

Part II of Peer Support Group Facilitation Skills: Dealing with Challenges in Groups in VHA

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Learning Objectives

- Briefly review general group facilitation guidelines pertaining to:
 - Planning a peer support group in VHA
 - Developing a peer support group comfort agreement
 - Using your personal recovery story in group discussion
 - Using verbal and nonverbal behaviors that promote conversation in the peer support group

- Describe ways to address cross-talking, side-talking, and other challenging behaviors in a peer support group.

- Practice facilitating a peer support group.

Related VHA Peer Support Staff Competencies

Here are some of the expected knowledge and skills for peer specialists in VHA that are related to effective communication, addressing crises, group facilitation skills, and a focus on skills development which could inform the peer support group's purpose and meeting content.

Communication Domain

- Uses respectful, strengths-oriented language in interpersonal interactions with Veterans, Veterans' families, and colleagues as well as in documentation of the peer specialist's work.
- Recognizes when to ask questions or share personal experiences and when to listen.
- Asks open-ended questions that allow more information to be shared and can allow an individual to discover his/her own inner wisdom.
- Listens to others with careful attention to the content and emotion being communicated.
- Demonstrates understanding and validates others' experiences and feelings.

Group Facilitation Domain

- Able to create and facilitate a variety of group activities that support and strengthen Veterans' recovery and personal wellness.
- Knows the roles of a group facilitator in setting a meeting agenda and maintaining safety in the group through establishing and reinforcing a comfort agreement with the group members.
- Demonstrates basic understanding of group dynamics and strategies for promoting positive group interactions.
- Provides consultation to Veterans who want to start self-help groups in their communities.

Related VHA Peer Support Staff Competencies

Managing Crisis and Emergency Situations Domain

- Strives to create a safe environment when meeting with Veterans.
 - Recognizes signs of distress and threats to safety among Veterans and their environments.
 - Provides reassurance and support to Veterans in distress and works collaboratively with colleagues to connect the Veterans with clinical providers' services when needed.
 - Knows suicide prevention strategies and when and how to engage clinical providers for further assistance when needed.
 - Reports suspicions of abuse or neglect to the appropriate authority in a timely manner.
- Knows strategies for effectively dealing with challenging situations with Veterans who are under the influence of substances, angry, and/or in a psychotic or nonverbal state.
 - Collaborates with colleagues to develop and implement a plan to ensure the peer specialist's personal safety when meeting with Veterans on station or in the community.

Related VHA Peer Support Staff Competencies

Whole Health Approach to Services Domain

- Realizes the widespread impact of trauma and recognizes signs and symptoms of trauma in Veterans, Veterans' families, colleagues, and him/herself.
- Actively resists re-traumatization of others by being mindful of what the peer specialist shares about his/her personal experiences, working to create a safe environment, and collaborating with others in an honest and trustworthy manner.

Use of Recovery Tools Domain

- Uses recovery workbooks, self-help instruments, and other psychiatric rehabilitation practices, selected in collaboration between the peer specialist and supervisor, to support Veterans in their recovery and personal wellness goals.
- Coaches Veterans on relevant skills needed for self-management of their health condition(s).
- Coaches Veterans in how to combat negative self-talk and internalized stigma and overcome their fears to work on their goals.
- Assists Veterans in developing problem-solving skills so that they can respond effectively to challenges to their recovery and personal wellness.

Brief Review of Peer Support Group Facilitator Roles & Basics of Group Facilitation Skills



What does a peer support group facilitator do?

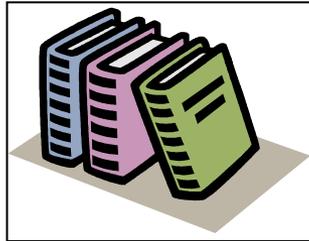
The peer support group facilitator's role is NOT to “process” the group members' thoughts and feelings. Rather, the facilitator's roles are to:

- Create a safe, welcoming environment for Veteran health care service users to feel comfortable sharing their personal experiences and learning from one another.
- Act as a role model by sharing aspects of the facilitator's personal recovery story that apply to the group's discussion.
- Share appropriate and relevant resource information with group members.
- Coach group members on a skill that is relevant to the group's focus. Curriculum-based peer support groups support this role.

Types of Peer Support Groups

Generally, there are three models for structuring a peer support group:

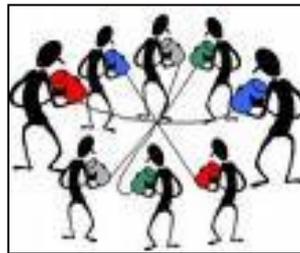
- Curriculum-Based



- Topic-Focused



- Open Forum



Refer to the PowerPoint from “Part I of Peer Support Group Facilitation Skills” for further information about these three models of peer support groups.

Planning Logistics

- Work with program staff to pre-plan what you need to do if there is an emergency situation in your peer support group.
- Ask your supervisor or program/staff liaison what the specific documentation requirements are for facilitating the peer support group in the program.
- Schedule your group for the same time and location each time to make it easier for Veterans to find the group. Be sure to arrive early for the group meetings so you can arrange the chairs in the room, if needed.
- After the group meetings, put chairs back in their original places and throw away any garbage left by the group members.
- Plan time to debrief with your co-facilitator (if you have one) after each group meeting. Meet in a location where you will have privacy to talk.

Peer Support Group Comfort Agreement

- It is important to determine the guidelines (group rules) for safety and comfort for the peer support group and ensure that all group members are initially informed about the comfort agreement and reminded about it as needed across the group's duration, particularly when new members join the group.
- The comfort agreement guidelines are developed in collaboration between the group members and peer support group facilitator(s).
- The comfort agreement:
 - Promotes safety
 - Supports the group's overall goals
 - Identifies rules of etiquette (courtesy and respectful actions)

Elements of a Comfort Agreement



A peer support group comfort agreement includes:

- Role of the peer support group facilitator(s)—what it is and what it is not
- Start and stop time for group meetings
- How members will be informed about group cancellation in case of emergency
- Attendance expectations (if any)
- Confidentiality and its limits
- Individual and group safety expectations—what can and cannot be said and done in meetings
- Documentation requirements (ex. progress notes in the group members' medical records)

Examples of Comfort Agreement Content

- No personal attacks
- Start and end on time
- Bathroom breaks
- One person talks at a time
- Avoid cross-talk and side-talk
- No threatening behavior
- What is said here, stays here** (There are limits to confidentiality)
- Discuss limits of confidentiality



Limits of Confidentiality

Ask your supervisor or the staff liaison in the program where your peer support group will occur about the program's policies and rules regarding limits of confidentiality and what you need to do for reporting when you encounter an issue related to limits of confidentiality.

- Threat of harm to oneself (suicidal)
- Threat of harm to others (homicidal)
- Suspected child abuse
- Suspected elder abuse
- Weapon on VHA property
- Suspected alcohol or drug abuse**

**Depending on the program where you are working, you may be required to report a group member's suspected or known current substance abuse.



Your Personal Recovery Story

- One of the major recovery tools that peer specialists bring to VHA health care services is their own life experience and personal recovery story.
- The major reason why the recovery story is such a powerful tool is that it is your own personal story in the way that it happened.
- Veterans you are supporting can be inspired by the truth, hope, and possibilities implicit in your recovery story.

**“STORIES ARE AMAZING AND POWERFUL
BECAUSE THEY CAN RESONATE WITH PEOPLE
DEPENDING ON THEIR NEEDS AND EXPERIENCES
AND SPEAK TRUTHS WE NEED TO HEAR IN THAT
MOMENT IN TIME.”**

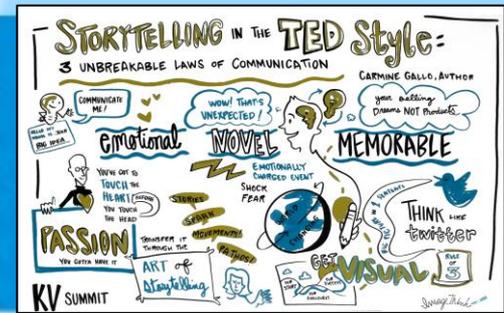
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Components to Consider When Crafting Your Personal Recovery Story

- What were some of the early indications that you were beginning to have difficulties?
- Describe yourself and your situation when you were at your worst.
- What helped you move from where you were to where you are now?
- How did you accomplish this? What did you do? What did others do to help you?
- What have you had to overcome to get where you are today?
- What have you learned about yourself and your recovery?
- What are some of the strengths you have developed?
- What types of supports have you developed and used?
- What are some of the things that you do to stay on your wellness path?

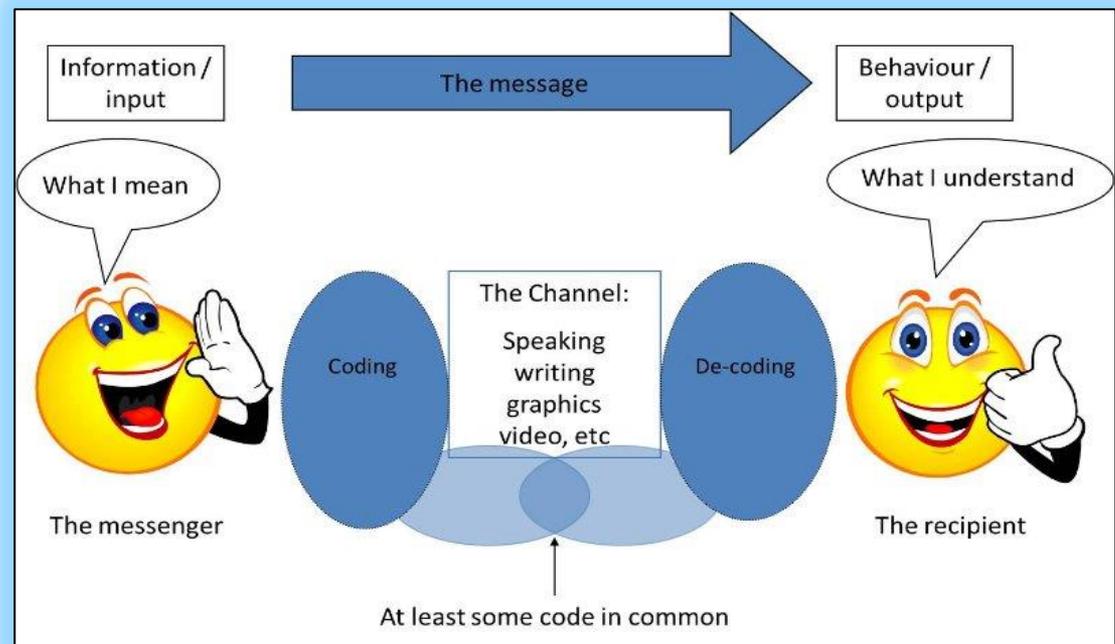
Points to Consider When Communicating Your Recovery Story



- What is the other person willing to hear?
 - Use where the Veteran is in his/her recovery as a guide to which part(s) of your story to share.
 - Give careful consideration to the part(s) of your recovery story that may be helpful to the Veteran at this time in his/her recovery.
- Am I involving the Veteran in the conversation, or am I talking at him/her?
- Find a balance between the benefits of sharing your illness and recovery stories.
- Use brief snippets of your recovery story as applicable. Remember though, the purpose of sharing is to help others, so the focus should not stay on you for long.

Effective Communication: Key for a Successful Peer Support Group Facilitator

- Communication is a combination of speaking, questioning, and listening.
- We can only tell another what we heard and not what the other person said.



Effective Communication Skills: Questioning

Closed-Ended Questions

- Ask questions beginning with
 - Why...
 - Is...
 - Are...
 - Were...
- Usually calls for a “yes” or “no” answer
- May cut off a conversation
- “Why” questions call for a rationalization and could put a person on the defensive

Open-Ended Questions

- Ask questions beginning with
 - Where...
 - When...
 - What...
 - Which
 - How...
- Ask for information needed to help clarify an issue or inquire about feelings to share
- Tend to keep a conversation going
- Come across as non-judgmental

Examples of Open-Ended Questions

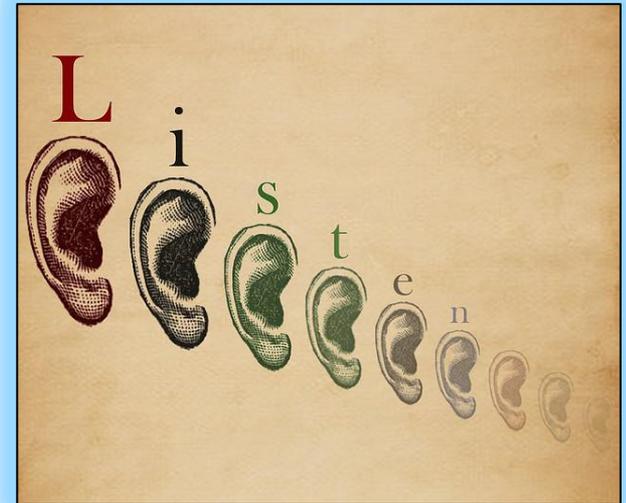
- What's on your mind?
- How can I help you?
- What happened next?
- When do you remember first having this problem?
- How do you feel about that?
- What helped? What did not help?
- What do the rest of you think about what was just said?



Effective Communication Skills: Listening

Practice Attending Listening Skills:

- Maintain a relaxed posture.
- Lean forward.
- Nod your head occasionally.
- Maintain culturally appropriate eye contact.
- Keep your tone of voice neutral, positive, and relaxed.
- Sit facing the group members.
- Sit with your arms at your sides.
- Keep a friendly expression.
- Move away from any physical barrier (i.e., desk; table) between you and the group members.
- Use minimal encouragers (ex. “Uh-huh,” “Tell me more,” etc.) to keep the conversation going.



Effective Communication Skills: Responding

- Listen carefully to what is being said rather than who is saying it.
- Determine who owns the problem that is being discussed.
- Respond to facts and the other person's feelings.
- Do not immediately react to your own feelings.
 - Remember that the group member's feelings are not directed at you.
 - Do not take what is said personally.
- Pay close attention to the other person's viewpoint.
- You do not have to have all the answers. It is o.k. to say, "I don't know."
- Avoid interpreting or assuming.
- Wait until the other person is finished speaking before you start talking.
- Ask questions for clarification, if needed.

Golden Rules of Group Facilitation



- When in doubt about what to do, ask the group!
 - “What do you want to talk about?”
 - “What should we be focusing on right now?”
- Group members should talk more than the group facilitator.
 - 20-30% Facilitator Talk vs. 70-80% Group Members Talk

Managing Challenges in Your Peer Support Group



Unexpected Group Detours

Sometimes, despite the facilitator's best efforts, the peer support group's direction can take an unexpected turn.

Common Detours:

- Participants will not talk and there are long periods of silence (the NOTHINGNESS).
- Someone is always trying to tell other group participants what they “should” do or is trying to “solve their problems” (the PROBLEM-SOLVER).
- Group gets off track or participant(s) talk about everything except their experience (the SIDETRACKER).
- One person dominates the discussion or wants the group to focus on “his/her” issue (the DOMINATOR).
- Group participant is talking over other participants or is otherwise disruptive (the DISRUPTER).
- Group participant expresses thoughts of harming self or others (CRISIS).

Detour: The Nothingness

Silence can be a good thing at times. However, if it seems like the silence is dragging on too long and no one is speaking, the peer support group facilitator can try one of the following strategies to spark participation.

- Give voice to the silence (Ex. Ask the group what the silence means).
- Reflect on the silence.
- Suggest possible next step for discussion and open it up for a group vote.

Also, pay attention to all individual group members. If you notice that one Veteran remains silent throughout the meeting, call on the Veteran to see if he/she wants to contribute to the conversation.

Detour: The Problem-Solver

If a group member often tells others how to solve their problems (“This is what you should do”), the peer support group facilitator can try one of the following strategies.

- Remind the group about the comfort agreement.
 - No cross-talk
 - No feedback unless requested

- Check in with the group to see what they think about what is happening.

Detour: The Sidetracker

If the group seems off-topic or participants discuss things unrelated to the group discussion, the peer support group facilitator can try one of the following strategies.

- At the beginning of the group, ask, “What should we do if we notice side-tracking?”
- Check in with the group to see if a new topic is of interest.
(Ex. “We started off talking about ways to get connected with a primary care doctor and have started talking about the new McDonalds out on Great Road. Would you (the group) like to continue with that or move back to the primary care discussion?”)
- Create a “parking lot” sheet and post it on a side wall to jot down side topics to come back to if there is time later.

Detour: The Dominator

If one group member seems to do most of the talking and requires the group to focus on his/her issue, the peer support group facilitator can try one of the following strategies.

- Set a norm of checking in with all group members at each meeting as part of the comfort agreement.

- Interrupt by:
 - Reflecting on the DOMINATOR's sharing (Ex. "Jeff, you have been telling all of us about your challenges managing your depression.")
 - Pointing out the need to hear from others (Ex. "It would be good to hear from others about their experience.")
 - Calling on someone if necessary (Ex. "Diane, do you have anything to add?")

Role Play

For instructions for the role play exercise, please refer to the document labeled, “Part II Group Facilitation Skills Role Plays” which accompanies this PowerPoint.



Detour: The Disrupter

If a group member talks over other group members or initiates a conversation on the side with someone during the group, the peer support group facilitator can try one of the following strategies:

- Remind everyone of the relevant group comfort agreement rules (ex. only one person speaks at a time; there is no side-talking).
- Try to have the disruptive group member refocus on the group discussion by asking if he/she has anything to add to the topic currently being discussed by the rest of the group.

Detour: Crisis

Occasionally, you may have a Veteran in your peer support group who is struggling with thoughts of suicide.

Warning Signs

- Expresses feelings of hopelessness—feeling like there is no way out of the Veteran’s current situation.
- Engages in risky activities without thinking.
- Observable changes in the Veteran’s behavior:
 - Appears agitated
 - Appears more anxious than usual
 - Demonstrates rage or anger
 - Withdraws from family and friends; appears withdrawn in the peer support group
 - Increase in alcohol and/or drug abuse and/or other self-destructive behavior
- Makes statements about thinking of hurting or killing oneself.
- Talks about death, dying, or suicide.
- Talks about “giving up,” “going away,” and/or giving away possessions.

Detour: Crisis

- Work with clinical staff members to pre-plan what you need to do if there is an emergency situation in your peer support group. Know the emergency procedures for the location where your group is taking place so that you can get help IMMEDIATELY if needed.
- Do NOT leave the Veteran alone who is in crisis. Have the Veteran stay with you or stay with your group co-facilitator (if you have one) while you get help from the clinical staff member(s) on duty.

Interventions:

- 2 Group Facilitators: One facilitator accompanies the Veteran to speak with clinical staff nearby, and the other facilitator continues meeting with the rest of the group.
- 1 Group Facilitator: The situation could be handled in one of two ways:
 - Continue the group and encourage the group members to listen and provide support to the Veteran while he/she talks about his/her current problem if the Veteran wants to talk. Obtain clinical staff assistance after the group meeting.
 - Ask the group to continue while the facilitator steps out of the room to get additional help for the Veteran from clinical staff members.

Peer Support Group Facilitation Practice Exercise



For instructions for the practice exercise, please refer to the documents labeled, “Part II Group Facilitation Practice Exercise” and “Part II Group Facilitation Practice Exercise Feedback Sheet” which accompany this PowerPoint.

Feedback & Group Discussion of Peer Support Group Facilitation Practice Exercise



References

Bolton, R. (1979). *People skills: How to assert yourself, listen to others, and resolve conflicts*. New York: Simon & Schuster, Inc.

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