

Foundations: Pre-group interview

Name:	Date:			
Address:	Phone:			
Interviewer:	Decision:	Yes	No	Maybe

The pre-group interview provides an opportunity for both facilitators and potential participants to discuss individual and group goals, and to determine whether this group would be appropriate for this participant. Ideally, it will be conducted in person. Important topics to cover include: information about the *Foundations* group and host service, additional support options, who the facilitators will be, group location, access/parking, group commencement date and duration, and content structure and processes. It is important to address questions related to disclosure, confidentiality, safety, and perpetration.

Basic group information:

- Foundations is an 8 session/week group counselling program designed for men who have experienced childhood sexual abuse. Its purpose is to support men in addressing the impacts of sexual abuse on their lives, and in enhancing their overall personal and relational well-being.
- The group is semi-structured, and covers different topics each week, including:

Well being & self-care	Expressing emotions
Understanding trauma and effects	Relationships & trust
Masculinity, and ideas about being a man	Intimacy & sexuality
Disclosure	Justice, revenge, & getting on
Silence & secrecy	Valued living, SMART goals
Shame & guilt	

- Detail dates, time, place, facilities, breaks, introduce facilitators...

Note: *The pre-group interview is an adjunct to established organisational intake, assessment, and support processes designed to meet professional standards and legal requirements.*

The pre-group interview will typically take between 45-60 minutes. It is an opportunity for facilitators to personally reach out and engage potential participants, and to confirm they have access to appropriate support.

Engagement and motivation:

Thank you for expressing an interest in the *Foundations* group. We are interested to hear:

1. How did you find out about the *Foundations* group?

2. What are your hopes and aspirations in attending the *Foundations* group?

Prompting question:
Do you have some personal goals you wish to achieve?

3. What makes now the right time for you to attend a group?

Prompting question:
Have you been encouraged by someone to attend Foundations?

4. Are there any topics that you identify would be particularly helpful/important to cover? (Refer to session list).

5. Are there any topics that might be sensitive or particularly difficult for you to discuss?

Clarification

The group is for men who were sexually abused in childhood that have some memories of the abuse, however fragmented these might be. Does this fit with your experience?

Yes No

6. There is no expectation that participants will tell their story of abuse, but parts of people's experiences are often shared in discussions. Is this something you wish to discuss?

Note:

It is important to clarify that in order to ensure safety for all participants, discussions of the specific details of sexual abuse will be contained (limiting excessive information and descriptions of the physical acts).

7. This group is not designed for men who have perpetrated sexual abuse. It is important for all participants to feel comfortable and safe. Is this something you wish to discuss?

Note:

It is important to differentiate between sexualised behaviour that occurred at the time of sexual abuse—or soon after, when the person was a child—and sexual offences committed as an adult.

Support

8. Have you attended any counselling or support groups in the past?

Prompting questions (if yes):

- a. *What type of group, and what did you find helpful?*
- b. *What did you find unhelpful?*

9. Are you currently accessing individual counselling or specialist support services?

Prompting questions:

- a. Does the counsellor or service support your participation in this group?*
- b. Will you be accessing individual counselling while this group is in progress? (Details of counsellor).*

10. Are there any current mental health difficulties or life circumstances that may impact on your participation?

Screen for:

- a. Mental health diagnoses in terms of current well-being.*
- b. Suicidal ideation.*
- c. Current medication.*
- d. Access to stable accommodation and transport.*
- e. Special needs (hearing, physical, or intellectual disability, etc.)*

11. It is useful for facilitators to be aware of strategies that you find useful in managing stressful situations and prioritising your well-being:

Prompting questions:

- a. What strategies have helped you get through difficult times in the past?*
- b. How do you manage particularly strong emotions?*

12. We recognise that drugs and alcohol can become a part of life for some group participants. We ask for a commitment that you do not use alcohol or drugs prior to group sessions. Do you want to discuss this?

13. Do you have any major life changes pending?

14. To ensure that all participants are able to support each other and get as much out of the group as possible, we ask for a commitment to attend all the group sessions. However, we do understand that work/family commitments and unexpected events can sometimes interrupt plans. Do you anticipate any difficulties attending for the duration of the group?

15. We provide light refreshment as part of the group. Do you have any special dietary requirements?

Thank you for participating in the pre-group interview. Do you have any additional questions or concerns about the group that you would like to discuss?

Interviewer/facilitator to discuss the process from here on in relation to further contact, additional information/support available, confirming acceptance/participation in the group, and anticipated start date, time, location (when decided).

Additional information or support identified?

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Foundations: Session plan overview

Time	Session # Content & process	Who'll kick-off/ lead	Resources
6.00	Informal welcome, refreshments/food		
6.15	1. Welcome, facilitators' intros & intentions, housekeeping, apologies Check in		
6.30	2. Session content		
7.15	<i>Break</i>		Refreshment
7.30	3. Session content		
8.15	4. Centring/calming exercise Closing circle: Take away?		

Foundations: Post-session facilitator's review

Facilitator/s:

Attendees:

Session/week content:

1. What worked well in the group? Content/process?

2. What aspects of the session might benefit from becoming reconfigured?
Content/process?

3. Actions to be taken? Client safety/additional support/preparation?

4. Facilitator's learning? Topics for consideration/supervision/self care?

Foundations: End of group feedback

Tell us about your experience...

To help us to improve our service and support for men, we would appreciate your feedback.

Name (*optional*):

Date:

1. Overall, how would you rate the usefulness of the *Foundations* group program? *Please circle:*

1	2	3	4	5
Poor	Below average	Average	Good	Excellent

2. Which of the following topics were most helpful?

- | | |
|---|---|
| <input type="checkbox"/> Wellbeing & self care | <input type="checkbox"/> Expressing emotions |
| <input type="checkbox"/> Understanding trauma and effects | <input type="checkbox"/> Relationships & trust |
| <input type="checkbox"/> Masculinity, and ideas about being a man | <input type="checkbox"/> Intimacy & sexuality |
| <input type="checkbox"/> Disclosure | <input type="checkbox"/> Justice, revenge, and getting on |
| <input type="checkbox"/> Silence & secrecy | <input type="checkbox"/> Valued living, SMART goals |
| <input type="checkbox"/> Shame & guilt | <input type="checkbox"/> Other |

3. Are there any additional topics you wished the group had covered, or particular topics that you did not find useful?

4. What has the group helped you to achieve or better cope with in your life?

5. How would you rate the facilitation of the group?

1	2	3	4	5
Poor	Below average	Average	Good	Excellent

6. How might the group facilitation be improved?

7. What would you say to a man who is considering participating in the group?

8. Do you have any suggestions that would help us improve the *Foundations* group program?

Thank you for taking the time to complete this form and to assist us to improve our service.

Trauma checklist (PCL-C)

(adapted from Weathers, Litz, Huska, & Keane, 1994)

Name: _____ **Date:** _____

Below is a list of problems and complaints that people sometimes have in response to traumatic and stressful life experiences. Please read each one carefully and tick the box to indicate how much you have been bothered by that problem in **the past month**.

No	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1	Repeated <i>disturbing memories, thoughts, or images</i> of a stressful experience from the past?					
2	Repeated <i>disturbing dreams</i> of a stressful experience from the past?					
3	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4	Feeling very <i>upset</i> when <i>something reminded you</i> of a stressful experience from the past?					
5	Having <i>physical reactions</i> (e.g. heart pounding, trouble breathing, or sweating) when <i>something reminded you</i> of a stressful experience from the past?					
6	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past, or avoid <i>having feelings</i> related to it?					
7	Avoid <i>activities or situations</i> because they remind you of a stressful experience from the past?					
8	Trouble <i>remembering important parts</i> of a stressful experience from the past?					

No	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
9	Loss of <i>interest in things that you used to enjoy</i> ?					
10	Feeling <i>distant or cut off</i> from other people?					
11	Feeling <i>emotionally numb</i> , or being unable to have loving feelings for those close to you?					
12	Feeling as if your <i>future</i> will somehow be cut short?					
13	Trouble <i>falling or staying asleep</i> ?					
14	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15	Having <i>difficulty concentrating</i> ?					
16	Being ' <i>super alert</i> ' or watchful/on guard?					
17	Feeling <i>jumpy</i> or easily startled?					

(adapted from Weathers, Litz, Huska, & Keane, 1994)

Trauma/PTSD checklist (PCL-C)

The PCL-C asks about symptoms in relation to generic stressful experiences, and can be used with any population. This version simplifies assessment based on multiple traumas, because symptom endorsements are not attributed to a specific event. In many circumstances, it is advisable to also assess traumatic event exposure to ensure that a respondent has experienced at least one event that meets DSM-IV Criterion A.

Administration and Scoring

The PCL is a self-report instrument that can be read by respondents themselves, or read to them either in person or over the phone. It can be completed in approximately 5-10 minutes.

The PCL-C can be scored in several ways:

1) Treat response categories 3–5 (*Moderately* or above) as symptomatic and responses 1–2 (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:

- Symptomatic response to at least 1 “B” item (Questions 1–5),
- Symptomatic response to at least 3 “C” items (Questions 6–12), and
- Symptomatic response to at least 2 “D” items (Questions 13–17)

2) Add up the items to create total severity score. A **Total symptom severity score** (range 17-85) can be obtained by summing the scores from each of the 17 items that have response options ranging from 1 ‘Not at all’ to 5 ‘Extremely’.

The gold standard for diagnosing PTSD is a structured clinical interview such as the clinician administered PTSD scale (CAPS). When necessary, the PCL can be scored to provide a presumptive diagnosis. This has been done in three ways:

1. Determine whether an individual meets DSM-IV symptom criteria, as defined by at least 1 criterion B item (questions 1-5), 3 criterion C items (questions 6-12) and at least 2 criterion D items (questions 13-17). Symptoms rated as ‘Moderately’ or above (responses 3 through 5 on individual items) are counted as present.
2. Determine whether the total severity score exceeds a given normative threshold (see table below).
3. Combine methods (1) and (2) to ensure that an individual meets both the symptom pattern and severity threshold.

Choosing a cut-off score

Factors to be considered when choosing a PCL cut-off score include:

- **The goal of the assessment:** A lower cut-off score is considered when screening for PTSD, or when it is desirable to maximise detection of possible cases. A higher cut-off score is considered when informing diagnosis or to minimise false positives.
- **The prevalence of PTSD in the target setting:** Generally, the lower the prevalence of PTSD in a given setting, the lower the optimal cut-off score. In settings with expected high rates of PTSD, such as specialty mental health clinics, consider a

higher cut-off score. In settings with expected low rates of PTSD such as primary care clinics, or in circumstances in which patients are reluctant to disclose mental health problems, consider a lower cut-off score.

Below are suggested cut-off score ranges based on prevalence and setting characteristics. Consider scores on the low end of the range if the goal is to screen for PTSD. Consider scores on the high end of the range if the goal is to aid in diagnosis of PTSD.

Suggested PCL cut-off scores

Estimated prevalence of PTSD	Suggested PCL cut-off score
Below 15% (Primary care)	30-35
16-39% (DVA primary care, specialised medical clinics)	36-44
Above 40% (Specialist mental health clinics)	45-50

NB: these recommendations are general and approximate, and are not intended to be used for legal or policy purposes. Research is needed to establish optimal cut-off scores for a specific population.

Measuring change

Good clinical practice often involves monitoring client progress. Evidence suggests that a 5-10 point change is reliable (i.e. not due to chance) and a 10-20 point change is clinically meaningful (Monson et al., 2008). Therefore, we recommend using 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful.

<http://www.ptsd.va.gov/professional/pages/assessments/ptsd-checklist.asp>

DASS severity ratings

The DASS is a **quantitative** measure of distress along the 3 axes of depression, anxiety, and stress. It is not a categorical measure of clinical diagnoses. Emotional syndromes, like depression and anxiety, are intrinsically dimensional—they vary along a continuum of severity (independent of the specific diagnosis). Hence, the selection of a single cut-off score to represent clinical severity is necessarily arbitrary. A scale such as the DASS can lead to a useful assessment of **disturbance**. For example, individuals who may fall short of a clinical cut-off for a specific diagnosis can be correctly recognised as experiencing considerable symptoms, and as being at high risk for further problems. However, for clinical purposes, it can be helpful to have 'labels' to characterise the degree of severity relative to the population. Thus, the following cut-off scores have been developed for defining mild/moderate/severe/extremely severe scores for each DASS scale.

Note: the severity labels are used to describe the full range of scores in the population. For example, 'mild' means that the person is above the population mean, but probably still way below the typical severity of someone seeking help (i.e. it does not mean a mild level of disorder). The individual DASS scores do not define appropriate interventions. They should be used in conjunction with all clinical information available to you in determining appropriate treatment for any individual.

DASS 21 SCORE

DEPRESSION SCORE	ANXIETY SCORE	STRESS SCORE

	Depression	Anxiety	Stress
Normal	0 – 4	0 – 3	0 – 7
Mild	5 – 6	4 – 5	8 – 9
Moderate	7 - 10	6 – 7	10 – 12
Severe	11 - 13	8 – 9	13 – 16
Extremely severe	14 +	10 +	17 +

Name

Date: ____/____/____

DASS₂₁

Name:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3