CAREGIVER SUPPORT GROUPS: TRAINING AND EMPOWERING

VOLUNTEER FACILITATORS

By

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Abstract

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In order to provide caregiver support group facilitators with the knowledge they need to be successful in their role, it is important to conduct training for new caregiver support group facilitators. The purpose of this project was to develop and conduct a caregiver support group facilitator training to be used by the Adult Day Health and Alzheimer's Services Program of the Humboldt Senior Resource Center. A needs assessment survey was conducted of caregivers who attend caregiver support groups. Using a general induction approach, key themes were found which informed the development of the training. The training was two hours in length and was conducted at the Humboldt Senior Resource Center for six new and continuing caregiver support group facilitators. The key topics included in the training were: Introduction to Facilitation; Caregivers – Who are they? Why do they come to support groups?; Community Resources; Brief Dementia Overview; Group Dynamics; Challenges That May Arise – Tips and Techniques; and, Practical Applications. After receiving the training, facilitators report that they were better prepared to successfully carry out their role of facilitating caregiver support groups. The training will continue to be used by the agency to train future volunteer facilitators.
Acknowledgements

I would like to thank the members of my project committee, Jennifer, Jamie, and Myriah. Each of these wonderful women assisted me greatly on this journey. They were there helping me brainstorm ideas in the very beginning and have seen me through to the end, to the completion of this project. I would also like to thank the entire staff and faculty of the Humboldt State University Social Work Department, many of whom also assisted me on this journey.
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**Introduction**

Caregiver support groups offer much needed encouragement to caregivers who are often stressed, anxious, and overwhelmed by the challenges they are facing or fear that they will face in the future as they care for a loved one with dementia. Caregiver support groups are helpful for caregivers in that they provide a place for the sharing of stories and experiences. It is helpful to know that there are others experiencing similar situations and who understand the emotions family caregivers may be experiencing (Vann, 2013). Fellow caregivers who attend caregiver support groups may also be able to share tips and strategies to assist each other in getting through challenging situations (Vann, 2013).

Facilitators of caregiver support groups are expected to create a respectful and safe atmosphere that allows for mutual sharing and support (Greif, 2010). They are also expected to provide education about dementia diagnoses and provide helpful advice and referrals to other helpful service organizations in the community (Greif, 2010). The Adult Day Health and Alzheimer’s Services (ADH & AS) program of the Humboldt Senior Resource Center (HSRC) currently has three different caregiver support groups meeting at various times and locations throughout the county. There may be additional groups added in the future. Volunteer facilitators of caregiver support groups offered by the Adult Day Health and Alzheimer’s Services program may be untrained and unexperienced in these areas.
In order to provide them with this knowledge, it is important to conduct training for new caregiver support group facilitators. There is currently no training in place for volunteer caregiver support group facilitators at HSRC. The Alzheimer’s Services Program staff and administration have expressed a desire to have a training which can be used to train current and future volunteer facilitators. This would effectively prepare and empower the facilitators to be more successful in their role. It appears that there has been a training in the past, but because of several factors, this training is no longer conducted at the agency. These factors may include high staff turnover, changes in the funding of caregiver programs, and a pattern of varying numbers of available volunteers and caregivers attending the support groups.

Currently, there are five volunteer facilitators available for the three caregiver support groups offered by the ADH & AS program of the HSRC. Many of them may be experienced in that they have been or currently are caring for a loved one with a chronic illness, while other current facilitators may have some degree of background in leading support groups. However, many facilitators are often untrained and may be unprepared to create an environment of respect, support, and empowerment within a support group of caregivers (Greif, 2010). Often times, the facilitators may be caregivers and may have even attended support groups but may not be prepared to lead the groups.

The goal of the caregiver support groups offered by the ADH & AS program is to create a safe place for caregivers to feel supported by their peers. With the caregiver at the center, it is important to create the groups according to the needs as defined by the caregivers. For this reason, we have chosen to include the caregivers in this research and
receive input about what their needs and goals are and what benefits they hope to receive from the support groups. This input from caregivers in the community will directly inform the training curriculum as well as the way the facilitators will be requested to lead and facilitate the support groups.

**Theoretical Framework**

Earle (2006), writes her reflections of facilitating support groups for 12 years and states that she has seen the empowerment of caregivers as they become more knowledgeable and continue to support one another which allows them to “take a more assertive stance in caring for their loved ones and for themselves” (p 138). In working on this project from an empowerment framework, the goal will be to engage participants and to encourage the development of knowledge and skills which will allow caregivers and facilitators to work together to develop a community of support. One goal of the facilitator training is to empower the volunteers to successfully lead a caregiver support group and therefore empower the caregivers to gain control of their perceptions and experiences by supporting one another. Empowerment theory calls for thinking and acting in the way of strength instead of weakness, and in highlighting capabilities (Perkins & Zimmerman, 1995). Through the training, we hope to provide the tools for the volunteers to become prepared and confident, working from their strengths and abilities. This feeling of empowerment will allow them to encourage those that attend the support groups which they will be leading to gain confidence and hope in their own strengths and abilities and the strength of the community they will develop with fellow caregivers.
Caregiver support groups have existed in many agencies, for many years. Earle (2006), discusses the four most important characteristic of the groups she has experience facilitating as demonstrating “openness, warmth, sharing, and homogeneity” (p136). Openness refers to the importance of the groups being open to everyone, including those at any age, location, and who loved one is at any stage of the disease, in this case, Alzheimer’s disease (Earle, 2006). Warmth refers to type of environment that is created, one that is friendly and encouraging (Earle, 2006). Greif (2010) describes a similar characteristic of the groups which he refers to as “kindness”. Sharing refers to the equal opportunity given to each participant to share their story, without judgment from others in the group and to receive support (Earle, 2006). Homogeneity refers to the similarities group members share and the fact that this can lead to the development of deeper connection and rapport amongst group members (Earle, 2006). One similarity that may be shared by members of caregiver support groups is that they are caring for a loved one with Alzheimer’s. Other examples of similarities which may be found amongst members of support groups are an identity of being female or those who are of a certain age group. These characteristics reflect several levels of homogeneity which can lead to a deeper connection amongst members of the group.

Greif (2010), who has also had a vast amount of experience facilitating and training facilitators of support groups, describes the importance of facilitators and caregivers understanding the nature of the support groups as being supportive and based
in psychotherapy. He describes the role of the facilitator as being one that introduces the
group, describes and enforces certain rules as established by the group, and in providing
advice and resources when called for (Greif, 2010). Greif (2010) also discusses the
importance of the facilitator taking a step back, observing more than talking, and
allowing the group members to share with each other and develop connection, provide
advice, and instill hope in one another.
Methods

In partnership with the Alzheimer's Services Coordinator of the Humboldt Senior Resource Center (HSRC), I sent out an e-mail to participants of caregiver support groups of the Adult Day Health and Alzheimer’s Services (ADH & AS) program of the HSRC as well as the Redwood Caregiver Resource Center. These e-mails described the project and requested participation in a needs assessment survey. The survey included informed consent along with 16 questions regarding caregiver demographics as well as the goals and needs caregivers have when attending caregiver support groups (see Appendix A). I also met informally with current facilitators to discuss the support groups currently taking place. Using a general inductive approach, I analyzed the data and identified key themes. A general inductive approach is one strategy used in analyzing qualitative data and can be a helpful way to summarize and condense textual data (Thomas, 2006). In this approach, research findings emerge from identifying significant themes found in the raw data (Thomas, 2006). By identifying the key themes, connections can be made between the results and the research objectives (Thomas, 2006).

With this information, I developed a training presentation for new volunteer facilitators which included several specific topics and modules which were determined by the needs assessment and the informal conversations with current facilitators. Once the curriculum for the training was completed and ready to be delivered, I sent out an e-mail to eight current and new caregiver support group facilitators (n=8) requesting participation in the training as well as participation in an evaluation form which was
conducted after the training. I then administered a training for a small group of six current and new caregiver support group facilitators (n=6). I then evaluated the effectiveness of the training by administering an evaluation form for participants of the training. Five evaluation forms were completed (n=5). The evaluation form included questions about the effectiveness of the training with a rating scale as well as open-ended questions requesting any feedback the responders felt they wanted to provide in regards to the training and future trainings. This evaluation of the training provided useful insight into how the training can be improved. The results of this evaluation were given to the Alzheimer's Services Coordinator in order to adapt the training to be more effective in training and empowering future facilitators.
Results

The results of my project consist of four parts: the needs assessment survey data analysis, key themes from the informal conversations with current facilitators, the presentation of the caregiver support group facilitator training, and the analysis of the training evaluation form.

Needs Assessment Survey

There were 48 caregivers who participated in the survey (n=48). The majority of caregivers who responded to the survey are female, age 61-70, caring for a spouse (See Figures 1, 2, and 3).

Figure 1. Caregiver Gender
The five most selected choices for caregivers’ goals for attending support groups were to receive encouragement (18.4%), to get advice (17.4%), to hear the stories of other participants (16.9%), to learn about resources in the community (16.4%), and to share my story with other participants (15.9%). The five most important qualities of a well-facilitated caregiver support group as identified by caregivers are: Facilitator provides referrals to other community agencies and organizations (18.2%), facilitator has extensive knowledge of support group topics (17.2%) (Dementia and Alzheimer’s were the topics most mentioned by caregivers), facilitator manages/limits the amount of time
each person talks (14.6%), facilitator provides handouts/information (13.6%), and facilitator spends most of the time actively listening to support group participants (11.6%).

When analyzing the responses for the question of “In what ways, if any, did the facilitator of the group help you achieve any or all of the above goals?” two key themes were identified. The first was that the facilitator offered suggestions and resources to participants for how to handle difficult situations. For example, one responder said that the facilitator, “gave specific information regarding my individual situation” (R40).

The second key theme identified was that the facilitator was skilled in listening. One responder reported that the facilitator provided “…skilled and active listening to individuals in the group” (R46).

Key themes were also identified from the responses provided for the question “what did you appreciate about the facilitator of the group?” The first key theme identified was that the facilitator was skilled in managing time. To one responder, this meant, “making sure everyone has a chance to speak and share” (R11). The second key theme identified was that the facilitator was kind and compassionate. This is reflected in one response in which a facilitator is described as being, “very supportive and understanding, but knew how to limit time each person spoke…” (R33).

The final question that provided relevant results asked responders to “list any topics you believe should be included in a caregiver support group facilitator training.” The most frequently mentioned topics included, listening skills, dementia, caregiver self-care, and managing time.
Informal Conversations with Current Caregiver Support Group Facilitators

In having conversations with current caregiver support group facilitators (n=3), there were not many suggestions given for what topics would be important to include in a facilitator training. A couple of ideas that were provided included providing facilitators with ideas of topics to discuss when there is silence in the group. Another idea provided was that the facilitators understand the rules of the support group as well as the purpose and structure of the groups.

Presentation of Caregiver Support Group Facilitator Training

The second part of the results included the presentation of the Caregiver Support Group Facilitator Training. This presentation, which was created and presented using power point format, is attached below (See Appendix B). It included the following sections: Introduction to Facilitation, Caregivers – Who are they? Why do they come to support groups?, Community Resources, Brief Dementia Overview, Group Dynamics, Challenges That May Arise – Tips and Techniques, and Practical Applications.

Training Evaluation

There were five training evaluation forms completed (n=5) and submitted by those that attended the caregiver support group facilitator training.

In response to the multiple choice statement “after receiving this training, I now feel prepared to facilitate a caregiver support group”, four out of five participants chose
“agree” or “strongly agree”. The final participant chose the option of “disagree” and wrote “I already felt prepared”.

Four key themes were identified after analyzing the responses. They all include responses to the questions regarding aspects of the training which could be improved. The first key theme was the suggestion to add to the facilitator resources handout. The second theme was the suggestion to remove the video that was used in the training. The third key theme was to allow for introductions by all participants at the beginning of the training. The final key theme was the suggestion to include a section in the training on tips and techniques for caregivers to reduce stress and anxiety and engage in self-care.
Discussion

In the needs assessment survey, caregivers identified the reasons why they attend caregiver support groups. The identified reasons align with the benefits of support groups as described by Vann (2013) who suggests that support groups offer a place for mutual sharing of experiences as well as encouragement. Based on the needs assessment survey, it appears that this is exactly why the caregivers who responded attend support groups. That is to receive encouragement, and to hear the stories of others in the group. With this in mind, facilitators at the training were able to learn about the importance of creating an atmosphere where participants feel comfortable sharing their story with others and providing encouragement to one another.

Greif (2010) described a portion of the role of a caregiver support group facilitator as being one who provides information about dementia and provides referrals to additional resources in the community. These expectations are supported by the results of the needs assessment survey in which caregivers identified important characteristics of support groups. These characteristics included that the facilitator provide information about additional resources available in the community and that the facilitator has extensive knowledge of support group topics, including dementia and Alzheimer’s Disease.

The results of the needs assessment survey, as well as the informal conversations with current facilitators, informed the development and creation of the facilitator training. After identifying key themes in regards to the important characteristics of a caregiver
support group, identified by caregivers themselves, I was able to use these as section headers in the training. For example, in the needs assessment survey, caregivers identified the most important characteristic of a caregiver support group as being that the facilitator provides referrals to other community organizations and resources. This result informed the decision to include a section in the training which included identifying, discussing, and providing handouts which included information about community resources available to caregivers. Additional results from the needs assessment survey included the age, gender, and relationship of care recipient to caregiver of the majority of caregivers who responded to the survey. These were important figures to include in the training in order to prepare the facilitators for the support groups and provide an understanding of who the caregivers are who will be attending the support groups and to whom the facilitators will be providing assistance and encouragement.

In addition to including topics in the training which were informed by the needs assessment survey, it was also important to be in constant communication with the partnering agency regarding the training, including the details about how, when, and where it was going to be carried out. This also allowed for a mutual understanding and agreement of what topics and information were desired by each partner to be included in the training. It was important to include in the training the information requested by the agency as well as the information informed by the caregivers themselves.

One limitation of the project was the time constraint of the training. There was only a certain amount of time that could be allotted in order for the training to be successful. I learned to be aware of how much information to include in the training and
how to prevent having an overwhelming amount of information included. I discussed with the partnering agency the concept of providing a brief overview of each topic and then allowing the participants of the training to leave and have enough information to continue in their own personal research of the topics discussed. For instance, there was much more information I wanted to include in the training on the disease process, treatments, and research of dementia and Alzheimer’s. However, there were other topics identified as needing to be covered in the training as well and it was important to limit the amount of time spent discussing each topic. By providing the trainees with resources for further research and exploration of the topics discussed, it allows for a more balanced training in the two hours allotted.

The completed caregiver support group facilitator training will be given to the partnering senior services agency to be used for future training of new volunteer facilitators. The suggestions from the evaluation form responses of those that participated in the training will allow for changes to the training that will increase the effectiveness of the training and help facilitators feel better prepared to facilitate caregiver support groups in the community.
Recommendations

The results of the needs assessment survey given to caregivers were useful in this project to inform the development and carrying out of a caregiver support group facilitator training. The results from this survey could also be useful in the development of additional programs and services for caregivers. Dobrof, Ebenstein, Dodd, and Epstein (2006) describes the fact that most caregivers report they are caring for someone with a chronic or long-term illness and therefore having programs to support these families throughout the illness is imperative for the well-being of the caregiver as well as the community. With sufficient staffing and funding, programs to support and empower facilitators as well as caregivers in the community can be developed and carried out by the partnering senior service agency or by other service agencies in the community.

It is important to empower and give voice to the caregivers themselves, asking the caregivers what they identify as their greatest needs. The results of the needs assessment survey identified some of the needs of caregivers, including the need for increased knowledge of dementia and Alzheimer’s Disease. Based on this need, a recommendation could be made for organizing and offering trainings, classes, and conferences on the topic of dementia to caregivers, facilitators, and community members. The Adult Day Health and Alzheimer’s Services program of the Humboldt Senior Resource Center currently offers quarterly trainings as well as an annual conference on this topic. With additional funding, there may be increased opportunities to provide additional trainings on this topic, or perhaps a professional on staff who can offer individual family consultations.
offering support on the topics of dementia, caregiver stress, and community resources available.

The caregiver support group facilitator training will continue to be given by the partnering senior services agency. It has been identified by the agency and the researcher that it will be important to continue to receive feedback in the form of training evaluation forms after each training is given. This will inform future changes and adaptations to be made to the training in order for the training to be successful in training and empowering volunteer caregiver support group facilitators.
References


Appendix A. Caregiver Support Group Participant Feedback Survey

1. Age

Under 18
18-30
31-40
41-50
51-60
61-70
Over 71

2. Gender

3. What type of community do you live in?

(Please mark all that apply.)

Frontier (6 or less people per square mile)
Rural
Suburban
Urban
Tribal Land- Reservation, Rancheria
Other:

4. What is your relationship to the person for whom you are or were providing care?

Child
Parent
Spouse/Partner
Sibling
Friend
Other:

5. Which of these best describes the type of caregiver you are?

Live-in
Local
Long-distance
Other:

6. Please list any other roles/responsibilities you may have, in addition to being a
caregiver. (This could include parenting young children, caring for grandchildren,
working a full time job, being a student, etc.)

7. When did you attend a caregiver support group?

Over 5 years ago
Within the past 5 years
Currently attending a caregiver support group regularly
I have never attended a caregiver support group
Other:

8. What was the type of caregiver support group you attended?

Closed Group (Only open to specific members of the community)
Open Group (Open to anyone)

Other:

9. Was there a planned topic discussed at each meeting?

Yes

No

Sometimes

Other:

10. What were your goals of attending the support group? In other words, what did you hope to gain from the support group? (Check all that apply)

- To learn more information about a certain topic (if checked, please type what that topic was in the "other" box below)
- To hear the stories of other participants
- To share my story with other participants
- To learn about other resources in the community
- To get advice about a specific situation I was challenged by
- To have fun
- To receive encouragement

Other:

11. In what ways, if any, did the facilitator of the group help you achieve any or all of the above goals?
12. What did you appreciate about the facilitator of the group?

13. In what ways could the facilitator do better at facilitating the group?

14. From the list below, please choose what you feel are the 5 most important qualities of a well-facilitated caregiver support group? (Choose up to 5)

- Facilitator provides handouts/information
- Facilitator chooses a theme/topic for each group
- Facilitator manages/limits the amount of time each person talks
- Facilitator provides referrals to other community agencies and organizations
- Facilitator clearly describes and enforces support group rules
- Facilitator has extensive knowledge of support group topics
- Facilitator spends most of the time actively listening to support group participants
- Facilitator leads the group in activities or games which encourage fun and laughter
- Facilitator leads the group in mindful meditation exercises

Other:

15. Please list any topics you believe should be included in a caregiver support group facilitator training.
16. Is there any other information you would like us to know?
Appendix B. Caregiver Support Group Facilitator Training

Humboldt Senior Resource Center

Adult Day Health and Alzheimer's Services Programs of the Humboldt Senior Resource Center Present

Caregiver Support Group Facilitator Training

Presented by Erin McCann, MSW Student
in partnership with
Myriah Busch, Alzheimer’s Services Coordinator

OVERVIEW OF TOPICS

- Introduction to Facilitation
- Caregivers – Who are they? Why do they come to support groups?
- Community Resources
- Brief Dementia Overview
- Group Dynamics
- Challenges That May Arise – Tips and Techniques
- Practical Applications
INTRODUCTION TO FACILITATION

Facilitate: To make easier

A FACILITATOR IS...

• A Compassionate Listener

• Flexible

• Supportive
FACILITATOR ROLE

- Create a structured, accepting, and supportive environment
- Encourage participants to provide assistance and emotional support to one another.
- Keep group members focused on the purpose of the group
- Review the group guidelines, especially when there is a new member
- Actively listen to the thoughts, feelings, and experiences of the participants, without judgment
- Maintain confidentiality
- Present pertinent materials and information to group members, if appropriate
- Announce upcoming events which may be of interest to caregivers
- Be aware of group interactions and phases
- Respect the diversity of the group and possible value differences
- Appropriately handle challenges that may arise in a group setting
- Manage time appropriately, allowing each participant ample time to share within time allotted for the group

CAREGIVERS

Alzheimer's caregivers ride the world's biggest, fastest, scariest, emotional roller coaster every day.

Bob DeMarco
AlzheimersReadingRoom.com
<table>
<thead>
<tr>
<th>WHAT DO CAREGIVERS FEEL ARE THE MOST IMPORTANT QUALITIES OF A WELL-FACILITATED GROUP?</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ #1 Facilitator Provides Referrals to other community agencies and organizations</td>
</tr>
<tr>
<td>➢ #2 Facilitator has extensive knowledge of support group topics</td>
</tr>
</tbody>
</table>
  - Dementia and Alzheimer’s were the topics most mentioned by caregivers |
| ➢ #3 Facilitator manages/limits the amount of time each person talks |
| ➢ #4 Facilitator provides handouts/information |
| ➢ #5 Facilitator spends most of the time actively listening to support group participants |
  - Eye contact, importance of non-verbal communication, ask questions for clarity, paraphrase and repeat back what you have heard, nonjudgmental |

<table>
<thead>
<tr>
<th>#1 MOST IMPORTANT QUALITY: FACILITATOR PROVIDES REFERRALS TO OTHER COMMUNITY AGENCIES &amp; #4 FACILITATOR PROVIDES HANDOUTS/INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Refer to “Community Resources” Handout</td>
</tr>
<tr>
<td>➢ Refer to Senior Information Guide</td>
</tr>
<tr>
<td>➢ “2-1-1 Humboldt”</td>
</tr>
<tr>
<td>➢ Alzheimer’s Resource Library</td>
</tr>
</tbody>
</table>
#2 FACILITATOR HAS EXTENSIVE KNOWLEDGE OF SUPPORT GROUP TOPICS (SPECIFICALLY DEMENTIA AND ALZHEIMER’S)

OVERVIEW OF DEMENTIA

DEMENTIA OVERVIEW

- **Dementia**
  - General umbrella term to describe a loss in intellectual functioning
  - Over 60 types

- **Alzheimer’s**
  - Most common type of dementia
  - Causes problems with memory, thinking, and behavior
DEMENTIA OVERVIEW

- Other Types:
  - **Vascular**
    - Primary symptom is impaired judgment or ability to make decisions, plan or organize
  - **Frontotemporal**
    - Symptoms: Changes in personality and behavior and difficulty with language
  - **Dementia with Lewy Bodies**
    - Symptoms: Sleep disturbances, hallucinations, muscle rigidity, in addition to memory loss
  - **Parkinson’s**
    - Primary symptom is problem with movement
    - and more…

#3 FACILITATOR MANAGES/LIMITS THE AMOUNT OF TIME EACH PERSON TALKS

GROUP DYNAMICS
GROUP DYNAMICS

• Managing the Group
  • It is important to not pressure anyone to speak, and also to develop strategies to
    redirect the person who may monopolize the group’s time

• Group Phases
  • Beginning: Establish purpose and rules
  • Conflict: Tentative sharing, exploring boundaries
  • Middle: In-depth self exploration
  • Termination: Reflection and saying goodbye

PERSONALITY TYPES WITHIN GROUPS

• What can the facilitator do?
  • Dominators: knowledgeable and kind-hearted, have an answer for every
    question, often speak for extended periods of time
  • Hiders: Often afraid to speak in groups, need gentle encouragement
  • Scoffers: Overly critical, negative
  • Revealers: Often share too much information (TMI)
  • Problem Solvers: Try to “fix” other group members’ problems

Information received from Officers’ Christian Fellowship Website
http://www.ocfusa.org/articles/small-group-detours/#.VtZNufcWQ
CHALLENGES THAT MAY ARISE IN GROUPS

CHALLENGES

- Someone who talks for an extended period of time
  - Try to bring it back to the group
- Someone who does not talk
  - Let everyone know at the beginning that this is “ok”
  - Periodically check in and ask if he or she is ready to share
- Someone who interrupts
  - Listen briefly, acknowledge what was said, then bring it back to the person who was interrupted
- Silence
  - Be prepared with some topics for discussion (refer to “Caregiver Support Group Topic Ideas” Handout)
**FACILITATION TECHNIQUES**

[Facilitation Techniques Video]

*Dealing with “side chatter” and silence*

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**PRACTICAL APPLICATIONS**

- Now we will review and discuss some real-life examples

- Please form a circle

Support  .  Learn  .  Grow
REFERENCES

Alzheimer’s Association. Caregiver support group facilitator job description.
http://www.alz.org/documents/vermont/caregiver_support_group_facilitator_job_description.pdf


Greif, G. L. (2010). Ten steps in training volunteer support group facilitators. American Journal of Alzheimer’s Disease and
Other Dementias, 25(7), 562-565. DOI: 10.1177/1533375610381299


Leuthauser, K. (n.d.). How to handle 5 personalities often found in small groups. Office’s Christian Fellowship.
http://www.oefusa.org/articles/small-group-detours/#.VzZsEMrWQ2

QUESTIONS?

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