



BEREAVED FAMILIES OF ONTARIO – TORONTO

FACILITOR TRAINING

MANAGING DIFFICULT SITUATIONS

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With Larry Konyu

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CASE SCENARIOS

- 1) A participant is coming to a session that also marks the anniversary of their loved one's death. You bring this up with the group member and ask them if they would like to mark the anniversary in some way with the group. They are grateful to have been asked, and put out to the group a request that they would like to spend some time praying with the group and lighting a memorial candle. They then begin to speak at length about how much their faith in God has helped them since the death of their loved one. After a couple of minutes, you notice that some of the other group members appear to be agitated/distracted and are no longer listening.
 - a) What might some of your initial thoughts and feelings be in this situation?
 - b) What could some of your strategies be to respond?

- 2) Group members are asked to bring in "mementos" of their loved one to share with the group. One of the members asks if they can share a joke that they and their loved one always used to laugh about. Upon telling the joke you realize that it has racist undertones. You look around the room and see that other group participants are showing different levels of comfort after hearing the joke.
 - a) What might some of your initial thoughts and feelings be in this situation?
 - b) What could some of your strategies be to respond?

- 3) The group starts to discuss "regrets" they have in relation to the person who died. At break a member comes to you and says that he would really like to discuss the fact that he never got to tell his mother he was gay but does not know if the group will be supportive of him coming out and sharing this piece.
 - c) What might some of your initial thoughts and feelings be in this situation?
 - d) What could some of your strategies be to respond?

- 4) The group has been discussing memories and how they choose to remember their loved ones. One member shares that she chooses to remember her son as he was when he was well rather than when he was sick. A member interrupts her and says she's wrong for feeling that way. She should remember her son as he was his whole life and not just when he was well.
 - e) What might some of your initial thoughts and feelings be in this situation?
 - f) What could some of your strategies be to respond?

Dealing with Difficult Situations in a Group

BFO-Toronto provides support to individuals from all different backgrounds and communities in Toronto. This means there are often a diverse group of participants with diverse set of lifestyles participating in one group. These individuals are coming together to talk about a very difficult subject and each participant will have a different coping mechanisms on how to cope with their grief. Even the best facilitated groups can have difficult situations arise with group members. Remember when addressing these situations in groups the behavior can sometimes provide a way for members to protect themselves or to avoid discomfort. Some examples include:

- a) superficial conversations might keep people from facing the pain of their loss
- b) always being angry and non-accepting of one member who stands out as the most different / difficult can be a way to avoid being singled out yourself

The facilitator's role is to maintain a safe space within a group so individuals are able to obtain support. A facilitator can address difficult situations in a group by pointing out what they see is happening and to gently ask the group if this is OKAY with them.

Facilitators should not assume to know the real reason something is going on. Do not get into analyzing. Instead, the facilitators can ask the group how they want to handle the situation.

Common Difficulties in a Group:

- Resistance
- Monopolizing behaviour
- Over dependency
- Group being "too nice"
- Fixing/advice-giving
- Hostility
- Questioning/interrogating (each other and facilitators)
- Scapegoating
- Non-participation/extended silences
- Group member says something inappropriate

Non-Functional Behavior

Non-Functional Behavior sometimes results from an individual needs not being met by the group and can happen when facilitators aren't using skills/interventions such as: eliciting group member's feelings; clarifying ideas expressed; bringing members back to the topic at hand; reminding members of the group guidelines; challenging difficult interactions etc. Some example of this type of behavior can be:

- Fooling Around: excessive humour, mimicking, disruption
- Recognition-Seeking: attempting to call attention to self, loud or excessive talking, extreme ideas or unusual behavior
- Withdrawing: acting indifferent or passive; resorting to excessive formality; daydreaming, whispering to others, wandering from the subject

Some Strategies:

In addition to revisiting and reinforcing the group guidelines (which were all agreed upon the first session) and using active listening and the facilitator intervention skills:

One Person Does Most Of The Talking

Why might this be happening? Consider what keeps other members from speaking up, what might they fear, what could make it safe for more people to talk? (can happen alone or in conjunction with when a quiet group member may need coaxing to speak)

Conflict Between Members

Differences and conflicts are natural and can help people learn about themselves and grow stronger. As a facilitator, you need to do some self-examination to see how you are with conflict – talking to your advisor and co-facilitator is essential. In the group, model calmness, avoid taking sides, encourage “I” statements, and discourage judgments. Mediate a discussion making sure each member uses active listening (are they hearing each other, paraphrasing and rephrasing can help here). Try and point out commonalities and invite other group members to broaden the discussion.

People Coming Late

Structure is important to maintain, including starting on time and the group as a whole needs to enforce the group guideline. If a pattern develops where the group never knows when it will be starting because they are always waiting for someone to get there, the group won't feel as sure of itself as a group.

“Dumping” Just Before The End of the Session

A member may wait until the last minute to share their heaviest problem, just as the session is ending! This could happen for several reasons: they are anxious, they hope the group will meet longer, they're trying to control the group, etc. Whatever the reason, you need to ensure that the group ends on time. You can suggest to members that they bring up their concerns during check in or earlier in the session, so they will be sure to get the time they need. If you are concerned, you can spend a few minutes ensuring the person is okay to leave – but don't open up the discussion about the issue unless it is urgent (i.e.: you are concerned for their safety).

Denial

It may or may not be a problem for the group, though it feels like a problem for facilitators. When it seems as if something is “in the air” or some important issue has not been spoken about (spirituality, sex etc), it may help for you to mention that it's okay to talk about the difficult/taboo subject/issue if it's important to anyone in the group. You could model starting the conversation with something like, “I found after my loved one died that I wasn't interested in being intimate with my partner...I'm wondering if that is an issue that anyone else is struggling with and would like to explore?”

Member in Crisis

Sometimes, the normal rhythm of a group is disrupted when a member becomes overwhelmed, panicked or hopeless. This is different than the “normal” expression of deep emotions (see below). Fear/anxiety etc. can be “catchy” and so the crisis feelings of one person can “snowball” in the group as member after member feels out of control. The calmness of the facilitators can alleviate this tendency. Facilitators should:

- Stay calm, breathe deeply, speak slowly, encourage group members to do the same
- Allow the extreme emotions to be expressed and respond to them with calm acceptance
- If it seems necessary, one facilitator can take the member in crisis out of the room to spend some one on one time with them
- Use your professional advisor to debrief/get referrals
- Since the group will be affected by the crisis and will in some cases identify with the person in pain, it is very important to encourage the group to talk about the experience

Managing difficult situations in groups – Additional Notes

Attendance Issues

- problems arise when group members do not attend for a number of weeks in a closed group
- problems arise around reinviting a member at a later date in a closed group. This changes the dynamics of a group

Co-facilitator Issues

Case example:

- Differences are good. Members model after facilitators and this helps them to know that there are different styles
- problem arises when facilitator is eager to help but suggestions not always realistic or appropriate
- Or when facilitator gets distracted. Not always focused on issue at hand- redirects from topic

- I had a situation in an open session group whereby facilitators disagreed on allowing the late entry of member.
- Other situation- where one facilitator got sidetracked during break with one group member who decided to leave the group during the break and facilitator missed the rest of the group.

- Need to give each other feedback. Agree on how to handle similar future situations.

Competitiveness in Group

- Refer to group guidelines that no one's loss is more important or significant than another's

Quiet group members (lack of participation)

- It is easy to let someone dominate a group where there are lots of quiet group members
- tiresome for facilitator
- know that members do often get lots out of group in spite of being quiet and not contributing a lot
- In some cases a judgmental group member may keep others quiet as they are reluctant to express differing views
- Interventions:
 - Help to draw member out i.e. "tell me more", (training manual- eye contact with members)
 - (training manual- may want to check with the group to see if there is interest in the topic being discussed)
- One facilitator can introduce the topic and the other can be the first to speak about her experience, which models and gives permission for others to speak
- For a judgmental group member - need to normalize and validate the feeling/situation that judge negatively in another member so that other person feels validated. Bring the topic to group members for validation, sharing.

Silences

- Not necessarily negative or resistant
- Discuss meaning of silence at the time. How are you feeling about this silence now? "I am wondering what this silence means for you?"

Expression of Intense Emotions

1. Anger in group

- anger at person who died often seen in "preventable deaths" (suicide, accident, murder)
- anger at others (doctor, person that died)
- feelings of injustice, blame
- Often creates anxiety for facilitator. Anger is very distracting to group.
- Sue lost son aged mid 30's to an accident (choking). Was focused on her incredible anger at her daughter-in-law (anger may have existed long before her son died).
- facilitators felt that her anger seemed to take over the group and she seemed stuck
- Question raised as to whether it was appropriate for her to continue in the group.
- Unsure as to whether she had anything to offer to other members and whether she could move beyond her anger.
- Plan was for facilitator to contact her by phone to make a decision regarding her continuing in the group or not.
- Facilitator contacted this member with the goal of connecting effectively with her in a supportive way to help her to explore options for more intense support while keeping her in the group without her issues overwhelming the group process.
- Identified issues with advisor: easier to be angry with daughter-in-law than with son could have been pathology in this family long before the loss
- Facilitator shared her own feelings of anger towards police in accidental death of her own son with the group member and told her how it lasted for years and how she was eventually able to let go of it

after having an officer with a more human face deal with her

- use own issues when appropriate
- Approach group member from place of concern regarding her stress- i.e. not sure that the group members are in the right place to give her the support that she needs, as they are too early in their own grief
- Where is she getting support?
- suggest individual help
- if stays in the group, monitor this issue and use group to suggest coping strategies move towards adaptive strategies versus just venting
- be open to member staying in group and monitoring the issue
- keep referring back to group guidelines
 - reframe the angry behavior i.e. this is hard work, "openness to share difficult feelings
 - Address these issues with advisor.

2. Anger towards another group member

- Group was discussing how one goes on after a loss and discussion focused on the needs of other kids in the family.
- Cindy asked about Penny's surviving daughter.
- Penny reacted with anger "I don't have a daughter to spare" Cindy felt responsible. Penny threatened to leave the group
- her communication was misinterpreted by Penny and left everyone feeling bad
- Intervention: talk about group being a safe, trusting place
- possible to be misunderstood. Can discuss instances where group members have reacted to something someone has said (often is perceived as unsupportive or
- Inappropriate - Point out that it is most usually well-intentioned, but people are uncomfortable and don't know what to say. In other instances, person who is grieving is very sensitive and vulnerable and may react in a more intense way)
 - Facilitator contacted Penny to discuss her decision to leave the group. Identified the "episode" as very positive and constructive, as feelings can be expressed in this safe environment, reframing incident as a good thing it happened, as it allowed Penny to express an emotion that she had not expressed before. (Penny may have felt afraid of these feelings and vulnerable to this happening again, and might not have wanted to risk coming back to group.)
- help the group, especially Cindy, not feel responsible for Penny's leaving should she decide to leave (reframe that she was not yet ready for a group)

3. Sadness - intense feelings of sadness, depression, suicidal thoughts

- Group member is very tearful. Talks about the death of her mother and how she was the primary caregiver. Has a spouse but it sounds like he is not supportive of her. Alludes to alcohol problem in spouse. No children. Has siblings, but there is conflict with her siblings. Lots of feelings of disappointment in her siblings for not participating enough in the care of their mother and how the burden fell mostly upon her. Little contact at this time. Missing mother terribly. Reports overwhelming feelings of sadness, difficulty functioning. Expresses that "sometimes she wishes that she was with her mother".
- (This is a red flag for suicidal thoughts and needs to be explored)
- Interventions:

- See if other group members respond to this group member with examples from their own experience or elicit input from other members "Has anyone else felt this way?" (Helpful if someone has experienced something similar and thus demonstrates an ability to move beyond this intense grief.)
- ask how others have coped with feelings such as these (it may elicit different coping strategies i.e. seeing an individual therapist, spending time with someone who understands, journaling, exercise, etc.)
 - will upon check-out validate intense feelings of sadness, and tell members that it is impressive that they could get to group and participate and that it shows motivation to try to deal with their grief and get support
- I will always engage with the group member during the break or after group ends to attempt to assess whether there is any risk.
- I would tell them that I appreciate mem sharing these feelings and that I am concerned about them
- want to know whether they do have thoughts of hurting themselves or a plan of action
 - if no thoughts of hurting themselves and no plan of action will give them encouragement for coming to group, find out if there are any support systems and
- Encourage them to use them (church, friend), other resource information for distress centres and educate about these resources.
- in open-session groups, have Jacqueline follow up with phone call
- In closed session group, might check in during the week. Discuss with advisor.

Dealing with difficult behaviours in group

1. Communication issues such as commenting on, interrupting, asking too many questions or interrogation.

Case example:

Mary began attending an open session mixed loss group related to the death of her brother who had autism. She was very tearful even when she was asked to introduce herself to the group and state briefly the loss that brought her to the group. She felt too overwhelmed to share the story of her brother's death. She did however continually interrupt other member's sharing by verbally agreeing, commenting or asking questions.

This behavior may serve to avoid one's own pain by questioning and focusing on another group member's issues, and this seemed to be the case with Mary. There was no doubt that she was benefitting from the group by hearing other's experiences with loss even though she made little personal disclosure. She also demonstrated tremendous empathy for others, but her constant interruptions were being disrupting to the group.

- Challenge: Allowing group members the opportunity to say their piece uninterrupted.
- Interventions:

I try to help group members understand the model that we use. I tell them that we operate a bit differently than we do in our regular social communication. In our intent to be supportive and understanding and helpful, we often show our support by completing someone's sentences, or interrupting with questions, suggestions, verbal agreement. (Reframing this behaviour in a positive way) It is important, in this group context, to try to stay silent during the time that the group member is talking. After the person has entirely finished speaking, that is

when they are welcome and encouraged to respond by sharing from their own experience whatever has resonated with them. This encourages them to offer reactions, thoughts and feelings rather than questioning. I do emphasize that during the break and after the end of the group, group members are encouraged to speak freely amongst themselves

2. Fixing/Giving Advice

Strong need to make everything OK

Feel that they have all the answers

Interventions: explain that often members do not want answers, just need to express

3. Monopolizing behaviour

- This might involve a personal issue
- a high degree of self-centredness
- Latch on to every opportunity to speak
- aim to be the center of attention
- Refocuses discussion on self
- insatiable need for attention and confirmation
- might think that a good group member talks a lot
- OR B. might relate to an individual issue that is preoccupying the group member and this issue takes over

Interventions:

- Keep going back to "Group guidelines" as issues come up in the group. Members may be nervous and may not have heard or absorb all of it (Share time equally, speak when moved to speak)
- Gently cut in and prompt participation or other group members by asking if they can relate to what is being discussed and if they wish to share. "Wonder if anyone else has had a similar experience/feeling"
- Cut in with a bridging statement.... "It seems like this is an experience/feeling/theme that others have shared ...
- Help the group negotiate "air time". Keep referring back to group guidelines- if necessary
- Help the group to negotiate a system for passing the baton - (one group used a smiley Sunflower which is a humorous reminder)
- Reframe the behaviour as "working hard to participate in the group". "We appreciate
- Everything you are sharing, but may need to come back to X at a later time."
- This may also include individual issues or group members (marriage, job, housing, financing, alcoholic family member) which becomes the focus
- Group member and rest of group might go on about one member's issues
- group can get too sidetracked by individual issues Interventions:
- Find strategies to move away from this (redirect group, refocus group) while being sensitive to the member and her needs, i.e. we all have some similar issues and some differences. This is obviously creating enormous stress for you. We can get back to this when we talk about...."
- Link topic to grief "It is much harder to deal with stressors after experiencing a loss. Has anyone else experienced this?"
- Possibility of speaking with them outside of group to see if person has access to assistance/resources around his or her particular issue or to suggest individual support around specific issues "group

members may not be in a position to support you with this and therefore we feel that individual support may be very beneficial"

- Other group members may suggest that individual counseling is helpful. (This is best option as it comes from the group. Others may share that they benefit from individual counseling)

4. Hostility

- Sarcasm, passive/aggressive remarks, direct attacks
- must deal with this immediately as it significantly threatens the safety of the group
- Negotiate consequences and follow- through

5. Personality issues may negatively impact on group functioning

- Hopefully any serious personality issues will have been picked up in one-to-one (someone who might be inappropriate, lack boundaries, be explosive)
- In open- session groups where there are no one-to-ones there have been people who come to the group who are inappropriate, cannot communicate effectively, talk about problems unrelated to the grief.
- Intervention: attempt to link the issue to the grief "how is this affected by your loss?"
- Person's issues may make it impossible to participate in the group. Consult with Jacqueline.

Latecomers

- positive reinforcement by group for coming on time
- discuss importance of coming on time
- speak to member individually if this continues to be a problem

Socialization of members outside of group

- can create alliances/isolating others
- make everything part of the group, ask about between group contacts

Spirituality

- Anger at god, religion can be controversial. Don't discuss if majority of group does not want to.

Scapegoating

- lay blame, pain, anger on one member, which allows others to feel better
- some members take on this "victim" role, feel inadequate, difficulty accepting any positive feedback
- Intervention:
 - assist group to attend to this behaviour
- need to embrace notion that all members are capable of coping, changing and growing
- every member needs/ deserves to feel worthwhile

Tools

- Changing member's seat, sitting beside her
- Stay silent
- Ask a question
- Share own experience
- Make a connection (help members to see themes and patterns in the group, see common denominators between members)
- Don't feel that you have to "solve the problem". Always coming back to group for responses/strategies/problem solving (i.e. guilt/anger). Have any of you found ways to deal with this?
 - Keep going back to "Group guidelines" as issues come up in the group. Members in the initial session may be nervous and may not hear or absorb all of it.
- Trying not to get too sidetracked by individual issues- find strategies to move away from this while being sensitive to the member and her needs (i.e. "we all have some similar issues and some differences. This is obviously creating enormous stress for you. We can get back to this when we talk about...." Possibility of speaking with them outside of group about individual support for specific issues" group members may not be in a position to support you with this and therefore we feel that individual support may be very beneficial" Or other group members may indicate that individual counseling is helpful.
- focus on strengths (of group or individuals)
- sharing by facilitator:
- Sharing own vulnerabilities and impact on own loss Sharing adaptive rituals and coping strategies Normalizing feelings and behaviors around the loss

Taking Care of Yourself

- Meet co-facilitator before session – decide roles – develop signs
- Be relaxed before session – arrive early, well hydrated, avoid stressful or hectic activity 1 hour before
- Get good night sleep day before session
- Give yourself at least 1 hour of “down time” after session – walking, meditation, music, reading
- During session – sit back, feet flat on floor, breathe deeply, listen carefully
- Remember your own story or stories – feelings, thoughts

Suicide and Substance Use

At Bereaved Families of Ontario - Toronto, we understand that topics surrounding suicide and substance -use can be challenging and emotional. At any time during our session tonight, please feel free to turn off your camera and/or step away for as long as you need to care for your wellbeing. Should you want to connect for additional support, please either send Katrina a note in the chat box, or text/ call at 289 689 7296.

Language Matters

Instead of this...	Say this...	Why...
They're schizophrenic She's bipolar	They have schizophrenia/ are living with schizophrenia	Putting the condition before the person reduces someone's identity to their diagnosis; people aren't their illness; they have an illness
The mentally ill <Substance> addicts	People with mental illness	People first language shows respect for the individual, reinforcing the fact that their condition does not define them
Epidemic, skyrocketing	Rising, increasing	By using purely quantitative, less emotionally charged terms like "rising", we can avoid instilling a sense of doom or hopelessness

Common Misconceptions

Misconceptions about suicide:

- Talking about suicide will increase the likelihood that someone will follow through with their plan
- Suicide only affects those living with mental illnesses
- Once an individual is suicidal, they will remain suicidal
- People who die by suicide are selfish and take the "easy way out"

Misconceptions about substance -use:

- If you have a good support system (family, friends, other supports), you can't have an addiction
- Addiction is a choice
- Prescription drugs are less dangerous than illegal drugs

Recognizing risk and levels of crisis

In one-to-one meetings and group programs, there may be individuals who are at-risk of experiencing harm. Types of risks may vary from suicide, domestic violence, or self-harm. Learning about risks can be overwhelming: volunteers are not expected to deal with these situations on their own. With the guidance of staff, volunteers are trained to identify risks, offer support, and explore safety.

What are the warning signs?

Low Risk

- Unemployment or recent financial difficulties
- Divorced, separated or widowed
- Social isolation
- Prior traumatic life events or abuse
- Chronic mental illness
- Chronic debilitating physical illness

What are the warning signs?

Medium Risk

- Hopelessness
- Reckless or risky behaviours
- Expressing that they feel “trapped” or “have no way out”
- Increased substance use
- Withdrawing from friends, family and community
- Anxiety and/ or depression

What are the warning signs?

High Risk

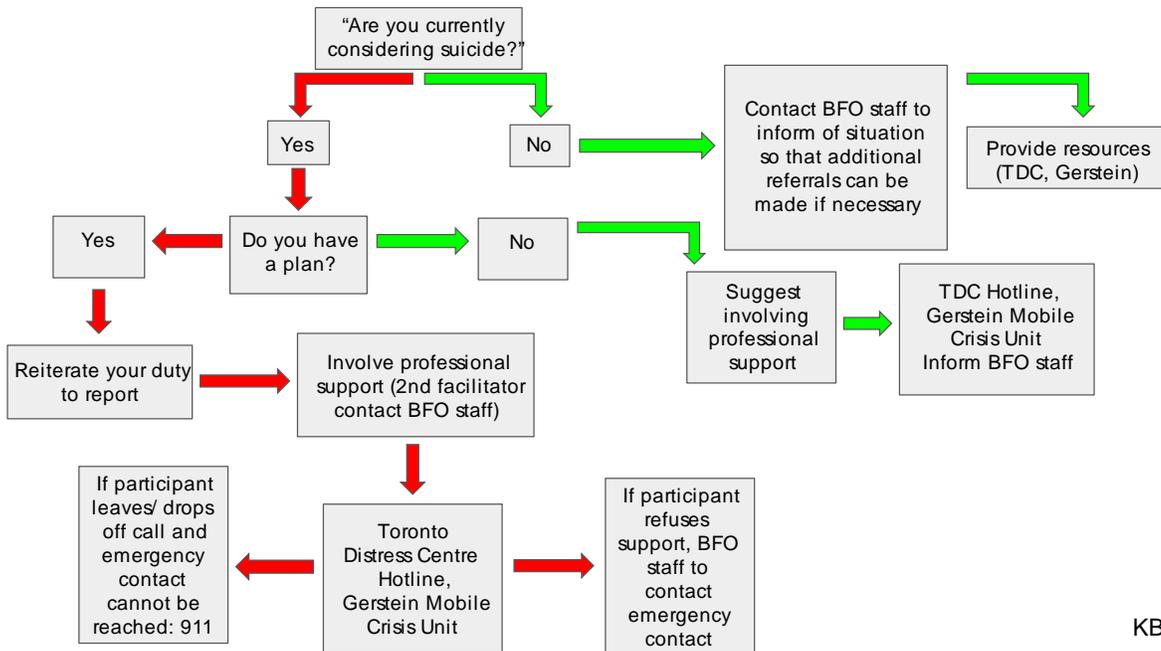
- Overt comments about ending one’s life
- Seeking or accessing means to end one’s life (e.g. pills, firearms, etc.)
- Making post -death arrangements (e.g. finances, childcare)
- Evidence of a suicide plan
- Expressing ideation about suicide

If you are worried, ask

- Tell the participant that what you have observed is worrying you (e.g. “Janet, I think I heard you say you wanted to die”)
- Let them know you are there to support them and you want to help (e.g. “I am worried about you and I want to help”)
- Ask them as calmly and directly as possible if they have considered ending their own life (e.g. “Are you having thoughts of ending your life?”)
- If their answer is anything but a strong no, ask: “Have you thought about how you might do this or do you have a plan?”
- Ask them about how they can stay safe: Who can they connect with? Friends, family, Mobile Crisis Team, Distress Lines

If you are worried, ask

- Do not leave them alone, or if online, remain on Zoom or on the phone with them if they are at immediate risk
- If you are unsure what to do, ask the participant if they would feel comfortable calling the Toronto Distress Centre with you, or on their own
- If the participant states that they are not at immediate risk, it is still mandatory to report to a BFO staff so they can follow up



De-escalation strategies

- Speak slowly and confidently with a gentle, caring tone of voice
- Use non-threatening body language
- Don't argue or threaten
- Avoid intense questioning
- Avoid laughing, sarcasm, or humour
- Don't restrict the person's movement
- Ask how you can help
- Affirm the person's positive qualities - focus on strengths
- Validate their concerns
- Don't make promises you cannot keep

Validating Statements

- I care about you
- Thank you for trusting me with this
- I believe you
- That sounds really hard
- It's not fair that you have to deal with this
- Is there anyway I can have your back right now?
- You matter to me
- Thank you for naming that
- I'm here for you
- You don't deserve this pain

NOTES

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