group members' experience. This is known as the "all in the same boat phenomenon" within the process of mutual aid.

- Employing appropriate rituals

- Leaders will use rituals at their discretion to enhance the group experience. Rituals may be introduced to welcome a new member, to celebrate a special occasion like a birthday or when members leave the group.

- Leaders will consider the type, timing, as well as cultural considerations before using a ritual. See Activities and Ice-breakers (p.12 - 13) for other considerations.

As a duty of care, leaders and/or the co-leader must be advised if a group member is leaving the premises prior to the end of the session.

2.7 MEANING ATTRIBUTION

At the end of a session, group leaders may invite participants to reflect on and share what being a part of the group has meant for them that day, as well as how the information they have received will fit within the context of their lives. For example a leader might say:

> *"Before we finish up, can you each say one thing that has been useful or that has helped you today?"*

2.8 COHESION

Group leaders promote cohesion within the group by:
- Supporting co-operative relationships between participants
- Giving positive feedback on the group's successes
- Looking for connections between group members
- Initiating learning about each other through the use of icebreakers and activities
- Emphasising the value, interest and importance of the group task
- Using a democratic style of leadership
- Deepening trust
- Promoting group norms that encourage expression of individuality

2.9 ACTIVITIES AND ICE-BREAKERS

When using activities and ice-breakers, group leaders will understand:
- What experience they are looking to create or achieve? For example, to initiate a bonding experience a leader may choose an icebreaker that promotes the sharing of information between group members.

- What type of ice breaker or activity is needed to create the desired experience? Does the leader want group members to move around to raise the energy of the meeting or to sit quietly to access their thoughts/ feelings by being reflective?

- What reactions might occur? Be prepared for emotional expression if a reflective activity is introduced and have the skills to deal with the effect of the response.

- What's the worst thing that could happen and are there any individuals present who may find the icebreaker challenging? Consider all contingencies before implementing an activity or icebreaker and adapt it to suit the group members. For example, throwing a ball may be difficult for some group members, but handing around a flower may serve the same purpose.

- If the ice-breaker or activity is sensitive and relevant to the group? For example, is it race, gender and ethnicity appropriate, does it consider language and literacy issues; is it physically possible for all group members to participate?

Activities and Ice-breakers (cont.)

When using activities and ice-breakers, group leaders will understand:

- How the icebreaker is introduced, facilitated and concluded. Group leaders will be sensitive to how much information is shared with the group before beginning the activity. Being too prescriptive before the activity begins can restrict some member's experience of the activity. Group leaders will allow group members time to complete the activity and then to debrief. A debrief may include "What did you learn about yourself after doing this activity".

- The importance of timing. Group leaders will choose ice-breakers and activities that correspond to the phase of the group's development and/or their level of cohesion. For example a leader would not choose an activity requiring a high level of trust for a newly formed group.

- Learning styles of group members. Group leaders will remember to use a mix of visual, auditory and kinesthetic icebreakers and activities so that all participants are included over the life of the group.

- Language and literacy issues. Group leaders will remember that icebreakers that require people to read or write may not be suitable if the group members are illiterate or do not share adequate levels of language and literacy skills.

Group leaders are encouraged to :

- Only implement ice-breakers and activities after considering the factors listed above.

- Regularly reflect on and evaluate the effectiveness of the ice-breakers and activities undertaken in their support group as part of best practice.

- Modify and/or develop appropriate ice-breakers and activities according to the parameters listed above in accordance with the needs of the group.

It is recommended that group leaders do not use an ice-breaker or activity with which they are unfamiliar or untrained.

BEST PRACTICE IN
PROFESSIONAL CONDUCT AND
REGULATORY REQUIREMENTS

3.1 ETHICAL ADHERENCE

Group leaders are expected to perform:

- Within a values system that refers to a basic respect for personhood and a belief in self determination.
- With an understanding of their ability to influence group members and an undertaking not to abuse or misuse their position as group leader through the means of manipulation, power or control.
- According to the Alzheimer's Australia NSW Best Practice Guidelines for Carer Support Group Leaders (this document).
- Within the Code of Ethics of their Professional Association.
- According to their accreditation requirements.
- According to their organisation's standards, protocols policies and procedures
- Within the legal framework according to the Federal and State laws of the State or Territory in which they reside.
- Adhering to legal requirements including but not exclusive to:
  - Insurance
  - Occupational Health & Safety considerations

3.2 REPORTING

Group leaders work within their organisational and funding reporting requirements. Where appropriate, they will report on the following as a point of reference for future meetings for themselves, their co-leader or a substitute leader as a means of ensuring continuity in the event of the group leader's absence:

- Group attendance
- Themes
- Atmosphere of the group. For example was it hostile or encouraging etc?
- Group norms
- Group processes and dynamics. For example, one group member may like to speak for the group, or another group member constantly looks to the leader for reassurance
- Cohesion
- Communication and interaction between members and the leader
- Group member involvement
- Decisions made by the group. For example the group may decide to meet ½ hour later
- Items to follow up. For example, follow ups may include agreements the leader has made during the course of the meeting, like providing information or a service for a group member

4

BEST PRACTICE IN SUPPORTING AND DEVELOPING THE GROUP LEADER

4.1 SELF CARE AND ONGOING PERSONAL AND PROFESSIONAL DEVELOPMENT

These are important aspects of group leadership for not only the leader's well-being and for the cohesion of their group, but also for the productivity of the organisation for which they work. Therefore in the interests of all stakeholders, it is important for group leaders to undertake regular and ongoing:

- Self check-in assessments prior to:
    - The commencement of a new group
    - The beginning of a new year or series of sessions
    (See Best Practice Guideline 1.1B p.2)

- Self reflection and action:
    - To become aware of how the leaders' values, beliefs and life experience and style of leadership influence the group
    - To understand inner conflicts and be able to work through them either with a supervisor, counsellor or other trusted colleague/friend
    - To be aware of personal biases and how they effect the group
    - To maintain a healthy level of self esteem and personal authority
    - To be able to recognise and differentiate between their own emotions
    - To be able to control their own emotions
    - To be able to recognise and act upon the decline of essential group leadership skills including active listening and empathy. This may include taking a break from leading the group
    - To set realistic and attainable goals
    - To practice effective time management
    - To monitor their strengths, weaknesses and limitations, and how these impact on the processes and dynamics of the group

- Definition and maintenance of personal boundaries that provides sufficient time for rest, relaxation and the absence of work related interaction and activities.

- Identification of support personnel, activities and techniques, for example talking to other support group leaders, joining a gym or meditating.

- Debriefing with a colleague, partner or trusted friend. It is important to remember confidentiality guidelines when debriefing.

- Supervision. It is recommended that group leaders participate in at least one of the following:
    - Peer Supervision (between peers and colleagues)
    - Organisational Supervision. This is usually administrative, but may include clinical supervision if the supervisor has appropriate experience and qualifications.
    - Clinical Supervision. This occurs with a group leader who has greater than or equal skills, education, knowledge and experience as those seeking supervision. Usually the supervisor will have a social work, counselling, psychology or similar background or accreditation.
- Continued education and training in group work and/or dementia related knowledge and the regular updating of skills.
- A Succession Plan. That is a plan or strategy to ensure the groups' continuity if the leader is unable to be present. This includes updated reports or documentation on the group's activities and co-leadership considerations.

4.2 CO-LEADERSHIP

Where possible, group leaders are encouraged to work with a co-leader to:

- Discuss different perspectives on the planning, structure and processes of the group
- Model effective interaction
- Stimulate new ideas
- Provide a partner for debriefing at the conclusion of a session
- Provide on-going support for each other and all group members, particularly in the absence of the other group leader
- Support the inclusion of group members with language and ethno-specific needs

Co-leaders may be paid or unpaid workers or volunteers who have had training in group leadership and whose practice incorporates the skills and processes outlined in this document.

4.3 SELF ASSESSMENT

Group leaders will use the Self Assessment Tool and Summary (in Appendixes) to evaluate their practice in relation to the Alzheimer's Australia NSW Best Practice Guidelines and to make changes consistent with those guidelines and the requirements of their organisation, funding and/or governing body.

4

REFERENCES

Brown, J. (2009) Quality Support Group's Research Project Phase III.
Alzheimer's Australia NSW. Sydney. Australia

Coutts, M., Melia, W. and Huskins, L (2009) Leaderlink: A Resource for Leaders of
Carer Support Groups (2nd Edition). Alzheimer's Australia NSW. Sydney. Australia

Jansen, D., Newman, M. & Carmichael, C. (1998) Really Relating: How to Build an
Enduring Relationship. Random House. Milsons Point. Sydney

King, A. (2005) Effective Group Leadership. Uniting Care, Burnside. North Parramatta

Klein, L. (2000).The Support Group Sourcebook What they are, How you can find
one, and How they can help you. John Wiley & Sons, Inc. New York.

Northern, H., & Kurland, R. (2001) Social work with groups. (3rd Edition).
University Presses of California, Columbia and Princeton, New York

Rogers, C., & Dorfman, E. (1976) Client-Centered Therapy its current practice,
implications and theory. Constable and Company Ltd. London

Schwartz, W. & Zalba, S. (1971) The practice of group work. University Presses of
California, Columbia and Princeton, New York.

Shulman L. (1992). The Skills of Helping Individuals, Families, and Groups.
(3rd Edition). F.E. Peacock Publishers, Itasca, Illinois

Worden, J. W. (2003). Grief Counselling and grief therapy. (3rd Edition).
Brunner-Routledge, Hove and New York

Yalom. I. & Leszcz, M. (2005). The Theory and Practice of Group Psychotherapy
(5th Edition). Basic Books. New York. USA

WEBSITES

www.groupsinc.org/guidelines/index.html
The American Group Psychotherapy Association Science to Service Task Force (2007)
Practice Guidelines for Group Psychotherapy.

www.grai.org.au/wordpress/wp-cont.ent/uploads/2010/07/Best-Practice-Guidelines.pdf
Best Practice Guidelines Accommodating older Gay, Lesbian, Trans and
Intersex (GLBTI) People.

www.njgroups.org
The New Jersey Self-Help Group Clearinghouse

www.asgw.org/PDF/Best_Practices.pdf
ASGW Best Practice guidelines by Association for Specialists in group work,
March 23, 2007

www.rcne.com/downloads/RepsPubs/BstPrctce.pdf
Best Practice guidelines for NGO's supporting women who have experienced sexual
violence by rape Crisis Network Europe Oct 2003

PRE-ATTENDANCE INTAKE ASSESSMENT

Name: _____ **Date:** _____

Preferred Name: _____

How did you hear about the group?

_____

_____

_____

Can you tell me about who you are caring for?

Name: _____ Relationship to care recipient _____

Illness/condition/disease/ability _____

_____

Type of dementia diagnosed _____

Has there been a formal diagnosis? ☐ Yes ☐ No   **Date of diagnosis** _____

Have you ever attended a carer support group before? ☐ Yes ☐ No

If yes: Where: _____ When: _____

If yes: What was it like being in that group?

_____

_____

_____

GROUP PURPOSE

Insert your own Group Purpose Statement here

_____

_____

_____

Is this what you are looking for in a group? ☐ Yes ☐ No

If no: Explain that this group may not be suitable to meet their needs and why, and ask if they would like to be referred to another service, agency or individual (if applicable).

If yes: What else were you hoping to gain from attending the support group?

_____

_____

_____

_____

SAMPLE TEMPLATE 1

What happens at the Group Meeting	Tick box on completion
Briefly discuss what happens when members arrive at group	☐
Briefly discuss what may happen during the session including introductions, opening the meeting, group norms, closing rituals, themes, group interaction (mutual aid) etc	☐
Discuss your Group Guidelines	☐
Discuss your Confidentiality Statement	☐
Describe your role as the group leader	☐
Outline your Membership Pathway Strategy including duration of your program, holiday breaks (e.g. Christmas) and transition points.	☐

Any concerns or questions?

Encourage the potential new member to talk about any concerns or fears they may still have and to contact you if any other concerns arise before they attend the group.

Group Member's Address:

_____

Post Code: _____

Telephone: Home _____ **Wk** _____ **Mobile** _____

Email address: _____

Comments: _____

_____

_____

_____

Referrals made to other services: _____

_____

_____

_____

Tick when documents forwarded to new group member   **Date sent:** ___ / ___ / ___

☐ **Group Purpose Statement** *(may be included in flyer promoting the group)*

☐ **Group Guidelines**   **Name of Group Leader:**

☐ **Confidentiality Statement**   _____

☐ **Venue details**

NEEDS ASSESSMENT

1. **What do you enjoy about the group?**

   _____

   _____

   _____

2. **What would you like to see changed in the group?**

   _____

   _____

   _____

3. **How has this group been helpful or not helpful to you?**

   _____

   _____

4. **Is there anything you need or want from the group or leader that you are currently not receiving? If, yes, please state:**

   _____

   _____

5. **Do you have any comments about the time, place or length of the meetings?**

   _____

   _____

6. **How often if at all, do you like to hear from a guest speaker?**

   _____

What topics would you like more information on?

_____

Do you give permission for the group leader to discuss these responses with you so that your needs are more clearly understood and met where possible?

Please circle: Yes   No

9. **Any other comments?**

   _____

   _____

   _____

Name: _____   **Date:** _____

Email Address: _____   **Phone:** _____

Thank you for assisting us by completing this questionnaire.
Your comments are confidential and the information will only be used
to improve the support group program.

PROGRAM EVALUATION

1. How helpful has the group been to you in your role as a family carer?

(Please indicate with an X on the scale)

Not helpful	Helpful	Very Helpful

2. How important has it been to you that we spent time in the group discussing your thoughts and feelings relating to caring for a person with dementia?

Not helpful	Helpful	Very Helpful

3. How important has it been that information on topics related to dementia was provided?

Not helpful	Helpful	Very Helpful

4. What has been the most valuable aspect of attending the group?

_____

_____

_____

5. Is there any aspect of the support group that you would like to change?

_____

_____

_____

6. What topics you would like discussed at future group meetings?

☐ Residential Care   ☐ Coping with changed behaviours

☐ Managing carer stress   ☐ Taking a break – Respite care

☐ Money Matters - Centrelink   ☐ Legal issues – Guardianship, Wills etc

☐ Palliative care   ☐ Meaningful relationships and skillful

☐ Intimacy and sexuality   communication

Other topics:

_____

Any additional comments?

_____

_____

Name: _____   **Date:** _____

Thank you for assisting us by completing this questionnaire.
Your comments are confidential and the information will only be used
to improve the support group program.

CARER EXIT EVALUATION FORM

As your time with the carer support group draws to a close, your feedback outlining your experience as a member of the group would be greatly appreciated. The information you provide will be used to improve the quality of the carer support group experience and to assist the group leader in planning and the future management of the group.

Please remember that there are no right or wrong answers, and your comments will remain confidential unless you give permission for your group leader to share it with other group members or service providers.

Thank you for your assistance.

Name: _____ **Group:** _____ **Date:** __ / __ / __

How long have you been a member of your support group?
_____

How often did you attend the support group meetings?

☐ Every time ☐ Most times ☐ Sometimes ☐ Only attended once or twice

How did you hear about the Carer Support Group?
_____
_____

Please tick the box that most closely matches your response to the question.

Regarding the venue, location and practical aspects of the group	Yes	No	N/A
Was the venue suitable?			
Was the environment inviting and comfortable?			
Were the facilities suitable? (*Bathroom, kitchen, air-conditioning etc*)			
Was the location easy to access and get to?			
Was parking suitable?			
Was the time and duration of the group suitable?			
Were the resources distributed relevant to your situation?			
Were the guest speakers informative?			

Please number in order of importance what you found most helpful while being in the group.

☐ Telling your story
☐ Problem solving
☐ Emotional support
☐ Obtaining new perspectives
☐ Knowing what to expect at the next group meeting
☐ The flexibility to attend when able
☐ The social aspect of the group
☐ Receiving "good" feedback from group members and the leaders
☐ Having a "structured" session

☐ Meeting others in a similar situation
☐ Feeling a sense of belonging
☐ Sharing knowledge & experience
☐ Referral to other services/support
☐ Discussing personal circumstances and challenges
☐ Having group guidelines
☐ Group outings
☐ Information about dementia and related topics
☐ The catering (*morning tea/lunch etc*)

*Were there enough strategies given at your support group to help you cope with your feelings and your own self care?

☐ Not enough ☐ Enough ☐ Too much

SAMPLE TEMPLATE 4

*Were you given enough practical strategies to help you cope with the challenges that arise when caring for someone with dementia?

☐ Not enough   ☐ Enough   ☐ Too much

Did you receive adequate information to help you plan for the future?

☐ Not enough   ☐ Enough   ☐ Too much

Were you given adequate support through your grieving process?

☐ Not enough   ☐ Enough   ☐ Too much

Did the information you received apply to your circumstances?

☐ Not enough   ☐ Enough   ☐ Too much

What topics did you find particularly useful and relevant?

(for example; guardianship, continence, coping skills for carers etc)

_____

_____

_____

Please indicate by placing a "X" on the line how the support group met your needs overall

|_____|_____|_____|_____|

Need not met   Need sometimes met   Need met well   Need met very well

Are there any aspects of the group that you would like to change?

_____

_____

_____

How do you think your support group could be improved?

_____

_____

What do you think your group leader did well in your carer support group?

_____

_____

*What would you have liked your group leader to do differently?

_____

_____

Would you recommend attending this carer support group to other carers? ☐ Yes ☐ No

If yes, why? _____

_____

If no, why not? _____

_____

Thank you for your valuable feedback

*Taken from Phase II Quality Support Groups Research Project Questionnaire p.47

BEST PRACTICE GUIDELINES

FOR DEMENTIA CARER SUPPORT GROUP LEADERS

SELF ASSESSMENT TOOL

BEST PRACTICE GUIDELINES FOR DEMENTIA CARER SUPPORT GROUP LEADERS

SELF ASSESSMENT TOOL AND SUMMARY

The purpose of the Self Assessment Tool is for you, the carer support group leader to evaluate your practice against the Best Practice Guidelines for Dementia Carer Support Group Leaders document as a means of establishing a yardstick for measuring quality in a carer support group.

Remember that these Best Practice Guidelines are primarily designed for psycho-educational carer support groups who invite participants to share information with each other and provide emotional support. However, many of these practices and processes can be implemented in less formal settings like social groups and dementia cafés.

The Self Assessment Tool has been designed for the following reasons:
- To provide you with a tool by which to measure your adherence to quality processes and practices
- To acknowledge and affirm your current level of skill and expertise
- To highlight areas of group work skill that may require further development or that may be detrimental to the well-being of yourself, individual group members and the group as a whole
- To encourage you to strive for continuous improvement in your practice
- To provide a pathway for on-going education and the development of skills

How to use the Self Assessment Tool

Copy the questionnaire from the Appendix section of the Best Practice Guidelines. This will enable you to use the template again in the future.

The questions correspond to the Alzheimer's Australia NSW Best Practice Guidelines for Dementia Carer Support Group Leaders document and only require you to provide "yes", "no" or "N/A" (not applicable) answers according to the various factors that define your group. These factors may include whether your group is funded, whether you have access to a co-leader or the type of group that you run.

How to use the Self Assessment Summary

Copy the questionnaire from the Appendix section of the Best Practice Guidelines. This will enable you to use the template again in the future.

Transfer the data identified in the "Areas for Improvement" section located at the bottom of each page of the Self Assessment Tool into the Self Assessment Summary. This table will help you formulate a plan on how to achieve quality standards of best practice in your carer support group.

Please answer the questions honestly for a clear unbiased appraisal of your practice.

BEST PRACTICE IN
PLANNING AND PREPARATION

1.1	ASSESSMENT	YES	NO	N/A
1.1A	**Ecological Assessment** I assess the viability of running a carer support group by evaluating the criteria described in the Best Practice Guidelines including an assessment of community needs.	☐	☐	☐
1.1B	**Self Assessment** I determine my suitability to lead a carer support group by reviewing my skills, knowledge, education, personal qualities, attributes and philosophy as well as other practical considerations required to lead a group.	☐	☐	☐
1.1C	**Group Member Assessment** I use a pre-attendance intake assessment for potential new group members.	☐	☐	☐
	I describe the parameters for group membership and transitional points with all potential and current group members.	☐	☐	☐
	I refer people unsuitable to join the group to other services, agencies and health professionals appropriate to their needs and requirements.	☐	☐	☐
1.1D	**Program Assessment and Evaluation** I actively seek and act on feedback from the group.	☐	☐	☐
	I assess the needs of my group annually or regularly and plan the group's program according to those needs.	☐	☐	☐
	I invite participants to evaluate the group annually or at the conclusion of a series of sessions.	☐	☐	☐
	Carers leaving the group are given an exit evaluation form.	☐	☐	☐

Comments:
_____
_____
_____

Areas for Improvement:
_____
_____
_____
_____
_____

1.2 PROGRAM DEVELOPMENT	YES	NO	N/A
1.2A Characteristics of the Group			
I manage the number of attendees in order to meet their needs and in accordance with the type of group I am leading (between 6-12 in a psycho-educational/mutual aid group).	☐	☐	☐
My group generates worthwhile outcomes and management strategies for its members.	☐	☐	☐
My group engenders a positive environment and a sense of hope.	☐	☐	☐
The group is known within the community as a resource to which carers may be referred by health services and organisations and the larger community.	☐	☐	☐
1.2B Resources			
I provide suitable and appropriate resources for my group which may include funding, catering, educational materials, venue, transport, secure parking and disabled access.	☐	☐	☐
My organisation supports my work as a group leader by providing me with suitable resources and enough time to prepare, lead, and pack down after each group meeting.	☐	☐	☐
1.2C Disclosures			
I provide a verbal or written Group Purpose Statement to all current or potential group members that outline the group's aims and what the group and its members are anticipated to achieve.	☐	☐	☐
I have developed a Confidentiality Statement and discuss confidentiality with all current or potential group members. I clearly define what confidentiality means in the context of the group, why it is important to uphold and when I must break it to ensure the safety of people at risk.	☐	☐	☐

Comments:

_____

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

1.2	PROGRAM DEVELOPMENT	YES	NO	N/A
1.2D	**Group Leader's Responsibilities**			
	I clearly define and maintain professional, ethical and social boundaries with all group members in accordance with my organisational role.	☐	☐	☐
	I consider whether my actions and interactions are equitable to all group members and sustainable over time.	☐	☐	☐
	I seek to lead the group to positive outcomes which are timely, appropriate and effective.	☐	☐	☐
	I seek to incorporate the needs of the individual within the needs of the group.	☐	☐	☐
1.2E	**Advertising and Promotion**			
	I include the Group Purpose Statement on all printed advertising and promotional material for the support group.	☐	☐	☐
	I encourage potential group members to contact me prior to attending their first group by only advertising the general location (suburb or region) of the venue.	☐	☐	☐
1.2F	**Session Planning**			
	I formulate a plan for each group meeting and a proposed calendar for the year or duration of a time limited group.	☐	☐	☐
	Where possible I am flexible with my plan to accommodate what is happening in the group at any given time.	☐	☐	☐

Comments:

_____

_____

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

_____

_____

_____

BEST PRACTICE IN
GROUP WORK SKILLS AND PROCESSES

2.1	ENVIRONMENT	YES	NO	N/A
	I provide a safe environment for the group. **Physically** – safe location of venue, parking, well-lit, disabled access *(if applicable)*	☐	☐	☐
	Emotionally – confidential and respectful	☐	☐	☐
	Cognitively – I do what I say I will do	☐	☐	☐

2.2	THERAPEUTIC APPROACHES	YES	NO	N/A
	I draw on a variety of therapeutic models which may include:			
	A) A person centred approach	☐	☐	☐
	B) A wellness approach	☐	☐	☐
	C) A strength's based approach	☐	☐	☐
	D) The use of mutual aid	☐	☐	☐
	E) A model of working with grief and loss	☐	☐	☐
	I only use methods and techniques in which I have been trained or have had prior experience.	☐	☐	☐

2.3	GROUP STRUCTURES & FRAMEWORK	YES	NO	N/A
	Occupational Health & Safety I discuss OH & S issues with group members as required.	☐	☐	☐
	Group Guidelines In consultation with my group members, a set of guidelines have been developed that outline values and behaviours important to the members.	☐	☐	☐
	The group guidelines are displayed at every group meeting.	☐	☐	☐
	New Member's Welcoming Procedure I welcome new group members and provide them with a written set of the group's guidelines.	☐	☐	☐

Comments:

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

2.3 GROUP STRUCTURES & FRAMEWORKS *(cont'd)*	YES	NO	N/A
Transitioning Members Procedure I ensure that all group members know the parameters of group membership and are aware of a pathway to other groups or services after their time with my group has ceased.	☐	☐	☐
Conducting and Closing a Session I have a process for:			
A) Welcoming all group members	☐	☐	☐
B) Implementing a flexible session plan	☐	☐	☐
C) Conducting "Meaning Attribution"	☐	☐	☐
D) Closing the session	☐	☐	☐
Preparing Group Members for a final Group Session Where possible, I prepare my members when I know that someone is about to leave the group.	☐	☐	☐
I assist group members detach from the group by offering links to other services and reflecting on gains they have made while being in the group.	☐	☐	☐
Group and Session Adaption Plan I adapt my session plan according to the needs of the group.	☐	☐	☐
Diversity I encourage the group to acknowledge, respect and embrace diversity by allowing members to express themselves as individuals in all areas of their lives and in their role as a carer.	☐	☐	☐

Comments:
_____
_____
_____

Areas for Improvement:
_____
_____
_____
_____
_____

2.4	PROGRAM MANAGEMENT	YES	NO	N/A
	I engage guest speakers in response to group members' needs and their requests for education/information.	☐	☐	☐
	I enable time for all group members to speak if and when they want to.	☐	☐	☐
	I start and finish the group on time.	☐	☐	☐
	I promote the use of mutual aid in my group.	☐	☐	☐
	I encourage the sensitive discussion of topics that may be taboo or challenging, while giving members the option to participate or attend the session.	☐	☐	☐
	I employ a balance of task and maintenance roles within the group and allow members to try out new roles.	☐	☐	☐
	I only use and disseminate dementia related information that comes from credible, reliable and valid sources.	☐	☐	☐

2.5 SURVEILLANCE OF GROUP PROCESSES AND DYNAMICS

		YES	NO	N/A
	I strive to be aware of the processes and dynamics within the group beyond the content of what is being discussed or displayed.	☐	☐	☐
	I employ the following skills:			
A)	Active listening	☐	☐	☐
B)	Redirecting	☐	☐	☐
C)	Clarifying	☐	☐	☐
D)	Normalising	☐	☐	☐
E)	Summarising	☐	☐	☐
F)	Cutting off	☐	☐	☐
G)	Drawing out	☐	☐	☐
H)	Strategic Questioning	☐	☐	☐

Comments:

_____

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

2.5 SURVEILLANCE OF GROUP PROCESSES & DYNAMICS

	YES	NO	N/A
The Formation of Cliques I assess how a "clique" is affecting the group and intervene appropriately for the good of the group if applicable.	☐	☐	☐
Interaction between Group Members I encourage group members to interact with each other and not solely rely on the group leader for information and support.	☐	☐	☐
Different Personality Styles I assess how particular personalities are affecting the group and intervene appropriately when required.	☐	☐	☐
Managing Conflict I manage conflict in a timely and effective way.	☐	☐	☐
The use of Humour I encourage respectful humour and may intervene if it is denigrating to another person or is being used to avoid a topic or feeling.	☐	☐	☐
Group Norms I support the development of positive group norms which are repeated predictable behaviours that help the group function effectively and I encourage strategies to change behaviours that disrupt the group.	☐	☐	☐
Understanding Phases of Group Development I understand how groups change over time and I implement activities and processes that correspond to the developmental phase of my group.	☐	☐	☐

Comments:

_____

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

_____

2.6 OTHER PROCESSES LEADERS MAY ADDRESS	YES	NO	N/A
Working with Change, Loss and Grief I understand how change and loss may effect group members and I can confidently work with people who:	☐	☐	☐
• Are tearful	☐	☐	☐
• Cry or sob	☐	☐	☐
• Express anger	☐	☐	☐
Inviting Role Changes I am alert to the roles that people play in the group and encourage them to try new roles if applicable.	☐	☐	☐
Balancing the Needs of the Individual with the Needs of the Group The needs of the individual are explored and addressed within the context of the group.	☐	☐	☐
Employing Appropriate Rituals I use well timed, culturally appropriate rituals.	☐	☐	☐

2.7 MEANING ATTRIBUTION			
At the end of a group session I invite participants to reflect on and share what being in the group has meant to them.	☐	☐	☐

2.8 COHESION			
My practices as a group leader promote strong group cohesion.	☐	☐	☐

2.9 ACTIVITIES AND ICE-BREAKERS			
I choose well timed, culturally appropriate activities and ice-breakers that correspond to the phase of my group's development and in accordance with the needs of the group.	☐	☐	☐

Comments:

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

BEST PRACTICE IN
PROFESSIONAL CONDUCT
AND REGULATORY REQUIREMENTS

3.1 ETHICAL ADHERENCE	YES	NO	N/A
I work:			
• Within a values system that refers to a basic respect for personhood and a belief in self determination.	☐	☐	☐
• With an understanding of my ability to influence group members and an undertaking not to abuse or misuse my position as group leader through the means of manipulation, power or control.	☐	☐	☐
• According to the Alzheimer's Australia NSW Best Practice Guidelines for Carer Support Group Leaders.	☐	☐	☐
• Within the Code of Ethics of my Professional Association.	☐	☐	☐
• According to my accreditation requirements.	☐	☐	☐
• According to my organisation's standards, protocols policies and procedures.	☐	☐	☐
• Within the legal framework according to the Federal and State laws of the State or Territory in which I reside.	☐	☐	☐
• Adhering to legal requirements including but not exclusive to:			
- Insurance	☐	☐	☐
- Occupational Health & Safety considerations	☐	☐	☐

3.2 REPORTING			
I work within my organisational and funding body's reporting requirements.	☐	☐	☐

Comments:

_____

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

_____

BEST PRACTICE IN SUPPORTING AND DEVELOPING THE GROUP LEADER

4.1 SELF CARE AND ONGOING PERSONAL AND PROFESSIONAL DEVELOPMENT

	YES	NO	N/A
I undertake a self check-in assessment prior to:			
• The commencement of a new group.	☐	☐	☐
• The beginning of the year.	☐	☐	☐
• At the conclusion of a series of sessions.	☐	☐	☐
I reflect on and take action to:			
• Understand how my values, beliefs and life experience and style of leadership influence the group.	☐	☐	☐
• Understand my inner conflicts and work through them with a supervisor, counsellor or trusted colleague.	☐	☐	☐
• Be aware of personal biases and how they affect the group.	☐	☐	☐
• Maintain a healthy level of self esteem.	☐	☐	☐
• Recognise and differentiate between my emotions.	☐	☐	☐
• Control my emotions.	☐	☐	☐
• Take a break from leading the group when I need to.	☐	☐	☐
• Set realistic and attainable goals.	☐	☐	☐
• Practice effective time management.	☐	☐	☐
• Monitor my strengths, weaknesses and limitations, and how these impact on the processes and dynamics of the group.	☐	☐	☐
I maintain personal boundaries that provide sufficient time for rest, relaxation and the absence of work related duties.	☐	☐	☐
I have a range of people and activities in my life that support my role as a group leader *(e.g. talking to other support group leaders, walking, having fun, meditating etc).*	☐	☐	☐
I have a colleague, partner or trusted friend with whom I can debrief.	☐	☐	☐

Comments:
_____
_____
_____

Areas for Improvement:
_____
_____
_____
_____

4.1 SELF CARE AND ONGOING PERSONAL AND PROFESSIONAL DEVELOPMENT *(cont'd)*

	YES	NO	N/A
I participate in at least one form of supervision:			
• Peer Supervision.	☐	☐	☐
• Organisational Supervision.	☐	☐	☐
• Clinical Supervision.	☐	☐	☐
I regularly update my group work skills and dementia related education.	☐	☐	☐
I have a succession plan in place that may include having a co-leader and documented information about my group's processes and activities in the event of my temporary or permanent absence.	☐	☐	☐

4.2 CO-LEADERSHIP

	YES	NO	N/A
My co-leader and I:			
• Discuss different perspectives on the planning, structure and processes of the group.	☐	☐	☐
• Model effective interaction.	☐	☐	☐
• Stimulate new ideas.	☐	☐	☐
• Debrief at the conclusion of a session.	☐	☐	☐
• Provide on-going support for each other and all group members, particularly in the absence of the other group leader.	☐	☐	☐

4.3 SELF ASSESSMENT

	YES	NO	N/A
I use this Self Assessment Tool at least annually to evaluate my practice in order to implement relevant changes in accordance with the Alzheimer's Australia NSW Best Practice Guidelines and the requirements of my group, organisation and/or funding body.	☐	☐	☐

Comments:

_____

_____

_____

Areas for Improvement:

_____

_____

_____

_____

BEST PRACTICE GUIDELINES

FOR DEMENTIA CARER SUPPORT GROUP LEADERS

SELF ASSESSMENT SUMMARY

SELF ASSESSMENT SUMMARY

Transfer the data identified in the **"Areas for Improvement"** section located at the bottom of each page of the Self Assessment Tool into the Self Assessment Summary.

1 BEST PRACTICE IN PLANNING AND PREPARATION

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
1.1 Assessment	Ecological Assessment Self Assessment Group Member Assessment Program Assessment and Evaluation			
1.2 Program Development	Characteristics of the Group Resources Disclosures - Group Purpose Statement - Confidentiality Statement			

1 BEST PRACTICE IN PLANNING AND PREPARATION

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
1.2 Program Development *(cont.)*	Group Leader's Responsibilities			
	Advertising and Promotion			
	Session Planning			

2 BEST PRACTICE IN GROUP WORK SKILLS AND PROCESSES

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
2.1 Environment	Providing a Safe Environment			
2.2 Therapeutic Approaches	Employing a variety of Therapeutic Approaches			
2.3 Group Structures and Frameworks	Occupational Health and Safety			
	Group Guidelines			

2 BEST PRACTICE IN GROUP WORK SKILLS AND PROCESSES

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
2.3 Group Structures and Frameworks *(cont.)*	New Member's Welcoming Procedure			
	Transitioning Members Procedure			
	Conducting a Session			
	Closing a Session			
	Preparing Group Members for the final Group Session			
	Group and Session Adaption Plan			
	Diversity			
2.4 Program Management	Program Managememt Tasks and Strategies			
2.5 Surveillance of Group Processes and Dynamics	Group Processes, Dynamics and the use of Group Leadership Skills			

2 BEST PRACTICE IN GROUP WORK SKILLS AND PROCESSES   42

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
2.6 Other Group Leadership Processes	The Formation of Cliques			
	Interaction between Group Members			
	Different Personality Styles			
	Managing Conflict			
	The Use of Humour			
	Group Norms			
	Understanding Phases of Group Development			
	Working with Change, Loss and Grief			
	Inviting Role Changes			
	Balancing the Needs of the Individual with the Needs of the Group			
	Employing Appropriate Rituals			

3 SELF ASSESSMENT SUMMARY

2 BEST PRACTICE IN GROUP WORK SKILLS AND PROCESSES

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
2.7 Meaning Attribution	Using Meaning Attribution to close a Session			
2.8 Cohesion	Promoting Strong Group Cohesion			
2.9 Activities and Ice-breakers	Choosing and using Appropriate Activities and Ice-breakers			

3 BEST PRACTICE IN PROFESSIONAL CONDUCT AND REGULATORY REQUIREMENTS

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
3.1 Ethical Adherence	Working within an Ethical Framework			
3.2 Reporting	Reporting within the Organisation's and Funding Body's Requirements			

4   BEST PRACTICE IN SUPPORTING AND DEVELOPING THE GROUP LEADER   44

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
4.1 Self Care and Ongoing Personal and Professional Development	Using a Self Check-in Assessment			
	Reflections on Self Care and Actions to Take			
	Maintaining Personal Boundaries			
	Supportive Personnel and Activities			
	Debriefing			
	Supervision			
	Ongoing Education and Skills Update			
	Succession Planning			

4 BEST PRACTICE IN SUPPORTING AND DEVELOPING THE GROUP LEADER

Guideline Section	What are you going to do to meet the Best Practice Guidelines?	Who do you need to involve?	By when?	Achieved ✔ OR Carried Forward ✗
4.2 Co-Leadership	Effective Practices for Co-Leaders			
4.3 Ongoing Self Assessment	The Use of the Best Practice Guidelines for Carer Support Group Leaders and the Sefl Assessment Tool			

CONTACT US

OUR OFFICES

ADMINISTRATION

Alzheimer's Australia NSW
Gibson-Denny Building (Building 21)
120 Coxs Road (Cnr Norton Rd)
NORTH RYDE NSW 2113
PO Box 6042
NORTH RYDE NSW 2113
T: 02 9805 0100
F: 02 9805 1665
E: GroupDevelopmentNSW@alzheimers.org.au

NORTHERN NSW

Armidale
02 6771 1146
Hunter
02 4962 7000
Port Macquarie
02 6584 7444
Forster
02 6554 5097
Coffs Harbour
02 6651 7101

SYDNEY REGION

North Ryde
02 9888 4266
St George / Sutherland
02 9531 1928

SOUTHERN NSW

Bega & Eurobodalla
02 6492 6158
Batemans Bay
02 6492 6156
Cooma & Snowy Mountains
02 6452 3961
Yass & Young
02 6241 0881
Moss Vale
02 4869 5651
Wagga Wagga
02 6932 3032

WESTERN NSW

Orange
02 6393 3500

NATIONAL DEMENTIA HELPLINE
1800 100 500

An Australian Government Initiative

Alzheimer's Australia NSW
ABN 27 109 607 472