Group Facilitation

- Keep meetings positive and encouraging: The number one reason people give for not wanting to go to a support group is the perception that it's a bunch of people getting together to whine and complain. While members need to be able to bring up problems, you always need to bring the focus back to finding solutions. Do not allow the meeting to degenerate into an anger or self-pity session. When a problem is presented, encourage other members to come up with positive ways to deal with it.

- Be a better listener than you are a talker: People need to be able to share their problems with someone who understands what they are going through but they do not need to hear all your problems. The facilitator should be the person speaking least in the meetings.

- Develop your own personal support system: Find one or two trusted friends with whom you are comfortable sharing your personal struggles. You need individuals in your life that will celebrate with you on good days and comfort you on bad days.

- Connect with other support group facilitators: Whether you meet in person, talk on the phone, or communicate through email, it is helpful to develop relationships with other support group facilitators. You can exchange meeting ideas, share strategies, troubleshoot problems, and encourage one another during challenging times.

- Set limits and stick with them: It is easy to have your life hijacked by a few group members who want your attention and will call at all hours. If this becomes an issue, decide which days and times are best for you to take calls and inform the people who call most often or announce it at the meeting that those are the only times you will be available to talk. Do not answer calls from members any other time. It is worth a small investment in an answering machine and/or caller-ID to protect your time and maintain your privacy.

- Encourage members to use the buddy system: Everyone needs someone to talk to, someone to commiserate with them. However, you cannot be that person for every member of the group. Urge individuals to find someone in the group with whom they can exchange phone numbers and agree to be a mutual support system.

- Be on the lookout for other potential leaders: When you find a group member who exhibits leadership qualities, consider training him/her and keep that person involved by giving them specific tasks. Even if you have a co- facilitator, it is a good idea to have someone in training just in case. Sometimes both facilitators are unable to attend, and the backup will need to jump in and lead the meeting.

- Ask for help when you need it: It is easy to fall into a pattern of doing everything yourself. Have a serious talk with the group and make sure they understand that the group depends on everyone's participation. This way no one is overwhelmed.

The facilitator leads the group discussion/supportive session by:

- Helping participants stay focused on the present and on issues relating to brain injury.
- Ensuring that participants follow the group rules.
- Guiding individuals so that each participant has an opportunity to contribute.
- Finding a balance between letting individuals talk and involving the group in discussion.
- Skillfully prompting less-vocal members to participate and limiting the conversations of dominant members.
- Guiding the direction of the discussion with suggestions, questions, and relevant feedback to keep the group progressing.

It is **NOT** the facilitator's job to "fix" anyone.

It is difficult to sit by and witness someone's grief or pain, but it is in the witnessing that healing happens. The facilitator needs to learn to trust the support group process and avoid offering, "fixes" or asking the group to fix an individual's problem.

The facilitator will need support from someone outside of the group, an individual who can help the facilitator process his or her own feelings about what happened in the group. As facilitator, you cannot deal with your own issues in the group. This becomes too confusing for the group and may leave them feeling "leaderless."

The group facilitator guides the group discussion, striving to make it productive for all the members. The facilitator is a helper, not a manager. The facilitator keeps the group in motion; initiating discussion, moving it along, and keeping the group on track; and removing blocks that inhibit participants from expressing themselves. The facilitator accomplishes this by:

- The facilitator creates the environment where all can participate.
- Modeling the behaviors he/she wants to elicit from the members such as empathy, emotional openness, encouragement, feedback, and acceptance.
- Interpreting group interactions in the context of the support group process. For example, when group members express similar feelings and experiences, the facilitator calls this to the group's attention, offering a 'reality check.' He/she may help the group understand what these feelings mean and the importance of disclosure in the development of group cohesiveness.
- Maintaining boundaries or structure in the group.
- The facilitator should NOT dominate the discussion and should avoid excessive sharing of personal experiences

General Techniques

There are many good textbooks on using general counseling techniques to lead groups. What follows is a summary of some of these techniques and some examples that frequently occur in a brain injury support group. A facilitator should try role-playing these techniques with a co-facilitator.

- **Restatement of content**
  The facilitator attempts to convey understanding either by simple repetition or by rephrasing an individual's statement. While this seems simplistic, the individual will feel heard and will generally continue to delve deeper into his or her feelings.

  Susan: I feel so helpless. None of the doctors seem to think this should still bother me.

  Facilitator: So Susan, the doctors' lack of understanding just adds to the despair you have experienced because of the continued problems since your injury.

  Susan: Yes! It makes me feel even worse; like I am making it all up and that these headaches are not even real!

- **Questioning**
  This technique can often be overused, probably because people are uncomfortable with silence. Questioning is best used to:
  (a) Get specific information and
  (b) Direct the individual's conversation to more fruitful channels.

  Frequently in group discussion, another individual may interrupt someone's story with a question that diverts the speaker from the real issues. It is the facilitator who must get the speaker back on track. Useful questions include:
  - "How do you feel about that now?"
  - "What about the diagnosis scares you?"
  - "What might you ask friends or neighbors to help with, so you have a little free time to care for yourself?"
  - "What do you need to know about speech therapy to choose a therapist?"

- **Maintaining Focus**
  A listener may interrupt a narrative with a question like "I lived in Santa Fe too - did you like it there?" or "I was at the rehab place too - do you know Joe and Mary?" These questions distract and divert the conversation.

  The facilitator can help the speaker get back on track by repeating what they were talking about: "You were saying that you felt scared to drive again?"

To keep the group focused, the facilitator might remind the participants that they can talk after the group: "Bob, let's let Sara talk about her accident now; you guys can talk about Santa Fe at social time."

It is important to remember that for some individuals, the support group may be one of the few times to socialize. These members may need help staying focused or sometimes the group may decide that they just want to socialize!

- **Reflection of Feeling**
  This is an attempt by the facilitator to understand a member's point of view and to communicate that understanding.

  In the previous example of Susan, the facilitator might reflect content: "In other words, it's the doctor saying you should be over the injury now that upsets you?"

  The facilitator could also reflect feeling: "If I understand correctly, you feel like the doctors think you're pretending about these very real problems you still have."

  Or the facilitator could reflect the core meaning: "So what you've said is that the doctors act like there are no problems left, yet you know that there are."

  Each of these statements helps the speaker feel that the facilitator understands and will encourage him or her to keep speaking.

- **Encouragement**
  Encouragement is designed to counter feelings of inadequacy or to prompt action. It may help to bolster the individual's ego strength. Examples of encouragement are:

  "You can do that." "You're okay."

  This provides honest, positive feedback to the speaker. For those individuals who have difficulty speaking or finding the correct words, or for those people who cry and seem to be embarrassed by the display of emotion, encouragement helps them continue.
  These are merely a few of the basic counseling techniques that can help the facilitator encourage individuals to clarify and work on their issues. In a group setting, the trick is to allow individuals some time to talk and to involve others in the group. Sometimes other group participants need to talk or just want to change the subject but feel that it would be impolite to interrupt. Unfortunately, the support group may be the only opportunity for emotional support an individual will get, but it is not a therapy session for one person and the facilitator may have to stop one person from talking too much at times.

Techniques to Keep the Group Moving

- **Acceptance**
  This is crucial to the support process. Verbal (e.g., "Mmm-hmmm," "I see," and "Yes") and non-verbal behaviors (e.g., turning towards the speaker, smiling, nodding, showing appropriate facial response) help the speaker to feel understood and show the group that the speaker is being taken seriously.

  These verbal and nonverbal cues are effective for keeping the group moving, but there are also other benefits of these behaviors. By using these verbal and non-verbal acceptance behaviors, the facilitator models good and polite behavior. Modeling can be very important to those individuals with brain injuries who need to learn more appropriate group behaviors. It is helpful for family members who usually act as caregivers to see their spouses and children treated like adults as well.

  Acceptance is important to people with brain injuries. Some of them may have been hearing from their doctors that they really do not or should not have a problem. Family members may feel overwhelmed and seeing nodding heads may encourage them to express their feelings.

  Acceptance is a key to healing - seeing it mirrored by others in the support group will help individuals move towards this important goal.

- **Clarification**
  To help clarify a statement made by a speaker, the facilitator should organize the idea, feeling, or attitude in a more cohesive and understandable form for both the speaker and the group. This technique may be very important for an individual with a brain injury who is having a hard time speaking or organizing thoughts. Should the facilitator err in his/her clarification, the speaker can take the opportunity to restate the issue.

  An example of clarification:

  Mary: "The doctor just left me sitting there and talked to my parents as if I wasn't even in the room, telling them there was no more room for growth. I was so upset. It was as if I was not even alive. They all think I'm a baby still."

  Facilitator: "You were angry at the doctor for talking over you because it's your life, your injury, and they aren't letting you take responsibility for yourself?"

  Mary: "Yes! In addition, I am thirty years old! How can I get better if I'm not allowed to participate?"

The facilitator's comment helped Mary and the group to focus on an important issue for individuals with brain injury. Facilitators must always be looking for ways to keep the process moving forward, using comments or leads that are open-ended and allow the conversation to deepen and not come to a premature halt.

- **General leads**
  These questions are to encourage members to continue talking or to elaborate on a point they are discussing. A few good leads are:
    - 'Tell me more."
    - "How does that make you feel?"
    - "Would you explain that further?"

  Closed questions, those which can be answered with a yes or no (e.g., "Did you like that?" or "Did you go to that school?"), might not encourage someone to keep speaking. In the previous example, the facilitator could use a question to get other members involved:
    - "Does anyone have any suggestions for how Mary could handle this situation?"
    - "How would your parents like to see the situation handled?"
    - "How do others feel about this situation?"

  By phrasing the question carefully, you can move forward. If you were to ask, "Has this happened to anyone else?" you might be stuck in the past as people tell their 'war stories'.

  Remember. You are trying to keep the group focused on solutions to problems. While it is important to express one's feelings about problems, it is not good to be stuck in the storytelling.

- **Information giving**
  Information giving is an important technique in brain injury groups; one of the critical reasons that the facilitator needs to have a strong understanding of brain injury. For the individual who seems frustrated with short-term memory problems, hearing that this is a common result of brain injury will alleviate a lot of stress. For parents who do not understand why their once reserved son is suddenly acting in a sexually inappropriate manner, hearing that previously learned inhibitions may no longer be present may help them deal with the situation instead of being frustrated by it. The idea is not to give medical advice without the appropriate medical background but to provide sources and commonalities that will encourage the member to move forward.

- **Advice giving**

Often the request for advice is more a need for clarification or release from confusion. When asked for advice by a group member, the facilitator might respond by saying, "What have you thought about doing?" or "How have others handled this situation?"

People with brain injuries and their families get lots of "advice," often unsolicited. Providing examples of what has worked for others allows the individuals to make choices and take responsibility for their needs.

> ***Parent:*** "I am feeling guilty about leaving my daughter to go out to a movie one night a month. What should I do?"
>
> ***Facilitator:*** "How do other parents deal with this?"
>
> ***Another parent:*** "We have an aunt come and sit with our daughter, or my neighbor lets our daughter come 'help' babysit for an evening."

This works better than, "You should just get somebody - you have to get out!" or other similar responses that do not allow the first speaker to make choices. Giving advice can backfire if the individual follows the advice and it does not work or if he/she does not follow it and feels embarrassed and unable to return to the group.

- **Silence**
  Staying quiet is one of the most important and most difficult skills for a facilitator to learn! The facilitator may feel that he/she is not doing a good job if no one is talking. In our culture, silence can be uncomfortable but instead of jumping right in, the facilitator should try silently counting to ten. Usually before you get to ten, someone will have responded.
  Here are some reasons that silence occurs, and suggestions for moving through it:

  Remember: Everyone processes thoughts and feelings at their own rate.

  • Some people feel afraid of what others will think so no one says anything. Beginning with an icebreaker or suggesting a non-threatening topic to the group that may get things moving. It is good to come to each group prepared to introduce a topic in case a need arises. As in normal conversation, the subject may change.

  • Oftentimes there will be a silent pause because the group is thinking over something that was just expressed. Do not interrupt. Let the group work through their thoughts.

  • Silence can occur after the speaker has finished his/her thoughts and does not know what to say next. The facilitator may break the silence or stay quiet

until someone else picks up the discussion. Remember, in normal conversations, there are pauses.

• There may be an extended pause after remarks have been made and a topic suggested. The group may not like the topic or may not have anything to say. The facilitator can say something like, "It's rather hard to get going today."

• There can also be silence because painful emotions are being expressed and no one knows what to say. The facilitator can help by saying, "Sometimes feelings are hard to put into words, but perhaps expressing them is more important than choosing the exact words."

• Silence can occur when an individual needs support or encouragement. Try saying, "Tell me more" or "/ see."

• When individuals are silent because something very sad or emotional has been said, it is important for the facilitator to exhibit quiet acceptance.

- **Universalizing**
  In this process, the facilitator tries to help each member become aware that his/her feelings and concerns are like those of other group members. The facilitator does this by intervening after an individual has talked. For example:

  John: "Since my accident I don't seem to want to go out to do things with my friends. It's like I can't fit in anymore."

  Facilitator: "John seems to feel like the accident has made him different. Do others feel that way? Or have a hard time with their friends?"

- **Linking**
  Like universalizing, the facilitator should be able to provide a linking mechanism between the feelings and thoughts of all members and to bring in other members who might not be talking. This will help build cohesion in the group. Example:

  Facilitator: "I saw a lot of nodding heads when Larry was talking about having to start over. We have some older individuals in our group tonight. What has it been like for you, starting over at this stage in your lives?"

- **Blocking Inappropriate Behavior**
  The facilitator also plays the role of gatekeeper. He/she must block inappropriate group behaviors. One of the best ways to do this is to say: "I feel (state feeling) because (state behavior)." For example, "I feel upset because you continually interrupt to tell people what to do."

This manual cannot tell you how to handle every tough situation that comes up. People may come to the group intoxicated, or make unwanted sexual comments, or create any of a thousand difficult situations. The facilitator can start by trusting his/her intuition and addressing as much as possible in the group. Taking individuals aside or out of the group can encourage the behavior; often the added attention can be empowering to the troublemaker. Admitting to the group that you are at a loss for how to handle a situation can be an opportunity for the group to grow as they come up with possible solutions.
Any times you would remove someone from a virtual meeting?

Handling Conflicts

Sometimes, even the most prepared support group members and the most skilled facilitator can be caught off guard by challenging conflicts within the group. Potential problems can occur when individuals dominate the group, have explosive emotional episodes, confront other members personally, strike out at the leader, demand more than the group can offer, or hold the group accountable for their own personal circumstances.

• The facilitator should try to understand what the "challenger" is saying. Validating, supporting, or at least reflecting what a person is saying should immediately diffuse some of the intensity of emotions. The facilitator might say: "I hear you saying that you felt put down - is that right?" Or "I can see that you are genuinely upset about something that has happened."

• The facilitator can provide feedback to the "challenger" through by engaging the group, taking whatever amount of responsibility is appropriate. An example might be: "I wonder if others are feeling confused by what just happened?" Or "What do other group members think we should be focusing on right now?"

• The facilitator, the person being confronted, or other group members should attempt to respond to the challenge. This does not necessarily mean that immediate action can be taken but some plan or progress should emerge. Taking the lead, someone might say:

"Since we have decided to talk more about the upcoming transitions, let's start with John's departure next month."

"Some of us are feeling angry at the new facilitator, so let's figure out how to avoid this conflict next time."

"As a group, I think we need to make more of an effort to listen to each other without interrupting."

Do not forget to consider the obvious when attempting to resolve challenges or conflicts in the support group meeting. If you recognize that the reasons for some behaviors may be due to environmental or situational factors, many conflicts can be easily remedied. For example, if the meetings are loud with many people talking at once, someone may have trouble understanding what is being said. If other people are more vocal and dominate the conversation, someone may not have the opportunity to express something that is very important to him/her. An outburst may be a way of expressing this frustration. An interruption may also occur when someone feels the need to express a point before he/she forgets.

The facilitator should try to address disruptive behavior within the group context. Often conflicts can be resolved through open, honest group discussion and the influence of fellow members. After the meeting concludes, the facilitator may want to follow-up individually with the disruptive member. For example, if someone makes sexually inappropriate remarks or racial comments, the facilitator may want to sit down with the person privately, investigate the cause of the problem, and help the person resolve the behavior so that group participation can continue.

Guidelines for Handling Challenging People in Support Groups

People who exhibit challenging behaviors can cause issues for any group. Some suggestions for dealing with these behaviors:

- Recognize that behavior is goal oriented.
- Reject the behavior but not the person.
- Recognize the problem may be both an individual and a group problem.
- Help the person find an appropriate way to participate.
- Work with the person outside the group to resolve problems.
- Help participants develop group-recognized operating procedures.
- Recognize that conflict can be constructive as well as destructive.
- Help the group develop procedures for solving the problem.
- Assess your own behavior in reaction to the behavior of the difficult person.
- Remember that prevention is the best insurance policy.

Note: Reprint. Warden, J. (1984). Warden and Associates, Anchorage, Alaska.

Encouraging Expected Behavior

If a particular member's behavior is regularly disrupting the group, try "The Four E's of Responding to Negative Behavior."

The Four E's of Responding to Negative Behavior By Mike Martelli, Ph.D.

Event: When you (kick the desk in front of you, tap your pencil, talk out loud …)

Effect: It (distracts the group, violates the rules, interferes with someone else's sharing time …)

Emotion: And it makes me feel (frustrated, confused, angry …) (share label for feelings but don't show rejection).
Expectation: I like it better when you (ask to be excused, wait for your turn, sit quietly and listen …) (emphasize alternative, positive behavior).

If the four E's are not sufficient after several efforts, consider the fifth E:

Or **Else:** If you continue to … (curse and interrupt) instead of … (a warning) … you'll be asked to (leave the room at once).

The "Or Else" contingency needs to be:

- Fair
- Reasonable
- Proportional
- Firm
- Enforceable

Policy for removing members from a group

- Need to have an enforceable policy that facilitators can use if they are unable to deflect behaviors, or if the negative behavior is aggregious. Are they banned? Does BIAC step in? Facilitators will feel more comfortable if there is a policy they can turn to in this situation