

# Medical Group Visit Starter Kit Improving Chronic Illness Care

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## **Medical Group Visit Starter Kit**

This Medical Group Visit Starter Kit is designed for health care teams who want to begin offering group visits for their patients. It contains sample information to guide the process of getting started and references about how others have conducted medical group visits.

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#### **References**

This toolkit has been prepared based on five years of Medical Group Visit experience at New River Health Association, Scarbro, WV in cooperation with Marshall University School of Medicine, Department of Family and Community Health, Huntington, WV. (2006)

Some information was adapted from the work of Collene Hawes of Group Health Cooperative and John Scott of Kaiser-Colorado.

# What is a “Medical Group Visit”?

The term is applied to a wide variety of visits designed for groups of patients, rather than individual patient-provider appointments. This Starter Kit describes a model that has been evolving at New River Health Association, Scarbro, WV since May of 1999. The model began based loosely on the Cooperative Health Care Clinic (CHCC) model developed by John Scott, MD and staff of Kaiser-Colorado. We will refer to it simply as a “medical group visit.” The first team to initiate medical group visits at New River Health Association was Daniel Doyle, MD, his long-term nurse, Pat Samargo, RN with Sally Hurst, who served in the role of facilitator. The patients were Dr. Doyle’s elderly patients who were high utilizers of primary care with complicated chronic health conditions.

In the NRHA model, regularly scheduled medical group visits are an alternative to individual visits and the health care team facilitates an interactive process of care. The team empowers the patient, who is supported by information and encouraged to make informed health care decisions. The medical group visit can be conceptualized as an extended doctor’s office visit where not only physical and medical needs are met, but educational, social and psychological concerns can be dealt with effectively.

The health care team identifies and schedules patients on the basis of chronic disease history and utilization patterns. The patients typically remain in the same group but may not always be on the same MGV schedule with each other. Follow-up appointments are scheduled according to individual patient need. New members may be added to groups if the group size decreases.

Other variations of this medical group visit format have been used at New River Health Association for disease or condition specific populations, such as:

- Chronic conditions such as diabetes, hypertension, hyperlipidemia
- Black Lung/Breathing problems
- Chronic Pain
- Depression
- Prenatal
- Peri-menopausal
- Workers Compensation

Most groups meet monthly but can be scheduled more or less often to meet the needs of the patient population and care team.

# Why Medical Group Visits?

## Top 10 Reasons to Consider Medical Group Visits

- # 10. **The power of group support** - Bringing people with chronic conditions together in a group setting provides an opportunity for patients to learn from and support each other.
- # 9. **Access** – MGVs become a regularly scheduled follow-up visit that patients know they can count on. For most chronic condition it works well for patients to come in 3 month cycles.
- # 8. **Productivity** - The team approach can be cost effective use of clinical staff. The team prepares for the visit.
- # 7. **Provider satisfaction** - To make seeing more patients more possible – MGV’s help providers prepare for the visit and share the load. MGV’s become a break from the routine of the exam room.
- # 6. **Addresses preventive issue** – MGV’s provide a routine to address preventive health care by auditing the charts, team collaboration with patient and making appointments with patients for preventive care.
- # 5. **Promotes self-management** - The format offers an opportunity to change the dynamics of the patient/provider interaction, an efficient use of resources and uses group process to help motivate behavior change and do collaborative goal setting.
- # 4. **Nutritious snacks** Opportunity for isolated patients to socialize
- # 3. **Patient satisfaction**
- # 2. **Less idle wait time** - More time engaged with health care team and opportunity for question and discussion

And the # 1. Reason to consider adding Medical Group Visits to your practice:

**Fun for all** –MGV’s provide a unique way to deliver high quality medial care in a fun format that breaks the routine and promotes a sense of community and overall well-being.

# Planning and Implementing Group Visits

## *Two Months Before the First Group Visit*

Initiating a group visit requires some planning and coordination. It is important to begin planning at least two months before the first visit is scheduled to occur. First, make sure that you have support from the senior leadership at your site. With the leadership, discuss what outcomes you want from your group visits and figure the number of patients needed to “make budget” – it’s important to determine how many patients it takes to pay for number of team members involved.

Identify the team – The provider, a nurse and a person who can serve in the role of facilitator. This team should be committed to the defined schedule and to meeting to plan the process and agree on roles each member will play.

At the first team meeting, determine the population you would like to invite for group visits. Take a look at a medical provider’s panel of patients and determine if a significant number of patients exist with the need for ongoing follow up about any health issue. The provider and nurse make recommendations of patients they think will do well in a group setting.

### Census, Census, Census

- If you’re going to do a monthly medical group visit of 10-12 patients that are going to return every 3-6 months for follow-up, you need of a pool of 50-60 patients.
- Remember that only about 50-percent of patients are amenable to participation in group visits so determine if the population you wish to include is at least 50 patients or the group that results from your invitation may be too small to make the visit efficient for your team.
- Chronic illness registries and reports of patients with frequent visits can be used for this purpose.

At this first team meeting, review the letters of invitation, plan an agenda for the first meeting, and the roles of the team members. A task list and timeline is provided in the following section. Give top priority to scheduling the primary care provider, the nurse and an MA or LPN to assist with vitals at the beginning in the group visit. Don’t forget to schedule the room.

### ***One Month Before the First Group***

When a list of potential patients is obtained, the team should quickly review the list for patients who wouldn't be appropriate in a group. The typical exclusions are patients who are terminally ill, have memory problems, severe hearing problems, or are out of the area for significant portions of the year. Create your mailing list and letters now. Plan to have letters reach patients about one month before the first session. The letter is viewed most positively if it is personally signed by the primary care provider, and followed up one or two weeks after the mailing with a personal phone call from the nurse or facilitator who will be attending the group visits.

It is a good idea to have a second team meeting during this time. The set-up and materials needed for the first session should be reviewed. Materials may include visit sheet, route slip, consent form, patient evaluation form, goal setting form, etc. At the visit each patient will be provided with clipboard with their own patient specific materials. This is where visit documentation is recorded such as vital signs, information about physical exam, patient specific provider notes, etc. Review any assessments or documentation tools you wish to use. Discuss how the calling is going (or went) and who is expected to attend. Review the agenda and roles of the team. Some clinics like to provide coffee or a healthy snack. Arrange this as needed, as well as other supplies and materials needed, BP cuffs, stethoscopes, scales, etc .

### ***One Week Before the First Group***

About one week before the first session, enlist someone to call the attendees and remind them of their appointment. These calls should describe the purpose of the visit, what is likely to occur at the visit and encourage the patient to attend. The caller should reinforce that this is an actual medical appointment, not a class or workshop, and people are expected to call and cancel if they cannot attend. Discuss the issues of co-pay and be sure they understand where the group will take place. Many teams request the charts of those who will be attending and review them for preventive care needs or other concerns.

#### **Supplies for a Group Visit**

- Charts
- BP cuffs & stethoscopes
- Scales
- Supplies (Blue pads for foot exams, exam gloves, tongue depressors, alcohol swabs, )
- Forms, etc. (consent forms, lab order forms, referral forms, handicap parking forms, appointment cards, etc.)
- Clipboard for each patient with pens
- Nametags (optional)
- Flip charts and markers
- Lab audit summary

***The Day before the First Group Medical***

Proper preparation is key to successful MGVs. Each team member should know their preparation tasks and do their preliminary work before every group visit. Once roles are defined, the process is refined and the system is in place, it is a relatively small investment that yields big rewards on the day of the group. This valuable preparation time spent makes the MGV more efficient and more the appointment more effective at meeting the patients needs.

**Check census** - Give patients a reminder call and make sure they know where you want them to go.

**Set up** - Be sure the room is set up with all supplies, materials and refreshments lined up and ready to go.

**Lab audit** - Look up and record most recent lab results and preventive plan for each patient. (See example below) Preventive physical exam (PE) includes for women: annual Gyn; Mammogram; bone density and colon check. For men: PSA and colon check. This audit report should be given to the provider before they do the provider review.

**Lab Audit (Example)**

<b>Medical Group Visit Date:</b> _____											
Patient Initials	A1C	Total Chol.	Trig.	HDL	LDL	Date of Labs	Other Labs	Lab due	Last PE	PE Plan	FU

**Provider review** – For each patient scheduled, the provider reviews visit notes from last 3 medical visits. This review prepares the provider to outline a plan of what they believe needs to be accomplished so they can readily negotiate this plan with each patient individually during the group visit.

## **Day of the First Group Visit**

On the day of the visit it's important to be ready as some patients will arrive early. At least one team member should be in the room at least ½ hour before visit is scheduled to begin to greet patients. Chairs should be set up in the shape of a horseshoe with the open end so people can freely move in and out and for the team to lead discussions. Offering simple healthy refreshments helps everyone feel welcome.

As patients are getting settled, they are given their clipboard and instructed to review their "Medication List" and "Problem List". Vital signs are taken and recorded on their clipboards as arrive and are getting settled.

The primary care provider should open the meeting with a sincere welcome. All staff and team members are introduced. The patients are then given a format to follow for introductions. It is very important to include sharing in the introduction, as this will help to form the supportive relationships between the group members

After the introductions, the facilitator gives an overview of the group visit and reviews the group guidelines or norms, which cover the expectation of confidentiality for the group.

### **Room Set-up**

- Chairs in horseshoe
- Coffee table in the center for materials and supplies
- Exam stool for provider to roll around the circle
- Vital sign station with BP cuff, stethoscope, scales, etc.
- Computer (if EMR/other electronic system exist)
- Refreshments
- Bathroom nearby
- Private exam room nearby

### **Guidelines**

- Leave it here – you can talk about what you learned but not personal information
- If you don't bring it up, we won't
- Private exams can be done afterward if needed
- Group visits are not your only option. You can choose regular one-on-one visits sometimes or all the time

The provider then begins moving around the circle doing an exam on each patients, listening to heart and lungs and foot exams for patients with diabetes. During this time the nurse and facilitator are attending to the needs of individuals by refilling prescriptions, interpreting lab results, answering questions and promoting self care discussions. Each patient is encouraged to schedule any preventive care appointment at this time. Because this is a very lively and somewhat chaotic time, it is helpful to have one clipboard that keeps track of tasks that need to be done by the staff. This task clipboard helps give order to the chaos and prevents confusion about what needs to be done.

## Group Interaction is Powerful

Health care professionals are often tempted to use group visits as an opportunity to lecture patients – to tell patients everything they think patients should know about the disease process, treatment, etc. This can seriously undermine the success of the group visit.

Resist the temptation to take over and lecture! Trust the group to lead the way. The role of the health care team is to facilitate the group interaction.

A group discussion then takes place. Depending on the nature of the group, this discussion can be preplanned or evolve from the needs presented by the group. A question and answer period allows the group to raise topics they would like to discuss. Writing down a list of all the ideas on a flip chart can be a very helpful technique. Providers find that patients typically bring up topics that the provider team also feels are important and rarely suggest frivolous topics.

The provider finishes going around attending to individual needs and as the patients feel their needs have been met and they have a clear follow-up plan the group begins to disperse. Make a quick closing statement so patients understand that when they feel they are ready, they can go. Thank the patients for coming and taking an active role in their health care.

This is when the provider finishes with individual private exams or private discussions. The team then completes tasks and after a quick debriefing process, the provider dictates notes.

### MGVs Can Do

- Chronic disease follow-up and exam; questions
- Lab results
- Prescriptions
- Referrals
- Forms filled out (Comp, insurance, disability)
- X-rays, blood tests
- Medicine change
- Discuss medicine

## **Patient Evaluation**

It's important to end each session with a strong, clear closing statement.

“This was a great session. You all did a wonderful job discussing issues of medication management and thinking of creative solutions to the problems that some of you have experienced. I really appreciate your openness and your willingness to share.”

Remind patients to fill out their simple evaluation form. Encourage them to comment about what they like or didn't like about the visit.

Individual appointments then follow.

After every group visit, the team may want to have a short debriefing meeting.

## **Team Debrief**

Discuss what went well and what didn't go so well.

Plan for improvements - things you might want to do differently

List any follow-up needs

Record notes about the visit so you have a visit report.

Keep this visit report, list of patients and consent form as the record of the visit.

## Task List and Timeline

Date	Action	Responsibility	Done	Comments
<i>Two months before first session</i>				
	Meet with leadership Determine goals and measurement			
	Team meeting (1 hour or less) Determine type of group visit (ex: frail elderly) Discuss plans and team member roles Review agenda and letters			
	Schedule room (2-hour block)			
	Schedule provider (2-hour block)			
	Schedule RN (2-hour block)			
	Schedule MA for vitals during "break"			
	Obtain list of potential participants			
	Review list for inappropriate invitees	Provider		
<i>One month before first session</i>				
	Send out invitation letters to 40-50 people			
	Call all patients who received letter (2 weeks after mailing)	RN		
	Team meeting (45 minutes or less) Review agenda and roles, attendees, patient notebooks			
	Arrange refreshments, if desired			
	Create records for patients (folder/notebook for 25 per group)			
<i>One week before</i>				
	Create roster of attendees and sign-in sheet			
	Review charts for potential immediate needs			
	Call attendees to remind them of their appointment			
<i>Day of Visit</i>				
	Set up room (horseshoe)			
	Materials to room (patient folders, coffee, BP cuffs, stethoscopes, flip chart, nametags, tissues)			
	Be in room early to greet patients			
	Hold visit			
	Debrief after visit: What went well? What didn't go as well?			
<i>Monthly</i>	Plan next group visit			

Patients who don't hear well are not likely to benefit from groups visits.

The power of group:

- People with chronic conditions are not alone
- Patients give and get support
- Patients receive information
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Group norms and confidentiality

The debrief process – It is important to set aside time at the end of the visit to appreciate the hard team work and learn from the experience;

- Review patient evaluation forms
- List topics discussed
- What went well
- Ideas for change
- Follow up tasks
- Notes from debrief become record for group process

Benefits to patients.....

- Almost no wait time
- More time with doctor-nurse
- Q & A
- Better access
- Learn from others
- Opportunity to socialize - Coffee and snacks are provided
- Because of advanced planning patients are more likely to get the care they need for their chronic condition
- Opportunity for health education and resource information and support

Benefits to providers....

- Team approach – delegation of preparation tasks
- If census is good the provider is able to see more patients in less time
- Provider satisfaction – breaks the routine of the clinical day
- Provider has help dealing with the range of patient needs during and after the visit

## Who Does What

Each team should review the tasks and roles and determine how best to use their team.

The result might look something like this:

### **LPN/MA**

1. Pull charts 3-5 days before the group visit.
2. Remind primary care provider about the upcoming group visit.
3. As agreed upon by team, perform chart review.

4. Give results of chart review to provider.

#### Day of Group visit

1. Check room set-up.
2. Take charts and supplies to room.
3. Perform vitals, exams and immunizations as needed.
4. Data entry into registry if appropriate.

### **Appointing Personnel**

1. Reminder phone calls to patients.
2. Check on room reservation.
3. Make sure name tags are ready.

#### Day of Group Visit

1. Prepare charts and labels.
2. Print out registries for patients if appropriate.
3. Complete billing information as needed.

### **MD**

1. Participate in planning of the visit with the team, following suggestions of participants.
2. Review charts, identify problems for review with individual patients.

#### Day of Group Visit

1. Conduct discussion and group visit.
2. During break, review individual needs and make 1:1 individual appointments for after the visit.
3. Document all visits.

### **RN**

1. Coordinate the planning of the visit with the team.
2. Coordinate materials and information for the visit.

#### Day of Group Visit

1. Circulate in room during break, performing vital signs and identifying patients who need individual attention.
2. After visit, follow up with patients via telephone as needed.

## Who Does What (continued)

### **Others: Pharmacist, Behavioral Health, Nutrition, Physical Therapy**

It is sometimes helpful to provide access to other specialists during the group visits. It is important that the team adequately brief anyone brought into the group visit so they adhere to the high degree of interactivity encouraged in the group. Discourage these guest

presenters from lecturing to the patients or providing them with excessive prepared materials.

A good model for these presentations is for the physician, nurse, or presenter to have the group list all the questions they have right before the presenter speaks. If these are listed on a flip chart, they can be checked off as they are discussed. The presenter can suggest topics that the patients may not be aware of if they are not included on the list.

**Medical Center Letterhead**

Date

Dear \_\_\_\_\_,

I want to invite you to participate in a new way of delivering medical care. This program is designed specifically for (*describe group*: patients with \_\_\_\_\_, patients over 65). By choosing to participate you will be asked to:

- Become a member of a small group of patients with \_\_\_\_\_. This group will meet every month with me to address medical and other issues of concern to you.
- Help us develop the program for your particular group.
- Help evaluate the success of the program in meeting your needs.

Most of the time when you come in to the clinic, you are ill or have a specific problem that we need to talk about. Discussions about managing or improving your health are often hard to fit into these short visits. The purpose of this group is improved health. In the group we will discuss ways you can maintain or improve your health and make sure you are up-to-date with care recommended for you.

The first group visit will be held \_\_\_\_\_ (day and date) from \_\_\_\_\_ (am or pm). These group visits will be held at \_\_\_\_\_. We encourage you to bring a family member with you. Since this visit includes a medical evaluation, a co-pay will be collected if you usually pay for medical care.

If you are interested, please RSVP by \_\_\_\_\_ (date) to \_\_\_\_\_ (name) at \_\_\_\_\_ (phone number). If you are not interested, you will continue to receive usual health care.

**PCP**

## **Group Visit Agenda for First Session**

- 15 minutes    **Introductions/Welcome**  
Physician opens the session.  
All team members present are introduced.  
Introductions follow around the room, with sharing included.  
Example for older patients: Give your name as you would like to be called, and share your favorite childhood game (or where you were on Pearl Harbor Day, or favorite childhood holiday memory, etc.).
- 30 minutes    **Group Visits**  
What are they?  
Why are we doing it?  
What should you expect?  
Questions from the group.  
Group visit norms.  
Review folder/notebook.
- 15 minutes    **Break**  
Physician starts on one side, nurse on other.  
Take blood pressures, ask about specific concerns for the day (look for patients who need 1:1 visits).  
Refill meds.
- 15 minutes    **Questions and Answers**  
Ask for any questions the group has about their health, the visit, etc.
- 15 minutes    **Planning**  
Topic for next month.  
Announce time and date.
- 30 minutes    **1:1 visits with provider and nurse as needed**
- 30 minutes    **Provider discretionary time**

## **Group Visit Agenda Template**

- 15 minutes **Introductions/Welcome**  
Physician opens the session.  
All team members present are introduced.  
Introductions follow around the room, with sharing included.
- 30 minutes **Topic of the Day**  
Physician and nurse provide information, interacting with the participants whenever possible.  
Some suggestions to make the session interactive include asking:  
“Has anyone here ever had this problem?”  
“How has anyone dealt with this situation before?”  
“What have you heard about \_\_\_\_\_ ?”  
Always intersperse the presentation with questions from the group
- 15 minutes **Break**  
Physician starts on one side, nurse on other.  
Take blood pressures, ask about specific concerns for the day (look for patients who need 1:1 visits).  
Refill meds.
- 15 minutes **Questions and Answers**  
Ask for any questions the group has about their health, the visit, recent topics in the news, etc.
- 15 minutes **Planning and Closing**  
Determine topic for next month  
Thank everyone for coming, providers proceed to 1:1 visits
- 30 minutes **1:1 visits with provider and nurse**
- 30 minutes **Provider discretionary time**

# **Materials and resources for patient folders/notebooks**

## **Assessments**

For some types of group visits, the clinic may want to have the participants complete a questionnaire or health assessment before the group visit. It is highly recommended that when teams consider using assessments that they utilize instruments that are brief and have been tested before. One resource is Lorig et al Outcome Measures for Health Education and other Health Care Interventions, SAGE Publications, 1996.

## **Curricula**

It is very tempting for the team to develop detailed lessons plans and curricula, but this is not recommended. Researchers have found that groups of patients will choose the topics that health professionals want to discuss. By leaving the choice of discussion topic up to the participants, the group forms closer bonds and develop a sense of self-confidence. A great deal of the information that patients find helpful is hearing how other people have handled similar situations. The information that patients want from professionals tends to be basic information and it is rarely necessary to research a topic or refer to books to work with patients. If this is necessary it can be accomplished in the period between meetings, since the participants should be setting the topic for the upcoming meeting in the preceding one. Some groups have found it helpful to keep a checklist of topics they would like to cover and periodically review the checklist.

## **Patient Education Materials**

If you wish to choose and order patient education materials for your group visits, carefully review them to make sure they are consistent with your approach to patient care. Remember to use materials accepted for use in your setting so you will avoid the need to explain discrepancies in standards for care.

## **Clinic Brochures**

You may wish to include brochures giving patients information about your clinic and phone numbers to call for appointments, prescriptions, and other needs. Check to see if someone has already compiled this information.

# Group Visit Norms

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## **We will...**

- ◆ **Encourage everyone to participate.**
- ◆ **State our opinions openly and honestly.**
- ◆ **Ask questions if we don't understand.**
- ◆ **Treat one another with respect and kindness.**
- ◆ **Listen carefully to others.**
- ◆ **Respect information shared in confidence.**
- ◆ **Try to attend every meeting.**
- ◆ **Be prompt, so meetings can start and end on time.**





## DEALING WITH THE DIFFERENT TYPES OF PEOPLE/SITUATIONS IN GROUP SETTINGS

*This information is provided courtesy of the Stanford Patient Education Research Center that maintains the copyright. It has been adapted for use in group visits at Group Health Cooperative.*

The following descriptions of different types of people and potentially difficult situations are presented here to stimulate your thinking about how **you** might handle these effectively during a group session that you are leading. Preparing ahead of time may even help you prevent such problems. Each situation is different, therefore use your best judgment to determine what suggestions might be effective in real situations.

If a difficult situation persists, discuss it with your co-workers. Together, you will get the support you need and can decide how best to handle the problem.

### ***The Too-Talkative Person***

This is a person who talks all the time and tends to monopolize the discussion.

The following suggestions may help:

- Remind the person that we want to provide an opportunity for everyone to participate equally.
- Refocus the discussion by summarizing the relevant point, then move on.
- Spend time listening to the person outside the group.
- Assign a buddy. Give the person someone else to talk to.
- Use body language. Don't look toward the person when you ask a question. You may even consider having your back toward the person.
- Talk with the person privately and praise him/her for contributions, and ask for help in getting others more involved.
- Thank the person for the good comment, and tell him/her that you want everyone to have a turn at answering the question.
- Say that you won't call on someone twice until everyone has had a chance to speak once first.

### ***The Silent Person***

This is a person who does not speak in discussions or does not become involved in activities.

The following suggestions may help:

- Watch carefully for any signs (e.g., body language) that the person wants to participate, especially during group activities like brainstorming and problem solving. Call on this person first, but only if he/she volunteers by raising a hand, nodding, etc.

- Talk to them at the break and find out how they feel about the group session.
- Respect the wishes of the person who really doesn't want to talk; this doesn't mean that they are not getting something from the group.

### ***The "Yes, but . . ." Person***

This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her.

The following suggestions may help:

- Acknowledge participants' concerns or situation.
- Open up to the group.
- After three "Yes, but's" from the person, state the need to move on and offer to talk to the person later.
- It may be that the person's problem is too complicated to deal with in the group, or the real problem has not been identified. Therefore, offer to talk to the person after the session and move on with the activity.
- If the person is interrupting the discussion or problem-solving with "Yes, but's," remind the person that right now we are only trying to generate ideas, not critique them. Ask him/her to please listen and later we can discuss the ideas if there is time. If there is no time, again offer to talk to the person during the break or after the session.

### ***The Non-participant***

This is the person who does not participate in any way.

The following suggestions may help:

- Recognize that the people in the group are variable. Some may not be ready to do more than just listen. Others may already be doing a lot, or are overwhelmed. Some may be frightened to get "too involved." Still others may be learning from the sessions, but do not want to talk about it in the group. Whatever the reason, do not assume the person is not benefiting from the group in some way, especially if he/she is attending each session.
- Do not spend extra time trying to get this person to participate.
- Congratulate those participants who do participate.
- Realize that not everything will appeal to everyone in the same way or at the same time.
- Do not evaluate yourself as a leader based on one person who chooses not to participate in activities.

### ***The Argumentative Person***

This is the person who disagrees, is constantly negative and undermines the group. He/she may be normally good natured but upset about something.

The following suggestions may help:

- Keep your own temper firmly in check. Do not let the group get excited.
  - If in doubt, clarify your intent.
  - Call on someone else to contribute.
- 
- Have a private conversation with the person; ask his/her opinion about how the group is going and whether or not he/she has any suggestions or comments.
  - Ask for the source of information, or for the person to share a reference with the group.
  - Tell the person that you'll discuss it further after the session if he/she is interested.

### ***The Angry or Hostile Person***

You will know one when you see one. The anger most likely has nothing to do with the leader, group or anyone in the group. However, the leader and groups members are usually adversely affected by this person and can become the target for hostility.

The following suggestions may help:

- Do not get angry yourself. Fighting fire with fire will only escalate the situation.
- Get on the same physical level as the person, preferably sitting down.
- Use a low, quiet voice.
- Validate the participant's perceptions, interpretations and/or emotions where you can.
- Encourage some ventilation to make sure you understand the person's position. Try to listen attentively and paraphrase the person's comments in these instances.
- If the angry person attacks another participant, stop the behavior immediately by saying something like: "There is no place for that kind of behavior in this group. We want to respect each other and provide mutual support in this group."
- When no solution seems acceptable ask, "At this time, what would you like us to do?" or "What would make you happy?" If this does not disarm the person, suggest that this group may not be appropriate for him/her.

### ***The Questioner***

This is the person who asks a lot of questions, some of which may be irrelevant and designed to stump the leader.

The following suggestions may help:

- Don't bluff if you don't know the answer. Say, "I don't know, but I'll find out."
- Redirect to the group: "That's an interesting question. Who in the group would like to respond?"
- Touch/move physically close and offer to discuss further later.

- When you have repeated questions, say, "You have lots of good questions that we don't have time to address during this session. Why don't you look up the answer and report back to us next week."
- Deflect back to topic.

### ***The Know-It-All Person***

This is the person who constantly interrupts to add an answer, comment, or opinion. Sometimes this person actually knows a lot about the topic and has useful things to contribute. Others, however, like to share their pet theories, irrelevant personal experiences and alternative treatments, eating up group time.

The following suggestions may help:

- Restate the problem.
- Limit contributions by not calling on the person.
- Establish the guidelines at the start of the session and remind participants of the guidelines.
- Thank the person for positive comments.
- If the problem persists, invoke the rule of debate: Each member has a right to speak twice on an issue but cannot make the second comment as long as any other member of the group has not spoken and desires to speak.

### ***The Chatterbox***

This is a person who carries on side conversations, argues points with the person next to him/her or just talks all the time about personal topics. This type of person can be annoying and distracting.

The following suggestions may help:

- Stop all proceedings silently waiting for the group to come to order.
- Stand beside the person while you go on with workshop activities.
- Arrange the seating so a leader is sitting on either side of the person.
- Restate the activity to bring the person back to the task at hand or say, "Let me repeat the question."
- Ask the person to please be quiet.

### ***The Crying Person***

Occasionally, a group discussion may stimulate someone in the group to express their feelings of depression, loss, sorrow or frustration by crying. People cry for many reasons. They may feel that someone finally understands what it has been like, which makes them feel safe to express emotions they have been suppressing for a while. Crying is usually a release that promotes emotional healing. To allow a person to cry is helpful; it may also help to bring the group closer together, providing mutual support to one another. Your role is to convey that it is okay to cry so the person does not feel embarrassed in front of the group.

The following suggestions may help:

- Always have a box of tissues handy and pass it to the person.
- Acknowledge that it is all right to cry — having a health problem is difficult, then continue on with the class.
- If the person is crying a lot, one leader may want to accompany the person out of the class to see if anything needs to be done. The other leader should continue on with the rest of the group.
- Generally, if no one tries to stop the crying, within a short period of time, it will play itself out. Tension will be released and the person will feel better and the participants will feel closer to the person.
- At the break or after the session, ask if the person is okay now and if he/she needs help with anything. Reinforce to the person that crying is a perfectly normal, healthy behavior and that he/she is not the first to cry in this class. In fact, it has happened quite often and probably will in the future.

### ***The Suicidal Person***

Rarely, you may encounter someone who is very depressed and is threatening to take his/her own life or expresses severe hopelessness or despair.

- Talk to the person privately. One professional can accompany the person out of the room, and perform a further assessment of suicide risk.
- Engage mental health services.

### ***The Abusive Person***

This is someone who verbally attacks or judges another group member.

The following suggestions may help:

- Remind the group that all are here to support one another.
- Establish a group rule and remind everyone that each person is entitled to an opinion. One may disagree with an idea someone has but under no circumstances will personal attacks be appropriate. If the abuse continues, ask the person to leave.

### ***The Superior Observer***

This is a person with a superior attitude who says he/she is present out of curiosity, and that he/she already knows everything about their health and is coping well.

The following suggestions may help:

- If the person knows a lot and is doing well, you may want to have them provide examples of what they do at selected times for the group.
- A person may also act superior if he/she feels uncomfortable and not a part of the group. If so, include him/her in some way.

- If the person wants to be ignored, then ignore them. They will get bored and leave or start to participate.

## ***The Person in Crisis***

The person in "crisis" is the one with the problems who wants help and/or just needs to talk about these problems.

The following suggestions may help:

- Listen attentively, be empathetic, use open-ended questions and use reflective listening.
- If after five minutes it is obvious that the person will need more time to "unload," talk to person during the break or afterwards, as you will have to go on with the group activities.
- Don't take up session time and energy with the very "needy" person because it takes time away from the other participants who can be helped. Refer them to appropriate services, such as social work or behavioral health.

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