



Support Group Practice Guide

Supporting Vulnerable Women and Families

Frances Jasiura and Cristine Urquhart

Acknowledgements

The work of this Support Group Practice Guide (SGPG) was initiated and funded by the Public Health Agency of Canada, Western Region. It is the result of a synergy between the insights, dedication and practical wisdom of CAPC*, CPNP*, and AHS* group facilitators who embody much of the Motivational Interviewing (MI) Spirit in their work with vulnerable women; our capacities as MI trainers, group facilitators and knowledge translators through Change Talk Associates; and the vision and support of decision makers to make this SGPG possible.

We are indebted to all the groups with whom we have been privileged to work; William R. Miller and Stephen Rollnick for your far-sighted and compassionate creation of MI; the international Motivational Interviewing Network of Trainers and researchers for your invaluable contributions; and to Chris Wagner and Karen Ingersoll for your dedication and commitment in translating MI for groups.

Frances Jasiura and Cristine Urquhart
Change Talk Associates

*CAPC – Canada Community Action Program for Children

*CPNP – Canada Prenatal Nutrition Program

*AHS – Canada Aboriginal Head Start Program

SGPG Advisory Group

Chi Cejalvo, Public Health Agency of Canada, Western Region, Vancouver, BC
Teresa Chiesa, MOH, Healthy Development/Women's Health Directorate, Victoria, BC
Pat Chisholm, Bellies to Babies – Pregnancy & Family Resource Program, Cranbrook, BC
Anne Guarasci, FASD Training Coordinator, College of New Caledonia, Burns Lake, BC
Sarah Hoffman, Comox Valley Family Services Association, Courtenay, BC
Lisa Lothian, Burnaby Family Life Pre- & Postnatal Services, Burnaby, BC
Jacqueline Pinksen, Healthiest Babies Possible, Vancouver Coastal Health, Vancouver, BC
Colleen Wickenheiser, Public Health Agency of Canada, Vancouver, BC

Recommended Citation

Jasiura, F., Urquhart, C. and Advisory Group. (2014). *Support Group Practice Guide: Supporting Vulnerable Women and Families*. Vancouver, BC: Change Talk Associates.

Copyright © 2014 Jasiura & Urquhart

*The views expressed herein do not necessarily represent the views of the
Public Health Agency of Canada*

Table of Contents

Overview	5
Purpose.....	5
Foundations of this SGPG.....	6
Who is this SGPG for?.....	6
Drop-in Support Groups: Goals and Design.....	7
How to Obtain and Use this SGPG.....	7
Practice Reflection	8
1. MI, Trauma-informed and the Language of Change	9
Purpose.....	9
Definitions	9
Common Elements of Change.....	11
MI Pays Particular Attention to the Language of Change	12
Readiness to Change	12
Why MI in Drop-in Support Groups.....	13
Support Group Principles.....	13
Group Climate and Cohesion	13
Four Processes in MI Groups.....	14
Practice Reflection	15
2. Engagement and Safety	16
Purpose.....	16
Preparing the Group Room	16
Welcoming, Connecting, Settling In	17
Designing a Typical Drop-in Support Group Session	18
OPEN-R: Getting Started with an Opening Statement.....	19
The Importance of Meaningful Discussions and Information Sharing.....	20
Closing Activities, Rounds, and Encouraging Participants to Return	20
Positive Group Guidelines.....	21
Group Eligibility and Redirecting when Necessary.....	21
Safety and Grounding in Groups	22
Co-facilitation.....	23
Practice Reflection	24
3. OARS-I Communication Skills	25
Purpose.....	25
OARS-I Communication Skills	25
Open Questions	25
Affirming.....	27
Reflective Listening	28
Reflections in Discord.....	30
‘Losing our Buts’	31
Summaries and Linking	32
Practice Reflection	33
4. Meaningful Discussions and Information Sharing	34
Purpose.....	34

Meaningful Discussions	34
MI Agenda Mapping Strategy	34
Information Sharing	36
MI Elicit-Provide-Elicit Strategy (E-P-E)	37
Practice Reflection	39
5. Adaptations, Sticky Spots and Opportunities.....	40
FASD-informed Adaptations.....	40
Sticky Spots and Opportunities	41
Continuing the Learning.....	44
Take Away Practices I Will Try.....	44
Sources Consulted	45
Appendices	46
1. Motivational Interviewing Key Concepts – Groups	47
2. MI, Trauma-informed and FASD-informed Guiding Principles	48
3. Grounding Practices for Groups	49
4. Self-Care Strategies	51
5. Personal Change Plan.....	52

Overview

To bring to life a woman's experience in attending a drop-in support group, we begin with Erika's story...

Erika was young, homeless, and in an abusive relationship when she found out that she was pregnant and realized she would be a single mom. A friend told her about the Pregnancy Outreach Program. Erika decided to visit the program and has never regretted that decision. In her words, "I received help here to heal from an abusive relationship, and learned to take care of myself and my baby. This group gave me a family and a safe place to be. Here is where I found a refuge. I was provided with food and clothing. POP staff advocated for me to keep my job while pregnant. I learned about all the do's and don'ts of bringing up my child. Having the nurse present was really helpful so I could ask my questions, calm my fears about being a new mom and get regular check-ups for my baby. They helped me obtain a birth certificate for my son and find him a speech therapist. A health nurse helped me to get into the Infant Development Program, even when I was no longer enrolled as a client. I learned about making nutritious meals for my baby. They never shut the door on you. They actually care. It is rare to find such groups and I know I can go to them for any help. The program teaches you various life skills. In fact throughout the program they are preparing you for the future. They never make you feel awkward even when your kids act up and make noise. Every mother should feel welcomed as I do here. They really make you feel comfortable." Erika is still in touch with all the moms who she met when she first came to the program. They created a baby group and still attend each other's children's birthday parties, share the ups and downs of being a mother and help each other with their kids. (Bhonsale, 2012)

Purpose

In participating in this program, Erika describes feeling accepted, supported and prepared for a better future with increasing capacity to care for herself and her child. She received concrete, necessary and genuine assistance – from food to clothing to life skills to health check-ups. This Support Group Practice Guide is intended to build on what facilitators are already doing well, by helping them integrate elements of Motivational Interviewing (MI) into their existing *group practices* with vulnerable women and families. It is grounded in practice and aims to answer facilitators' questions about how to best *engage, empower, strengthen motivation* and *increase retention* in their drop-in support groups. Building on what is already working, the goal is to enhance facilitators' knowledge, skills, attitudes and confidence to use MI and to translate the guiding principles of MI and trauma-informed approaches into practice.

Foundations of this SGPG

This SGPG is the convergence of several compelling influences. Persistent and long-standing 'Best Start' programs help to realize Canada's national commitment to intervene early, build capacities and offer support with pregnant women and vulnerable parents of children ages 0-6 years. As an evidence-based, collaborative communication style, Motivational Interviewing significantly increases clients' engagement in treatment and their intention to change, supporting significant positive and durable effects across a wide range of problem domains (Lundahl et al., 2010). Since the first article in 1983 by Dr. William R. Miller, practitioners have asked whether it is possible to translate MI Spirit and principles effectively into group settings, given the predominance of groups within every stream of helping professions. The recent release of the book, *Motivational Interviewing in Groups* (Wagner & Ingersoll, 2013) provides guidance to do so, as well as "sufficient evidence that MI can be delivered well in groups, offering both cost-effective advantages and opportunities for participants to benefit from each other's wisdom and mutual support" (Miller & Rollnick, in Wagner & Ingersoll, 2013, p. xii). Compared to group-only programs, the current data on MI in groups favours a combination of individual and group sessions (Lundahl et al., 2010), as happens in many CPNP, CAPC, and AHS programs. Over the last 4 years, several facilitators in these programs have been integrating MI into support group practices with vulnerable women and families. Their expressed desire to a committed Advisory Group for additional support in working in this way provided the impetus to bring this SGPG to fruition.

Ultimately, this SGPG is written to optimize the experience of vulnerable women and families with young children who attend groups for support and empowerment. They live in conditions of risk that threaten health, safety and potential, including poverty, teenage pregnancy, social and geographic isolation, substance abuse and family violence. Alternatively, when 'every door is a warm door', they can experience acceptance, safety, belonging, support and opportunity to strengthen inner motivations and capacities for self-care and effective parenting.

The **Practice Wisdom**, identifiable as block quotations in the text, are written contributions from Advisory Group members, support group facilitators and MI trainee participants.

Who is this SGPG for?

This SGPG is meant as a practical resource for those currently facilitating drop-in support groups with vulnerable women and families. Facilitators using other formats with this population (for example, registered and scheduled groups) will be able to integrate specific elements of MI into their current practices to strengthen engagement, empowerment and safety. This SGPG is appropriate for both professionals and paraprofessionals; group leaders are not expected to have formal counselling training to benefit. In addition, it serves as a resource to program managers who supervise and support existing group facilitators and orient new staff into these roles.

Drop-in Support Groups: Goals and Design

The needs of vulnerable women and families are unique to each individual and also diverse across cultures, programs, service delivery systems and geographical locations (rural and urban). Drop-in support groups share common goals: to empower participants, strengthen healthy peer support, decrease isolation, and enhance self-care, attachment and positive parenting practices.

Drop-in support groups share common goals: to empower participants, strengthen healthy peer support, decrease isolation, and enhance self-care, attachment and positive parenting practices.

In order to offer flexible women- and family-centered programming, drop-in support groups by design:

- Are *homogenous* in nature. Individuals are drawn in by common experiences and concerns. In this context, vulnerable women and families are often socially and economically at-risk, parenting young children in isolation with a lack of support, and sharing similar challenges including depression, substance use, violence and trauma. Some may have a degree of cognitive impairment along the continuum of Fetal Alcohol Spectrum Disorder (FASD).
- Have *open admission* and are *open-ended*. Participants are welcome to drop-in for the first time without needing either pre-registration or commitment.
- Are *time-limited* with independent and interrelated single sessions.
- Range in size. A *workable size* may be 10-12 participants as larger than this begins to feel like a classroom rather than a group session (Wagner & Ingersoll, 2013).
- Are *semi-structured*. Facilitators guide educational opportunities and group discussions while encouraging active participation and ongoing attendance to strengthen group cohesion and peer support.
- Are guided by a *joint planning group* of participants and facilitators. Some planning groups meet monthly, others quarterly, to develop group guidelines, suggest topics of interest, and offer program feedback and direction.

How to Obtain and Use this SGPG

This resource is available in print from Change Talk Associates and can be downloaded on the following websites:

- [Change Talk Associates](http://www.changetalk.ca) (www.changetalk.ca)
- [BC Association of Pregnancy Outreach Programs](http://www.bcapop.ca) (www.bcapop.ca)
- [BCCEWH-Coalescing Virtual Community](http://www.coalescing-vc.org) (www.coalescing-vc.org)
- [BC Women's Hospital & Health Centre - Women's Population Health](http://www.womenspopulationhealth.ca) (www.womenspopulationhealth.ca)

You may choose to read this SGPG cover-to-cover. Alternatively, you may pick it up with a specific question in mind, and a few moments to reflect on your present experiences as a group facilitator.

- **Open to Chapter 1** to ground yourself in MI and trauma-informed guiding principles, understand the language of change and review drop-in support group principles that strengthen group climate and cohesion.
- **Turn to Chapter 2** to consider factors that positively influence participant safety and engagement - session design, opening statement, group guidelines, co-facilitation.
- **Consult Chapter 3** to review communication skills that translate MI and trauma-informed principles into practice.
- **Read Chapter 4** to reflect on how to prepare your guest speaker and keep participants active and engaged in educational discussions and meaningful information sharing.
- **Consider Chapter 5** when wondering about FASD-informed adaptations and how to respond when group communication 'gets sticky'.
- **Use the Appendices** as quick references, and resources for grounding and self-care.

At the end of each chapter, there are Practice Reflections to prompt further learning and integration, like the one below. These are not homework assignments - rather tools you can use as you see fit.

Practice Reflection

The goal of this SGPG is to refine and build on what you already know. That said, take a moment to consider the following questions and ground yourself in your current group practices:

- What do you already know about how people make changes?
- What are some of the topics your participants have mixed feelings about changing?
- What are some key ways you've found to help engage participants in your groups?
- What do you already know about Motivational Interviewing?
- What would increase your confidence in integrating MI approaches into your drop-in support groups?

To help shape your learning and how you might use this SGPG, take a minute to create a list of the ways in which you are currently using elements of MI in your drop-in support groups, what is working, and some thoughts about where you may be getting stuck.

Although the SGPG cannot have all the answers, it does offer ideas for some of the common 'sticky spots' that facilitators experience. In moments of uncertainty, remember that you know your practice, your participants and your programs best.

1. MI, Trauma-informed and the Language of Change

Purpose

To lay the foundation for this SGPG, this chapter defines terms, offers a Motivational Interviewing (MI) understanding of ambivalence and change, and addresses the questions of *what* and *why*:

- What is Motivational Interviewing?
- What is trauma-informed practice?
- What is the relationship between MI and trauma-informed principles?
- What is ambivalence, readiness and the language of change?
- Why use MI in drop-in support groups?
- What are the principles of drop-in support groups?
- What is positive group climate and group cohesion, and why are they important?
- What are the four processes in MI groups?

Definitions

Motivational Interviewing (MI) is an evidence-based, collaborative communication style for addressing the common problem of ambivalence by paying particular attention to the language of change. MI draws out and strengthens an individual's own reasons, motivations and commitment to change within an atmosphere of acceptance and compassion (Miller & Rollnick, 2013). In short, MI is a collaborative communication style that supports change.

MI Spirit describes the essence and underlying tone, 'the mind-set and heart-set' of this communication style. Group facilitators already bring this MI Spirit into the way you work with practices that are:

- *Collaborative* rather than authoritative, valuing every participant's contribution.
- *Accepting* rather than confronting, affirming every participant's absolute worth, listening empathically to understand, and strengthening her sense of autonomy and capacity to choose what is right for her and her family.
- *Compassionate*, prioritizing her needs and advocating with her and on her behalf, helping her to find her words.
- *Evocative*, listening more than telling, and drawing out her own concerns, desires, reasons, insights and motivations for change.

Both MI and Trauma-informed approaches share similar non-negotiables in their principle-based practices: collaboration, acceptance, empathy, compassion, respect for autonomy, listening to understand and strengths-based approaches.

MI Spirit is often described as the ‘music behind the words’. This collaborative, accepting, compassionate and evocative ‘way of being’ is measurable, learnable and essential; without it, it is not MI. Erika’s own words in the Overview capture the importance of this way of working.

Trauma is any experience that overwhelms an individual’s capacity to cope (Poole et al., 2013).

Trauma-informed Practice takes into account an understanding of trauma in all aspects of service delivery, from practice to program to organizational policy, and places priority on every individual’s safety, choice and control (Poole et al., 2013). Facilitators, working in a trauma-informed way, are supported by group guidelines and practices that are grounded in:

- *Awareness* of how common trauma is; the relationship between trauma, violence, substance use, physical health and mental health concerns; and an understanding that a participant’s current difficulties (for example, nightmares, insomnia, numbing, depression, anxiety, poor attachment) are normal adaptive responses to overwhelming life experiences.
- *Safety* for every participant (physical, emotional, social, psychological, spiritual/values), protecting her from possible re-traumatizing responses, comments or behaviours of other participants. The whole group is the facilitator’s primary responsibility. Participant’s trust is earned.
- *Collaboration and choice* where participants are equally respected, no one is the ‘expert on another’, and there is a balance of power.
- *Strengths and opportunities* beginning with where each participant is at in her present situation, affirming what she is already doing, and offering opportunities for further exploration and skill development.
- *Valuing relationship and engagement* where participants work together to create a group that is relevant, meaningful and supportive.

Working in a trauma-informed way, facilitators ask themselves
‘How can we offer her safety and support her in coming to group?’

Your thinking shifts

from ‘Why isn’t she motivated?’ **to** ‘For what is she motivated?’
from ‘She’s too quiet in group.’ **to** ‘She’s not sure it’s safe to speak.’

MI and Trauma-informed Principles

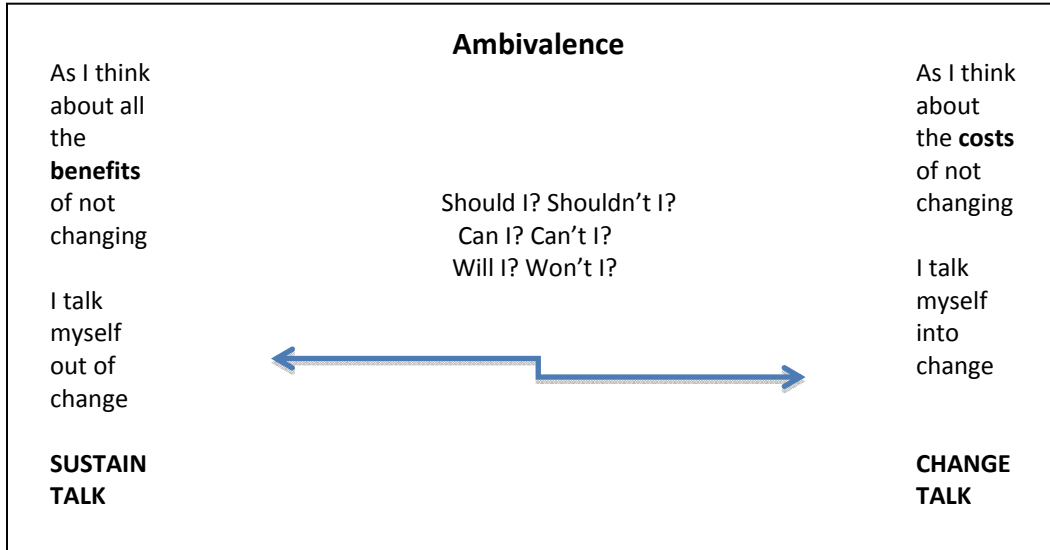
Both MI and Trauma-informed approaches share similar non-negotiables in their principle-based practices: collaboration, acceptance, empathy, compassion, respect for autonomy, listening to understand and strengths-based approaches.

Practice Wisdom

Grace told me that the staff participants watch all the mothers very closely and are quick to pick up on signs which show that someone is feeling low or depressed. She said the staff always came up to her if she didn't seem herself that day and asked her if there was a problem. Having someone care so genuinely was really comforting for her and she said that the staff always followed up and made sure that things were improving. (Bhonsale, 2012)

Common Elements of Change

Ambivalence is feeling two ways about a change or decision – ‘part of me wants to and part of me isn't so sure’ - a feeling of being pulled in different directions, which leads to not knowing what to do or how to start. Both sides of the dilemma are real for the ambivalent person torn between the fear of making a change, and the cost of not changing. As MI understands that ambivalence is normal, it offers opportunities to explore, elicit and support that part within us that wants to or needs to change.



Example: Ambivalence Playing Out as a Participant Struggles to Attend Group

Sustain Talk	Change Talk
It's too stressful trying to get out of the house with a baby.	My problems could get worse if I don't go.
Getting in the group room is hard. I hate walking in late...and I'm always late.	I'm doing the best I can.
Everyone seems to know each other. I don't belong here.	It's always hard for me to come into a new group, but I feel usually better after.
My partner doesn't want me to go.	I need to go, even without his support.
My child isn't like the other kids.	Maybe we can get some help here. I don't know where else to go.
I don't trust other women.	This is beginning to feel different 'cuz we all have kids and are in the same boat.

MI Pays Particular Attention to the Language of Change

MI research is clear: What we hear ourselves say about change impacts whether or not it will happen. Sustain Talk – our reasons not to change – predicts no change. Change Talk – our own statements, reasons, motivations, benefits and need for change – builds towards change. Current MI research indicates that individual Change Talk may be less important in groups due to less individual floor time. Group participants are positively influenced by, and may internalize the Change Talk of their peers – in these drop-in support groups, those women who share similar circumstances and are expressing desire, ability, reason, need and commitment to change (Wagner & Ingersoll, 2013).

Readiness to Change

Readiness to change increases or decreases in the conversation and is influenced by the communication styles of both facilitators and group participants. The more someone tries to persuade another to change, the more the other expresses 'the can't and won't side' of their own ambivalence and convinces themselves not to change. The persuasive person has unknowingly done the opposite of what they hoped for by eliciting the other's Sustain Talk and thus decreasing the likelihood of change.

Instead, the group facilitator guides the conversation towards change by eliciting participants' own desire, reasons and need for change. Readiness increases when participants engage in less Sustain Talk and more Change Talk, and the relative balance between costs and benefits shift. Readiness is also influenced by how important the change is to each individual, and how confident each is that she could succeed if she tried. This understanding of how motivation and readiness is influenced in the conversation is the groundwork of Motivational Interviewing, and the foundation of the communication skills and strategies in Chapters 3 and 4.

Why MI in Drop-in Support Groups

As open-ended support groups have a mixture of regular and new participants, facilitators prioritize engagement and participation to encourage individuals to return. As women attend more regularly, the program goals become more attainable: to empower participants, strengthen healthy peer support, decrease isolation and enhance self-care and positive parenting practices. Engagement is fundamental to MI and understood as the foundation upon which the more technical skills of eliciting motivation and readiness are built (Miller & Rose, 2009). Motivational Interviewing is effective cross-culturally (Hettinga et al., 2005), and proven to increase engagement, retention and outcomes across many health and social concerns (Lundahl et al., 2010).

Support Group Principles

The following MI group principles (Wagner & Ingersoll, 2013) integrate well with trauma-informed approaches:

- *Engagement, participation and linking group participants.* Connection and building relationships is central.
- *Autonomy, choice, self-efficacy and empowerment.* Women have choice over their level of involvement in drop-in support groups. Every effort is made to recognize and build strengths and resilience.
- *Positive group climate and safety.* Safety is fundamental and preventing re-traumatization essential.
- *Present and future focused.* Emphasis is placed on the present and future, building on what is working, collective strengths and ideas about moving forward. Support groups are neither structured nor facilitated as therapy groups. Facilitators maintain this focus for the safety of all.
- *Relevant topics and content* identified by and tailored to participants' interests. Outside resource people are chosen who understand these principles and help women relate educational information to their own personal situations.

Group Climate and Cohesion

In a positive climate, participants feel safe, care about one another, share personal information and feelings, and feel the group is worthwhile.

Positive Group Climate begins with a woman's first contact with a facilitator and when she first walks into the group room. Group climate is the 'feeling tone' of the group. In a positive climate, participants feel safe, care about one another, share personal information and feelings, and feel the group is worthwhile. Positive climate promotes decreased conflict and increased engagement, affecting retention and outcomes (Wagner & Ingersoll, 2013).

Group Cohesion focuses on positive interactions between participants, develops over time, and correlates positively with reduced symptoms of depression and anxiety (to name a few) in therapeutic groups (Wagner & Ingersoll, 2013). With cohesion, participants have an

increased sense of belonging, acceptance and commitment to the group. As cohesion is directly affected by attendance, it is more difficult to achieve in the open-ended environment of drop-in support groups. Facilitators foster group cohesion when they are warm, welcoming and non-judgmental, encourage sharing, and protect group guidelines.

Practice Wisdom

I feel like our groups do have an element of cohesion in that the participants welcome and incorporate new people into the flow of the group. The group functions cohesively in terms of support and moving forward with the topic at hand.

Four Processes in MI Groups

The four processes of MI groups are described here, with the understanding that *engagement* is always the primary focus in drop-in support groups (Wagner & Ingersoll, 2013).

- *Engagement.* The priority for facilitators is to build relationship with individual participants, and to encourage positive, respectful connections between participants. You strengthen engagement by creating a safe and accepting environment, and by offering concrete support, a warm welcome, genuine interest and meaningful conversations.
- *Exploring Perspectives.* Support group facilitators guide educational opportunities and discussions, where participants explore perspectives on topics of mutual interest and concern. Engagement, participation and connections are strengthened as women experience a collaborative and compassionate learning environment.
- *Broadening Perspectives.* As participants feel safer in stable and longer-term groups, they begin to broaden their perspectives, learn from each other and help each other consider options for change. Here, facilitators strengthen group guidelines and cohesion and contain any conflict that arises. You manage different priorities and levels of readiness among participants, while guiding them towards the possibility of change. This is usually beyond the safety and structure of drop-in support groups.
- *Moving into Action.* In this process in MI groups, participants support and sometimes challenge each other to define, plan and initiate a change each of them believes will improve her life. Facilitators safeguard autonomy by helping each individual determine for herself a reasonable and attainable next step. The group serves as a catalyst and support for change, encouraging participants to take this next step while part of a supportive environment. Drop-in support groups have neither the structure nor the group cohesion for this process. Facilitators will find an example of an MI personal plan in the Appendix as a guide to further support individuals, perhaps before or after group.

Engagement, participation and connections are strengthened as women experience a collaborative and compassionate learning environment.

Practice Wisdom

We do bring this planning phase into our groups in a small way when we ask what, if anything, each participant is taking away with her from group today.

Practice Reflection

Take this opportunity to acknowledge what you are already doing as a support group facilitator, before moving into the skills and strategies in the next chapters...

- How are you bringing the spirit and principles of MI and TIP into your groups?
- How do you honour choice and autonomy?
- What are some specific ways you build engagement and support safety?
- What are the signs you watch for to tell you a participant is engaged?
- What are some ways you encourage positive group climate and attendance?

Imagine you are a participant attending your group for the first time...

- How do you want to be greeted?
- What would be important for you to know?
- How do you want to feel while you are there?
- After you leave, what would help you come back?

2. Engagement and Safety

Purpose

This chapter offers several factors group facilitators consider to strengthen a participant's sense of belonging, capacity to contribute, engage and ultimately consider change. Through the lens of MI, this chapter answers the *how* questions facilitators ask:

- How to best prepare the group room?
- How to welcome, connect and help participants arrive?
- How to design a typical drop-in support group session?
- How to get started with an opening statement?
- How to identify meaningful discussion topics?
- How to end each group with a closing activity, and encourage women to return?
- How to design positive group guidelines?
- How to consider group eligibility and redirect when necessary?
- How to support group safety with grounding practices?

Engagement, warm welcomes and safety begin even before a woman walks into the group room.

A woman may feel blamed, shamed, isolated and unsupported in her current situation if not seen through a compassionate lens that considers social determinants of health, including poverty, education, employment, culture, gender, violence, substance use and mental health. To counter these endemic influences, group facilitators offer tangible services within an atmosphere of acceptance, compassion and collaboration. Engagement, warm

welcomes and safety begin even before a woman walks into the group room. Note that insecure or inadequate program funding places limitations on some of the following considerations.

Preparing the Group Room

Considerations:

- *Anonymity.* Where possible, facilitators choose a space that hosts a variety of services, so women can walk into the building, and then the group room, without being labeled as high risk, vulnerable etc. You build friendly relationships with support and maintenance staff to foster an atmosphere of warmth and respect.
- *A safe place* that prevents interruptions from the general public, and offers a quiet retreat space if a participant feels overwhelmed by the group discussion.
- *Ease of access* for moms with full arms, babies in strollers, toddlers. Access to transit routes. Can bus tickets/taxi rides/car pools be offered to participants?

- *Warm welcomes* as a mom walks into the room. What is her first impression – what posters are on the wall? Is soft music playing? Is there someone there to welcome her, a table handy to unload her bags and free her arms to attend to her child or children? Can a volunteer or staff person be dedicated to assisting women in arriving and leaving the group? Is water or tea available to help women and children feel more comfortable?
- *A nurturing physical space* that promotes safety, positive interactions and prevents disruptive behaviours. Facilitators consider factors such as soft chairs arranged in a circle, natural lighting, comfortable room temperature, air circulation, and close proximity to clearly marked washrooms that include a baby change table.
- *Child-friendly* toys, games, children’s activity center. Is dedicated child-minding available during groups?
- *Group guidelines* positively stated and clearly posted.
- *Leadership opportunities* e.g. suggestions for topics for the month, feedback comment forms.

Practice Wisdom

As we are a small community, there is always the issue of being very visible. We are in town and easily accessible. I run groups, as well as do 1:1 visits. For those who do not want someone to know that they are pregnant, this poses a challenge. We can guarantee what is said in visits remains totally confidential, but we cannot stop someone from noticing they are in the building. We serve many cultures (teens, same sex, moms, dads, couples, various ethnic groups, older parents) and find MI works very well with all of these. Regardless of who they are, where they are and where they came from, people need to feel accepted, important, valued, listened to.

I work at a Transition House in the middle of a small community of a few hundred people, including the nearby aboriginal village. People are scared at times to come to programs because others may talk. Over the years, we have made these barriers not so difficult and included other community services, with a day care on premises and a counselling house that offers services for teen girl groups, beading and other sessions.

Welcoming, Connecting, Settling In

Facilitators greet women and children by name, and offer to connect a new ‘drop-in’ with a more seasoned group participant. With a new participant, you may briefly outline the group structure, flow and time frames. Some women will need less and others more support in their early experiences with group.

Practice Wisdom

We’ve found it helpful to provide meals or snacks at the beginning of group sessions. Moms and children are often hungry when they arrive. These children are fractious and moms’ nerves are frazzled. Eating first addresses hunger for

everyone. Children are calmer and moms are less stressed and ready to participate.

Often, when a mom separates from her child for the first time to attend group, both mom and child may experience separation anxiety, which can interfere with her ability to be focused and comfortable in the group even if the child has settled. She often wants to check on her child and will leave the group to go to the child-minding area. The child is usually fine, yet as mom attempts to return to group, this second separation is often more difficult for the child to manage. To offset this concern, we installed a small window in the door between the child-minding area and the group drop-in room. A concerned mom can now remain with the group and see how her child is doing. Child-minding staff also reassure mom that they will ask her to come to the child-minding area should her child become distressed. With this set up, we find moms are able to settle more easily into group.

Designing a Typical Drop-in Support Group Session

Facilitators identify several decision-points that impact session design, reduce attendance barriers and help tailor programming to meet participants' needs. You take into consideration the frequency and length of sessions, time of day and day of week, pace, and 'wrap-around' services.

Practice Wisdom

Weekly groups seem to work best as moms can more easily structure them into their lives. I know for a fact it is also about the food; some women come just for a decent meal and then find they stay because of the connections and support they receive. Usually Tuesday, Wednesday or Thursday groups work best. We are together for two hours. After about 15 minutes of settling in, one hour of group is the longest most moms can stay focused for. After group, they spend another 45 minutes having snacks and socializing on their own, then packing up to go home.

Our facilitator has a very friendly and soothing, yet loud voice when she announces that group will start in a couple of minutes, which both gains everyone's attention and gives women a few minutes to prepare and get themselves and their child comfortable. We initiate group with participants checking in; propose the group agenda; introduce the topic and share information; have an activity or way for women to become engaged with the topic; facilitate a general discussion on the issue; summarize the group; close and choose a topic for next group. It really is important for facilitators to pay attention to the clock and start and end on time.

We facilitate an hour-long education session, and have an hour-long lunch, which offers time for conversing. Many interesting topics arise while eating with

clients, and a half-hour of non-structured time for participants to communicate with each other.

OPEN-R: Getting Started with an Opening Statement

Opening Statement:

Overview

Personal Choice

Environment

Non-confrontational

Redirect

Facilitators create an opening statement that helps to establish the foundation, tone, purpose and guidelines of the group. When the facilitator's first statement to the group is genuine and welcoming, you anchor this powerful opportunity to build relationship and provide structure and focus to the group. Your intention is to communicate purposefully, bring MI Spirit to life, and also prepare your guest speaker with what to expect and how to best connect with the group.

The acronym **OPEN-R** offers a reminder of things to include in an opening statement (adapted from Wagner & Ingersoll, 2013):

- *Overview* and purpose of the group: why the group meets, what participants have found helpful.
- *Personal choice* and autonomy is emphasized.
- *Environment* of the group is one of respect and encouragement for all.
- *Non-confrontational*, non-fixing nature of group.
- *Redirect* topic to a 1:1 conversation when group safety is a concern.

Example

It's great to see everyone. Welcome again many of you... and a big hi to _____, who's here for the first time. I'm sure we can all remember what this feels like. Thank you all for your efforts to get here today... we strive together as a group to make it worth your time. We gather every week to have lunch together, and offer each other listening, support, encouragement, respect and conversations on topics that you've identified as important. You're welcome to join us as you can. We place a high value on confidentiality here, and ask all of us to keep everyone's story and name confidential. As facilitators, we will need to discuss this further if any one mentions harming a child, herself or another.

We're pleased to welcome _____ (name and role), our guest speaker today who will help us talk about _____ (topic). We encourage each of you to think about ways this topic fits into your own life. We sometimes pause the conversation, not to put anyone on the spot, but rather to bring us all together for a moment of grounding and self-care. There also may be times where we'll ask you to pause if we sense that you're talking about a personal situation that would be better in a 1:1 conversation.

Our upcoming topics for the month are posted here... we welcome your ideas.

So let's start. As usual, let's go around the circle, everyone saying your name, the name and age of your child(ren), how long you've been coming to group, and what you like about coming. In our rounds, we love to hear everyone's voice... and 'pass' is always an option. I can start, and then let's go around the circle to my left. (If you have a quieter, or newer

woman in the group, consider starting the round in a place where she has opportunity to speak 3rd or 4th to lessen her anxiety).

The Importance of Meaningful Discussions and Information Sharing

Connections, support, meaningful discussions and food draw women to support groups. Facilitators encourage participants to identify the topics they want the group to explore. Chapter 4 is dedicated to this important topic.

Practice Wisdom

We have held quarterly program planning sessions with women so they have the opportunity to brainstorm and identify what presenters, topics and activities they would like to know more about during their time at the group. Quarterly or semi-annual sessions allow for seasonal changes, holidays, etc.

Closing Activities, Rounds, and Encouraging Participants to Return

Facilitators often bring the discussion to conclusion in a closing Round. As in any Round, 'pass' is always an option and every participant is offered the group's full attention and opportunity to hear her own voice. You may consider the following questions to focus the closing round:

- One word to describe how you're feeling as you walk out the door?
- What might help you come back next week?
- One thing you can do this week to take care of yourself?
- One thing that may be staying with you from today's session?
- What might you use this week from what you've learned?
- What community resource might you look into this week?
- What, if anything, feels different for you as you leave?
- Honouring everyone's confidentiality, what might you want to share with others about your experience in group today? (e.g. 'I will tell my mother-in-law that I was using this car seat right!')

Practice Wisdom

We've used 'Angel Cards' to close group sessions. These are single words of inspiration that give women something positive to take away with them. They are fun and non-threatening and always signal the end of the session.

Anticipating that a first-time mom may not come back to group for lots of reasons, and having permission to use her contact information, we either give her a quick call or mail her a short, hand-written note, saying something like: 'It was great to meet you last Wednesday at our support group. You said as you left that you hoped to be back, so I just wanted to say 'hi', and tell you that we meet again next week, same time, same place, and our topic is _____ which I remember you mentioning you were interested in. Hope you can join us.

We have found texting participants with a reminder of group, and checking that there's nothing getting in their way of coming that we could address (e.g. transportation) helps moms get to group. We also have a closed group Facebook page that helps people stay connected. This works especially with young moms.

Facilitators call women every week and then share with the group if someone cannot be in group that week (e.g. ill, Doctor's appointment). This reassures participants that they are not responsible for someone's absence, or are left wondering if they'd said something that put them off.

Positive Group Guidelines

Group guidelines are positively stated, shared agreements to remind participants how to treat each another in order to create a helpful and respectful group experience for all. Guidelines bring confidence and safety to the group structure and can offer a 'new normal' experience, where participants can be part of a group without the fear of being attacked, ignored or judged. Guidelines are posted in a visible spot for all to see. Some groups have created them as a piece of artwork.

Typical Support Group Guidelines often include:

- *Confidentiality.* Issues raised may be discussed outside the room, and participants' identities or experiences cannot be shared. Facilitators share their own limits of confidentiality.
- *Respect* for each person's opinion and the challenges she faces. Examples of disrespect include interrupting, criticizing, persuading or ignoring someone when she is speaking.
- *Turn-taking.* No one is forced to speak, and everyone is given encouragement, support and opportunity to participate. Groups give time to hear from everyone.
- *Safety.* To prevent participants from being re-traumatized, some topics like abuse and trauma can be touched on only lightly in drop-in support groups. If a participant starts disclosing inappropriately, facilitators intervene quickly, reflect, and redirect that topic to a more appropriate 1:1 conversation.

Group Eligibility and Redirecting when Necessary

Group facilitators consider many ways to build positive group climate and prevent the potential harm of groups. Wagner and Ingersoll (2013) recommend an engagement/screening interview with potential participants before groups begin. As this is not possible in drop-in support groups, facilitators guide the group by redirecting those topics to 1:1 support that are not suitable or safe for other participants to hear (e.g. stories of trauma, violence, drug and alcohol use).

Redirecting Example

I'm going to ask you to pause _____ like we talked about in our guidelines. I appreciate that this situation is really important to you, but it's one of those topics that's not safe for

everyone else in the group. Let's you and I meet after group, so we can talk about the best way possible for you to have this conversation. Thanks. Let's all take a breath. Pause. _____, you were talking about _____ and how it relates to our topic of _____. Tell us a bit more what you meant when you said _____.

Practice Wisdom

Occasionally we might need to redirect, for example someone who may have been mandated by MCFD to come, and if this is recent, there may be too much anger to operate well in the group initially. We offer to see them 1:1, with the intent to have them in group as soon as they are able to focus on the group work. Sometimes, we also have had those who come intoxicated which can lead to a level of concern in the group. We again offer to see them 1:1 to assist them to attend when they are able to function clearly and fully in the group. There have also been a couple of situations where the woman's mental health was not well enough under control; she could not function in group as her outbursts caused others discomfort, who then considered not coming. We saw her 1:1 also.

We were lucky in the city where we worked to have a trauma specialist. It was important for us to meet her and understand her approach so that we could genuinely recommend her to a participant when needed. We could then plant the idea for a referral to a 1:1 conversation, giving her time to think it over. When the participant was ready, we would phone with her to make the appointment.

Sometimes the issue in our group is not so much difficult behaviours, but that women come who are too healthy and so might not qualify for the program as we have a mandate to fulfill. In these situations, we check in with the participant after group to see how she felt about group, what she found useful, and if she's aware of other groups in the community. We have a list of programs for young families that we can offer if interested. We also have the advantage that we see participants 1:1 as well as in the group setting, so this can be explored further (not typical to all groups).

Safety and Grounding in Groups

Facilitators guide the group in a trauma-informed way by introducing grounding practices and anticipating and watching participants for possible trauma responses to either information or group interactions. When this happens, you may then pause the conversation and lead a simple grounding practice with all participants. In these moments, you champion safety for every group participant, and capitalize on a teachable moment by

Champion safety for every group participant, and capitalize on a teachable moment by helping individuals build capacity over a 'fight, flight, freeze' trauma response.

helping individuals build capacity over a ‘fight, flight, freeze’ trauma response. Grounding practices are very individual, and with a variety to draw from in the Appendix, facilitators can choose those that suit them and their group best. You have open and soft eyes as you lead these practices, and invite individuals to participate as they are able. As you begin, invite participants to have open or lowered eyes, and to bring their attention back into the room and feel their feet on the floor if at any time they feel uncomfortable.

Practice Wisdom

We start every session with a grounding practice, and ground more frequently during group. These practices also help us as facilitators when we feel like the group is not going where we’d hoped. When I’m not sure how to navigate next, I ground myself with my breath and an affirmation to calm my mind, reminding myself ‘I don’t have to be the expert’.

Co-facilitation

Wagner and Ingersoll (2013) suggest both benefits and structure for co-facilitation in MI groups. Participants gain from watching co-facilitators model with each other a MI Spirit of collaboration, acceptance and mutual respect for each other’s viewpoints. When one facilitator offers needed individual focus and support, the second facilitator watches the group as a whole to encourage engaged participants rather than passive spectators. Two facilitators are better able to handle unexpected group dynamics, and offer each other helpful between-session feedback, support, processing, and planning. Co-facilitation can strengthen group climate and cohesion, reduce the need for outside supervision, and support both the skill-base and the mental health of facilitators.

Co-facilitation is often simplest when facilitators take on specific roles:

- The *Content Facilitator* structures sessions, gets the group started, introduces content, keeps the group positive and focused, watches time and guides the content of the discussion.
- The *Process Facilitator* watches the group as a whole and how the discussion unfolds. She encourages positive group climate and peer culture by explicitly linking participants with similar perspectives, interests, experiences and feelings. She softens the ‘over talker’, encourages the quiet, and redirects the discussion when necessary to maintain full engagement.

Co-facilitators debrief in the spirit of MI when they:

- Initially acknowledge each other’s strengths.
- Comment on group participation and interactivity.
- Reflect on any missed opportunities.
- Notice any discord between themselves and a particular member.
- Share alternative perspectives, responses and strategies.

Practice Reflection

As a drop-in support group facilitator:

- What are you already doing to create a welcoming, safe, engaging environment for your groups? What other ideas are you considering?
- Reflect on your current opening statement. Based on the learning in this section, what else might you add, to strengthen your group start?
- What guidelines do you have in place to keep your participants both safe and engaged?
- How do you involve your group in establishing these guidelines together and help participants have ownership and not feel guidelines have been imposed upon them?
- What grounding strategies have you found most helpful for your group? What else might you try?
- Have you needed to redirect a participant to other services? How have you done this? How did you follow-up to know if she showed up there?

3. OARS-I Communication Skills

Purpose

Building on previous chapters, this section translates key MI communication skills group facilitators use to strengthen engagement and bring MI Spirit - collaboration, acceptance, compassion, evocation - to life in drop-in support groups.

OARS-I Communication Skills

Goal: to strengthen ways in which facilitators are already communicating that encourage individual participation, engagement, and positive group climate

Facilitators bring MI Spirit and trauma-informed principles into practice through universal communication skills easily remembered by the acronym **OARS-I**:

- Open questions
- Affirming
- Reflective Listening
- Summaries
- Information Sharing

Although you can't use a formula or script because every conversation is unique, you find group conversation often flows in a spiral process where:

- facilitators engage the whole group with an open question
 - individual participants respond
 - facilitators reflect back what participants have said, and invite others to comment
 - facilitators reflect, summarize, link and build connections ... and ask another open question

Open Questions

Goal: to invite active participation, curiosity, connections and new learning

Open questions convey genuine interest and give participants room to think and respond in ways that are important to them. Although closed questions (short, information-gathering, yes-or-no answers) are helpful at times, they can quickly create a sense of being back in a classroom with familiar 'teacher' and 'student' roles and only one right answer. As group facilitators, we all know 'the question-answer trap' of working hard to spark a conversation with too many closed questions in a row.

Open questions convey genuine interest and give participants room to think and respond in ways that are important to them.

Getting Closed Questions Open

Closed Question	Open Question
How often do you get any form of exercise, like walking?	What are some of the most helpful ways you've found to take a break and take care of yourself?
Do any of you have troubles with sleep?	Today our focus is sleep. What are some common difficulties moms with babies have with sleep?
Would you describe yourself as somewhat depressed?	What, if anything, have you heard about post-partum depression?
Do you need bus tickets to help you get to group?	What would help you get to group?
Are any of you resorting to physical discipline with your child?	What concerns you most about disciplining your child, if anything?
Are any of you considering breastfeeding until your baby is at least 6 months old?	What may be some of the disadvantages and advantages of continuing to breast feed until your baby is 6 months?
Are any of you questioning immunizations for your baby?	There can be confusing information about immunization. I wonder what you might have heard about this?
Are you ever concerned about your safety at home?	How would you like things to be different at home?

Open-Questions to Spark Conversation (Adapted from MacDonald, 2010)

You might circle questions here that stand out for you, to adapt and try in your next group:

- Being a new mom is hard work. What are some ways you are taking care of yourself in this 'hardest job in the world'?
- What, how, and when we eat can affect our feelings about ourselves. What are you noticing about the links between food and feelings?
- What is one thing you enjoy doing and want to have more time to do? What would it take to add this activity into your life?
- What are some ways you've found to move and get some exercise while caring for your baby?
- We talk about sleep training with our babies. What about ourselves? What are some of the factors that can help us build our own healthy sleep routine?
- Relaxation means different things to different people. What are some ways you've found helpful to take a break and manage stress?
- Sometimes we get triggered in conversations. What are some ways you've found to re-ground yourself?
- What have you heard about the connection between alcohol and fertility, if anything?

- With a light touch into a big topic, I wonder what any of you have heard about the links between substance use, mental health and trauma?
- In what ways can we help everyone here feel respected?
- What conditions are necessary for establishing trust in a relationship? What can violate your trust?
- What feelings, situations, thoughts or behaviours raise a red flag for you?
- What does safety mean to you?
- That's a new way to look at it, a new point of view! Tell us more about this...

Open Questions to Elicit Change Talk

- How have some of you managed to get through other tough times in your lives?
- What would a good friend say are your biggest strengths?
- Everyone looks to the needs of newborns, and the health of new moms can be overlooked. What are some of the signs to watch for in yourself to share with your doctor or health care provider?
- What makes you think it may be time for a change (e.g. in co-sleeping)?
- In what ways does this concern you, if at all?
- What are you already doing to have a healthy pregnancy?
- Why might someone want to make some of these changes we've been talking about?
- What are some reasons to consider changing [e.g. how you discipline your child]?
- On a scale of 0-10 (where 10 is high), how important is this issue for you? Follow-up questions: Why that number and not a 0? What might boost your importance 1 number higher?
- On a scale of 0-10 (where 10 is high), how confident are you that you could make this change if you decided to? Follow-up questions: Why that number and not a 0? What might boost your confidence 1 number higher?
- If you were to decide to make this change, what could be your next smallest step?
- What would a person in your life who knows you well, say their hopes are for you?

Affirming

Goals:

- to differ from praise
- to recognize efforts, strengths, successes
- to offer support, encouragement, appreciation, respect, understanding and hope

Genuine affirming is positive and personal. It is powerful in support groups; when offered specifically to one mom, it may be received vicariously by others, and is heard by all. Affirming sounds different than praise, where 'I' statements imply power dynamics, conditional approval and standards that need to be met: 'I think that's great' or 'I really appreciate how you are on time for group'. Affirming uses 'You' statements, and reflects specific strengths in a respectful way. It is key in support groups with vulnerable

Genuine affirming is powerful in support groups; when offered specifically to one mom, it may be received vicariously by others, and is heard by all.

women who may not see their own strengths, nor have had them acknowledged or validated by others.

Affirming Examples (sincerity and tone of voice fill these words with MI Spirit)

- You are an amazing organizer Joan, getting yourself and your 2 children here.
- You sure don't give up easily Pat.
- You've taken a big step forward, Donna, finding housing for you and your child.
- You are eager to learn Julie.
- You're working hard to be a good listener, Angela.
- Being the best mom you can be for Jake is really important to you.
- You're taking this seriously, Marcy, and really want to make the right decision for you and your child.

Reflective Listening

Goals:

- to offer a participant an experience of being heard, seen and accepted as she is
- to communicate understanding and respect
- to build a positive group climate that is warm, non-judgmental, respectful and 'non-fixing', where sharing is encouraged and individual choice/autonomy is honoured

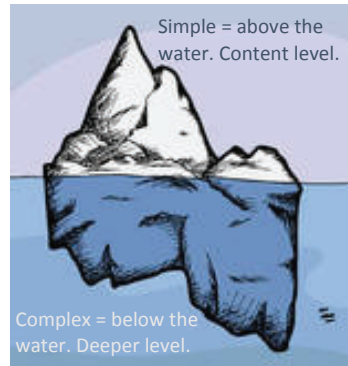
Consider the last time you felt really heard and understood in a conversation with someone. What was it about that interaction that helped you to feel this way? Chances are the person did more listening than talking, more understanding than fixing.

This is exactly the role of support group facilitators – to listen more than talk, and in such a way that helps people appreciate and understand themselves better. Genuine listening conveys to the other person the sense that they are worth listening to and what they have to say is worthwhile. There are different levels of listening responses: simple and complex. With simple responses, facilitators repeat back what you've heard, staying very close to the content of what the woman has said, 'the tip of the iceberg' so to speak. Simple reflections will take the

Genuine listening conveys to the other person the sense that they are worth listening to and what they have to say is worthwhile.

conversation only so far, and when used in isolation can sound empty, 'canned' or cause frustration. With the intent of hearing and really understanding, you offer a more complex reflection by identifying, for example, the strengths or core values underneath what a participant has just said. Listening through both a cultural awareness and trauma-informed lens will help facilitators to hear and reflect back what may be behind a woman's statements. Reflections are always statements and not questions. They become more complex when you add the participant's implied meaning, feeling or emphasis. Complex reflections give the conversation forward momentum and encourage the participant and group to clarify, explore further and keep talking. The good news is that you don't need to

be 'right' with a complex reflection, and can aim instead only to get as close as possible to what you are hearing. You can't hurt anyone with a reflection.



Simple Reflection = acknowledge with similar words the content of what the person has said

Complex Reflection = add meaning, feeling or emphasis

Reflection Examples

Parent: *My kids and I are fine. It's the social worker that has the problem, not me.*

Simple: *You don't feel you have a problem.*

Complex: *You sound confused about why the social worker has concerns.*

Parent: *I've tried so many times to change, and failed.*

Simple: *You've tried a lot and haven't succeeded.*

Complex: *You're scared to try again.*

Parent: *I have so many appointments every day.*

Simple: *Your days are filled with appointments.*

Complex: *It's overwhelming to try and manage it all.*

Parent: *Nothing is ever going to work.*

Simple: *You can't see it working.*

Complex: *You have exhausted all of your options (amplified with no sarcasm, only to clarify whether this is what she is saying).*

Parent: *I know I need to practice these strategies you're talking about to be a better parent, but my daughter is a handful, and sometimes I get so frustrated.*

Simple: *It's really hard for you to practice these strategies with your daughter.*

Complex: *On the one hand, this is really frustrating and difficult right now, and on the other, you know it's important to keep trying (double-sided, reflecting both sides of her ambivalence and ending with her Change Talk).*

Parent: *Daycare is telling me they can't manage my child. The doctor is giving me lists of things I should do and who I need to talk with... I've had enough.*

Simple: *You've had enough of others telling you what you need to do.*

Complex: *You are exhausted trying to get help for your child and know you need to take care of yourself in the midst of it all.*

Reflections in Discord

Goals:

- to convey acceptance rather than reaction
- to listen at a deeper level
- to strengthen engagement

Discord happens when a participant challenges the knowledge, information or intent of facilitators or guest speakers. Perhaps she is pushing back from her past experiences with persuasive service providers and expects you to be the same. In groups, participants often watch facilitators closely to see how discord is handled and if they are safe. Discord provides opportunities unique to groups, where facilitators can earn participants' trust quickly, build safety and strengthen engagement.

In MI, reflections are our most common response and the key to guiding collaborative and respectful conversations. Below are some common 'zingers', those statements that can stop you in your tracks and leave you wondering 'What do I say next?' Consider reflecting back one of the common themes underneath 'a zinger' as a way of reducing your impulse to take it personally or a need for 'push back'. Facilitators find it helpful to have a few responses in your back pockets, should a zinger get tossed into the conversation.

Zinger	Possible Reflective Response
<i>What do you know...do you have kids?</i>	<i>It's really important for me to understand how hard it is to be a single parent.</i>
<i>I'm only here because MCFD makes me come.</i>	<i>It's not your first choice to be here <u>and</u> you decided to come today.</i>
<i>You don't get how difficult everything is for me right now.</i>	<i>Everything is piling up on you <u>and</u> you're wondering which way to turn.</i>
<i>Nobody I know is immunizing their kids.</i>	<i>You're wondering why nurses (e.g. the guest speaker) make such a big fuss about this.</i>
<i>My parents used physical discipline. It taught us respect.</i>	<i>It's really important for your child to respect you.</i>
<i>My mom smoked through her pregnancy and I turned out fine.</i>	<i>You have absolutely no concerns about smoking while pregnant (no sarcasm).</i>

<i>My daughter is not talking at all at 2 years old. According to your charts she is not normal, but I'm not worried. She is a smart girl and will figure it out on her own.</i>	<i>You're feeling it's too early to be concerned or do further testing <u>and</u> that she will talk when she's ready. Pause. Follow-up question: How will you know when to be concerned?</i>
<i>I know that alcohol doesn't pass through my breast milk.</i>	<i>It's hard to sort out the confusing messages about breast milk <u>and</u> you want to make the best decision for you and your baby. I'd like to hear more about what you've heard, and then, if you're willing, share my understanding with you.</i>
<i>I've tried everything; nothing works.</i>	<i>You don't give up easily! I'm hearing how hard you've worked at this <u>and</u> maybe a slight hope that we could explore this together to see if there is anything you've missed. Pause. Tell me what you've tried so far.</i>
<i>So I yell at my kids. It's not like I am smacking their heads into walls the way I was treated.</i>	<i>You were treated harsher than any child deserves <u>and</u> are now trying to find better ways with your kids.</i>
<i>My doctor says it's more stressful for my baby if I quit smoking, so I'm not going to stop.</i>	<i>We're all on the same page about not adding more stress to your baby, and you want to make the best decision.</i>
<i>It is a tough world and kids need to learn that early. It's best to learn that from me or they won't be able to handle life later.</i>	<i>You want your kids to grow up strong <u>and</u> prepare them in the best ways possible for the tough world ahead.</i>

'Losing our Buts'

When we hear ambivalence (mixed feelings about change) in MI, we work on 'losing our buts' and replacing the *but* with and (underlined in the above responses). When reflecting back a participant's Sustain Talk and Change Talk, we accept and understand that both sides of their ambivalence influences their indecision. We hope to reduce their need to convince us (and themselves) why they can't change, thus lessening their Sustain Talk and tipping the balance towards the changes they themselves desire.

MI identifies these as *double-sided reflections* and suggests an order: to summarize Sustain Talk followed by Change Talk. This way the participants' own reasons and motivations to change are the last thing they hear and are given more emphasis.

Read the statements below and notice how they land for you, and what difference these subtle shifts in communication can make.

You decided to come BUT it's not your first choice to be here.

You decided to come AND it's not your first choice to be here.

It's not your first choice to be here AND you decided to come.

Summaries and Linking

Goals:

- to maintain engagement and build collaboration
- to link to previous topics from other sessions and transition to new topics
- to respect and value individual points-of-view and strengthen autonomy
- to clarify topic and maintain focus
- to strengthen positive peer relationships and group climate by linking participants with similar concerns, opinions and experiences
- to summarize group discussion and Change Talk

Support group facilitators use summaries for purposes suggested above. Change Talk appears to take on a significant and unique role in groups (Wagner & Ingersoll, 2013). In positive group climate, participants are positively influenced by, and may internalize the Change Talk of their peers – women in similar circumstances expressing desire, ability, reason, need and commitment to change. Facilitators use summaries to link participants with common concerns and situations, and gather and strengthen group Change Talk.

Summary Example: Gathering Group Change Talk

Facilitators can also engage participants in summaries, understanding that the statements women hear themselves say have lasting impact.

Let's summarize together and see where we are at... I'll start, then invite everyone to jump in with what I've missed. Some of you are finding that you're drinking more than you want to at times... and you're all paying attention to your drinking. We've had quite the conversation about 'alcohol is alcohol is alcohol'; that there's no difference between coolers, wine and hard stuff; and how the same amount of alcohol has greater impact on females compared to males. Everyone wants to reduce the risk of exposing your baby to alcohol while pregnant, and having a healthy baby is important to everyone. Some of you are beginning to think about next small steps... wondering on the one hand what your partner will think about this, and on the other hand seeing that stopping drinking now would really benefit your baby. Pause. What have I missed?

Summary Example: Linking Participants

A couple of minutes ago, Angie, when you mentioned the financial stress you're under, I noticed several moms nod their heads in understanding. How do the rest of you handle this?

Thanks _____ for sharing your experience. It sounds quite similar _____ to how you've been trying different finding ways to encourage your son to share his toys. Pause, inviting response from second participant. Possible follow-up questions: What are other's ideas about this?

Practice Reflection

As experienced and compassionate group facilitators, you already use many of the skills and strategies discussed above. Take a moment to consider your communication skills in relation to Questions, Affirming, Reflections and Summaries, and scale where you are now. Use this reflective activity on an ongoing basis to check-in around your skill development.

Questions				
Most of my questions are closed. I seem to ask a lot of questions.		I am working to get my closed questions more open.		Half my questions are open. I'm building my toolbox of open questions.
1	2	3	4	5
Affirming				
I have to work hard to see participants' strengths and am not sure how to affirm.		I often see participants' strengths, but can't always find my words.		I see strengths and actively acknowledge participants' efforts.
1	2	3	4	5
Reflections				
I forget to reflect. When I do, my reflections often seem to fall flat and don't add anything.		I am trying to reflect more often, but they don't seem to be deep enough.		Reflections, my most common response, often add meaning or feeling to what a participant has said.
1	2	3	4	5
Summaries				
I forget sometimes to listen for main themes, core values, common interests, then can't summarize when I want to.		I practice small and frequent summaries so I don't have to work so hard to remember.		I use summaries to link participants and focus the group. After finishing, I ask, "What did I miss?"
1	2	3	4	5
Impact on Participant/Group				
I'm so busy trying to 'say the right thing' I don't always hear what the participant says next.		I'm practicing pausing just for a moment after a participant speaks to slow the conversation down.		By letting go of needing to 'get it right' and practicing recovering when needed, I notice more engagement / less discord in the group.
1	2	3	4	5

4. Meaningful Discussions and Information Sharing

Purpose

Drop-in support group facilitators often invite guest speakers to share and discuss information. Positive group climate, forward momentum and skill-building opportunities result when participants are involved in identifying their own relevant topics of interest. You guide group discussions that also strengthen engagement by helping participants develop their questions, explore information, affirm what's already working and consider new possibilities. Individual autonomy and positive peer relationships are enhanced as women listen to each other, feel heard and understood, and respect one another's opinion. You give participants room to think, encouraging each one to make the best decisions for herself and her family.

Meaningful Discussions

Goals:

- to facilitate meaningful group discussions on topics of interest to participants
- to encourage individuals to share perspectives
- to offer new information while maintaining participation and strengthening autonomy
- to help a woman apply new information to her own life circumstances, and discover for herself *how* to make her best decisions for her family and her own well-being

Support group facilitators often dedicate upwards of an hour of group time for meaningful discussion. Participants know their own situation best, and have often heard mixed and confusing messages when trying to make the best decisions for their families. Some may be well researched on the Internet, while others are accustomed to asking authority figures for answers. Some participants will 'push back' when advice overrides their autonomy and right to decide for themselves. You don't want to be one more person telling them what to do or how to think.

Agenda Mapping and *Elicit-Provide-Elicit* are two MI strategies that group facilitators draw on to strengthen individual autonomy and group climate while facilitating meaningful and helpful discussions.

MI Agenda Mapping Strategy

Goals:

- to help participants work collaboratively to identify meaningful, relevant and helpful topics they would like to discuss
- to encourage engagement, skill-building and positive peer relationships
- to help facilitators maintain direction and focus throughout a discussion
- to help the planning team plan ahead and choose relevant guest speakers

Developing a Group's Agenda Map

Often the planning group meets quarterly to collaboratively identify their topics and guest speakers for upcoming months. Facilitators can use an MI agenda mapping strategy to guide this planning. When doing this, you draw 5-7 circles on a flipchart to identify themes and related sub-topics (smaller circles) of interest to participants. You may also suggest the topics difficult for participants to raise that other groups have found helpful, such as safety, substance use and post-partum depression. Drop-in support groups have identified relevant and manageable topic areas including:

- Anxiety about coming to groups.
- Joys, challenges, changes in becoming a mom.
- Breastfeeding, nutrition, introducing solids.
- Attachment, co-sleeping, sleep training.
- Catching moments of self-care, physical activity.
- Grounding, staying present.
- Relationships, navigating co-parenting.
- Substance use.
- Post-partum depression.
- Access to health and dental care.
- A gender lens on the social determinant of health, food security.
- Early literacy.
- Creating toys for cheap, activities that interest both children and moms.
- Accessing helpful community resources.

Example: Introducing Agenda Mapping

Other groups have wanted to talk about safety, MCFD involvement, parenting, self-care... and you may have other topics of interest that will make our group discussions more meaningful for you.

Possible follow-up questions:

- *What else would you like to add?*
- *What's missing?*
- *What's on your mind that seems more important?*
- *What would be most helpful for us to talk about in the next months?*

Practice Wisdom

To elicit the challenging topics and give participants anonymity, we've invited women to write their agenda items on pieces of paper and throw them into the centre of the room like popcorn. Our facilitator then reads them aloud and adds them to the agenda circles.

We discuss topics together as a group, and then have short feedback forms that participants complete anonymously and add other suggestions for topics and suggestions.

Information Sharing

Goals:

- to facilitate the discussion in ways that participants remain active and engaged
- to give room for participants to think and support their decision-making capacities
- to help participants personalize information and apply it to their own situations
- to prepare the group for discussion
- to clarify the facilitators' role in preparing a guest speaker

As seasoned support group facilitators, you may be doing much of this without necessarily having a name for it. What have you found helpful in sharing information?

Practice Wisdom

Before the facilitator introduces a speaker, we like to have a circle go around (sitting in circles encourages participation) where each person introduces her name and shares something (usually we ask a question) and each participant can choose to pass. Good to have everyone's name and voice heard in the room and our speaker is asked to participate as well. We also ask the participants what they might already know about a topic before it begins and what they are most interested in knowing. This will help give direction to the speaker and will sometimes help her see where sensitivities might exist.

I will have conversations with new speakers and let them know the vulnerable nature of women in the group and the need for sensitivity, understanding that some statements may be triggers for them... and that a successful discussion is when the clients are sharing as much as the speaker by asking the women questions, checking in with them about what they know, what else they've heard.

A successful discussion is when the clients are sharing as much as the speaker by asking the women questions, checking in with them about what they know, what else they've heard.

We explain to guest speakers the role of the facilitator in the group: that at times we might jump in to summarize, clarify, or ask questions to support the speaker in engaging the participants in the discussion and encouraging meaningful information sharing. Preparing guest speakers is critical to group success. When a guest speaker comes to group the hope is that the information shared is meaningful and useful to the participants. In order to discern this, the women must be involved in the conversation. If a guest speaker fails to elicit

participation from group participants through collaboratively setting the agenda, then it becomes information download and you can visually see the participants switch off.

MI Elicit-Provide-Elicit Strategy (E-P-E)

Step One: Elicit Prior Knowledge and Permission

In popcorn style (individuals speak in any order, not everyone has to speak), facilitators can ask participants what they have heard about the chosen topic and what they would like to know more about. Your words and tone of voice convey this is *not* meant to be a quiz.

Examples:

- *Sometimes our capacity to cope is overwhelmed. What are some ways you are already taking care of yourself in moments like this?*
- *Tell me what you may have heard, if anything, about drinking alcohol when pregnant?*
- *What have you heard about immunization?*

Briefly summarize the discussion and ask permission to explore the topic further:

- *I hear many of you have found ways to handle these moments of overwhelm: some have a cigarette, some eat, some listen to music, some feel your feet on the ground, some take your baby and go for a walk. There are other grounding ideas women have used that we can explore together, if this would be helpful?*
- *There are mixed messages about immunization. I hear your concerns and some of your questions about what's essential, recommended, best timing and sequencing. Knowing that in the end each of you will make decisions that make the most sense for you and your family, we can share our current information on this, if this would be helpful?*

Step Two: Provide Information

Link to what they already know, tailor your information to what they want to know and encourage conversation.

Share information in a *neutral* and *non-judgmental* manner. Offer choice by suggesting more than one idea or option. Link to what they already know, tailor your information to what they want to know and encourage conversation. Use general statements such as, “Generally women feel concerned about...” or “Many women want to talk about...”

Chunk-Check-Chunk. Group climate can suffer when there is more information than discussion, and it begins to feel more like a classroom than an active, facilitated group. Facilitators prepare guest speakers ahead of time that, as you know the group well, you will invite a pause when you notice times like this to offer a grounding practice, explore what participants have heard so far, and give them space to hear their own voices. This flow is sometimes described as chunk-check-chunk – share a chunk of information, check in to clarify understanding or ask for any questions, continue with the next chunk of information.

Step Three: Elicit

The final elicit is often done in a closing round and ‘closes the loop’ of the conversation. It helps to strengthen a participant’s recall and autonomy when she hears her own thoughts and words. It offers her opportunity to personalize and apply information to her own situation. It gives facilitators feedback about what has been heard and identifies any need for follow-up conversation to clarify any misunderstanding.

Examples: Eliciting questions for closing round

- *What, if anything, is staying with you from our discussion today?*
- *What do you make of this, if anything?*
- *Thoughts about this?*
- *How does this information fit with your experiences, if at all?*

When Ethical Concerns Arise

Facilitators don’t ask the groups’ permission to share information in these situations. This can feel awkward as you also don’t want to compromise her often hard-won capacity to make decisions for herself. Without telling her what to do or how to think, your goal is to find ways to share your expertise without sounding like you are the expert on her. Begin by expressing concern and stressing autonomy.

Example:

I do need to share my concerns and some information with you about this, and it is always up to each of you what you do with this information. First I want to hear more about you’re thoughts on this (preparing participants for what’s coming, stressing autonomy, and offering permission to disregard).

Practice Wisdom

As a dietitian I guide group discussions often on nutrition in pregnancy. I approach topics with adult learning principles in mind, knowing that everyone comes to the table with their own knowledge and needs on an issue. I ask every participant to share something that they have learned about nutrition and pregnancy that has been useful or surprising, and what if any specific questions they may have? This engages the group and really works in meeting client needs rather than mine as a facilitator. I always invite the group to use a ‘parking lot question board’ to keep track of their questions for further discussion. We close with asking, ‘Is there one thing that you will take home and try from our conversation today?’ I think this model can be used on almost any topic.

Practice Reflection

As facilitators of support groups with vulnerable women, you have found your own ways to develop agenda maps with your group, and facilitate meaningful discussions and information sharing. What, if anything, is staying with you from this chapter, such as:

- How do you help your group identify topics of interest?
- How do you raise difficult topics, like safety, substance use, and postpartum depression?
- How do you prepare guest speakers to come into your groups?
- How do you engage the group before introducing guest speakers?
- How do you elicit what participants already know and want to know about the topic?
- How do you intervene if the guest speaker is doing all the talking and your groups has become very quiet?
- How do you return the group's focus to the chosen topic when a participant introduces a non-connected, but interesting topic?
- How do you help your speaker get permission before sharing information?
- How do you help your speaker tailor her information to what the group wants to know, and keep the group engaged and active in the discussion?
- How do you intervene if you sense someone's opinion or right to decide has been violated?
- How do you help participants personalize the information shared, connecting it to their own lives?

5. Adaptations, Sticky Spots and Opportunities

FASD-informed Adaptations

Goal:

- to identify ways facilitators adapt information and discussions to meet the unique needs of participants who may fall within the FASD continuum and experience challenges with memory, planning, attention and social interactions. With only a light touch into a very big topic, references are provided for those who want to pursue this topic further.

FASD-informed practitioners develop trusting relationships with participants through individualized, respectful and strengths-based approaches that accommodate unique needs and help programs fit the individual (Guarasci, 2013). Drop-in support groups with vulnerable women may include participants who fall within the FASD continuum, diagnosed or not. Facilitators watch participants for signs of difficulty and consider the following suggestions when tailoring learning activities and group structure (Reynolds, 2011):

- Simplify – e.g. fewer options in the agenda maps; information in chunks.
- Multiple choice questions. Concrete rather than broad, open questions. Still give choice.
- Explicit, frequent and shorter summaries.
- Concrete visual aides – an agenda map, scaling rulers, visual decisional balance, stickers for costs and benefits, visual session plan.
- Clearly displayed, positive, simple group guidelines.
- Interactive activities to work together on structured exercises.
- Help for a participant to write things down and apply it to her situation.
- Permission before offering suggestions.
- Observe her actions to confirm her understanding. Make it safe for her to say ‘I don’t understand’.
- Reduce noise level and visual clutter.
- Consistent program timing.
- Flexibility with late arrivals and missed appointments.
- Reminder calls and transportation assistance.

Practice Wisdom

‘Service providers understanding of the complexity of the issues and practical support needed with substance-using women and women living with FASD was clearly valued by the women. They expressed deep appreciation for service providers who conveyed their confidence in the women’s ability to make changes in their life and who didn’t “give up” on them. Several were extremely positive about a mothering-focused program that, in addition to offering peer mentoring related to mothering, also offered one-to-one support to assist with

their individual issues in the areas of housing, tenancy, financial literacy, employment-readiness, child welfare, life skills, and safety in relationships. Other key promising practices of an FASD-informed approach included: adapting the program’s physical environment to promote a calming and welcoming space (e.g. reducing noise levels or visual clutter); supporting successful participation and program outcomes (e.g. reminder calls and transportation assistance; consistency in program timing; flexibility for late arrivals or missed appointments; extended timeframes for program duration; adaptations in group programming; adapting motivational interviewing approaches; and resourcing programs adequately to enable “care for the caregiver” such as smaller case loads and service provider supervision and support’ (Rutman, 2013).

Sticky Spots and Opportunities

Goal:

- to respond to a participant’s challenging communication style by affirming her strengths while maintaining group focus and safety

Clear opening statements and group guidelines set the tone and framework for facilitators to return to in ‘sticky spots’. When a participant interacts in a non-helpful, non-safe communication style, you can respond by affirming her underlying strengths, and refocus the conversation (Wagner and Ingersoll, 2013). If she continues (e.g. talking over other people), you may meet with her 1:1 before or after group to find ways together that help her remember the group guidelines. As safety is non-negotiable, some participants may not yet be ready for the group, and can be helped to access other community resources where possible.

Participant’s Communication Style	Underlying Strengths	Facilitator’s Response
Over-participates, dominates talk time, is often the first to respond to a facilitator’s question	Expressive Decisive Wanting to be helpful Open	<ol style="list-style-type: none"> 1. Breathe, reflect and affirm her specific underlying strengths. 2. Link to everyone’s desire to be helpful and supportive. Emphasize groups’ commitment to give everyone opportunity to participate. 3. Arrange rounds so this person speaks last. 4. Invite her to help summarize after everyone has spoken. 5. Intervene early, before a pattern becomes established. <p><i>Barb you are so excited about this topic and want everyone to understand how you ‘get it’. You want to be helpful. Thanks for pausing</i></p>

		<i>with me here, so we can hear what others think also. Then let's summarize together what we've heard.</i>
Under-participates, quiet	Private Soft-spoken A good listener A team player Mindful	<ol style="list-style-type: none"> 1. Regularly invite the group to pause, ground, and give space for those who haven't yet spoken, emphasizing that pass is always an option. 2. Emphasize the group's commitment to give everyone opportunity to participate. 3. When the group has a clear tangible topic, ask if she can relate, share a similar interest, experience or concern. 4. Arrange rounds so she speaks 2nd or 3rd, so her anxiety doesn't build up. 5. Intervene early, before a pattern becomes established. <p><i>Hey group, if we could just pause here for a minute, take a breath, feel that inner smile. We want to make sure everyone has had a chance to talk... Jean, Angie, Katie, we'd love to hear from you, remembering pass is always an option.</i></p>
Changes topics, interrupts to tell her own story/past situation	Expressive Genuine Honest Hard-working	<ol style="list-style-type: none"> 1. Breathe. Reflect. Affirm specific strengths, and link to everyone's desire to be helpful and supportive. 2. Recognize her new topic; ask if she wants it added to list of topics. Refocus on chosen topic. 3. Call group to pause, ground, and give space for those who haven't yet had a chance to speak, emphasizing personal choice and pass is always an option. <p><i>Julie, I'm going to invite us all to pause here for a moment. I appreciate that you see how this connects to many parts in your life. You just mentioned your concerns about you son's sleeping, and I want to reassure you that this is an important topic and is on our agenda map for a couple of weeks from now. Let's go back to today's focus – feeding and introducing solids... Tammy, Marilyn you were both sharing your concerns about this?</i></p>

Over-sharing, inappropriate self-disclosure, including trauma and emotional topics	Sociable Energetic Expressive	<ol style="list-style-type: none"> 1. Breathe. Affirm strengths. Interrupt to prevent re-traumatization of other participants. 2. Redirect and refocus. <p><i>This is really important and difficult for you, Kathie, but it's not safe for other participant's to hear the details. It's one of those topics we mention in our group guidelines that is more helpful in 1:1 conversations. Let's you and I meet after group to talk about a safe place where you can talk about this. Meanwhile let's all take a breath and pause... remembering on our topic today is _____ and creating space for anyone who hasn't spoken yet...</i></p>
Side-talking, sub-grouping	Connecting Relating	<ol style="list-style-type: none"> 1. Remain calm and gentle. Affirm perceived strengths, and link to everyone's desire to be helpful and supportive. 2. Pause group, inviting all to share in the same conversation, not wanting to miss anything important. 3. Facilitate a grounding practice. Refocus by summarizing group conversation, creating space, and inviting anyone who hasn't had an opportunity to participate. <p><i>This topic is generating a lot of conversation. Let's pause for a moment to gather everyone together and get us all on the same page.</i></p>

Practice Wisdom

Side-talking and cell phones can sometimes be a challenge. Our group decided on no cell phones unless critical. They came up with a gentle code word for the facilitator to use for side-talking rather than pointing individuals out.

We request that they aren't using their phones during group, and that if something comes up, they step outside of the group to not disrupt others.

Participants are speaking in languages that others don't speak. Many different conversations happen in many different languages within our group rooms. We encourage participants to speak English both for their own learning and to not exclude others from conversations.

Continuing the Learning

Skill development takes time, practice and feedback. It is important to be kind to yourself in the process. Just as you end group sessions with a closing round, you may want to take a minute of pause to ask yourself: *What's staying with me? What might be one take-away practice I could try in my next group?*

The following practices have been generated from members of the Advisory Group and participant feedback in recent MI trainings in AHS, CPNP and CAPC regional events. They may help you find your focus, and can remind you that you are part of a large, caring and supportive community of group facilitators making differences in the lives of vulnerable women and children.

Take Away Practices I Will Try

- Grounding strategies within group.
- Elicit-Provide-Elicit
- Creating space in the conversation for quieter group participants to share.
- Consciously linking participants.
- Giving participants permission to pass in a round... and coming back to them at the end to see if there is anything they then want to add.
- Getting my closed questions open.
- Strategies for dominant participants.
- Deeper listening/reflection – hearing what may be beneath what the person is saying.
- Reflect → pause → open question to group; resisting the urge to rush into planning.
- Seeing ambivalence as opportunity.
- Clarifying safety in group guidelines.
- Using summaries to facilitate meaningful information sharing and link to future topics.
- Reminding myself that I don't need to be the expert and that modeling vulnerability can help build cohesion.
- Remembering to ground myself in the moment.
- Seeing beyond 'sticky points' to reflect participants' strengths and contributions.

"I want them to walk away feeling like they are grabbing control of their life again and it's theirs to make the best of it all, no matter what."

Practice Wisdom

I have seen her leave an abusive relationship, struggle with addiction to alcohol, go through the requirements of MCFD when her children went into foster care, go to treatment and start using the tools she learned there. She came back to the program when her troubles got worse again. I listened and made a strong effort to impart a message of hope for things to get better and promote a more positive outlook on life. I'd try to add a little humour. I want them to walk away feeling like they are grabbing control of their life again and it's theirs to make the best of it all, no matter what.

Sources Consulted

Bhonsale, S. (2012). *Client Success Stories*. Burnaby Family Life Pregnancy Outreach Program. Unpublished.

Guarasci, A. (2013). *FASD Informed Practice for Community Based Programs*. British Columbia: College of New Caledonia.

Hettema, J., Steele, J., & Miller, W.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.

Lundahl, B.W., et al. (2010). A Meta-Analysis of Motivational Interviewing: Twenty-Five Years of Empirical Studies. *Research on Social Work Practice*, 20(2), 137-160.

MacDonald, J., & Flynn, C. (2010). *Mother's Mental Health Kit*. Nova Scotia: Reproductive Mental Health Service.

Mairi, A. (2006). *TRAGER for Self-Healing*. California: New World Library.

Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change, 3rd Ed.* New York: Guilford Press.

Miller, W.R. & Rose, G. S. (2009). Toward a Theory of Motivational Interviewing. *American Psychological Association*, 64(6), 527-537.

Poole, N., Urquhart, C., Jasiura, F. & Smylie, D. (2013). *Trauma-informed Practice Guide*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health, Government of British Columbia, Ministry of Health.

Reynolds, W., et al. (2011). *The First Approach – FASD-informed reduced smoking techniques: For service providers working with women who may be FASD affected*. Kingston, Ontario: AWARE Press.

Rutman, D. (2013). Voices of Women living with FASD: Perspectives on promising approaches in Substance Use Treatment, Programs and Care. *First Peoples Child & Family Review*, 8(1).

Shapiro, F. (2012). *Getting Past Your Past*. New York: Rodale Press.

Wagner, C.C., & Ingersoll, K.S. (2013). *Motivational Interviewing in Groups*. New York: Guilford Press.

Appendices

1. Motivational Interviewing Key Concepts – Groups

Motivational Interviewing is an evidence-based, collaborative communication style for addressing the common problem of ambivalence by paying particular attention to the language of change. It strengthens motivation and commitment to a specific goal by exploring the person's own reasons for change in an atmosphere of acceptance and compassion.

MI Spirit, a way of being with people, the essence and tone of the relationship including:

- Partnership and collaboration
- Acceptance, autonomy, worthiness, empathy (understanding the person's worldview)
- Compassion – acting on the person's behalf
- Evocation – eliciting what they care about; unique to MI

Four Processes in MI Groups

- Engagement – developing and maintaining trusting and respectful relationships
- Exploring Perspectives – meaningful information sharing on a specific, shared concern
- Broadening Perspectives – learn from and help each other consider options for change
- Moving into Action – the group acts as a catalyst and support for change

Change Talk - The person's own motivational statements predict change. In groups, participants are positively influenced by, and may internalize the Change talk of their peers:

- Early preparatory - statements of **D**esire, **A**bility, **R**eason, and **N**eed (DARN)
- Mobilizing - statements of **C**ommitment, **A**ctivation and **T**aking Steps (CAT)

Sustain Talk - the person's own statements of benefits of NOT changing predict no change

Discord - interpersonal behaviour; signals disharmony in the relationship and predicts no change

Resisting the Righting Reflex - the desire to fix, persuade, argue, convince another to change; along with giving only 1 option or information without permission, is MI Inconsistent and affects outcomes

OARS-I - Core Communication Skills

- Open questions
- Affirming tangible strengths, efforts, steps taken
- Reflective listening, the most common response in MI; complex reflections add something
- Summarizing
- Information sharing and advice

The Myth of the Unmotivated Person

- No person is completely unmotivated
- When we argue one side of their ambivalence, the person takes up the other side
- Facilitators significantly influence both motivation for and against change
- Motivation for change is malleable and happens in the context of relationship

Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change, 3rd Ed.* New York: Guilford Press.
Wagner, C.C., & Ingersoll, K.S. (2013). *Motivational Interviewing in Groups.* New York: Guilford Press.

2. MI, Trauma-informed and FASD-informed Guiding Principles

Knowing that group facilitators draw on many approaches and frameworks to support their practice, the table below highlights the principles of MI, TIP and FASD-Informed approaches that have been mentioned throughout the Guide. References are also included, should you want to explore each unique area in further depth.

Motivational Interviewing ¹	Trauma-informed ²	FASD-informed ³
Partnership	Collaboration	Trusting relationships
Autonomy, self-worth	Maximize choice and control; empowerment	Person-centered (not goal driven), individualized approach
Acceptance, affirmation	Acceptance, strength-based	Respectful, non-judgmental, welcoming, strengths-based
Listen to understand	Recognize the impact of trauma and violence	Recognize the possibility of FASD through observation, practical understanding of traits, characteristics, barriers and needs
Empathy, compassion	Emphasize safety	Empathic
Resist the Righting Reflex, needing to fix or make right	Avoid re-traumatization	Adapt programs to fit. Reflective practice for team work and problem-solving
Evoke individual's own motivations and commitment to change	Build skills	Address unique needs

1. Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing*, 3rd edition. NY: Guilford Press.
2. Poole, N., Urquhart, C., Jasiura, F. & Smylie, D. (2013). *Trauma-informed Practice Guide*. Vancouver, BC: BCCEWH and BC Ministry of Health.
3. Guarasci, A. (2013). *FASD-informed Practice for Community Based Programs*. BC: College of New Caledonia.

3. Grounding Practices for Groups

Daily grounding practices:

- **Connect us to the here and now**
- **Build positive memory networks**
- **Redirect intrusive thoughts and feelings**
- **Strengthen choice and personal safety**
- **Connect to our body's way of knowing**
(Shapiro, 2012)

Facilitators have soft and open eyes when leading grounding practices in groups and invite individuals to participate as they are able. As you begin, remind them to lower or keep their eyes open, and if at any time they feel uncomfortable to bring their attention back into the room and feel their feet on the floor.

- **Body scan.** Bring awareness to your body. Breathe slowly, and give yourself a number from 0-10 (10 is high) that reflects your body's overall level of comfort and ease in this moment. Breathe into areas where breath does not reach and into any areas of pain or tension. Invite muscles that do not need to be working in this moment, to let go. Redo this same 0-10 scan and notice any changes in your ease and

comfort level. Use this body scan before and after any grounding practice to notice subtle differences and ultimately gain more awareness and choice.

- **Feeling, following, trusting breath.** Bring your attention to feel and follow the silent inner sound of your breath...its natural, rhythmic swing of easy breath in, around the top of full, easy breath out and around the bottom of empty. Expand your awareness to include breathing through the sides of your ribs...notice the sense of more space between your ribs...more length in the front of your body...more opening in your diaphragm...more calm. Take a few more full, easy, natural breaths...and remind yourself that at any time you notice you're not as present as you'd like to be in group today, to take a few conscious breaths in a moment of centering and grounding.
- **Develop an inner smile.** Notice if your breathing shifts when you do this.
- **Body's stillness.** Bring awareness to the stillness inside your body. Even as you move and breathe, feel the stillness that is beyond and within it all.
- **Move rhythmically.** Inwardly inspired, follow your breath with no holding - just gentle in and out. Listen as your body moves with its own sense of rhythm.
- **Senses alive.** Bring you full attention to what you are noticing. In this moment, see what your eyes see, hear what your ears hear, feel what your body touches.
- **Your safe and calm place** (Shapiro, 2012). Lowering your eyes, remember a positive experience when you felt calm and safe that has no connection with anything negative... perhaps an experience of floating in water or sitting quietly on a park. Raise your hand

when you have this image of your calm and safe place... and now imagine it in even fuller colour, texture, smell. Notice the sensations and positive feelings that arise in your body. For easy recall, anchor this experience by attaching a word to your image. Strengthen these positive networks by practicing several times a day, a minute each time: eyes lowered - image recall - pleasant feelings - word anchor.

- **Bilateral stimulation** (Shapiro, 2012). In your safe, calm and anchored place, now stimulate a relaxation response by placing both hands on your thighs, and tapping slowly first one, then the other, back and forth, 4-6 times.
- **Grounding object.** Massage a personal grounding object that you've chosen and carry in your pocket for just this moment.
- **Taste.** During group break, fully taste every bite; chew slowly and mindfully.
- **Feet.** Bring all of your attention to your feet, and imagine them *in* the ground, fully supported and grounded.
- **Hands up, hands down.** Allow your hands to open, imagining they carry all your responsibilities. Feel this weight in your hands. Ask yourself what, if anything, you can put down just for now - the things you can't do anything about while in group for the next hour. When ready, turn your hands over, releasing these burdens to the earth. Notice any difference in how your hands feel.
- **Your container.** Create in full detail your container – what shape is it? colour? texture? material? Place your container just outside the group room where only you can access it. Place in it any worries and distractions you don't need to carry while in group for the next hour. Place a lid on it, reminding yourself that you are not abandoning anything or anybody... just creating space and choice in your head and heart. You can choose to open your container as you leave, taking with you whatever you wish.
- **Feel the weight, feel the difference** (Mairi, 2006). While sitting in your chair, let your right arm hang down. Feel its weight. Now move that whole arm in small circles around the weight of your right thumb. Pause. Notice any difference in sensation between your right and left arms. Repeat this same movement on your left side.
- **Soft eyes, warm heart, rhythmic breath.** Rather than straining to see the visual images before you, feel your eyes soften as you allow these images to come *to* you. In this moment of self-awareness and heartfelt gratitude, notice now the air around your heart, warm in thankfulness. Become aware of the natural rhythm of your breath as soft eyes, warm heart, and rhythmic breath work together in harmony.
- **Find your mantra.** Mantra means 'mind release' in Sanskrit. Unique to each individual, we find the words that 'ring true' in our heart, shift our perception, free us from the mind's chatter and bring us into presence. Examples from others: 'Soft eyes, warm heart', 'I don't have to be perfect', and 'All My Relations'.

4. Self-Care Strategies

- Listen to how you 'speak' to yourself. Practise words of self-respect and recognition.
- Foster a balanced, healthy diet and regular sleep cycle.
- Mobilize a support system. Reach out and connect with others.
- Move/exercise/sweat regularly to increase your natural endorphins, and strengthen your heart, lungs, and whole body: walk, dance, swim, jog, bike, hike.
- Regularly do a slow body scan, from head to foot, bringing awareness to your body. Breathe slowly, and give yourself a number from 0-10 (10 is high) assessing your overall level of comfort and ease in this moment. Breathe into areas where the breath does not reach, into areas of pain or tension.
- Develop an awareness/relaxation practice that resonates with you: meditation, yoga, stretching, guided imagery.
- Nurture a mutual relationship with at least one person, where you each feel heard, understood and accepted. In safe relationships, develop shared agreements to resolve conflict early and practice 'fair fighting'.
- Listen more.
- Create space and time for yourself and intimate relationships: unplug from cell phones, social media, TV.
- Laugh more. Do something regularly that you love to do.
- Have annual medical and dental check-ups.
- Find and/or create beauty in your life. Enjoy music and art.
- Practise safe sex.
- Commit to something personally meaningful and important every day.
- Hug often those you love, pets included.
- Take your core-values inventory, using a value card sort. Do it again when life circumstances change www.guilford.com/etc/miller11/pers_val.pdf
- Drive substance-free.

Poole, N., Urquhart, C., Jasiura, F. & Smylie, D. (2013). *Trauma-informed Practice Guide*. Vancouver, BC: BCCWH and BC Ministry of Health.

5. Personal Change Plan

The changes I want to make are:

The most important reasons why I want to make these changes are:

The strengths I bring to this change are:

The steps I plan to take in changing are:

Specific action

When

The ways other people can help me are:

Person

Possible ways to help

Some things that could interfere with my plan are:

Possible obstacles to change

How to respond

I will know that my plan is working when I see these results:

My level of confidence in succeeding at my plan: _____ (using a scale of 0 to 10, where 0= not confident at all and 10=completely confident)



**Print copies of this Guide are available from Change Talk Associates
and can be downloaded from:**

www.changetalk.ca
www.bcapop.ca
www.coalescing-vc.org
www.womenspopulationhealth.ca

change talk associates
Transforming conversations. Igniting change.

