

Part I of Peer Support Group Facilitation Skills for Peer Specialists in VHA

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Learning Objectives

- Discuss steps to take when developing your peer support group.
- Discuss elements of a group comfort agreement.
- Discuss use of a personal recovery story.
- Discuss verbal and nonverbal behaviors that promote conversation in your 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 and peer support group facilitation.

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.

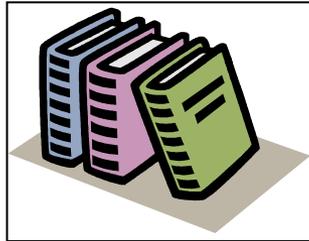
Planning Your Peer Support Group: Questions to Answer

- What type of peer support group do you want to facilitate?
- Who are your target participants?
- Who will be your supervisor?
- Where and when will your group occur?
- How will you market your peer support group?

Types of Peer Support Groups

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

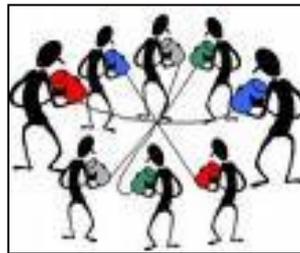
- Curriculum-Based



- Topic-Focused



- Open Forum



Curriculum-Based Peer Support Groups



A curriculum-based peer support group is highly structured and includes the following components:

- There are several planned topics to discuss over time (ex. Vet-to-Vet group; Illness Management & Recovery group).
- Topics are arranged in a pre-determined order of presentation.
- Books, articles, and/or handouts related to the topics are handed out to read and discuss.
- Discussion focuses on each topic in relation to the group members' recovery.

Topic-Focused Peer Support Group

A topic-focused peer support group can be structured in one of the following ways:

- Group focuses discussion on recovery in relation to one topic area (ex. pain self-management; post-traumatic stress disorder; diabetes self-management; recovery goal development; etc.).
- Topics for discussion can be rotated based upon the interests of the group members.



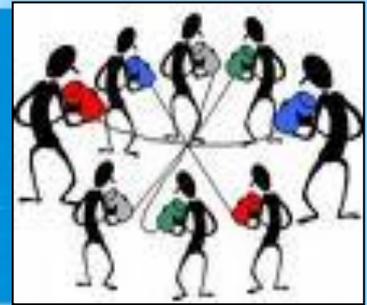
Topic-Focused Peer Support Group (Continued)

Here are two approaches you can use to stimulate discussion regarding an introduced topic.

- Ask the group members questions related to the topic.
- Share written materials related to the topic for group members to read and discuss.
 - Ask group members to share their opinions about the written material.
 - Ask group members to share their personal experiences with recovery as related to the topic in the written material.

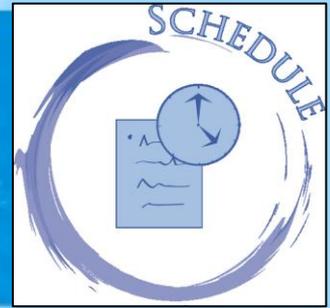


Open Forum Peer Support Groups



- An open forum peer support group does not include the structure of the other two models.
- Usually, there is no pre-arranged agenda for the meeting.
- There may not be rules regarding attendance (ex. drop-in peer support meeting where participants come whenever they want).
- Discussion evolves based upon the interests and needs of the group members.
 - “What do you want to talk about today?”

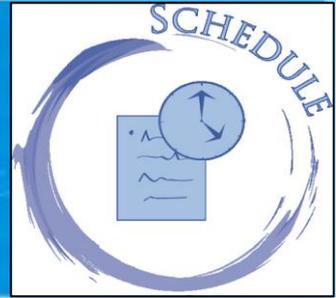
Time & Location of Group



Determining who your target participants are will help you to decide where and when your peer support group will occur. Here are some example considerations:

- Peer support groups on a locked inpatient unit at a local VHA facility would need to be held on the unit and at a time that does not conflict with the unit's other required treatment services.
- Groups for Veterans who are employed in the Compensated Work Therapy (CWT) Program would need to be held in the late afternoon or evening after the Veterans finish their jobs.
- The schedule of peer support groups for outpatient Veterans would need to take into consideration the schedules for shuttles and public transportation accessible near the location where the group will occur. You do not want a Veteran to be stranded at the facility without a way to get home after the group meeting.

Time & Location of Group (Continued)



Here are a few tips to help you plan the time and place for your peer support group:

- Choose a location that is free at the same time each day/week so that your group members have a consistent place to go for the meetings.
- When scheduling the time for the group, take into consideration the schedules of all of the following parties:
 - You and your co-facilitator (if you have one)
 - Veterans' work, treatment, and/or transportation issues
 - Program's treatment services (to ensure that your group is not scheduled at a time that competes with a mandatory treatment activity for Veterans in the program where your group will be held)

Marketing Your Peer Support Group



After choosing the type of peer support group and scheduling a date and time for it, you need to advertise your group to staff and Veterans. Here are a few marketing strategies:

➤ Flyers:

- Post on bulletin boards around the VHA facility where you work.
- Leave copies on tables in waiting areas for Veteran health care service users and in staff break rooms.
- Give copies to staff members.
- Leave copies of the flyer at nurses' stations to be shared with Veteran health care service users.

➤ Announcements:

- Inform others at staff meetings and Veteran community meetings (ex. program meetings with Veteran service users and and/or Veterans' council meetings).
- Send out emails to other health care professionals at the facility with a brief description of your group and how to refer Veterans to it.
- Make announcements over the program intercom system (if there is one).

➤ In-Person Advertising:

- If your group is located in a particular clinic/treatment program at the facility, arrive at the program's location early and talk with Veteran health care service users who are nearby (potential group members).
- Ask Veterans to tell other Veteran health care service users about the group's existence.

Strategies for Obtaining Staff Support



Here are a few strategies that you can use to try to obtain buy-in from other health care professionals for your peer support group.

- If possible, obtain a supervisor for your group who works in the program where your peer support group will occur.
- Ask staff members for their suggestions on topics that could be helpful in your peer support group.
- Ask staff members for their suggestions on the time and place for your peer support group.
- On a regular basis, meet with a program/staff liaison for consultation about your peer support group and help with trouble-shooting issues.
- Ask which staff members are nearby and/or are the first point of contact if there is an emergency situation in your peer support group.

Strategies for Obtaining Veteran Support



Here are a few strategies you can use to try to obtain buy-in for your peer support group from Veteran health care service users:

- Be available before the group meetings to allow Veterans time to talk with you and get to know you.
- Spend time crafting your personal recovery story and determining how you will share parts of it to help Veterans in your group.
- Ask for feedback from your peer support group members regarding topics of their interest and their experiences with the group.

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.”**

SUE MONK KIDD

© Lifehack Quotes

Differences Between Illness Story & Recovery Story

One of the roles of a peer support group facilitator is to share his/her personal recovery story with group members in brief increments.

<u>Illness Story</u>	<u>Recovery Story</u>
<ul style="list-style-type: none">➤ Focuses on the impact of the diagnosis➤ Features some of the following components:<ul style="list-style-type: none">• Disabling effect of the diagnosis• War stories• Medications• Bad times• No hope• Belief that this is the way life will be	<ul style="list-style-type: none">➤ Focuses on change as possible➤ Features some of the following components:<ul style="list-style-type: none">• Health• Wellness• Overcoming (what has worked)• “Changing” process• Examples of successes

Benefits & Risks of Group Facilitator Sharing a Personal Illness Story

<u>Illness Story Benefits</u>	<u>Illness Story Risks</u>
<ul style="list-style-type: none">➤ Develops feelings of connectedness between group members and the group facilitator—commonality of “I’ve been there too.”➤ Shows understanding about what another person in the group is currently going through in his/her life.	<ul style="list-style-type: none">➤ May keep a group member stuck in thinking of him/herself as being sick.➤ Group member hearing the facilitator’s illness story may believe that the facilitator’s illness story is not as bad as his/her own story. Could create a feeling of disconnect from the group facilitator.➤ Could create a game of one-upmanship in the group—“You think you have it bad. I’ve had it way worse than you!”

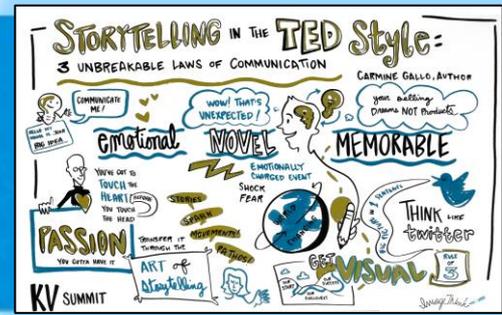
Benefits & Risks of Group Facilitator Sharing a Personal Recovery Story

<u>Recovery Story Benefits</u>	<u>Recovery Story Risks</u>
<ul style="list-style-type: none">➤ Shares the message that recovery/change is possible.➤ Helps group members understand that recovery is not a linear process.➤ Can inspire and promote hope among group members.	<ul style="list-style-type: none">➤ Group members may perceive it as if you are promoting “my way” is the only way toward recovery.➤ Could possibly set unfair expectations; setting the bar too high or too low for others regarding goals that they can achieve.➤ Danger of overly focusing on “me” (the facilitator) and not the group member(s) you are supporting.➤ Your current level of success may seem unrelatable and unattainable to a group member who is currently in distress.

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?

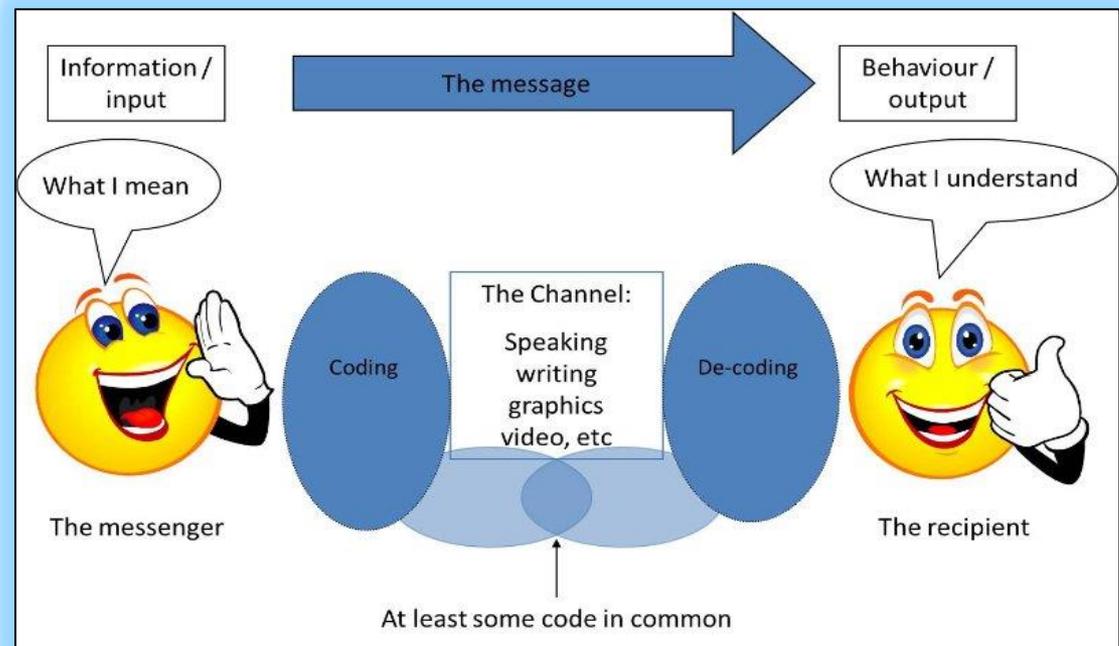
Points to Consider When Communicating Your Recovery Story



- 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.



Ask Group Members Questions

- Asking questions shows your willingness and ability to understand the true meaning of what the peer support group members say.
- Asking open-ended questions encourages the responding group member(s) to provide richer answers that often include more information and deeper explanations than the types of answers that would be provided in response to closed-ended questions.
- Ask one question at a time.
 - Asking too many questions or multiple questions at the same time can move the direction of the conversation away from the original topic when you do not want that to occur.
- Your questioning skills need to be paired with effective listening skills.

Closed-Ended vs. Open-Ended Questions

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?



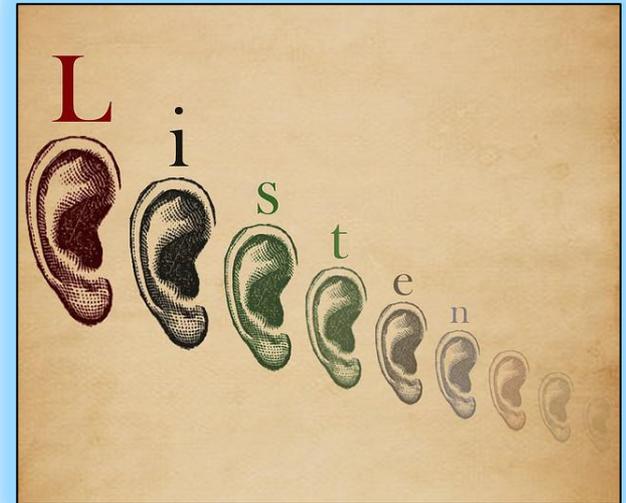
What makes it important to be a good listener as a peer support group facilitator?

- What the group members say deserves the undivided attention of you and the other group members.
- The group members will feel valued and important when they feel heard.
- Feelings, beliefs, and opinions need to be shared in order to develop closeness and mutual respect.
- Listening to the group members and helping them to listen well to one another can help the group members to sort out problem-ownership.
 - Helping a person learn to cope is giving the person a gift of self-reliance.

Ways to Enhance Listening Skills as a Peer Support Group Facilitator

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.



Ways to Enhance Listening Skills as a Peer Support Group Facilitator (Continued)

Avoid distracting motions and gestures:

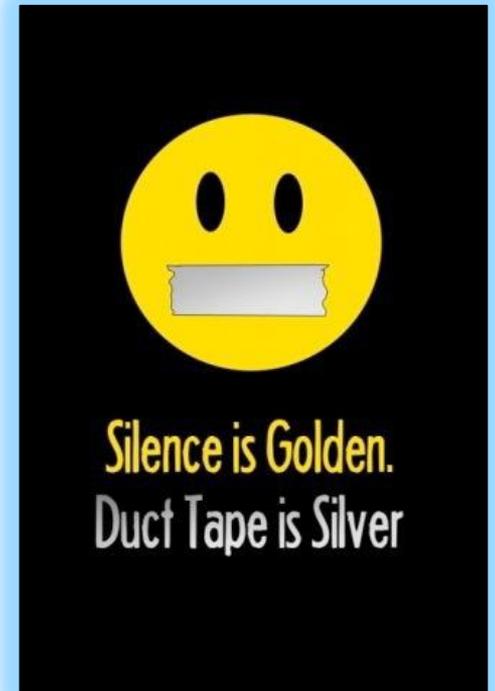
- Fiddling with pens, pencils, or keys
- Jingling coins
- Fidgeting nervously
- Drumming fingers
- Frequently shifting weight
- Crossing or uncrossing legs often
- Other nervous mannerisms



Ways to Enhance Listening Skills as a Peer Support Group Facilitator (Continued)

Remain silent:

- Gives the group members time to think about what to say.
- Provides space for the group members to experience their feelings.
- Provides time for a group member to deal with any ambivalence about sharing his/her story with the rest of the group.
- Can serve as a gentle nudge to encourage a group member to talk with you and the rest of the peer support group members.



Ways to Enhance Listening Skills as a Peer Support Group Facilitator (Continued)

Use minimal encouragers to keep the conversation going in the group and allow you more time to listen and gather information.

- Tell me more
- Oh?
- For instance
- I see
- Right
- Then?
- And so?

- Yes
- Really?
- And?
- Go on
- Sure
- I hear you
- Uh-huh (with accompanying head nod)

Ways to Enhance Responding Skills as a Peer Support Group Facilitator

- 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.

Ways to Enhance Responding Skills as a Peer Support Group Facilitator (Continued)

- Use open-ended questions/responses.
- Discuss and help the group member(s) decide what is the most important issue to resolve first.
- Help the group member(s) decide on a course of action when needed.
- Provide encouragement versus praise.
- Model using “I” statements and encourage the group members to also use them.

Components of an “I” Statement

1. State your feeling.
 - “I feel _____.”
 - Example: “I feel angry.....”
2. Name a specific behavior that occurred to which you are responding.
 - “when _____”
 - Example: “when I am interrupted when I’m talking”
3. State your need that is not being met and your thoughts and feelings about that need.
 - “because _____”
 - Example: “because I feel that I have something to add to this group discussion.”
4. State the exact behavior that would meet your need.
 - Example: “I would like to share my opinion without any interruptions.”

“I” Statement Formula

“I feel _____ when _____ because _____.
What I want is _____.”

Things to Remember with “I” Statements:

- The effectiveness is lost if the “I” statement points blame at anyone.
- It is not about who did what, but how you felt about what happened and how it can be resolved.
- Keep the “I” statement brief with specific feelings and behaviors.

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

4 “B’s”: General Tips for Success



- **Be on time** for your peer support group meetings and supervision.
- **Be respectful** in your interactions with everyone.
- **Be responsible**
 - Give advance notice to your group members, co-facilitator (if you have one), and supervisor if you cannot attend a meeting.
 - Get other staff involved (ex. clinician) when you are concerned that a Veteran group member appears to be in crisis.
- **Be dependable**
 - Show up when and where you are expected to be for meetings.

Peer Support Group Facilitation Practice Exercise



For instructions for the practice exercise, please refer to the documents labeled, “Part I Group Facilitation Practice Exercise” and “Part I 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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