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Foundations of Group Facilitation Training

Supplemental Guide

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Acknowledgements

Introduction

This guide was developed through the Critical and Acute Illness Recovery Organization. A needs assessment was conducted amongst the Society of Critical Care Medicine's Thrive Peer Support Collaborative member sites in 2019. Each member site was asked to identify topics related to support group facilitation in which further training and knowledge was desired. Responses were coded and grouped into topics. The comprehensive list of topics is being developed into a series of interactive trainings. The topics in this guide are a complement to the first training CAIRO – Foundations of Group Facilitation and are intended to be reviewed prior to the training. This guide is not intended to be a comprehensive training on facilitating peer support groups.

This guide is a starting point for individuals and organizations that would like to start an ICU peer support group. It may also be helpful for existing organizations that wish to further their knowledge or sustain and grow their current group.

Contents

What is Peer Support?

Supported by psychiatry foundational principles, we have developed the following definition of critical care peer support: "Peer support services bring together nonprofessionals with similar stressors or health problems for… mutual support or unidirectional support from an experienced peer to a novice peer. Peer support services can be delivered in groups or pairs, and in person, over the telephone, or through the internet".

Health professionals can facilitate the delivery of peer support interventions within formalized programs to provide this peer-to-peer connection. SCCM Thrive and CAIRO Peer Support Collaborative participating sites have commonly established such models for peer support delivery. Peer support groups are often run by a combination of disciplines, some including a peer as co-facilitator. If including an ICU survivor peer in a facilitator role, considerations include need for relevant leadership skills and experience, being further along in their recovery trajectory (e.g., >6 months), and the ability to be there for others.

From:
https://journals.lww.com/ccmjournal/Abstract/2018/09000/Peer_Support_in_Critical_Care__A_Systematic_Review.20.aspx

Model type		Description – Who What When Where and Example
	Community Based Model	**Who** - Lead by staff or former patients. Can be mixture of patients/caregivers, patients only or caregivers only. **What** – A range of topics are included: themes recalled from ICU, feelings of…, experience of… strategies and resources. **When** – varied timing post hospital discharge, majority open ended and participants can choose when would suit them in their recovery trajectory. **Where** – examples include: community centres, churches, coffee shops or within hospital setting (not within ICU).
	Outpatient Model	**Who** – Facilitators (behavioural health professionals e.g. social workers, psychologists, counselors) enable more experiences participants (patients or caregivers) to support new members of the group. **What** – guided by psychological principles with the aim of sharing and normalising experiences **When** – as per Community Based Model **Where** - as per Community Based Model
	Models based within ICU follow-up clinics	**Who** – Patients and caregivers given opportunity to meet others in an informal setting e.g. wait rooms. Also includes those (volunteers) who are further in recovery who attend to provide informal support and advice. **What** – Provides intentional, unstructured peer support **When** – post ICU follow-up clinic review **Where** – in waiting room e.g. café
	Online Model	**Who** – Lead/moderated by hospital organisation or patients and caregivers. The moderator approves comments prior to posting and also posts links and poses questions **What** – On a bulletin board, individuals post (can be anonymous) and respond to existing questions and/or comments. **When** – Interaction is staggered, not in real time **Where** – Online forums e.g. Facebook
	Group Based Model within the ICU	**Who** – Lead by staff within ICU and primarily targets caregivers **What** – Participants invited during ICU stay with the aim of fostering support. Participants can attend at any time throughout the hospital stay. Those attending at that time direct the topics for that session. **When** – Could be anytime but weekly has been suggested **Where** – within the ICU e.g. meeting or handover room
	Peer Mentor Model	**Who** – Links patients further along recovery trajectory to those patients still in hospital. **What** – Aims to create a formal support mechanism for recovery. **When** – While current patient is in ICU/hospital **Where** – within the ICU/hospital

Fig. 11.3 Models of peer support. (Adapted from McPeake et al. [11])

Group Member Readiness & Ensuring Their Understanding of Group Function

Whether group member referrals come through your Post ICU Clinic or ICU marketing materials, it is important to ensure new members have a basic understanding of the group and its function. Incorporating a registration process prior to group participation can provide this opportunity. Through a registration process, you can provide a brief summary of post intensive care syndrome (PICS) and PICS-family. Other pre-group registration discussion points might include:

- a summary of group & what to expect
- the purpose of the group
- distinguish that group is NOT a therapy group but rather mutual peer support
- discuss questions or concerns

An additional general assessment question as simple as, "now that I've shared a bit about our group what are you hoping for your experience?" can also facilitate group cohesion. It is best to view responses not through a lens of right or wrong, but rather, 1) is our group a good fit based on their needs and 2) are they a good fit to support other group members?

Determining fit:
Peer support group model: an open and ongoing semi-structured group facilitated by a peer and mental health professional where discussion and topics are member driven.

Answer demonstrating a good fit: "I want to share my experience to help other people and so I feel less alone. None of my friends get what I'm going through. Maybe I can learn from what's helped other people in my situation."

Answer demonstrating a poor fit: "I want to sit down with the doctor to review my chart and understand what really happened to me in the ICU. I'm not really interested in talking to other people about what they went through."

Exemplar pre-group registration conversation:
How did you hear about our group?
- Physician referral
- Marketing
- ICU team mentioned during acute stay
- Rehab center referral
- Post ICU Care Center

_____ (team member) wanted me to share information about our ICU peer support group. Would it be ok if I shared some information about recovery after the ICU and about the group

we've set up to help? Since challenges after the ICU can be common it can be helpful to connect with others in the same boat. I thought I could learn more about how you're doing and then share a bit more about the group to see if you're interested.

What has your recovery experience been like?

Review group and purpose including overview of PICS and PICS-F

Address trauma sensitive/informed approach

Have you attended a group in the past? If so, what was your experience like?

Review-highlight ground rules – address virtual considerations if relevant

Distinguish from therapy group, distinguish from one-on-one therapy

Are you dealing with any mental health challenges or substance abuse/addiction? If so, are you connected with community resources or were you given referral at your Clinic appointment?

What are your hopes in attending group? Or What's your goal for group?

If they plan to attend, collect contact details (e.g., name, address, phone, email).

Staff next steps:
Add to member list and send invite via BCC
Email new group letter, group flyer, grounding techniques.
Add contact information to current group member list.

Common Themes & Topics for PICS Support Group

It is the facilitator's role to highlight commonalities amongst group members thereby enhancing shared experience and compassion during peer support group sessions. Whether you are planning a highly structured or loosely structured group the topics below can provide a framework of common recovery themes.

- Post-Intensive Care Syndrome (PICS)
- ICU and acute illness survivorship
- Physical function after critical illness
- How to use your ICU diary as you recover from your critical illness
- Challenges with meaning-making after surviving a critical illness
- Getting back to work, or doing what you love
- Giving back to others (e.g., post traumatic growth)
- Fear of getting sick again
- Changing relationships amongst family
- Role changes within family system
- Family member/caregiver learning to allow former patient to do for themselves again
- Financial stress and resources for disability, paid family leave
- Physical changes after critical illness such as hair loss
- Re-establishing intimacy with partner
- Normalization of recovery setbacks
- Providers/social support not validating experience
- Recovery resources

While the bellow topics may also be relevant to other illnesses, the CAIRO collaborative has identified them as especially common to those with Covid-19.
- Media coverage
- Stigma
- Politicization

Ground Rules:
Why You Need Them & How to Develop Them

Ground rules are an important element necessary for facilitation of a safe and transformative group experience. In peer support groups, ground rules should be co-developed by facilitators and members. Common elements of ground rules relate to confidentiality, sharing at one's own pace, mutual respect, and silencing devices. The facilitator(s) can develop a set of rules prior to group and then review and solicit feedback during the first meeting or as needed. Another option is to develop the ground rules during your first meeting letting members drive the items. Depending on your group structure you may want to start each group with a review of the ground rules. It can also be helpful to provide written copies to each member.

Ground rules should not restrict the group experience but rather enhance sharing by providing a framework of agreed upon norms. Establishing ground rules alone does not guarantee that they are followed. Rather, when ground rules are not followed, they support the facilitator in addressing behaviors disruptive to the group experience.

Sample ground rules:
- Confidentiality first. What is said in the group stays in the group
- Everyone will have the opportunity to share their own unique story at their own pace
- We are here to be supportive and encouraging to one another
- We are committed to nondiscrimination & to the prevention of harassment in all forms.
- We agree to learn from instances of discrimination that may inadvertently occur in group. We work to foster an inclusive and safe group environment.
- Please silence all cell phones and electronic devices
- Please let us know if you are stepping away
- Allow each other equal time
- Make every effort to be on time
- Listen attentively and show understanding before sharing your own experience

Virtual peer support group considerations:
- Find a quiet and private space or use a headset if you do not have a private space
- If family/roommates are not members of the group, ask them to refrain from being in the background or listening in
- Recording or taking photos of the group is not allowed
- We encourage you to stay on camera. If you are not comfortable or if you do not own a device with a camera and need to use the phone in option, please let us know.
- The chat will be enabled with the option to message "all or every" member collectively. This will be used to include members that may have difficulty communicating verbally.

Structure and Format

Groups need some structure in place so that participants know what to expect and what is expected of them. Even open and ongoing groups benefit from having a loose structure.
If you have multiple facilitators, plan to have a brief preparation meeting prior to peer support group initiation to review and decide upon your structure and format.

A more structured approach will assist facilitators that are new to support group facilitation as well as members with less commonalities. Experienced facilitators and members with high levels of commonalities are less likely to need a highly structured group. Keep in mind that topics, guest speakers, and activities should reflect the needs of your group members.

Exemplar of a loose structure for an open and ongoing group:
- Welcome with brief review of ground rules
- Group member "check in" using an icebreaker or asking each member to share a high and low from the past week/month.
- Discussion based on commonalities touched upon during the "check in" reflecting the needs of members.
- Closing exercise (each member selecting an affirmation and reading aloud, sharing an intention for the week/month ahead, trauma-informed relaxation exercise).

Exemplar of a topic focused-time limited group meeting once a week for five weeks:
Week 1: ICU Survivorship
Week 2: How your ICU diary can be used during recovery from critical illness
Week 3: How to manage challenges with strength and balance
Week 4: How a stay in the ICU can affect relationships and spiritual understanding
Week 5: How to get back to doing what you love

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Marketing Ideas

Pick a starting month for the group.
Contact your PR/Marketing department at least 4 months prior to launching the group.

GROUP/EVENT ADVERTISEMENTS:
- Submit to hospital's print and/or online community publications
- Submit to hospital's Online Calendar of events to list group on website
- Register the group with your area's Self Help Clearinghouse Group Directory

PRINT MATERIALS:
- Flyer
- Poster (enlarge flyer and hang as posters in ICU waiting rooms).
- Post card for mailings

SOCIAL MEDIA:
- Hospital social media (e.g., Twitter, Facebook, Instagram, LinkedIn).
- Paragraph/Promo added to the ICU external consumer website with information about the group

BROADCAST VISUAL MEDIA:
- Broadcast on hospital's newscast. Consider having group member talk about their experience.
- TV monitors within the hospital (flyer)

IN-SERVICES: Develop a PowerPoint & include THRIVE video & patient experience video (found on YouTube).
- Present at social work and case manager staff meeting
- Present at spiritual care staff meeting
- Present at behavioral health and/or psychiatry staff meeting
- Consider meeting with palliative care department
- Present at Healthy Aging or Caregiver Task Force meetings
- Present to hospitalists, hospital-owned primary care practices, intensivists, grand rounds (consider having a physician champion present to these groups)
- Announce at hospital nursing leadership meetings

OPTIMIZE SEARCH or Boost Post:
- An optimized google search is very costly, Facebook ads are cheaper. Inquire
- about "boosting" a group post which does not have a cost.

MAILING: Consider mailing a letter along with the flyer
- A mailing to discharged patients from the past 6-9 months may be beneficial.
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- Wording must be thoughtful considering that some patients may have died since discharge. In addition, it can also be triggering for survivor families/patients that have been struggling and feel disappointed that support wasn't offered sooner.

OTHER:
- Do you have a former patient or family member of a patient who may be willing to talk candidly to a reporter about their experience?
- You may want to wait until the group is running and then identify a good spokesperson to meet with a reporter or public relations.

ICU STAFF:
- Add group to your daily ICU huddle and monthly staff meeting.
- Ask staff to each brainstorm 1-2 patients/families that may need the group (former or current depending on your model). This may help establish your initial core group.
- Once your core group is established continue to engage ICU staff and ask them to send referrals to the group facilitator or coordinator.
- Make sure the other ICU units within your hospital system are aware of your group. Consider presenting to them or sending an email announcement with the flyer.