The Trauma Survivors Network

Implementation Guidebook

A Program of the
American Trauma Society

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Implementation Guide Book

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Section A. Introduction

Welcome to the Trauma Survivors Network (TSN)

Thank you for your commitment to the well being of your patients and their families. We hope the **Trauma Survivors Network (TSN)** will assist you in providing the services they need to navigate their stay in the hospital and help them on the road to recovery.

The TSN was developed by the **American Trauma Society**, the leading organization advocating for the injured and their families. The goal of the TSN is to help trauma patients and their families connect and rebuild their lives. The TSN is committed to:

- Providing valuable, practical information and referrals
- Connecting survivors with peer mentors and support groups
- Enhancing survivor skills to manage day-to-day challenges
- Developing on-line communities of support and hope for trauma patients and their families
- Training health care providers to deliver the best care and support to patients and their families

Extensive research on the recovery process and psychology of injury and disability strongly indicates that full implementation of the TSN can have a positive impact on post-trauma outcomes. The TSN can also help friends and family cope with the loss of a loved one.

The TSN offers its services in collaboration with local trauma centers. Each Trauma Center may provide some or all of the services. In addition, your trauma center may provide additional services which can be integrated with those of the TSN. The ATS assists trauma centers by providing the following:

- An electronic version of the **Handbook for Trauma Patients and their Families** that you can customize for your hospital and print for distribution to families and patients. The handbook provides practical information about your trauma center and what to expect in the hours and days after an injury. It also introduces the family to the TSN website.
- Access to the TSN Website (customizable to YOUR hospital) that provides among other things:
    - A direct link to **CarePages℠** where patients and families can create free, personal, private Web pages to help them communicate with friends and family.
    - An **Online Resource Center** (the TSN Traumapedia) that provides information on injuries, their diagnosis and treatment, rehabilitation, as well as other topics important for patients and their families making the transition from the hospital to home;
    - An **Online Community Forum** where trauma survivors and their families share experiences and provide support and hope to others;
    - **TSN Resources** to help you promote and manage the TSN and its programs in your hospital.

- The training and materials needed to establish and sustain**:**
    - **A Peer Visitation Program** that will link trauma survivors with experienced mentors who can share experiences in recovery, model successful coping and encourage the patient to continue to move forward;
    - **Peer Support Groups** that help trauma survivors connect with each other, share their experiences and derive strength, support and inspiration from each other.
    - **Family Class** the helps family members find support and plan for providing care for their loved one.
- Training and materials you will need to establish **Self-Management Classes for Trauma Survivors (the NextSteps© program)** that will enhance the survivor's ability to manage the consequences of injury by building on pre-existing strengths and coping skills: problem-solving, relaxation, communication, and goal setting.
- **Ongoing support and help** from the National TSN administrator and the American Trauma Society.

Benefits of Joining the TSN as a Member Hospital

As a member hospital of the TSN you will enjoy the following benefits:

1. **Better CARE and outcomes for your patients and their families**. To be successful, a trauma center must provide high quality care in an efficient manner. This requires that patients are rapidly moved through the continuum of care (acute care, rehabilitation, outpatient and home care). Due to the rapid pace of medical care, payers and providers, are forced to focus on the medical aspects of care; the psychosocial needs of the patients and their families are often unaddressed. The TSN provides the training and materials you need to establish and successfully maintain programs that address these needs - peer visitation programs, peer support groups, and self-management classes. And, these programs can be effectively maintained over the long run by engaging volunteers who benefitted from the TSN and want to give back.

2. **Increased ADVOCACY for trauma systems and injury prevention . . . locally and nationally.** A cornerstone of the TSN strategy is the creation of an extensive network of trauma patients, families and providers who are passionate and committed to making a difference. The TSN will provide you with the mechanism to maintain extended contact with your patients and their families and to build an "army of advocates;" advocates who can orchestrate change locally and nationally. The local trauma center will have capacity to inform and mobilize this constituency to address specific local issues confronting the state legislature, payers and regulators. Simultaneously, ATS will partner with the network to educate the national audience. The result is the potential for profound change, at the programmatic, policy and regulatory levels. Most important, we will have the unprecedented opportunity to change the public's perception of trauma as a major threat to our public's health. It is only by changing the public's understanding of injury, its causes and treatment, that ATS and the trauma community can become competitive with other disease advocates such as the American Cancer Society and the American Heart Association.

3. **Increased opportunities for PHILANTRHOPY.** We all face the challenges of fundraising and development for our trauma programs and outreach activities. Trauma is often characterized by a short intensive hospital stay coupled with a long and complex course or recovery. The communication channels provided by the TSN, coupled with a talented coordinator, will afford you the opportunity to contact, screen and refer a potential major donor to the development office, while providing the larger number of small donors the opportunity to donate through the website. Many patients and their families who have benefitted from the TSN will want to give back – in volunteer time or monetary donations. The Website will help facilitate these opportunities for your patients and families. Proactive marketing of the program outside the hospital will also attract other organizations and businesses who want to help and contribute to the Network.

4. **Improved SATISFACTION of your patients and their families.** Patient and family satisfaction is a major performance metric for all hospitals. The TSN provides several products (the Traumapedia, direct access to CarePages, a customizable Family Handbook, an on-line forum) which when coupled with your local resources, will address "family information starvation" *(i.e. What does this mean? How do we cope?)* that occurs in the first hours and days post-injury.

The TSN has been developed with these four goals in mind:

Care
Advocacy
Philanthropy
Satisfaction

Implement the TSN in your hospital and become one of a growing number of **CAPS**tone hospitals around the country that are setting the standard for the future. By becoming an early adopter of the TSN, your center will be on the leading edge and differentiate yourself from other facilities. You will be a model for trauma center care in the future.

The TSN Implementation Guidebook

The TSN Implementation Guidebook is a resource for hospitals who want to implement the TSN. Additional copies of the TSN Implementation Handbook can be obtained through the TSN online resource center in the TSN website (www.traumasurvivorsnetwork.org) or by contacting the TSN national administrator at admin@traumasurvivorsnetwork.org.

In **Section B** we discuss how to get started with implementing the TSN in your hospital. It begins by describing the 5 key components that contribute to the success of the TSN. We then discuss the critical role of the hospital's TSN coordinator and provide some guidance for a new coordinator during the first few weeks of implementation. The section ends with a few words about the importance of engaging volunteers in running the TSN and what you will need to consider in getting volunteers on board.

Optimal use of the TSN website is critical to the ultimate success of the program in your hospital. Although the TSN website has been specifically designed for ease of navigation, **Section C** of this guidebook provides detailed instructions for setting up your trauma center's page on the site, and using the functionalities of the website to manage your program.

Through the website you will be able to access an electronic version of a customizable *Handbook for Trauma Patients and their Families* which provides practical information about your trauma center and what to expect in the hours and days after an injury. **Section D** of this guidebook includes detailed directions on how to customize your the handbook and how to get it printed for distribution at your trauma center.

In **Section E** we describe how to promote the TSN within your hospital by educating hospital staff and introducing the TSN to patients and their families. We also describe how to go about customizing, printing and using promotional materials that are provided to you through the TSN website.

The next three sections walk you through the process of setting up and running the three core programs of the TSN:

- The Peer Visitation Program links trauma patients with volunteer trauma survivors who have experienced the aftermath of a serious injury and are ready to listen. **Section F** of this guidebook describes the process of setting up your program, recruiting and training peer visitors, and managing the program day-to-day.

- Peer Support Groups help trauma survivors connect with each other, share their experiences and derive strength, support and inspiration from each other **Section G** of this guidebook walks you through the process of setting up, advertising and running the program. It also provides discussion topics to get you started, and describes common problems encountered when running support groups.

- The NextSteps© program is a self-management program designed specifically for trauma survivors. It provides survivors the opportunity to explore the ways their lives may have changed and learn how to move forward on the road to recovery. **Section I** of this guidebook walks you through the process of setting up and running a NextSteps© class.

Throughout the TSN Implementation Guidebook you will find boxes like these, containing descriptions of procedures, activities, resources and policies obtained from a single, actual trauma center in the United States. We have renamed it **Model Medical Center**, but all of the content is accurate and illustrates how things may work at your own hospital. However, these are only examples. Successful implementation of the Trauma Survivors Network will require you to adapt the program to the policies and procedures at your hospital.

If You Need Help

We hope you will find this Guidebook and the TSN website helpful as you move forward in implementing the TSN in your hospital. Please remember, the ATS is committed to helping you navigate through this process. You can contact the national TSN administrator via email at admin@traumasurvivorsnetwork.org or by phone at 1-800-556-7890.

Section B. Getting Started

What You Will Need to Get the TSN Up and Running

Successful implementation of the TSN in your hospital will require that you identify the appropriate people who can help with the following 5 principal activities central to the TSN:

1. **Customize and maintain the website for your trauma center.** When you register on-line as a member hospital, you will be given instructions on how to do this (see **Section C**). You will be asked to upload a copy of your hospital or trauma center logo, provide a brief description of the trauma center, the name of your TSN Coordinator (see below), and identify the programs you will be offering through the TSN. The Website will become an invaluable tool for you in managing and promoting the TSN in your hospital. It is important you learn how to get the most of it!

   Through the website you will be able to access an electronic version of the **Handbook for Trauma Patients and their Families (**see **Section D).** The handbook provides practical information about your trauma center and provides information for patients and family members on what to expect in the hours and days after an injury. It can also be used to introduce the family to the TSN website. Most of the information contained in the handbook is common to all trauma hospitals in the TSN program. Some information will need to be customized to your hospital. A properly customized handbook is a unique resource for trauma survivors and their families.

2. **Promote the TSN in your hospital.** Critical to the success of the TSN is the ability to introduce the program to patients and their families early in the hospital stay (see **Section E**). Before they are discharged, patients should be reminded of the TSN and its resources. Specifically, it will be important for you to . . .

   - **Educate providers and staff about the TSN and how they can refer patients to the TSN website.** It is important you promote the TSN widely so it becomes an important part of the routine care you provide. This will require meeting with various provider groups and reminding them to refer patients and families to the TSN website. Although an initial investment in time will be necessary to introduce the TSN, don't underestimate the importance of ongoing reminders and 'continuing ed.' You will also want to make sure that there are reminders strategically placed throughout the hospital. From the TSN website, you can download posters and flyers to post in the appropriate places.
   - **Make each family aware of the TSN and the Website early on, within hours of their arrival at the hospital.** We recommend that you provide the family with a copy of the customized Handbook together with information on how to access the website (including directions to a place in the hospital where they can access the internet). It will be critical that you identify some mechanism for getting the handbooks to families regardless of the day of the week or time of day they arrive at the hospital.
   - **Introduce the TSN to each patient as soon as it is practical**. While still in the hospital, a patient may want to take advantage of talking with a peer visitor. Before they leave the hospital you should ensure they know about the TSN and the website and encourage them

to connect with other survivors either on-line or by joining a support group. Providing them with a card with the name of the TSN Coordinator and the website address is helpful.

3. **Develop and maintain programs for survivors and their families.** If you do not already offer these services, this will be the most challenging part of getting the TSN fully up and running in your hospital. But the ATS can help you with the training and materials you will need. And remember, you can mange these programs via the TSN website:
    - **Set up and maintain a peer visitor program.** You will need to recruit, train and certify peer visitors (see **Section F**). Once the TSN is up and running in your hospital, survivors will volunteer to become peer visitors through the TSN website. Also, peer visitors will likely emerge from your support groups (see below). You will most likely have to offer training a few times a year to keep an active group of peer visitors engaged. You will also have to respond to requests for peer visits and arrange for the visits. Management of the peer visitation program will be greatly facilitated through the TSN website.
    - **Set up and maintain a peer support group.** Eventually you will want to offer one or more support groups for survivors and families (see **Section G**). While it is important to engage a survivor or family member in leading the group, you will need to help facilitate meetings by providing space for meetings, refreshments, parking, and speakers on topics of interest to the group. Active support groups typically meet once per month. Finding a volunteer to help run the support group is often a good strategy.
    - **Offer a NextSteps Class.** A great way to start a regular support group is to offer a NextSteps self-management class. You will need someone trained in leading the NextSteps group. This training is available from ATS (see **Section I**). Either the leader or the facilitator should be a trauma survivor. As with the support groups, volunteers may be particularly well suited to help lead or facilitate a NextSteps class. But remember, it might require an up-front investment on the part of the hospital to get a volunteer trained if he or she is going to lead the class. Eventually you will want to run a NextSteps class 2-4 times a year depending on the size of your trauma center.

4. **Build a network of advocates**. Use the TSN website to build a local community of trauma survivors and families**.** A cornerstone of the TSN strategy is the creation of an extensive network of trauma patients, families and providers who will become your army of advocates. While the TSN website will help you in identifying these individuals, you will need to work proactively to engage them in the activities that are most important to them and to you.

5. **Fundraise for ongoing support and expansion of the TSN**. Full implementation of the TSN will require some resources. As an institutional member of the ATS you will have full access to the TSN website which will provide you with a lot of the materials you will need to get the TSN up and running. The website will also help you manage the TSN programs. However, you will still need someone to serve as overall coordinator for the program. We recommend you engage your Development Office early in the process. Work with them in developing a press release when you are ready to launch the program in your hospital. We expect that in the long run, most of the operating costs for the TSN can be covered by direct TSN revenue (e.g. small donations and event sponsorships). You may also want to consider finding a local business or foundation that would be interested in sponsoring the TSN in *your* hospital.

The Critical Role of the TSN Coordinator

How you accomplish these tasks (both initially and on an ongoing basis) will depend on the size and resources of your trauma center and hospital. You will, however, need one person who is the overall **TSN Coordinator** for your hospital. This position may be a full-time or part-time position, depending on the size of your center and how you structure the job. Some trauma centers may choose to have one full-time person who is in charge of doing all of the above with the exception of making the initial contact with families (this may be left to the nursing or social work staff who, as part of their routine communication with the family, can introduce the TSN). Other trauma centers may ask the Department of Social Work to run the support group(s) and lead the NextSteps Classes. Alternatively, you may want to recruit volunteers (survivors and their families) to run the groups.

Identifying an individual to serve as the TSN Coordinator is a key first step in implementing the TSN program. This individual should attend the TSN training program provided by the American Trauma Society. For information about upcoming national TSN trainings contact the ATS at admin@traumasurvivrosnetwork.org.

While the responsibilities for implementing and running the TSN may be shared among several individuals, it is important that all of these individuals attend training that is appropriate to their role (e.g. the NextSteps leader should attend the 2-day training offered by ATS).

The TSN Coordinator will be the hospital's expert regarding the TSN, charged with not only development and management, but staff training and continuing education about the program. It is important that the Coordinator takes the time in the early days to read all the materials in this Guidebook and identify questions he or she may have about the program. Some questions will be answered by talking with the staff at the hospital while others will be best addressed by contacting the national TSN office (admin@trauamasurvivorsnetwork.org).

A sample job description for a full-time TSN Coordinator at Model Medical Center is provided in the box below. Because they are looking for someone to coordinate the program *and* run the support groups and Next Steps Class, they require training and experience in social work.

TSN Site Coordinator Job Description at Model Medical Center
Full-time Position

JOB SUMMARY:

- Independently coordinates day-to-day operations of the TSN program.
- Serves as a point of contact for program participants and office or clinical support personnel.
- Implements all components of the TSN program to include facilitating educational and support groups, coordinating outreach and educational efforts, and educating hospital staff about the program.

(*box continues, next page*)

ESSENTIAL FUNCTIONS:

- Develops and/or produces routine reports of program process. Evaluates program objectives and results, and participates in program planning and improvement in accordance with the goals and objectives of the TSN program.
- Maintains confidentiality in accordance with hospital standards.
- Educates staff about the TSN program.
- Educates trauma patients and their families about the TSN program, providing the Trauma Patient Handbook and other educational material, as appropriate.
- Maintains local trauma center information and resources on national TSN website.
- Recruits trauma survivors for support groups, the self-management course, and for the peer visitation program, developing recruitment streams through doctors' offices, community clinics, rehabilitation facilities and other sources
- Develops and facilitates trauma support groups.
- Facilitates the 6-week Trauma Self Management course, NextSteps.
- Coordinates the Peer Visitation program, including implementing the program, training trauma survivors, screening patients and obtaining consent, matching mentors to patients and debriefing visits. Provides continuing support to mentors.

MINIMUM QUALIFICATIONS:

- Bachelor's or Master's degree in social work from an accredited school of social work. XYZ state social work licensure required.
- Preference given to candidates with social work or clinical experience within the healthcare setting for at least 2 years.
- Preference given to candidates with experience facilitating health-related support groups.
- Except for qualifications established by law, additional related experience and formal education in which one has gained the knowledge, skills, and abilities required for full performance of the work of the job class may be substituted for the education or experience requirement on a year-for-year basis with 30 college credits being equivalent to one year of experience.

KNOWLEDGE, SKILLS, AND ABILITIES:

- One year prior experience in a clinical environment.
- Knowledge of individual, family and group counseling, and how medical, social and psychological factors affect an individual's functioning.
- Skill in communicating efficiently and effectively both orally and in writing with a variety of people both internally and externally.
- Skill in continuously seeking to improve the quality of services and processes.
- Skill in relevant computer web applications.

The Early Weeks of Implementation

The TSN Coordinator's responsibilities will vary from site to site, depending on how the program is being implemented. The early weeks will be filled with getting to know the hospital system and the TSN program. If the Coordinator is already a hospital employee before taking on the TSN coordinator responsibilities, this process may take less time. After getting oriented to the TSN program, there will be a number of things the Coordinator will need to do before launching the program. While the timing of this roll out cannot be predicted, here is a general outline of the activities involved:

Personalize TSN Materials to Your Facility. You will be responsible for adapting the TSN promotional and educational materials to fit your own hospital. You will want to start with customizing the TSN brochures, posters, business cards, and flyers so you can offer those to the staff as you meet with them. You will also need to customize the *Handbook for Trauma Patients and their Families* with information relevant to your hospital.

Meet the staff. Make a list of the staff members you will need to engage in the TSN and begin setting up times to meet with them. Here is a sample list of departments and people you may want to talk with before you begin the program:

- Trauma Director
- Trauma Program Manager
- Trauma Nursing Leadership and Staff
- Department of Social Work / Case Management
- Key Medical and Surgical Departments
- Pastoral Counseling
- Department of Rehabilitation Medicine
- Department of Psychology/Psychiatry
- Volunteer Office

Once you have explained the goals of the TSN, solicit input from these colleagues regarding their suggestions for implementation. These questions might include

- Who would be the best people/department to distribute the Patient/Family Handbook?
- What would be the best way to identify appropriate patients and families to educate about the TSN and which units would be most receptive to your presence?
- What would be the best referral sources for the NextSteps class, support groups and peer visiting volunteers?
- What benefits do they see to having the program in their hospital?
- What barriers might they anticipate in implementing the program?
- How might the TSN coordinator be of help to their department?

Taking their suggestions into account as you implement the program will increase staff buy-in and program's likelihood of success.

Create a Plan to Educate Staff. As you meet with key staff members and identify the process they recommend for educating their departments about the new TSN program, follow up with the department managers with your request for a time to meet. Plan your promotional and education strategy carefully: department managers have little time to offer for staff education, so plan to take just 10-15 minutes with each group, depending on their unique role in the implementation process. For instance, hospital administrators will want to know how this program will impact the efficiency of the hospital, while critical care nurses will want to know their specific role in educating families and making referrals. Be sure to tailor each presentation accordingly.

After each staff meeting or in-service presentation, you will refine your presentation for the next audience. It would be good to meet with each group *after* the program has been more fully implemented to solicit feedback and suggestions for improvements, as well as to offer progress reports.

Compile Patient Education Materials. When meeting individuals at your trauma center, ask them to identify programs and resources they already have in place that may be helpful to trauma patients and their families. These may include existing support groups, web resources, brochures and other patient education efforts, specialized classes, collaborations with outside institutions, programs for families, and programs for specific groups such as individuals with traumatic brain injury.

Also, visit your hospital's local Intranet and their Internet site. They may have printable forms, brochures, and articles that you can use to add to your distribution packet, or give to individual patients and families.

Create a Plan for Survivor Recruitment. As you familiarize yourself with the staff and hospital processes you will identify referral sources and amass support for survivor recruitment. You will need to decide how you will best educate both families and patients about the TSN – initially and again before they are discharged from the hospital. You may also want to develop strategies for following-up with patients once they leave the hospital to encourage them to join a support group or connect with other survivors on-line.

Budget Considerations. Now is the time to examine the budget for the expenses associated with your TSN program. For example, you will need money for printing materials, office supplies, and possibly refreshments for trainings, classes, and support group meetings.

Working with TSN Volunteers

Engaging volunteers in the TSN will be critical to the long-term success of the program in your hospital. Volunteers are the backbone of your peer visitation program. They will also be important to the development and maintenance of your support groups and the NextSteps class. You might also engage volunteers in educating families about the TSN.

In most cases, TSN peer visitors and other volunteers will need to become *hospital volunteers* to begin their work. It is likely your hospital has a protocol already in place for training and orienting volunteers. These protocols are typically maintained by a Volunteer Service Office (VSO). The TSN coordinator should be

aware of all that is required of volunteers who want to be peer visitors, NextSteps class leaders, and support group facilitators.

Contact the VSO at your hospital to find out what information volunteers will need to bring with them when they apply to become a hospital volunteer. It is probable they will need to fill out an application, provide references, provide proof of immunization, take a TB test, complete a health history, and be subject to a background check.

You should also inform the potential volunteer of liabilities and health risks that can occur when volunteering within the hospital. This information should be provided in detail during volunteer orientation, but it is courteous to inform the potential peer visitor of this risk before they decide to begin the process. There may also be benefits offered to volunteers (such as free parking, a free uniform, and discounts at the hospital cafeteria).

The TSN coordinator should get in touch with the VSO prior to the arrival of any volunteers and make them aware of the Peer Visitation and other TSN programs. We recommend that the TSN coordinator work closely with the VSO in the beginning so they can streamline the process as much as possible for the peer visitors and other volunteers.

The TSN coordinator can put together his/her own packet to give to volunteers that includes all the forms required by the VSO, directions to the VSO and parking information for the volunteer.

At Model Medical Center, this information is provided to potential volunteers by the VSO:

If you are interested in volunteering, here is what you need to do:

1. Complete the volunteer application and turn it into the volunteer office. Our office fax number is xxx-xxx-xxxx.
2. Come into the Volunteer Service Office for an interview.
3. Complete a health form, and bring documentation of your immunization records. If you don't have any proof of your immunization, you may need to have your blood drawn.
4. Complete a mandatory orientation and annual training session.

As part of this process at MMC, volunteers must provide references and complete a health history.

When someone is interested in volunteering, they must first complete the peer visitors training program. After graduation from the program, and if they are ready to become a peer volunteer, they are given a packet that has all the information required of the VSO. The packet includes all the forms required by the VSO, and directions from the hospital to the volunteer center (at MMC, it is across the street form the hospital).

Once the hospital volunteer orientation is completed, volunteers are assigned an identification card and a coupon for free parking. If they use local public transportation, a free one-way token is provided at the end of each peer visitation.

A Note about Some Legal Issues and Permissions

Before distributing any promotional materials or setting up trainings, be sure to get approval from your hospital's quality control director. Get approval of the materials you would like to distribute and have the protocol for distribution approved.

A hospital can be a highly regulated environment. We recommend you speak to the person who sanctions these regulations at your hospital before proceeding with any of the recommendations in this Guide.

The quality control director will also guide you through the procedures for obtaining approval when approaching patients and their families about the TSN and peer visitation. This entails learning if and when it is required to document a conversation with the patient. You must also find out if verbal consent is acceptable from patients or if written consent is expected before agreeing to a peer visitor.

At Model Medical Center, there is a clinical nurse specialist that monitors these activities and ALL materials must be approved through her. She must approve the method of distribution as well the reading level of the posters, brochures, and handbook.

After speaking with a patient about the TSN, the coordinator is required to document this contact in the patient's chart. Verbal consent from the patient is enough to receive a peer visitor.

At Model Medical Center, these are some activities that have to be cleared with the clinical nurse specialist:

- Hanging posters and distributing brochures
- Handing out the Patient and Family Handbook
- Showing a video presentation about the TSN
- Distributing TSN branded products or give-aways
- Placing items in the patient's chart
- Contacting the patient once he or she is discharged
- Going to the outpatient trauma clinic or attending discharge rounds
- Attending relevant committee meetings

Key Legal/Regulatory Contacts

Make a list here of the items you will need to get permission to use at your trauma center:

Task:	Permission Contact:	Contact Info:
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________
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Section C. Making the Most of the TSN Website

Introduction

A major part of the TSN program is the TSN website. The website gives the TSN coordinator access to resources to more efficiently run the TSN program, and serves as a repository of electronic versions of all the documents you will need to run the program.

The Website is also a resource for patients and families for connecting with other survivors, learning about trauma and its consequences, and finding out what programs are available to them through your trauma center.

An important role of the TSN coordinator will be to market the website and encourage trauma survivors and their families to become registered members of the site. Registration is completely free. This should be viewed as a central facet of participation in the TSN network. Once survivors and their families become members of their local network, there are several tools available to you to communicate with them and enroll them in the programs of the TSN.

Here are just some of the features that will be available to you through the TSN website:

- Manage a list of survivors at your trauma center, and send email and site messages to individuals on your list
- Post information about the availability of Next Steps, Peer Visitation and Peer Support programs at your trauma center
- Receive requests from survivors at your trauma center to participate in your programs.
- Manage attendance and participation lists for all your programs.
- Communicate with survivors and their families through the message boards
- Communicate with, and get help from, other TSN coordinators
- Download electronic versions of the TSN program and marketing materials
- Access CarePages℠ set up by families at your trauma center and leave messages of support

The TSN website can be found at: **www.traumasurvivorsnetwork.org**

In order to start using the website, you will need to get an account, get yourself recognized as the TSN coordinator at a registered trauma center, and set up your trauma center's pages. Don't worry, the website is easy to use, and you don't have to use all the resources right away. This section walks you through the process of creating an account and setting up your pages.

Section D. Customizing the Handbook for Trauma Patients and their Families.

Arriving in the hospital following a traumatic injury is an unexpected and disorienting experience. Both patients and families can experience anxiety and frustration in navigating the hospital system and understanding their surroundings. The **Handbook for Trauma Patients and their Families** was developed as a tool to help alleviate some of this anxiety and frustration. It provides general information about traumatic injuries, the hospital experience, the roles of the professionals providing care, and medical terminology. Further, this Handbook can be customized with information that is relevant to your trauma center. A properly customized handbook is a great resource for trauma survivors and their families. The first step in customizing your **Handbook for Trauma Patients and their Families** is downloading the handbook files from the Resources area in the TSN website.

Downloading the Handbook Files

The handbook and associated files are available in the TSN website, in the Resources tab under the Coordinator's Control Panel. You will need to download four files:

1. The customizable handbook file: **patientfamilybook.doc**
2. A graphic file containing the front and back covers of the handbook suitable for use by a commercial printer: **patientfamilybookcover.pdf**
3. A help file with the sample language in this section that can be used to copy, paste and edit content: **patientfamilybook.help.doc**

Please save these files to your hard drive to work with them.

The handbook is provided in Microsoft Word format. The main file name is patientfamilybook.doc. This file may be opened on a Windows or Macintosh computer system. Once you have opened the handbook, please save it on your hard drive under a different name in case you make a mistake and need to return to the original file. The following fonts will be required:

- Garamond
- Helvetica

Customizing and Printing your Handbook

Most of the information contained in the Handbook is common to all trauma hospitals in the TSN program. Some information, however, needs to be customized. Spaces for this information are highlighted in gray and start with a an alphanumeric field label (such as 3a, representing the first field in the third page). Just place your cursor in the gray field, delete the text and begin typing. Text that is not in

a gray field cannot be edited. The gray fields are only visible on your screen. Once the Handbook is printed, the gray background will not be visible. You may also copy and paste from word or text documents into the gray fields. At the end of this section, there are examples of the kind of information that you should be looking for when customizing your handbook..

Please note that the kind of information that you will need to provide to customize your Handbook may require some research on your part. You may save your handbook file and reopen it at a later time to make additional edits as you collect the information you need.

An important note about the length of sections: In some cases the number of pages in a section will be influenced by how much text you choose to put in the gray fields. Some sections will flow over onto another page. For this reason the page numbers on the table of contents have been left for you to fill in. **Please remember to add these page number to the table of contents when you are done customizing your handbook.**

In some cases there will be large white areas at the end of a section. Do not be concerned with trying to fill these areas with additional content. You should, however, try to avoid including pages with only a few lines of text. Included at the end of several sections is a gray field with a quote from a trauma survivor. These are included for reader interest and to help you fill out a page. Use of the quotes is optional. They can be deleted simply by selecting the text in the field and deleting it.

Your handbook can be printed by any commercial printer. Simply submit the customized **patientfamilybook.doc** file and the **patientfamilybookcover.pdf** file. You will also need to provide the name of your hospital and a high resolution image of your hospital's logo so that your printer can customize the handbook cover. If your hospital does not have a relationship with a local printer, please contact the national TSN administrator (admin@traumasurvivorsnetwork.org). ATS has a relationship with a national commercial printer that is already set up to print the handbook.

Specific Instructions for Customizing the Handbook

Here you will find specific instructions for customizing the Handbook. Remember that these are only examples. You will need to find out specifics about your hospital, and should have the information you insert here reviewed by your supervisor. It is also a good idea to have individuals from several units at your hospital review the content you insert in these fields. They may be aware of additional program, resources, or procedures.

Section/Field number	Action/Sample content
AA	*Type your hospital name here.*
1a.	*Type your hospital name here*
1b.	*Example:* Inova Fairfax Hospital, part of Inova Health System, has been providing superior care since 1961 to Northern Virginia and the surrounding region. Inova Regional Trauma Center was designated in 1983 by the Commonwealth of Virginia as the only Level I trauma center in Northern Virginia. As a Level I trauma center, the Inova Regional Trauma Center has around-the-clock capability to provide immediate, state-of-the-art, all-inclusive care by a team of trauma experts to the most severely injured patients. The Center is committed to trauma research, education, prevention and outreach activities. It is the only trauma center in Virginia certified by the American College of Surgeons Committee on Trauma, which indicates the achievement of meeting the highest standards of care. The Inova Regional Trauma Center is a comprehensive trauma center, offering highly specialized care from pre-hospital through rehabilitation to approximately 3,000 pediatric and adult patients annually. Treatment at a trauma center has been strongly associated with improved outcome after injury.
1c.	*Example:* Inova Fairfax Hospital and Inova Fairfax Hospital for Children are teaching hospitals with student nurses, physical therapists, occupational therapists, respiratory therapists, physicians and other health professionals working here. These students gain practical experience in the treatment and care of patients. The hospital hopes that patients will agree to let students be involved in their treatment and care. However, if a patient does not wish students to be involved, he/she has the right to say so.
2a.	*Type your hospital name here.*

2b. *Example:*

Inova Fairfax Hospital cares for each patient based on the severity of the injury. Emergency medical services (EMS) personnel identify one of two severity levels while they are bringing the patient to the hospital. These two levels are:

Code Blue. Patients have severe injuries and unstable vital signs (breathing, pulse, etc.). EMS personnel notify the hospital so a Code Blue team will be ready to receive the patient

Code Yellow. Patients have serious injuries but have stable vital signs. For these patients, the trauma team members are slightly different.

2c. *Example:*

When family members of a trauma patient arrive at the ED, they are taken to see the patient and to discuss the medical situation with a physician as soon as possible. A nurse or social worker supports families and help with this process. If the patient is having a computed tomography (CT) scan or surgery, a member of the hospital staff can take the family to a waiting area.

2d. *You may delete the contents of this field if you choose.*

3a. *Type hospital telephone number here.*

3b. *Example:*

There are three general units that admit trauma patients:
• Orthopedic Unit: for patients who primarily have broken bones.
• Neuroscience Unit: for patients who have brain or spinal cord injury.
• Surgical Unit: for patients who have internal injuries that may or may not have required surgery.

3c. *Example:*

Children who are seriously injured are often treated in the pediatric intensive care unit (PICU). The PICU provides care for children from birth to age 18 who have life-threatening injures. It also cares for patients who have had certain types of operations. A team of pediatric critical care specialists staffs he PICU 24 hours a day.

3d. *You may delete the contents of this field if you choose.*

4a. *Example:*

The hospital chapel is located near the Tower Lobby, with Bibles and other devotional books. It is open 24 hours a day for personal prayer and meditation. A 30-minute worship service begins each Sunday at 10 am.

For more information about the chaplaincy services or to request a visit, you may call xxxxxxxxxxx. Or, you may ask your nurse or doctor to call a chaplain for you.

4b. and 4c.

Example:

» Patient Care Director (PCD)

A PCD is the administrative manager or head nurse of the hospital floor. (For example, the orthopedic floor has its own PCD.) Any hospital staff members who work on that particular floor report to the PCD. All PCDs are nurses and most have master's degrees or are currently working on their master's.

4d. and 4e.

Example:

» Patient Affairs Representative

The staff the office of Patient Affairs can help guide you in finding an answer to a question or solving a problem. You can also let the staff know about things you appreciate about your caregivers. Your comments will be passed on to the caregivers and their supervisors. Normal business hours are 8 am to 4:30 Monday –Friday

4f.

You may delete the contents of this field if you choose.

5a.

Example:

We have comfortable waiting areas for patients' families and friends in the Tower lobby, the Inova Fairfax Hospital Women's Center/Inova Fairfax Hospital for Children lobby and in other locations throughout the hospital. Ask at the information desk or the nurse's station for directions.

5b. and 5c.

Example:

Overnight

Please let one of the nurses know if you would like to stay overnight. Linens are available for 2 overnight visitors. These items are distributed at 7:30 pm by the Guest Services Representative in the waiting area or from the nurses' station. Please do not bring your own pillows blankets, sleeping bags or other bedding items. Also – please do not bring children under 14 to stay overnight.

5d. and 5e.

Example:

Pagers

It is important for families to take breaks. You can check out a pager from the Guest Services Representative or the Trauma Unit receptionist. Pagers will work as far as the Kentucky Fried Chicken restaurant on 21st Avenue South. Staff will page you if your loved one's condition changes, if family arrives unexpectedly from out of town, if your loved one is transferred, if you to need to sign a consent form for a procedure, or for other urgent matters.

7a.

You may delete the contents of this field if you choose.

8a. *Example:*
If you live in Davidson County, TN, the phone number is 862-7773. You may also be able to get financial aid through this program.

If you live in Davidson County, TN, you can also call
Victim Compensation
615-741-2734
Fax 615-532-4979
www.treasury.state.tn.us/injury/index.htm

Victim Assistance 615-741-
8277
Fax 615-532-2989
www.state.tn.us/finance/rds/ocjp.htm

8b. *You may delete the contents of this field if you choose.*

9a. such as *INCLUDE LOCAL REHABILITATION FACILITY NAME/LOCATION. You may choose to include a section here describing the Rehabilitation Hospital that is affiliated with your hospital. Example:* Opened in 1993, the Vanderbilt Stallworth Rehabilitation Hospital is the only freestanding facility of its kind in Middle Tennessee. The 80-bed Hospital provides both inpatient and outpatient rehabilitation services to adults and children who have suffered strokes, head or spinal cord injuries, or have other orthopedic or neurological diseases requiring rehabilitation. The facility provides complete inpatient and outpatient services for pediatric and adult patients with neurological and orthopedic injuries or disabilities, degenerative conditions and certain chronic conditions of children.

9b. *Customize for your hospital. Example:*
All uninsured patients receive a discount off of total charges. Furthermore, if Medicaid or Medicare does not cover you, you may qualify for our MediCredit payment program or for charity care. This hospital provides financial assistance to patients based on their family size, income and other resources. If you apply for MediCredit or charity care, it does not affect the quality of your medical care. It only affects the way your bills are paid.

9c. *Customize for your hospital:*
Example:
If you are a Fairfax County Resident, you may apply for benefits at the Medicaid office at YOUR HOSPTIAL. The number is xxx-xxx-xxxx.

9d. *Insert relevant information. Example:*
the Trauma Services Department at xxx-xxx-xxxx

9e. *You may delete the contents of this field if you choose.*

10a. *Example:*

- have access to treatment or accommodations that are available and medically indicated
- receive care with respect and dignity
- make decisions about your treatment or refuse treatment under applicable law (You are responsible for your actions if you refuse treatment or do not follow your physician's instructions.)
- personal privacy and confidentiality in accordance with Virginia law
- know the identity and role of the individual(s) caring for you, as well as which physician is primarily responsible for your care
- voluntarily participate in clinical training programs or any research project affecting your care or treatment
- consult with another physician at your own request and expense
- a complete explanation of the need for a transfer to another facility, the alternatives to a transfer, and the assurance that the other facility has agreed to accept your transfer
- be informed by your treating physician of any continuing care needs that must be met following discharge from the hospital
- receive an itemized bill with explanation for all hospital services
- be informed about the hospital's rules and regulations including how patient complaints are addressed

10b. *Example:*

- providing complete and accurate information about past, present and developing health conditions
- indicating whether you clearly understand the course of treatment and what is expected of you
- following the treatment plan recommended by your physician
- following hospital rules and regulations affecting patient care and treatment
- being considerate of the property and rights of other patients and hospital personnel
- reporting any changes in condition to your nurse or doctor
- keeping follow-up appointments (When you are unable to do so for any reason, notify the office in advance.)

14a. and 14b. *Example:*

Nearby Hotels and Motels

Inova Fairfax Hospital/Inova Fairfax Hospital for Children has negotiated special room rates for patients and family members at nearby hotels/motels. Rates are based on availability and apply only to patients and/or family members unless otherwise stated. Rates are subject to change. For up to date information and a list of these hotels/motels, call the Community Relations Dept. at 703-776-2260.

14c. and 14d. *Example:*

Meals and Snacks

The *Skylight Cafeteria* is open 24 hours a day and is Located on the basement level (use green elevators). The cafeteria is open around-the-clock for sandwiches and other light fare. Full meals are served at the following times: Breakfast:6:30 - 9 a.m.; Hot Lunch: 11:30 a.m. - 2 p.m.; Hot Dinner: 5 - 8 p.m., Monday - Friday 5 - 7 p.m., weekends and holidays.

Park Avenue Café is located on the first floor of the atrium and offers a wide variety of breakfast and lunch food. The cafe is open: Monday – Friday 7:30 a.m. - 8 p.m.; Saturday 10 a.m. - 4 p.m.

14e. and 14f. *Example:*

Vending Machines

Additional soda, juice and snack food vending machines are located throughout the hospital. Main locations are in the emergency room, just off the Inova Fairfax Hospital Women's Center/Inova Fairfax Hospital for Children Lobby and the Inova Surgery Center Lobby.

14g. and 14h. *Example:*

Espresso Carts

Our espresso carts offer a variety of gourmet beverages and baked goods. The beverage carts are located in the Tower lobby, Inova Fairfax Hospital Women's Center/Inova Fairfax Hospital for Children lobby and in the Emergency Department waiting area.

14i. and 14j. *Example:*

Library

The Health Sciences Library, located in the hospital, provides resources and services to assist patients and their families. The library contains information regarding medicine, nursing, allied health, health care administration and patient education. The library provides access to online databases, full-text electronic journals, books, journals, audiovisual and multimedia materials, and Internet access. Library hours are Monday – Friday 8 a.m. – 8 p.m., and Saturday 9 a.m. – 5 p.m.

14k. and 14l. *Example:*

Gift Shops

The Gift Shops offer a wide selection of gifts for all ages, in addition to a range of fresh flower arrangements, snacks, and convenience items. There are three locations, including a Gift Shop in the main lobby (703-776-3470), the Inova Fairfax Hospital for Children lobby (703-776-6066) and the Inova Heart and Vascular Institute (703-776-7066).

15a. *Example:*

- Include if you offer this service: A Peer Visitation Program to link trauma patients with volunteer trauma survivors who have experienced the aftermath of a serious injury and are ready to listen
- Include if you offer this service: Peer Support Groups to help trauma survivors connect with each other, share their experiences and derive strength, support and inspiration from each other
- Include if you offer this service: The Next Steps program where trauma survivors work with other trauma survivors and a trained group leader to explore the ways their lives may have changed and learn how to move forward on the road to recovery.

Bb. *Type your hospital name here.*

Section E. Promoting the TSN Program in Your Hospital

Awareness of the TSN among patients, families and hospital staff is essential for the success of the Program. Your goal is to encourage patients and their families to visit the website and participate in the TSN programs both while they are in the hospital and once they are discharged. You want them to become members of your local network so you can keep in touch with them – offering them services and opportunities to give back.

We believe there are four essential components to making sure this happens. First, you must educate the hospital staff and get them on board with the program. Second, you must develop a strategy for making families and friends of patients aware of the TSN early in the course of the hospital stay – they can benefit from going to the website in the first hours and days after the injury. Once the patient is able, you will want to make sure he or she knows about the TSN and its benefits. Finally, you will want to make the TSN visible throughout the hospital to constantly remind staff, patients and their families about the TSN and all it has to offer.

Educating Hospital Staff

An effort should be made to educate all hospital staff members about the program. It will be important for staff to refer patients and families to the website and encourage them to request peer visitors and link up with other survivors either on-line or by joining a support group. If at all possible, the TSN coordinator should become a permanent part of "new staff orientation" to introduce the program to new employees and clinical staff. Both a PowerPoint presentation and a TSN promotional video are available for download from the TSN website. Remember – brief presentations will be most effective!

You will also want to provide key staff with statistics about the use of the program and share stories of success. Ask them for their input and suggestions on how to improve the TSN.

Introducing Families to the TSN

For the majority of trauma patients and families at your hospital, the **Handbook for Trauma Patients and their Families** (customized to YOUR hospital) will be their first introduction to the TSN. You will want to determine the best way to get these books to families as soon as possible after their loved one has been admitted. A staff professional such as the trauma nurse or trauma social worker may be logical choice of person to make sure this happens. It is recommended that the person who distributes the book provide a brief explanation of its contents and how it can be helpful. Attention should be drawn to the link from the TSN site to CarePages^{SM} as this is something families will want to use immediately. You may also want to encourage families to use the pages in the back of the handbook to take notes and keep track of questions they have for the doctors and nurses. Copies of the handbook should also be placed in family waiting areas.

At the Model Medical Center, the trauma patients stay together in one wing of the hospital. They have three trauma social workers assigned to the trauma unit. The social workers specifically attend to the trauma patients and their families and are the ones who distribute handbooks and inform the patients and their families about the TSN.

Introducing Patients to the TSN

It will be important to introduce the TSN to the patient as soon as this is practical. Ideally, the TSN Coordinator should visit the patient once this is cleared by the appropriate staff. Both patients and families you meet will be in very different stages of illness and recovery. While your goal will be to provide them with information that will help them during this recovery process, you will want to be very sensitive to the patient's readiness to accept the information.

Before you enter the patient's room you should be sure to have a good understanding of the circumstances of the trauma and the patient's current health condition. You can gain this information through rounds, chart reviews, or when you receive direct referrals from other staff members.

Goals of your first meeting include:

- Assessing the patient for readiness to receive the information.
- Identifying others in the patient's support system appropriate for the TSN resources.
- Establishing a relationship with the patient and family.
- Educating the patient and family about the TSN, including the website, peer visitor program, support groups and the NextSteps program. You may also include education about post-traumatic stress, hospital resources, or other relevant information.
- Obtaining verbal consent for a peer visit, if appropriate
- Asking the patient if he or she would like to be registered with the TSN and receive information about the program.
- Offering support and empathy.

Materials you may bring with you for this first meeting:

- Handbook for Trauma Patients and their Families (in case the patient doesn't already have one).
- Educational materials regarding mild TBI, post-traumatic stress, or other relevant information you may have available.
- TSN brochure.

What to Say: You will establish your own routine that allows you to accomplish as many of these goals as possible in the first visit, recognizing that not every patient will be ready to receive the information. Here is one option for starting the conversation:

(Knock on the room, ask permission to enter, confirm that it's a good time to visit)

> *"Hello, Mr. Holden. My name is________________and I'm from the Trauma Survivors Network. I wanted to stop in to give you some information on a program we have here for our trauma patients."*

Introduce yourself to visitors in the room and establish how they are related to the patient. It's helpful to engage the patient for a bit about their hospital/trauma experience to determine readiness to accept your information and primary concerns at that moment. Some openers you might try include:

> *"I see you've just been transferred up here from the ICU- how's it been going on this floor?"*
>
> *"I just saw the physical therapist leave your room- have you been able to get out of bed already?"*
>
> *"Wow- you sure have a lot of photos here in your room! I guess you've got a lot of folks rooting for you out there."*

With this or other 'how's it been' openers you will get a good feel for the patient/family's interest in chatting with you. Continue active listening and assessment for interest in engaging, but before long you should return to the purpose of your visit.

> *I would like to tell you about a program we have here for trauma patients and their families- would you like to hear a little about this?... Here at Model Medical Center we have a program called the Trauma Survivors Network - and by 'trauma survivor' we mean you, as well as your family members and friends who are going through this experience with you. First of all, I wanted to make sure you had gotten our Handbook for Trauma Patients and their Families…*

You can describe the handbook and all the other materials you have. Be sure to check in frequently with the patient to determine relevance and interest in the information you offer.

Obtaining Consent for a Visit. In **Section F** of this Guide we discuss how to obtain permission for setting up a peer visit.

Documentation. Your hospital may require that you document the meeting you have with the patient in the patient's chart. You will need to meet with appropriate hospital officials to determine where and how you should provide this documentation. A simple statement to put in the chart might be:

> 1/17/08 (1330) Trauma Survivor Network (TSN) Coordinator
> Met with patient and patient's wife to educate about the TSN. Gave patient information about trauma care, PTSD, TSN, including support groups and self-management classes. Obtained verbal consent to arrange peer visit this evening. Patient receptive to support and the program.
> {*Coordinator's Name*}, {*Coordinator's ID and/or Phone Number*}

Offering Medical or Mental Health Information

As the TSN coordinator you may also be a mental health professional or medical caregiver. If you have a particular expertise in the field of trauma you may take the opportunity to provide some brief patient and family education while you discuss the TSN with them.

Topics you might feel qualified to discuss (if relevant) include:

- **Mental health concerns such as depression, anxiety or post-traumatic stress**
- **Mild traumatic brain injury**
- **The transition from acute care to rehabilitation**

Unless you have been hired to provide this specific information, you will probably want to keep your information brief and general. You may choose to offer resources or a list of websites with information.

Follow Up. If you feel that the patient would benefit from further information about the program during his or her acute hospital stay, you may choose to return and follow up. Be sure to encourage the patient to sign up as a member of the TSN so he or she can receive announcements and updates. You could also volunteer to sign them up as a member.

You may want to follow-up with a note 1-2 months after discharge reminding them of the TSN and the opportunities they have of joining a support group or just connecting with other survivors online. This follow-up is important as many individuals will not be ready to consider these options until that time.

Making the TSN Visible throughout the Hospital

It is important that the TSN be visible throughout the trauma center – reminding patients and families as well as staff of its benefits and accessibility.

The TSN makes a number of advertising materials available to you via the TSN website (www.traumasurvivorsnetwork.org). These materials are available in the in the Resources tab under the Coordinator's Control Panel. These include:

- **Large format TSN posters** for waiting rooms, hallways, and/or common areas. These electronic files are ready to send to a printer, and can be customized by your printer by adding your hospital logo and your contact information. The posters have been designed with space for both an extra logo and your contact information.

- **Smaller, 8 x 11, versions of these posters** are also available for use in patient rooms. These can also be customized by your printer (space has been left blank for an additional logo and contact information). Some hospitals may require that you laminate these posters in order to use them in patient rooms. Please consult your hospital's quality control director.

- An 8 x 11 tri-fold **brochure** with information describing the components of the TSN program is also available for download. The brochure can be customized by your printer. Space is available for a logo and your contact information.

- Preprinted **give-awyas** with the TSN logo are also available for purchase from the American Trauma Society (contact admin@traumasurvivorsnetwork.org). These can be distributed to hospital staff and serve as a reminder of the TSN program. You can also develop you own 'give-aways' imprinted with the TSN logo and web address. The logo can also be downloaded from the resource center and is available in several graphic formats (gif, jpeg, etc). Consult with your printer for the format they would prefer.

- **TSN branded business cards** can be customized with your name, title and contact information. In addition, co-branded business cards with both the TSN and hospital logo are also available for download, but you must obtain permission from your hospital's quality control director before using these.

All of these materials can be downloaded and sent to your local printer. In addition, the TSN has a network of commercial printers that have these templates in place and may be able to print these materials at a reduced price. Links to these printers can be obtained by contacting the national TSN administrator at admin@traumasurvivorsnetwork.org.

Remember, before distributing or hanging any promotional materials, be sure to get approval from your hospital's quality control director!

Section F. Starting a Peer Visitation Program

Recovering trauma patients become involved in the Trauma Survivors Network (TSN) for many reasons, including the opportunity to share their experiences with other survivors, learn new coping strategies, and support others through the recovery process. One of the most popular and important activities of the TSN is visiting newly hospitalized trauma patients and providing peer support during this very difficult time.

Trauma survivors are at a unique advantage when providing support to new trauma patients. Since they have all lived through the trauma recovery experience, including the rescue scene, hospitalization and rehabilitation, they understand the concerns of new trauma patients on a deeply personal level. When a new trauma patient talks about his or her anxieties regarding the long recovery ahead or the frustrations of dealing with the medical system, the TSN peer visitor can provide compassionate listening, share helpful experiences and role model how life does go on following traumatic injury.

While experienced trauma survivors can be of help to newly injured individuals, it is important they be well prepared to be peer visitors. Old memories, images, and frustrations may resurface when speaking with hospital patients, making it difficult to provide support. Recovering trauma patients often have unresolved issues or rediscover difficulties when visiting new patients. Even when the peer visitor feels comfortable and at ease with the discussions that arise during visits, there are times when it's not always clear what is appropriate to say. For these and other reasons it is important the peer visitors receive training and ongoing guidance.

This guidebook, in conjunction with the TSN Peer Visitor Training Workbook, is designed to help the Peer Visitor Program Coordinator create and manage a Peer Visitor Program in his/her hospital.

Introduction to Peer Visitation

What is a Peer Visitor?

A TSN peer visitor is someone who has experienced a trauma, such as a car crash, fall, or industrial accident, and is now living a productive life. Peer visitors complete a training program in preparation to support others facing similar life changing events. Peer visitors are sensitive listeners who use their training and communication skills to facilitate the patient's recovery. A peer visitor is **not** a professional counselor, therapist, advisor (medical, legal, or otherwise) or problem-solver.

Peer Visitation is Widespread.

Peer support is not a new concept: it occurs informally in nearly every setting. A friendly student adopts the new kid in class. Parents swap tales of toddlerhood at the playground. A cancer survivor offers support to a coworker who has just gotten "the news." A distraught family forges new relationships in the hospital waiting room as medical updates are shared with "strangers" facing like-traumas.

Peer support is formalized in many settings. Organized peer visitation programs support college students, teachers, orphans, widows, new parents, and amputees throughout the country. These programs tap into the expertise and caring of those who have "been there" and benefit from visitors' rich experiences. Peer visitation programs serve to reduce the sense of isolation common to new experiences, and replace it with a sense of belonging and of being understood. Peer visitors are role models, advocates, and educators, offering encouragement, support, and guidance.

The Trauma Experience.

Trauma can be an isolating experience. In addition to being injured and in pain, patients surviving a trauma are thrust unexpectedly into a world with strange rules, systems, and people. Trauma alters all routines, roles, and relationships, and can leave the patient lost and bewildered. Few trauma survivors have friends or family who share their experience, so while a wife, father, daughter or nurse may be at the bedside, many patients continue to feel quite alone.

TSN visitors have survived those experiences and have gained wisdom and perspective during their recovery. They are in a unique position to normalize the trauma patient's experience, and to offer hope and perspective. Hearing, "Hang in there - it'll get easier," sounds different coming from another survivor than from, say, a sister. A peer visitor understands feeling overwhelmed and having feelings of despair; his or her presence also demonstrates hope and resilience.

Program Goals.

The goal of the TSN Peer Visitor Program is to train and support visitors, and to connect them to trauma patients for the purpose of offering support, encouragement, and a positive, yet honest, viewpoint. TSN peer visitors visit newly hospitalized patients to offer support and a personal perspective on the recovery process. During these visitations the goals are to:

- Offer the patient an opportunity to share his experience and to feel understood
- Provide encouragement, communicate empathy and caring
- Answer questions and offer perspective

Program Benefits.

Peer visitation has benefits for the patients, families and the trauma team. Patients and families can glean hope from interacting with someone who has been injured and moved on to recovery. They have the opportunity to discuss their reactions and experiences with someone who has been there. Patients have the opportunity to tell their story to someone who can understand. This can have a powerful healing effect, one that provides the survivor an opportunity to process the trauma and begin to make sense of it. While hospital staff members care about their patients, they cannot always dedicate time to this important task. A peer visitor has the time, is interested in hearing the story, and understands the struggle.

Establishing a Group of Peer Visitors

Costs, Resources, Needs

Although managing a peer visitor program is not a costly process, it does require the time and energy of a hospital staff member ("**Coordinator**"). This Coordinator should have access to the TSN Coordinator website, as well as phone and email contact to facilitate the management of the visitation process. Access to these TSN management materials is granted upon completion of the TSN Coordinator's Training. If the coordinator is not a mental health professional, she/he should have a mental health professional available for consultation.

The coordinator will need space in the hospital to hold training sessions and meetings of the peer visitors, as well as phone and email communication for coordinating these efforts.

Personnel Descriptions

The coordinator could be a social worker, nurse, or other hospital professional staff member who is comfortable working with trauma patients and volunteers. The most successful Coordinator will have regular contact with trauma patients and will have developed a relationship with their medical caregivers.

Establishing Facility Support, Promoting the Program, and Building the Team

A peer visitation program will be most successful when the hospital staff is familiar with the program and supports it. Staff members such as physicians, therapists, nurses, and social workers will help by making referrals for potential volunteer visitors, and by identifying hospitalized patients who would benefit from a visit. Educating hospital administrators, managers, and media relations departments about the program builds institutional support. Most of the education of the staff at your hospital will be conducted as part of the general duties of the TSN Coordinator. However, it is also important to have information about the peer visitation program available to advertise peer visitation trainings and answer questions.

Brochures and Fliers. It will be important to create a brochure for distribution. A Microsoft Word brochure that you can customize for your hospital is available for download in the TSN website, in the Resources tab under the Coordinator's Control Panel. This brochure is necessary to attract peer visitors, educate hospital staff, and inform current trauma patients about the program. A brochure should include the name of the program, a statement of purpose, contact information, a description of how the program works, some quotes from previous participants, and description about how to get involved either as a visitor or patient to be visited. A sample flyer is also available in the Resources are of the TSN website. This flyer can be posted on bulletin boards, while the brochure can be handed out to patients, staff members, and at hospital in-service training sessions.

Direct Mailing. The hospital's trauma department may have a mailing list of former trauma patients. Sending a simple letter and brochure to former trauma patients is likely the most

effective method for attracting potential peer visitors. This letter can be sent every six months. Former patients may take months or even years to come to the point of being interested in becoming re-involved in the hospital; infrequent, gentle reminders may encourage this process. Follow HIPAA guidelines when accessing patient lists and conducting mailings.

Hospital Newsletters. A short article about the program can be included in the hospital's newsletters to educate the staff about the program. Many hospitals also publish a community newsletter; including an article in a newsletter distributed community-wide could attract potential peer visitors.

Once the program has a few peer visitors "working" in the hospital, those volunteers will be the most important referral sources for future peer visitors, as they identify patients they believe would make good visitors. The TSN Coordinator Website will help track those patients for future contact.

Sample Peer Visitation Recruitment Letter

Dear Former Trauma Patient:

I am sending you some information about a program we have at **Your Hospital** which is designed to support current and former trauma patients during their recovery. Through the Trauma Survivors Network, a program of the American Trauma Society, we arrange for former trauma patients to meet with currently hospitalized trauma survivors to offer encouragement and support, an activity that seems to help both the visitor and the patient.

As one of our former trauma patients you know what it is like to be in that hospital bed. You have faced discharge, rehabilitation, and the uncertainties of recovery. You have probably worked pretty hard to get your life back in order, and have figured out some unique "tricks" that have helped you get better over the months.

We are looking for trauma survivors who are interested in sharing their unique perspective with newly hospitalized patients. Someone who has actually "been there" and who understands what it means to weather the storm. As a peer visitor you receive extensive training and continued support, and would be able to arrange convenient times to meet with patients in the hospital.

Please let me know if you are interested in learning more about the Trauma Survivors Network and how you might become a peer visitor. I can be reached at xxxx.

Sincerely,

TSN Coordinator

Sample Peer Visitation Promotional Article

Recovering trauma patients are now able to become involved in the Trauma Survivors Network (TSN) program at xxx Hospital to "give back" to the trauma community. In this program, survivors who have been trained as TSN Peer Visitors meet with newly hospitalized trauma patients to provide support, guidance, and an empathetic ear.

Trauma survivors are at a unique advantage when providing support to new patients. They have all lived through the trauma recovery experience and they understand the concerns of the new patient on a deeply personal level. When a new trauma patient talks about his anxieties regarding the long recovery ahead or the frustrations of dealing with the medical system, the TSN Peer Visitor can offer heartfelt sympathy and perhaps a few tips for getting through the day.

Peer support is not a new concept: it occurs informally in schools, on-line, at parenting classes, and in lunch rooms everywhere. Patients' families forge new relationships in the hospital waiting room as medical updates are shared with "strangers" facing like-traumas.

Formalized peer visitor programs support college students, teachers, orphans, widows, new parents, and amputees throughout the country. These programs tap into the expertise and caring of those who have "been there" and benefit from visitors' rich experiences. Peer visitor programs serve to reduce the sense of isolation common to new experiences, and replace it with a sense of belonging and of being understood. Peer visitors are role models, advocates, and educators, offering encouragement, support, and guidance.

The peer visitors at (fill in your hospital) have all experienced a trauma, such as a car crash, fall, or industrial accident, and are now living full and productive lives. Visitors complete a training program in preparation to support others facing similar life-changing events, and work under the direction of the TSN Coordinator. Their experiences and wisdom give them a valuable perspective, enabling them to offer hope and encouragement.

For more information about this program, or if you would like to get involved, contact (fill in contact person information).

Peer Visitor Training

Recovered and recovering trauma patients who volunteer their time and energy to help newly injured trauma patients are passionate people. They have been changed by their experience, they have rich stories to tell, and they have learned more than they ever imagined from their journey. They recognize that another trauma patient can understand what it's like to experience losses, fears, uncertainties, fervent desires, and hopes following a trauma experience. They recall many things they wish they had known during their first weeks and months of recovery and they wish to spare the "generation" of trauma patients any suffering or confusion if possible.

While these peer visitors have much to offer the newly hospitalized patient, inexperienced and untrained peers may not provide the new patient optimal support. In their efforts to share and tell all, they may talk too much and listen too little. They may offer advice rather than soliciting concerns. They may frighten the patient with tales of slower-than-expected recoveries or surprise complications. Others, bogged down with anger, may feel the need to talk about their frustrations with the doctors, hospital, staff, insurance, coworkers, and all others who did not care for them in their time of need.

With training and continued monitoring, this energy can be harnessed to provide new patients with the support, empathy, and information they need from someone who truly understands their experience.

Physicians and hospital personnel are more open to referring their patients for a peer visit when they understand that the peer has been through a training program. The TSN offers a Peer Visitor Training Seminar, which can be delivered by a trained coordinator, or an ATS staff member. A Peer Visitor Trainer's Manual and Peer Visitor Workbook are available as supporting materials for this training.

The Peer Visitor Training Seminar accomplishes the following goals:

- Identify the role of the peer visitor
- Provide information on how to present oneself in a helpful manner
- Increase sensitivity to the emotions that follow traumatic injury
- Describe communication techniques that promote emotional recovery
- Teach active empathic listening and handling of sensitive issues
- Inform how to become actively involved as a peer visitor

The Training encompasses the following areas:

- Presenting a helpful and appropriate demeanor
- Understanding stages and phases of loss and grief
- Communication techniques
- Promoting emotional recovery

- Listening skills
- Common pitfalls of peer visits
- Dealing with difficult issues
- Non-verbal communication
- Continued contact with the patient

During the training seminar, the coordinator will have the opportunity to interact with the trainees and get a sense for the trainee's readiness for being a peer visitor. Trainees who appear comfortable listening and encouraging others to talk will provide the most valuable peer support. The coordinator will encourage these visitors to visit patients when they feel ready.

Training as Hospital Volunteer

Peer visitors will most likely also be required to undergo the training required for all hospital volunteers. This ensures they are properly screened for communicable diseases, understand infection control procedures, understand privacy rules and are appropriately recognized for their service. Working with the hospital volunteer office is an important step in establishing your program.

Who is ready to be a Peer Visitor?

Individuals who have experienced a trauma and have completed the training are ready to be peer visitors. An appropriate visitor demonstrates an ability to listen to others, is comfortable meeting new people and working in a hospital, and communicates with compassion and understands the process of recovery from trauma. Good peer visitors recognize when they are "over their head" and ask for help in those situations (referring the patient to a trained professional when the need arises). There is no specific time frame after an injury when an individual is ready to become a peer visitor. The individual should have made sufficient progress in their recovery that they have returned to work, education, or home activities and resumed their social life.

Who might not be ready?

Potential peer visitors who continue to express a high degree of anger or unresolved feelings regarding their trauma are usually not included in the visitation process until they have progressed further in their emotional recovery. These unresolved issues may be expressed as continued (or unchecked) frustration with some aspect of their care, with a pressing need to talk about the troubles encountered on the scene, in the hospital, in rehabilitation, or with their families. Most trauma patients will have struggled with one or more of these aspects of recovery and may continue to do so for some time. Those have difficulty talking about their recovery without bringing these struggles into conversation are not ready to be peer visitors.

Others who would be inappropriate to visit hospital patients would be those who have difficulty with actively listening without offering advice or their perspective. These survivors may need more time simply telling their story to those who are interested and concerned, as in a support group. With time,

such survivors can make excellent peer visitors, and can offer support focused on the newly hospitalized patient.

These issues of concern are usually exposed during the role-plays, discussions, and self-assessments during the training. These volunteers may work well as "observers" for a while, following an experienced peer visitor for several sessions while maintaining a listening role. These visits can then be discussed with the coordinator, allowing the new volunteer to better understand the role of the peer visitor as a listener rather than "coach." With continued supervision (provided by the Coordinator and experienced peer visitors), the new peer may become a valued member of the team.

Confidentiality/Privacy.

It is crucial that visitors understand and respect patient confidentiality. Hospital employees have an ethical and legal obligation to protect the patient's right to confidentiality of their medical information. It is against hospital policy for doctors, nurses, and other staff members to discuss or share patient information with those not involved in the patient's care. Therefore, although TSN visitors are not hospital staff, as hospital volunteers they are obligated to accept and agree to maintain confidentiality as a precursor to visiting patients. TSN visitors will sign a **confidentiality statement** before visiting patients (see last page of this section).

Medical and Legal Advice.

Peer visitors will be trained not to offer any medical or legal advice. It is up to the TSN Coordinator to ensure this practice by having debriefing sessions with the visitor and discussing the topic in group meetings.

Facilitating Visits: Logistics and Skills

Where, When, How Often

Visits can be arranged to fit: the coordinator's schedule (for instance, Tuesdays at 1:30), the peer visitor's schedule (the peer visitor calls the Coordinator to declare time available), the hospitalized patient's schedule, or can be scheduled in conjunction with a regularly scheduled meeting of peer visitors. How these visits are arranged will depend on the Coordinator's availability, since patients cannot be visited without his/her time to make the arrangements.

Format Options

Established visitation hours. The coordinator may benefit from establishing visiting hours because the coordinator often participates in daily or weekly rounds in which trauma patients' progress and needs are reviewed. Scheduling visiting hours after this activity is logical, as the Coordinator would be familiar with the patients' situations and would be able to "prepare" the appropriate patients for the peer visitors. This system does not as easily accommodate peer visitors whose schedules change from week-to-week and cannot be certain of their availability ahead of time.

Drop-in visiting. This system is most accommodating to the peer visitor's schedule. In this way, the peer visitor contacts the coordinator when she/he is available to visit, at which point the coordinator will prepare patients for the peer visitor. This system works well if the coordinator has regular daily contact with patients and is able to simply stop into patients' rooms in the course of his/her work to confirm the patient's interest. This system works well for the peer visitor when she/he has an ongoing interest in the work; however, without regularly scheduled visiting hours or reminders, peer visitors may not readily remember to contact the coordinator to offer his/her services.

On-call visitors. In this system, peer visitors are contacted when the coordinator becomes aware of a patient's need or desire for a peer visit. When a nurse, social worker or other caregiver identifies such a patient, there is usually a particular type of visitor that would be most beneficial. For instance, the nurse may notice that one patient is particularly despondent because, as a mother of three young children, she worries about the effect of her hospitalization on their well being. In this case, a peer visitor who had a similar struggle would be most beneficial to the patient. This system works well when the coordinator has a large enough pool of visitors to call on so that an appropriate visitor can be matched to the patient.

Peer visiting during group meetings. If the hospital has a regularly scheduled meeting of peer visitors (in the form of a monthly support group, education and training, or social gathering), arranging for peer visitations before, during, or after this meeting is an excellent time to allow for paired visiting and focused debriefing. No matter what format is adopted, arranging for a regularly scheduled meeting

(whether two or ten visitors participate in the program) allows for peer visitors to share experiences, gain new ideas, debrief difficult, interesting, or moving encounters, and offer mutual support. Providing food during these meetings encourages participation and a relaxed atmosphere.

Combined format. As an example, at Inova Fairfax Hospital, in Falls Church, Virginia, the Rebuild Program has been arranging peer visitation for trauma patients since 1995. When the program began, the Coordinator worked full-time as a trauma social worker (discharge planning), and had little time to accommodate a varied schedule. Most visitations were done during the bi-monthly support group of trauma survivors. Occasional visits with support group members were arranged as patients/staff requested, but most visits were held on a group night. When the coordinator was allotted more time to devote to the program, Rebuild established weekly visiting hours and the coordinator emailed all peer visitors each week to remind them of this available time. One evening per month outside of group meetings was also set aside as a time Peer Visitors could join together to visit patients. Today, Rebuild uses a combination of all of these systems and arranges around 300 patient visitations each year.

Preparing and Screening Patients to Receive a Peer Visit

When the coordinator prepares for peer visiting, patients must be identified and consent must be obtained in preparation.

Appropriate patients are…

Stable. Patients appropriate for receiving a peer visit are those stable enough to be able to interact with a peer visitor; patients in the intensive care unit or on a ventilator do not typically benefit from a peer visit due to the tenuousness of their medical condition and their inability to communicate. From time-to-time family members of these critically ill patients express interest in meeting with a peer visitor, but usually these family members are most receptive once the patient is likely to recover enough to be transferred home or to rehabilitation.

Cognitively intact. Patients with severe brain trauma (Rancho Los Amigos Scale I-IV), dementia, psychosis, or who are too medicated to stay awake are not typically able to benefit from a peer visit; however, their family members may appreciate meeting with a peer visitor who has recovered from a similar experience.

Patients who must be carefully matched with a peer visitor…

Non-English speaking patients. Not all peer visiting teams include bilingual visitors; this is an important area for recruitment.

Victims of violence. Patients hospitalized following a gun shot wound, stabbing, or domestic violence may appreciate the opportunity to meet with a former patient, but only if the visitor has recovered from a similar incident. A peer visitor who survived a car crash and pelvic injuries, for instance, may not be able to adequately relate to concerns of the patient who was stabbed and robbed.

Children and adolescents. Peer visitation for children requires special consideration due to the varied level of development among children and adolescents. The focus of the TSN program is on adults. We recommend your trauma team discuss the potential clinical and developmental issues prior to embarking on peer visitation for children. However, parents are often very receptive to meeting with a peer visitor, especially if he or she was young at the time of injury, or was the parent of a young patient.

Identifying Patients

Referrals for peer visits can be obtained through:

- Discharge planning and case review meetings in which the needs of all trauma patients are reviewed
- Referrals from bedside nurses working with trauma patients
- A review of the day's trauma census
- A discussion with the trauma clinical specialist nurse, social worker, or other staff member having daily contact with the trauma patients

Obtaining Consent

The patient or family member must give consent for peer visitation. A simple statement such as,

> *"Mr. Smith, I'd like to tell you about a program we have here for trauma patients. A group of former trauma patients involved in a program called the 'Trauma Support Network' comes by each Wednesday to visit with our current patients to offer support and answer questions about recovery and rehabilitation. These folks have all been here as patients before, so if you're sleeping or too uncomfortable they won't bother you. Is it ok if one of these visitors stops by around 2pm today?"*

Many hospital patients can't quite envision how they would benefit from meeting with a former patient, but are open to the visit. Other patients are quite eager to talk with an "expert" in recovery. Some patients have no interest in meeting with a peer visitor and do not offer consent. Document you have spoken to the patient about the potential visit and they agreed to participate.

Further conversation, of course, is valuable at this time. The patient is often more comfortable with the idea of meeting a "stranger" when they know something about the TSN program and have been able to share a little about themselves and their situation.

Further Complications

While a Level I Trauma Center may have 50 or more trauma patients on the census, often only 8 or 10 patients/family members are appropriate for a visit on any given day, based on the above criteria. Once the list of appropriate patients has been identified and consented, the number becomes smaller at the time of the visits due to surgery, discharge, naps, visitor availability, and medical procedures. Preparing approximately 3-5 patients per peer visitor ensures that the peer will have an opportunity to meet with at least one or two patients.

Matching Visitors to Patients

When preparing patients for one particular peer visitor, the coordinator must keep in mind individual characteristics during the patient screening process. Understanding the peer visitor's preferences and skills is important when arranging visits. Some peer visitors express an interest in meeting with motorcycle crash, fall, construction accident survivors; others will firmly state they do not want to meet with patients who have been victims of violence or who have lost a loved one during the trauma.

Briefing the Visitor

The peer visitor benefits from knowing basic information about the trauma patient before the visit. Minimally, the visitor should be given a list that includes the patient's room number, name, age, mechanism of injury, and a simple description of injuries. Offering less, rather than more information protects the patient's privacy. The patient may choose to disclose further information including family support, insurance status, or medical complications during the visit.

Debriefing Visits

Meeting with a trauma patient arouses a range of responses for peer visitors; monitoring the visitor's reaction and allowing him/her to process the encounter is an important role for the coordinator. Touching base after the visits also allows the coordinator to offer training tips if the visitor has questions or concerns about how best to handle specific situations, and (very importantly) to thank the visitor for volunteering. When the visitation is arranged in conjunction with a group meeting, debriefing can occur in a group format in which each visitor has an opportunity to share his/her experience. This format offers a supportive environment for this processing and often sparks a rich reflection in the group as memories and emotions are triggered by the visits. When the peer visitor works alone, it is still important to touch base, for the same three reasons: processing, education, and gratitude. While peer visitors may require less and less debriefing over time, this step should not be overlooked.

Initiating this conversation (in group or individual) begins with some open-ended questions:

> *"How were your patients tonight?"*
>
> *"How did the conversations go?"*
>
> *"What was it like visiting tonight?"*

Continuing the conversation, the coordinator might ask:

> *"What were the difficult questions or comments?"*
>
> *"How did you feel listening to your patient's experience?"*

When addressing specific issues of training:

> *"What do you do when you are asked for medical advice?"*
>
> *"How do you respond when the patient cries?"*
>
> *"How can you tell when you've had enough for the day and should not do any more visits?"*

Trouble Shooting and Difficult Issues

Re-traumatized Peer Visitors: Occasionally a visit experience will re-stimulate conflicting or uncomfortable feelings for the peer visitor. There are a variety of reasons this may occur: the patient's situation may be closely related to the visitor's own, the situation may trigger memories of some of the more difficult aspects of recovery the visitor may have temporarily "forgotten."; the patient may challenge the visitor in some way, or become belligerent or difficult to handle (this is rare); or the patient's vulnerability and difficult situation may cause the visitor to feel particularly powerless, leading to frustration or a sense of hopelessness about recovery.

Such experiences are not uncommon in the normal process of trauma recovery, but it can take the visitor off guard since this work *usually* reminds them of how far they have progressed, and how well they are doing. An appropriate response is to offer the visitor an opportunity to talk about this experience, should they wish to do so, and to remind him/her that such an experience would be valuable to share with the group of visitors when they gather next. Other visitor's may have had such responses during their time with patients and may be relieved to realize that it happens to others as well.

Re-traumatized Patients: While the visitor training session and ongoing supervision usually provide enough guidance for visitors to offer sensitive and appropriate support to new patients, a rare visit may contribute to a patient's increased stress or anxiety. It will be difficult to determine when this happens since you will not be debriefing with each patient; however, the visitor will often report a patient's negative reaction to a visit, by saying something like, "*I don't think the patient was being very realistic about his recovery, and when I tried to help her understand, she seemed even more agitated.*" Or, "*Now I'm worried that I might have frightened the patient with my own story.*" Or, "*I tried to make him feel better about how hard rehab is going to be by telling him some funny things that happened to me, but nothing I said seemed to help!*"

In response to such a report, invite the visitor to talk more about the visit, recounting the details of the conversation. Usually the visitor will recognize how she/he may have been able to avoid such a reaction in hindsight, when given the chance to review the encounter. Providing a non-judgmental ear as the visitor talks about the visit will encourage him/her to be honest and reflective; soliciting ideas for avoiding such difficulties in the future may be more effective than simply telling him/her how to provide appropriate support.

Naturally, there will be several different ways to respond to take advantage of the "teaching moment." This will include direct statement such as, "*Remember that it's important not to give any medical advice. There are many aspects of a patient's medical situation that we may not be aware of, and we are better off listening and encouraging the patient to discuss his concerns with the medical team than we are giving our opinion.*" These "mistakes" are the most valuable opportunities we have to create more effective peer visitors.

Follow up with the patient following such encounters to assess the patient's need for further support or intervention.

Advice-Giving or Over-Talkative Peer Visitors: Without being present during the visits, it will be difficult to determine whether the visitor is offering too much advice or talking too much, but the visitor may offer clues. Statements like "*The patient didn't have much to say*" or "*His situation was exactly the same as mine so there was a lot of stuff I had to tell him*" or "*I couldn't seem to get him to listen*" are good tips. This is a good time to remind the visitor about basic communication skills and visiting techniques learned in the training, including offering a handout and a verbal review of active listening. The handout is available for download in the Resources area of the TSN website:. For some, active listening does not come automatically; gentle but firm reminders reinforce the skill.

CONFIDENTIALITY STATEMENT

As a volunteer for the______________________(Trauma Survivors Network [TSN] Member Hospital), I understand and agree that in the performance of my duties as a volunteer, I must hold all personal and medical information regarding patients and support group members in strict confidence.

The basic premise of confidentiality is that information shared in group meetings or peer visits will not be discussed outside of that particular venue.

I realize that failure to comply with this policy will result in my loss of membership in the TSN Peer Visitor Program and my rights to conduct peer visitation on behalf of the ________________________ (TSN Member Hospital).

I, the undersigned, agree to the principles set forth in the above statement of confidentiality.

________________________________ ________________________

Signature Date

Section G. Running a Peer Support Group

This section offers guidance on establishing and facilitating your TSN Peer Support Group. The traumatic injury impacts not only the physical functioning of the individual but the psychosocial health of the patient and their family. Trauma survivors – the patients and the families – may face social isolation, financial upheaval, and continuing feelings of anger, depression, or guilt. A survivor's sense of self is challenged, and social support systems can be exhausted before recovery is complete. The TSN Peer Support Group is a key component of the Trauma Survivors Network. It offers survivors an opportunity to connect with other survivors and receive and give support. The support group is well suited for easing trauma survivors' emotional stress, including feelings of isolation, loneliness, depression, helplessness and hopelessness. Groups enable discussions of central concerns of patients and families, such as anger, loss, and mourning, in a supportive, growth-promoting environment. By normalizing the experience of recovery and increasing the survivor's self-efficacy through education and resource sharing, support groups have the potential to strengthen the survivor's coping, as well as reduce isolation.

This section is written for the Group Facilitator, who will lead and organize the support group(s). The assumption is that the Group Facilitator is a health care provider/staff member at the hospital, has access to hospital resources and staff members, and is familiar with the issues facing trauma patients. We further assume that the Group Facilitator has had some training facilitating support groups, and that if not a mental health professional, has easy access to one for ongoing support and consultation.

Establishing a Group in Your Hospital

This sub-section provides detailed instructions on establishing a support group. While there are a number of steps involved, it is likely some of these pieces will fall into place quickly and others will take more time. Do not be put off by this list of tasks. The process will lead to a successful group and be of great service to the patients, families and trauma team.

Find a Facilitation Partner.
There are many theories about the value of co-facilitation vs. having a single facilitator when running groups. In a hospital, where establishing and managing a group is not the facilitator's primary job, it may be best to have two partners involved. The successful establishment of a group in a hospital depends on good relationships with referral sources and administration, and attentiveness to mundane details such as space acquisition, parking, catering, and advertising in the hospital newsletter. A team approach allows organizers to share the duties of developing the group, and increases networking possibilities. Once established, group co-facilitators enjoy the flexibility of scheduling time off, sharing tasks of setting up rooms and coordinating speakers, and communicating with group members.

Choose partners carefully: it is essential that co-leaders have an excellent working relationship. Strained team relationships hinder projects in countless ways, and will be felt by group members once the group begins to meet. One logical team member would be a trauma survivor with a passion for getting the group started: such a person would have energy for educating community members, handling mass mailings, soliciting sponsorships, and keeping the ball rolling. Having a mental health professional or

experienced group leader as one of the co-facilitators is a good idea, but not essential; having facilitators who are willing to commit and learn **is** essential. Such leaders can consult with mental health professionals as needed.

Before "going public" with the idea to initiate a trauma support group, the leaders should outline their vision of the group and their plan to get the group started. Consider such details as how frequently you can commit to meeting, how much time you have to educate yourselves about leading groups, what costs might be associated with running a group, and what resources/connections you bring to the team. From the beginning it is critical to get the support of the trauma team, the trauma center leadership and the hosting institution.

Educate Yourself and Build Your Skills.

During this "conception" phase, you should do some research to educate yourself about local groups, the development process, and consumers' desires regarding a group. Make a list of local groups that address trauma survivors' issues, and what groups maybe missing that are needed by your patient population-start with interviewing a trauma social worker or case manager from your hospital. Although there may be no local trauma support group meetings, you will probably find a brain injury support group (www.biausa.org), spinal cord injury support group (www.spinalcord.org), or amputee support group (www.amputee-coalition.org) in your area. Attend one or two of these and talk to the members. Determine what aspects of the groups are most important to them, and what keeps them coming back. There are probably several ongoing support groups in your hospital already; visiting one or two of them and chatting with the facilitators would give you a good flavor for what to expect and what to plan for when running a group. Interview former trauma patients in the outpatient clinics in your hospital to find out what would attract them to a support group.

If you have not facilitated a group before, don't panic. There are many educational opportunities to learn these skills. You might attend an educational conference on group work, read about facilitating groups, and attend a few groups and talk to the leaders. Most importantly, however, you will want to find an experienced group leader who can mentor you during the first months or year of your first group to help you learn and grow from your experience.

Identify Your Support Group Focus.

You will need to decide which population of trauma survivors you will be inviting, and whether you will be including family members. Trauma patients generally fall into one of four primary categories: orthopedic/multi-trauma, traumatic brain injury, burn, and spinal cord injury. Some patients, of course, will suffer a mixture of injuries, and will decide with which population they most closely identify.

All trauma survivor support groups will strive to reduce isolation, offer peer support, education, and an opportunity to share resources and learn new coping skills. When the group's primary focus is clear, participants are able to feel they are in a group of peers who understand their unique concerns, and the education, resources and coping skills are relevant. The grid in the next page offers a summary of common concerns of each population.

Focus of Group	Unique Issues of Concern
Multi-trauma & orthopedic	• Post-traumatic stress, anxiety, depression • Mobility, self care • Insurance and legal problems • Fitting back into their life and "getting over it"
TBI	• Understanding brain injury • Helping others understand brain injury • Living with the effects of TBI: confusion, memory problems, depression, exhaustion, vision and mobility problems • Finding good medical care from clinicians who understand TBI
SCI	• Gaining competence in activities of daily living; building on skills learned in rehab • Finding good medical care from professionals who understand and can accommodate SCI • Learning the system and finding resources (insurance, disability laws and resources, housing)
Burn	• Scar and wound management • Medical issues: body temperature regulation, heat or cold or chemical sensitivity, breathing difficulties and other medical complications • Psychological issues: PTSD and the catastrophic consequences, body image, and re-entering social and work life.

When the group begins to meet you will be able to get an idea about what they most wish to focus on during the meetings. While some groups want to focus primarily on education, others will prefer to create a group that allows them to talk about their experiences, get to know each other, and to provide mutual support. Still others will want to become involved in the community of survivors by providing peer mentoring.

Start Planning.

Sketch out a plan for continued research and education, as well as marketing. Determine what approvals you need, and who can provide these approvals. Arrange a planning meeting in the hospital with key players who can help you along in the process. Trauma teams are multidisciplinary; your planning team should reflect this approach. Obtaining buy-in and input from the following hospital staff members will facilitate the development of the group:

- Medical Providers for referrals and to gain access to meetings when educating other clinicians
    - Trauma and/or orthopedic surgeon
    - Psychiatrist/Psychologist
    - Trauma Clinical Nurse Specialist or Nurse Practitioner
    - Staff nurse
    - Social worker
    - Physical/Occupational or Speech Therapist
- Management/Administration for space approvals, referrals, access to patients and mailing lists
    - Trauma Director/Coordinator
    - Trauma Nursing Unit Managers

In addition, try to reach out to local survivors and family members in order to identify specific concerns for your population (location, transportation, other resources).

Bringing together these players takes coordination, and you may have limited opportunities for such a meeting; be sure to have a clear agenda and list of what you intend to accomplish. Depending on who attends this meeting, you may plan to discuss any or all of the following:

- Your research and perceived need for the group
- Educating referral sources about the group
- Location and schedule of the group
- Obtaining referrals
- Determining who should attend (patients with orthopedic/multi-trauma injury vs. brain injury vs. spinal cord injury)
- Level of commitment among meeting attendees to assist with the development
- Obtaining funding for flyers, brochures, food, and mailings
- Obtaining approvals for flyers, brochures, mailings
- Identifying community organizations the group can align with

Take notes and follow up promptly to be sure all assigned tasks are in progress. Keep in touch with these original consultants as plans progress - they will be valuable team members in the future, as you will call upon them to find guest speakers, potential funding, and to help with marketing and education.

Once you have established facility support and obtained administrative approval to initiate a group, you will be able to make concrete arrangements. These arrangements include: arranging for a room, arranging for refreshments, and beginning the process of advertising the group and obtaining referrals.

Publicity/Obtaining Referrals.

Your research and planning meetings will provide ideas for publicizing the group and obtaining referrals. Effective strategies include creating a flyer and brochure (see attachments A & B), writing an article for the hospital's community newsletter, identifying the policy for posting flyers and distributing brochures in the hospital, educating others about the group at staff meetings, physician meetings and community presentations. As the process grows and you have will participants eager to help, ask members to post flyers on bulletin boards in libraries, medical buildings, schools, and supermarkets. The most robust referral source will likely be the orthopedic and trauma physician practices and outpatient rehabilitation clinics, so developing a good relationship with those groups will be important. If the support group is for patients living with TBI or SCI, it will benefit by collaborating with organizations such as the Brain Injury Association (www.biausa.org) and the National Spinal Cord Injury Association (www.spinalcord.org) or the United Spinal Association (www.unitedspinal.org). These national organizations can help you identify where to publicize your new group locally.

Multi-trauma support groups may be more difficult than other kinds of groups to start, since trauma survivors are not accustomed to identifying themselves with the trauma community, and many simply plan to "get over it" without help. Don't be discouraged if the group takes a while to build in numbers - groups often take several months or longer to build a cohesive, active membership. Think of the early phase as a learning opportunity as you develop a focus, routine, and a core group of survivors.

Screening Members.

Once inquiries about the new group begin, you will want to be sure those who attend are appropriate for the forming group. While it will be tempting in the beginning to accept any who call, it is important to screen potential members to maximize the sense of belonging for all. Screening members for the SCI, TBI and burn groups is generally a simple process: most who desire participation are appropriate. Including ambulatory members into the SCI group does not typically cause members to be uncomfortable, and ambulatory SCI patients can decide for themselves if the group meets their needs. While patients with severe TBI may not benefit from sitting for an hour listening to others talk, their families may choose to attend without the patient.

Difficulties are most likely to arise in the general/orthopedic trauma support groups. Survivors of sexual abuse, domestic violence, or childhood abuse will often seek help from a "Trauma Support Group"; while these survivors have most certainly endured trauma, it is important to help would-be members understand that the focus of the group is recovery from sudden, acute traumatic physical injury. Members are likely to feel bonded by the rescue experience, prolonged hospitalization and rehabilitation, and the new physical disabilities and challenges. Those who have experience sexual, domestic or childhood trauma are better served by groups devoted to these issues. It is a good idea to have a list of resources available for survivors of domestic violence, incest and sexual abuse for those inevitable inquiries, and to redirect them to appropriate groups. Local support groups can be identified by a web search (Google: "domestic violence" or "sexual abuse"), followed by phone calls to local outreach groups.

Facilitating Meetings: Logistics

Where to meet
When securing a meeting room for the group, be sure to pick a location that will be available for each meeting without having to change the location. Hospital meeting space is often in high demand, so support groups do not always have optimal conditions. If at all possible, find a space that is near parking that can accommodate multiple wheelchairs or offer enough maneuvering space for survivors with mobility impairments.

Day or evening group?
Most support groups meet in the evenings, but very successful trauma groups have been scheduled mid-day as well. Daytime meetings allow members to avoid rush hour traffic, and may reduce the burden of adding evening hours to the facilitator's day. Evening meetings accommodate working members' schedules and meeting space tends to be more readily available. Day groups, for instance, may work well for TBI and SCI survivors who have not returned to work, but not well for family members.

How Often, How Long, Food
Monthly or bi-monthly support groups are most common for open groups. You may decide on one schedule and then shift it depending on the membership's desires. It is recommended that groups plan to meet for 90 minutes to allow for members to socialize a bit in the beginning and get settled before getting to "work." If you can provide light refreshments, this added feature can make members feel more at home and relaxed, and less like they are in a clinical care setting. Often the hospital sponsoring the group will provide limited refreshments.

Room preparation
Seating arrangements work subtly to enhance or inhibit the group process. Their effect is almost unnoticed, but should be carefully attended to. Seating should be arranged in a circle so that every member can be seen by (and make eye contact with) every other member in the group; seating patterns of squares and rectangles make it difficult to see many of those present, and reduce the "hidden" members' participation. Some groups do not fit well enough in a space for this round requirement, but you will do your best to approximate this.

Some facilitators prefer to have members sitting around a table (best if there is food involved); others prefer to keep the center of the circle barrier-free. This allows everyone to see the entire body of everyone else, and bodies communicate a great deal.

Post direction signs to the room from the parking area, and arrive early enough to set up so the room appears inviting and accessible when group members arrive. After setting up the room you will welcome each member as they arrive and introduce them to others they may not have met. Be seated at the time the group is scheduled to start and call the group to order.

Supplies to Bring to Group

Include these items on the list: name tags and markers, paper to take notes, a sign in sheet if you would like to gather contact information, and if possible refreshments and parking passes. Bring group brochures and relevant resource information: some people really like having take-home information.

Format Options

There are a variety of formats for the support group. It is often desirable to mix the type of activity over the year. The group members can provide good ideas of what the group format should be over the coming meetings.

Open discussion/support. This format allows for maximal interaction and mutual support. Even if guest speakers are not invited to provide education, the group may wish to schedule different topics each month. If new people are present, the meeting can start by briefly reviewing the purpose of the group and what to expect (this can be done by the group members), and ask each member to introduce themselves. A simple go-round helps new members recognize how they fit in and facilitates the beginning of discussion. For go-round options, see the section on "*groups with new members*." If there are no new people, the meeting can start the group with open ended "how-is-everyone" question, and begin to facilitate discussion.

Educational Speaker. This format allows for continuing education for the trauma survivors, enhancing medical knowledge, self- advocacy, and recovery management. The best ideas for speakers will come from the group itself, and frequently group members have speakers in mind.

Speakers commonly requested (depending on the group's focus) include: physical, occupational or speech therapists, nurses, physiatrists, psychologists/family therapists/psychiatrists, community resource experts, trauma surgeons, pastoral counselors/chaplains, family doctors, and orthopedic surgeons. Most of these providers are readily accessible through contacts in the hospital and are quite willing to meet with the group (at no charge), given enough warning. These speakers are often more easily persuaded to attend when they learn that little preparation is required due to the informal nature of the support group.

Other topics of interest are best addressed by legal, financial, or product experts. Avoid outside speakers who may have a keen interest in selling a particular service or product. These sessions rarely go over well with the group members.

One process that works well to integrate a guest speaker and group interaction is this:

1. Briefly introduce the speaker and his/her area of expertise.
2. Start a go-round in which members introduce themselves to the speaker and identify how they are interested in the particular topic at hand. For instance, after introducing a family therapist as your guest speaker, suggest each member introduce themselves, how they became a member of the group, and briefly describe how their injury has affected their family. This allows the speaker to understand the group's level of interest and issues of concern.
3. The speaker offers a short presentation (10 minutes) – enough to educate the group about some basic concepts and to introduce various topics for discussion.
4. The speaker invites questions and facilitates the discussion as needed.

> Beware: many guest speakers will prepare/offer longer (more than 10 minutes) didactic presentations, which can become irrelevant to the group members present. It is best to adequately prepare the guest speaker for a short presentation and long discussion. Maximizing group interaction enhances group cohesion and the educational benefits of having a speaker. Come prepared with questions for the presenter to aid in the discussion in the event the group is quiet.

Peer Visiting/Debriefing

Once the support group is well-established, the TSN may develop a group of peer visitors. These peer visits can be incorporated into the support group as a pre-group activity or on alternate weeks/months from the regular support group. Joining the peer visiting process with the support group is a natural blend of activities. When a cadre of trained peer visitors is established, the support group time can be used to coordinate these visits and provide continuing training and debriefing for volunteers.

Prior to group time obtain consent to arrange peer visits from as many in-house trauma patients as the peer visitors can accommodate. After adequate meet-and-greet time in group, arrange peer visitors into pairs for visiting and give them enough information about their patients to allow them to feel prepared for what they will see (for more details, see material on the "Peer Visitor Program"). Since patients are frequently asleep or occupied in surgery or procedures, it is good to offer each pair 2-4 patients to visit.

As Visitors return to the group, engage them in conversation about their visit, with special attention paid to the emotional impact of the visit on the peer, and on teaching opportunities revealed. This time can feel a bit disorganized, as Visitors will be returning at various times and will be chatting amongst themselves. It is appropriate not to over-manage this time, allowing for pairs to informally debrief on their own as you continue to engage with others who have returned earlier. Once all Visitors have returned to the room (or at least a quorum), formally call the group to re-order, allowing stories of the visits to emerge.

This format will not work well if some individuals are off doing peer visits while other members who are not peer visitors meet. It can lead to unproductive sub-grouping. It is important to make sure group members do not feel marginalized or left out.

Facilitating Meetings: Skills and Interventions

Role of Facilitator

The role of the facilitator is to ensure a smoothly running group, to encourage sharing, risk taking, and mutual problem solving. Effective facilitators strive not to assume power, but to give it away. By encouraging members to speak directly to one another, the facilitator empowers members to be active participants in the mutual aid process. A culture of work emerges as the facilitator keeps conversations focused. Group members feel safe as the facilitator helps manage difficult situations such as intense emotional content or "monopolizers."

Characteristics of an Effective Support Group Leader

Effective trauma support group leaders are knowledgeable about the problems trauma survivors may face and the recovery process. However, someone new to the field of trauma can be an effective facilitator when she/he is genuinely curious about the patient's experience and is able to encourage discussion. The facilitator needs to be comfortable speaking with groups and has experienced effectively facilitated groups.

A group is more likely to thrive under a leader who is able to form good relationships with the membership and communicate warmth and caring. Thus, it is necessary that the leader attend the majority of the meetings and maintain contact with group members in between meetings as needed. Groups feel less cohesive when facilitators rotate or are not accessible in between meetings.

Even if you are new to support group facilitation, you can offer effective leadership when you exhibit the following characteristics (adapted from Reid, 1997, p 98):

> *Enthusiasm.* Bringing energy to each group meeting demonstrates commitment to members and faith in the value of the group.
>
> *Empathy.* Effective leaders experience others' emotions as if their own, while remaining firmly rooted in reality. They do not judge others; rather they share in the experiences of pain, anger, or joy.
>
> *Creativity.* Effective leaders modify their tactics as the situation demands, being spontaneous without being impulsive.
>
> *Courage.* Group leaders who occasionally take risks in the group environment stimulate growth and reflection. This can mean telling group members what they don't want to hear.
>
> *Honesty.* Like courage, honest feedback can promote honest reflection. This must be coupled with good instincts regarding clinical appropriateness of this feedback. The effective facilitator is willing to admit when they are wrong and avoid defensiveness when challenged.

Self-Knowledge. Demonstrating a willingness to look within and acknowledge strengths and weaknesses makes a leader more human and accessible. Such a leader models a capacity for development for the group members.

Useful Skills
The most important interpersonal skills and behaviors for effective group leadership are warmth and respect, empathy, concreteness, genuineness, and the ability to listen. Some examples of how these are expressed in group are listed below:

Warmth and Respect: "Hello Jack! I'm glad you're here because…" "It's nice to see you again…*"* Non-verbally: eye contact as members arrive, smiling warmly, being relaxed around members.

Empathy*: "Wow, that has got to be frustrating" or "You've really endured a lot." Most of empathy, however, will be communicated non-verbally.*

Concreteness*: This involves encouraging discussions that are specific and explicit, rather than abstract and vague. In response to a group member saying, "Sometimes it gets hard" say, "Hard? How so?" The leader wants to encourage members toward specific comments such descriptions as "Yesterday when my son asked me about his father's speech therapy appointment I felt lost. Ever since Bob's accident I've been trying to protect him from the reality of his dad's condition, but I realize I just can't anymore" Such specific descriptions are more likely to trigger further self-disclosure mutual support among group members.*

Genuineness*: "It seems like this exercise didn't work too well. What do you think- is there a better way for us to have this discussion?"*

Self-Disclosure: *Closely linked to genuineness, this refers to here-and-now information about the facilitator's reaction to the group- not about personal information about the facilitator. "I get the sense that this is a tough conversation for the group to have" or "I'm not really sure what to do now."*

Active Listening: This can be communicated by identifying recurrent themes: "It seems like several of us here have mentioned this today… could you talk a little bit more about that?" and recognizing incongruence in statements "You say you're mad, but you actually look sad to me." Paying close attention to nonverbal messages such as laughter, tears, posture, and eye contact demonstrates active listening. "Mike's story really seemed to hit a cord with you."

Facilitator Interventions
Combining the essential skills listed above with interventions designed to promote cohesiveness and encourage interaction can lead members toward meaningful life changes. An effective leader encourages communication by *accentuating similarities* and *linking common themes* raised in the discussion, while protecting group members from unhelpful interactions. Trauma is a uniquely isolating experience; discovering a kinship through commonalities is helpful.

Make Connections: By making connections regarding themes that arise across and within sessions the group, the facilitator allows members to deal with these issues together:

> "That really seems to be a familiar theme in this group. Just last month Mary was talking about how her children don't quite understand why she still feels the need to "talk about it so much." And now Jack is talking about how his brother has questioned his participation in this group. I'm wondering if some others have found that their families think they should 'be over it' too."

Consolidate Information: *Take the time to summarize the information from time to time- in beginning, middle or end.*

Model Supportive Behavior: *Most groups will not require you to model empathy, but if the members are hesitant to reach out at first, you might offer simple empathic responses to get the ball rolling. This might include encouraging group members to express frightening feelings or demonstrating nonjudgmental responses when uncomfortable topics are raised.*

Process Interactions and Emotional Content: *A group may feel uncomfortable when strong emotions are expressed or conflict occurs. When you stop the action that seems to be causing this response and examine it, ("What's happening here? It seems like there's something going on.") group members are able to learn and grow from their group experiences. This means the facilitator has to listen to his/her own internal cues, adopt a here-and-now focus, and be brave.*

Confront: *This important strategy brings crucial information to the surface and helps reveal group/individual blind spots:*

> *"It seems like every time Joe mentions his 'failing marriage' we find something else to talk about. Is this a coincidence, or something that is just tough to tackle?"*

Making confrontation a part of the initial contract facilitates buy-in. During the group's early days, you might say:

> *"One of my roles is to help keep us focused on the conversation of recovery. If it seems like we're spending a lot of time talking about unrelated subjects I'll take responsibility for getting us back on track. As time goes on, I'll rely on you all to help me with this task more and more."*

End on Time: The facilitator makes sure each meeting ends on time. Group members can be invited to stay and socialize after the group is over, but the facilitator is in charge of honoring the time limits.

The Initial Session

Getting your group started on the right track is an important step toward successful work together. Here are some simple guidelines for promoting an engaged, safe, supportive environment from the beginning.

Collect contact information: This creates a membership list and facilitates contact with group members between meetings, reminder emails, and providing resource information to the group as appropriate. Before distributing this contact information to the whole group, be sure to obtain consent from each member.

A brief introductory statement: Introduce yourself and the co-leader, and clarify a number of points for participants: the agency's stake in starting the group, the purpose of the group, logistical considerations, and the role of the facilitators. In this statement invite participants to think together about what they hope to get out of their participation in the group, thereby starting the process of establishing the group rules. This statement may be something like this:

> "Hello everyone, and welcome to our first meeting of the trauma support group here at Model Medical Center. I'm_________, and I think I've probably had a chance to talk to most of you over the past couple weeks, so I'm really excited to finally meet you. This is___________, and the two of us will be coordinating and facilitating this group together.
> This meeting is an important step for us here at the trauma center. We have been on the cutting edge of trauma care for many, many years, and hope to continue that trend by organizing this ongoing meeting of trauma survivors. We hope that with your help we will be able to extend that care beyond the hospitalization into the community. Each of you brings unique experiences from your recovery and by sharing those experiences and lessons-learned we hope to be able to help new survivors gain from your expertise. And we hope this sharing of information is helpful for each of you, as well."

(At any point you can turn the intro over to your co-leader)

> "As I think we communicated with you over the past few weeks, this group will meet twice a month on the 2nd and 4th Wednesdays right here at 6:30pm. We'll meet until 8pm, and__________and I will work hard to be sure the group starts and ends on time, and will help make sure everyone gets a chance to talk who would like to.
>
> I think it would be good for us to take time for each of us to introduce ourselves, and maybe even talk a little bit about what drew you to the group and what you might like to get out of participating.
>
> I'll start- My name is_________, and I'm one of the trauma social workers here. I've been working in the ER for a few years, but have always wanted to learn more about what recovery looks like years later, and what kinds of strategies seem to help in the process. I really look forward to being a part of the development of this group."

Facilitating Introductions: As group members begin their own introductions, refrain from too much commentary, as that establishes the lines of communication between the leader and the group member rather than between members. Allow, but do not encourage, cross talk during this introduction, as "true" sharing cannot really occur until each member has been introduced.

Accentuate Similarities: Once each member has been introduced, accentuate similarities of experiences, and hopes for the group, and finally begin the process of group work through encouraging discussion of these ideas raised.

Discuss purpose, desired activities, and speakers: Work these conversations into the discussion as they naturally arise. For instance, in response to one member's comment, "Is this group going to have speakers, or are we going to just share information we have?" you might take the opportunity to invite group discussion on the topic:

> "I'm really glad you brought that up. It's one of the things________and I were hoping to talk about sometime today or the next meeting, and particularly the kind of activities or topics or speakers people might find helpful to schedule. I'm wondering if anyone has thoughts about this?"

This promotes the group's understanding that this group belongs to them, not to the facilitators.

Establish ground rules: In an open trauma support group, few explicit ground rules seem necessary to maintain order, trust, and safety; group norms of communication can be established when you respond to interactions as they occur in group. For instance, "speaking one at a time" is a ground rule that is easily promoted by calling the group back to order (drawing attention to your role as facilitator) when too much side conversations pop up. Saying "I'm having a little trouble hearing what Mark is saying- and I think Angie also had something to add. Mark, do you mind repeating that again?" demonstrates your adherence to this ground rule and your commitment to promoting active listening and respect.

Closing Initial Session: Starting about 10-15 minutes before the end, summarize group goals and issues raised. You can solicit member feedback, identify unfinished business, and restate any future agendas as appropriate. An example of this might be:

> "It's already ten minutes to eight and we are scheduled to finish up at 8:00. I'd like to take a few minutes to review some of the things we talked about tonight, and make sure everyone has a chance to add any comments who might like to. One of the themes that seemed to come up again and again is the importance of a group like this to enable members to share some of the experiences that our families or friends just don't seem to "get." It seems like a really valuable opportunity. "

Subsequent Sessions: Getting the Group Started
Each session will have a different flavor, depending on those who attend, how many new survivors attend, and whether a guest speaker is scheduled or are focused on Peer Visiting. If there are many new members, the flow of the meeting may follow a condensed version of the initial session; if all members are returning participants, skip to the "work" of the group more quickly.

Groups with new members: With one or more new participants it is important to include a brief statement of the purpose of the group, as clarification to the new people and reminder to the veterans. Asking an experienced member to articulate the purpose and process of the group is probably the best way to communicate to the new and veteran members alike how the group belongs to its members and not the facilitator.

Repeating introductions allows new participants to understand how they fit in, and the group to get to know each other and the new members better. A go-round that includes a very brief introduction (name, circumstances of injury, etc.) and an opportunity for members to reflect on some aspect of their recovery helps get the conversation started and allows for common themes to emerge. Some ideas include:

- "*Talk about how you first became involved with this group*"
- *"Name one or two things about your recovery you did not expect when you were in the hospital"*
- *"Name one goal you have for the next 6 months of your recovery"*
- *"Give an example of something you learned from visiting a patient here"*

Groups with no new members ("Open Discussion and Support" format): When all those present are familiar with each other, no introductions will be necessary. Members arriving early will be socializing and will keep the conversation "light" until formally start the meeting. You may choose to open with a comment on something the group had been discussing informally, to reflect on an issue from a past meeting, offer an observation from your own work with trauma patients and ask for comments, or simply ask an open ended question, "How is everyone doing?"

Trouble Shooting
The facilitator is charged with maintaining order, helping group members establish trust and cohesiveness, and ensuring that each member feels heard and recognized, but not badgered. Most participants will bring fairly well-developed communication skills to the group, but there are challenging situations that arise requiring intervention. Here are a few tips for some of those inevitable challenges:

Integrating New Members: In an open-ended group, new members may join at any time and will need to be brought up to speed on group purpose and norms. Much of this work can be done before the participant attends his/her first session, through phone and email communication. Once the member attends the group be sure introductions are repeated all around so s/he can feel included and welcomed.

Beware of a new member's sharing too much about themselves. A survivor's first trauma support group can be an exciting time as they discover a whole community of people who "get" their situation in ways the rest of the world does not seem to. This may lead to an overwhelming

expression of their experience, feelings and issues during their first meeting. Such disclosures may also cause them to worry later that they may have revealed too much of themselves, making them uneasy about returning to their second session. Although it is tempting to take advantage of this opportunity to provide support to one in such obvious need by allowing them to talk it out, it might be necessary to balance the conversation and redirect attention to the experiences of the "regular" members. This can be done with a simple statement, "This really sounds familiar- weren't we just talking about this last week?" while looking to the other members to offer their own perspective. Be sure the new member is included in the conversation and does not feel cut off.

Coping with the "Monopolizer": It is not important that all members speak equally for the group to provide a valuable healing environment: some members get a great deal out of a discussion without directly participating while others a very verbally expressive. It is important, however, that the leaders facilitate equal access to "air time" during meetings. As a facilitator, monitor the effect of talkative members on the group, and decide when, and if, to intervene.

Sometimes a group or facilitator will feel comforted by the presence of a "monopolizer," as such a member takes the pressure off others to contribute or interact. The facilitator may relax, feeling that work is being done as long as someone is talking. Careful observation may reveal, however, that other group members will "check out" during these monologs, or even begin side conversations of their own.

While it can be difficult to cut people off, that may be an important part of maintaining group cohesiveness, and even of facilitating the group's sense of connection to the talker. A non-confrontational approach that does not draw attention to the behavior, but redirects the conversation can be effective: "Maria, it seems like you really have a lot of thoughts on this topic- I'm wondering what others here might be thinking about what you're saying." Other facilitators will choose to confront the behavior directly: "It seems like Maria really has a lot of thoughts on this topic, but not many others are talking. I wonder if anyone has any thoughts about why this is." By intervening, the group will likely feel comforted by your ability to bring the conversation back to the group as a whole.

Overly verbal members with TBI: Some group members with a history of traumatic brain injury have difficulty with the "give and take" of social conversation and benefit from a more direct intervention from the facilitator. This offers an opportunity to gently educate participants about their brain injury, while providing support and structure to the group at the same time. Once you have identified such a member whose brain injury seems to make it difficult for him/her to moderate conversation, take a moment to discuss this with him/her in private after the group (reducing the potential for shame) and offer to help in the group if he/she is interested. Such members are usually grateful for the support and respond quickly to your cues.

Silent Members: Silence in a group does not necessarily mean disengagement. If a group member seems to be following the conversation and appears interested and engaged but has not spoken, a simple invitation may be all that's needed to help him/her participate verbally. "James, it seems Bob's story about his daughter really struck a cord with you. Does that feel familiar to you?" If

James does not become verbally engaged with occasional invitations to speak, but continues to attend, he is likely finding the group beneficial.

Crying or overt emotion: Successful support groups will offer an environment in which members feel safe to express the feelings associated with recovery from traumatic events and injuries. A common mistake is a facilitator's offering support before a group member has had an opportunity to fully experience an intense feeling, thereby communicating the facilitator's discomfort with such expressions. It is important not to "rescue" individuals from their feelings, instead to remain present and connected. This can be accomplished through non-verbal facial expressions or by simple phrases such as, "ouch" or "that's really tough." Others will likely be inspired to offer their own comfort, thereby increasing the experience of mutual aid among members.

Handling a Crisis Situation

While these situations rarely arise, it is important to know how to respond. Immediate health crises (e.g. chest pain, anaphylactic shock) require emergency medical attention and therefore follow the institutions policy for responding to an emergency. If you are meeting in a hospital there may be a specific number to call. Outside the hospital call 911 to request assistance.

If you receive a phone call from someone in crisis you will need to refer them to their physician or ask them to immediately go to a local Emergency Room to consult with a physician. This rule applies to both physical and mental health crises. If a group member contacts you and expresses thoughts or plans about harming themselves or others, get the phone number and location from where they are calling you. Then, ask them to immediately contact their physician or go to a local Emergency Room for immediate assessment and intervention. If you are concerned that they will not seek help in a timely manner, tell the individual you will call 911 to request assistance. Call 911 and give the dispatcher the name, number, and address of the person you are concerned about. Contact the TSN Coordinator to get additional instruction as soon as possible.

Section H: Family Class Implementation

Overview

This section offers guidance on establishing and facilitating your TSN Family Class. The traumatic injury impacts the family members in many ways similar to that of the patient. Family members are frequently overwhelmed by the many uncertainties they face as caregivers and must deal with a range of emotional reactions- frustration, anger, guilt, fear and sadness. The family is likely to have a caregiving role. This includes concrete tasks such as setting up the home to be accessible by a wheelchair, arranging for home care and equipment rentals, and reorganizing their lives to accommodate the often full time work of caregiving. Caregivers are also facing the complex task of assuming the role of "case manager" for the patient – coordinating medical appointments, monitoring the patient's medical status and tracking medical information, and taking care of insurance and legal paperwork.

The TSN Family Class is designed to help prepare the family for the caregiving role by providing resources, information, and addressing questions family members have during the hospitalization. The Family Class is not designed to answer specific questions about the patient's condition or discharge needs; however, the class will help family members understand where they can get this information.

Establishing a Class in Your Hospital

This subsection provides instructions on establishing a Family Class in your hospital. This class will take some effort to establish, as it requires the coordination of several departments, and the assistance of staff members.

Obtain Administrative Support

When the hospital became a TCCS center, the leadership was made aware this family class was part of the program. It will still be important to obtain explicit support from those directly affected by the class. This will likely include:

- Nurse managers on the floors where family members will be recruited
- Trauma, orthopedic, and neurosurgical managers
- Managers of any staff members who may participate with you in the class

These managers can suggest partners to help you with the class or other resources, such as meeting rooms, a budget for snacks, and authority to post fliers and brochures.

Although you may not need formal approval of certain staff members, you will need their support. Including them in the early stages of planning will allow them to provide valuable input in the process; failing to include them in the planning could result in their resistance later on. If you have worked on the trauma floors for some time, you will know whom to include in this process; if you are new to the hospital, you will be able to get recommendations from the managers. Key staff members might include:

- Discharge planners, social workers and case managers serving trauma patients and families
- Rehabilitation staff (PT/OT/SLT) assigned to the trauma cases
- Nursing unit secretaries
- Trauma clinical specialists & other mid-level providers
- Medical Director
- Chaplaincy services

Combining all "advisors" in one meeting offers the advantage of an informed discussion with a variety of perspectives; however, if it is difficult to get all of these advisors in one meeting, consider arranging several meetings with different staff members.

Identify a Facilitation Partner

You will benefit from the partnership with a medical professional or case manager in this process. Information you offer will address health, mental health, and case management concerns. Having a partner who complements your skills and knowledge will benefit the class. Identify a partner with whom you have (or believe you could have) a good working relationship and who shares a drive for providing families with the information and support.

Make Arrangements for Space, Time, Materials

- **Where to Meet**

  Family members will be hesitant to attend a meeting that is far from their loved one's room; if possible you should to pick a meeting location on the nursing unit where most of your family members are located.

- **When to Meet**

  An evening meeting would accommodate working family members' schedules, and a daytime meeting would accommodate family members who are available during the day while the children are in school. A daytime meeting may reduce the burden of adding evening hours to the facilitator's day. You may choose to alternate day and evening hours to determine the most successful time for your hospital.

- **How Often, How Long, Food**

  Most patients will be in the hospital less than a week, so you are likely to miss a significant number of family members even with a weekly family class. You may start with a bi-monthly class while you are growing your programs, and move to a weekly class as you become more comfortable with the routine. Keep the meeting to approximately an hour. Family members will feel pressed for time and may not feel comfortable being away from the beside for long. Offering snacks can be an attractive draw and make participants feel more relaxed.

- **Set a Date. Sooner rather than later.**

  It will always feel like there are more loose ends to attend to before the first class.
  - Set a reasonable date for the first class.
  - Consider the program a work in progress.
  - Keep class goals modest: to provide resources, information, and answer questions.
  - Don't expect to anticipate every question you will be asked in the first class; your capacity to address concerns and answer questions will develop over time.
  - Expect attendance to be light in the beginning – it will grow over time as you and the staff become more effective at recruitment.

Educating Staff and Publicizing

Once you have obtained administrative approval, identified a partner(s) for the project, and worked out details regarding the curriculum, class timing and location, you will want to publicize this program with hospital staff.

- Arrange presentations in staff meetings, management meetings, in-services, and at staff orientations to inform staff of details of the program and engage them in the family recruitment process.
- Provide information about the rest of the TCCS project at the same time.
- Repeat your presentation every 6-12 months to capture newly hired staff. Provide examples of handouts and class goals.

- Adapt the flier and brochure to post in the hospital, and to include an article in the hospital's community newsletter and hospital-wide email communications. Fliers and brochures should be posted in areas frequented by families and others where trauma nursing staff congregate.
- If possible use your hospital's closed-circuit TV station to advertise the class, and make an overhead announcement on class day.

Facilitating the Class: Logistics

Recruitment

Most families attending the class will be those you and other staff personally invite to attend. A few others will be attracted by the fliers and brochures posted throughout the hospital.

- Create a system in which families are informed of the class upon their arrival on the floor, and invited the day of class.
- Visit each patient's room to invite families and leave a note for those not present.
- Involve a discharge planner/case manager in this invitation process
- Remind nursing staff on class day and ask them to mention it to families.

Supplies to Bring to Class

- Your notes, and paper to take notes on.
- Community resource information gathered from the case managers, social workers and discharge planners and other community resources.
- Easel (or white board) with discussion topics displayed (see: Curriculum topics)
- Food or drinks
- Name tags and markers, parking passes, sign in sheet
- Patient and Family Handbook
- TSN brochures
- Your own binder of information including:
  - Community resources
  - Physician contact information
  - Other materials you have collected

Room Preparation

Seating arrangements work quietly and subtly to enhance (or curtail) the learning and group process. While the primary purpose of the class is to provide resources and information, another important goal is to provide support. Connecting families to each other and enabling them to recognize the commonalities in their situations will offer significant comfort and support.

The set-up of the room is an important facilitator in this process. Follow these guidelines to maximize the group process:

- Arrive early enough to set up the room in an inviting and accessible manner.
- Arrange seating so every participant's face can be seen by ever other participant. Traditional "classroom" seating discourages interaction; chairs around a conference table encourage discussion and allows participants to review their materials.
- Post direction signs to the room from the nursing units, cafeteria, and parking lots.
- Post the six topics, and subtopics (see: curriculum, below) on an easel or white board.

Facilitating the Class: Format, Skills

The leader facilitates the class to be sure (1) the class runs smoothly; (2) the appropriate material is covered; and (3) mutual problem solving and support occur. The purpose of the class is to focus on areas of greatest concern to family members and to ensure that participants know where to access information after the class. Your

"formal" presentation of material should be limited to about 15 minutes, leaving 30 minutes for discussion. This is the time when more detail can be presented.

Class Format

- **Meet & Greet – 5 minutes**
  - Welcome each member as they arrive and introduce them to others they may not have met.
  - Write name tags, encourage participants to take a snack or drink and find a seat
  - Be ready at the time the class is scheduled to start to call the group to order.

- **Introductions – 5 minutes**
  - Introduce yourself, purpose, and format of the class. Bring attention to the list of topics on the board as possible discussion items for the class.
  - Ask staff to introduce themselves and their role in the hospital
  - Ask family members to briefly introduce themselves and their loved one's situation, and to identify their primary concerns.

- **Presenting the material – 15 minutes**

  Each class will be unique; content will be determined by the needs of the family members attending the class.
  - Choose three to four topics relevant to most participants that day for your focus, based on family introductions.
  - For each topic, touch on the key points in 3-4 minutes. More detail can be provided during the Q&A. See "curriculum topics" below for content you can present.

- **Q&A and Discussion – 30 minutes**

  Managing questions and facilitating discussion are the most important tasks. Keep these principles in mind:
  - Trust that the group has wisdom and information relevant for each other.
  - Before responding to a question, ask what others know and ask them to share their experience.
  - Then summarize the useful observations and add your own observations and information.
  - Don't allow one person to monopolize; spread the questions out and encourage all to participate.

  There may be many questions the leader is unable to answer in class. If an answer is available,* the leader will work to direct the participant to a staff member or resource who can address the participant's concerns. If a question is "unanswerable" but an example of a family member's struggle, the leader can facilitate a supportive discussion with the family, striving to explore the participant's concerns.

  *Example of:
  - *Answerable question*: "Where do people go for rehab when they leave here?"
  - *Unanswerable question*: "What am I going to do when he comes home? I have to work."

- **Closing – 5 minutes**

  If the discussion is very active and productive, you may be tempted to continue beyond the 30 minutes allotted. It is best to keep the class at one hour and encourage participants to continue to meet with each other or ask individual questions later.
  - Thank all for attending the class – including staff and family members.
  - Invite all to attend the following week's class if they are still present in the hospital.
  - Distribute TSN brochures & Patient/Family Handbooks and your business card and encourage family members to contact you with further questions.

- Provide contact information for family members to write into their Handbooks as appropriate, including physician phone numbers, nursing unit administration contact information, and other contact information.

Curriculum Topics

Trauma care at your hospital and community may be different than what is described here – you will need to adapt the material to reflect your own hospital/community's system. The questions provide issues to cover on each topic. The material following the question is not to be read, rather it provides guidance on what to say about each issue. You will learn the "answer" to each issue for your institution.

Surviving the Hospital Stay

- **How do I find the doctors and get information from them?**
  This is one of the most significant concerns of family members during the patient's hospitalization. Describe how the doctor's schedule works, and how family members can get information from them (through the nurse or through the doctor's office).

- **How do I find out who's in charge of what, and what the plan is?**
  There are a number of "service lines" caring for trauma patients, including such specialties as orthopedics, neurosurgery, plastic surgery, vascular surgery, infectious disease, etc. These specialists communicate through the chart or on the phone, but not every specialist will be aware of the others' plans. While in the hospital, the patient is assigned a "primary service" – that service coordinates the care, while the remaining specialists are consultants. The primary service can change. To find out what the plan is for the patient, the family needs to speak with the right specialist, or with a doctor from the primary service. Often there are trauma clinical nurse specialists or physician's assistants (PA) who follow the patient's case and can provide good information about the treatment plan.

- **How do I balancing visitors vs. family time?**
  The primary caregiver is often the primary contact for all friends, visitors, and well-wishers. Visits can be encouraging for the patient and the family – it is nice to receive support. But too many visits can be tiring and complicated to schedule. It is important for the patient and family to feel as well rested as possible for a healthy recovery. Caregivers should limit visits if ever it becomes a problem to manage.

- **How can I take care of myself and my family too?**
  Often the caregiver wants to spend as much time with the patient as possible. When they are with the patient they are able to get information from the medical team and provide assistance to the patient. To be an effective caregiver who can understand the medical information and provide emotional support to the patient, it is important for family members to take care of themselves. This means they should be getting a full night's sleep and eating healthy meals as much as possible. In addition, caregivers may feel additional stress if they are not able to be in touch with other family members (children) outside of the hospital. Caregivers often benefit from enlisting help with the bedside vigil to attend to family needs and to get a break from the hospital routine.

- **How is it best to share information with others?**
  Caregivers may find the use of websites such as Care Pages or Caring Bridge or their own blogs to be a useful medium to share patient status information rather than answering phone calls and emails. The

hospital may have a sponsored site. Some families have found Facebook to be too public for detailed information, but appropriate for general announcements.

Leaving the Hospital

- **Where do patients go after the hospital?**

  When the patient leaves the hospital he/she will be transferred either to another facility or to home. If the patient is going to another facility, it likely be to acute rehab, subacute rehab, or long term care. If the patient is going home, the patient may receive continued care at home or on an outpatient basis. Some patients return home with no formal follow up care beyond visits to the trauma clinic. Care at home can include nursing, rehabilitation, and social work services.

- **How is the appropriate level of care (and facility) determined?**

  The patient's medical team will determine the most appropriate level of care, based on the patient's care and rehabilitation needs, as well as the home situation. Then the patient's insurance company will need to approve this recommended care. Patients without insurance will work with the case management and financial services departments of the hospital to determine rehabilitation and care options.

- **What is my role in preparing for transition?**

  The family needs to be involved in this process so their preferences and resources (ability to provide certain care tasks or travel to certain facilities) can be taken into account. If there is more than one option for rehab or home care companies, the family may be asked to visit the facilities or make a choice. If the family is not involved in this process, the discharge planner will make the decision based on insurance benefits, patient preference, and availability of care. Sometimes if the patient does not have insurance, the family will be directed to apply for Medicaid or other appropriate programs before the next facility or home care company will accept the patient.

Transitioning to Rehabilitation (acute or skilled nursing)

- **What is the hospital's role in this transition?**

  The medical team will make recommendations for the level of rehabilitation needed and will obtain insurance approval. If the patient has no insurance, the case managers/discharge planners will work with the family, hospital, and accepting facility to obtain approval for transfer. The discharge planner will usually set up transportation to rehabilitation in an ambulance and obtain insurance approval for this (note: most insurance companies do not cover ambulance transfers to home).

- **What is my role when the patient goes to rehab?**

  The family needs to pack up personal possessions in the room prior to transport, and go to the accepting facility to provide contact information. It is usually not necessary for the family to be present at the time of transfer for the transfer to occur.

- **What can I expect at the rehab center, and what is my role?**

  The routine at the rehabilitation center will probably be very different from the hospital routine. There are fewer doctors, and there is usually a more defined schedule each day. Visiting hours will be determined by the patients' rehabilitation schedule. Some facilities schedule time for the family to meet with the medical team on a regular basis. It is important to check in with the staff at the rehabilitation facility to obtain information about the facility's expectations for family caregivers, and the family's role.

Transitioning to Home

- **What is the hospital's role in preparation for this transition?**

  The medical team will make recommendations for the kind of care the patient will need upon discharge to home, and consult with the patient and family regarding the plan. The discharge planners will obtain insurance approval for skilled care (PT, OT, SLP, RN) that is arranged. If the patient/family wish to arrange home care that is not covered by insurance, they can get recommendations from the hospital for such care, but will need to make arrangements directly with the home care company. Ambulance transfers to home are usually not covered by insurance, even if the patient is not able to walk. The hospital staff can set up such a transfer, but the family will need to be involved to approve payment.

- **What's my role in this transition?**

  - **Filling prescriptions**

    The patient will usually have one more prescriptions that need to be filled when they leave the hospital. It is a good idea to ask for these prescriptions in the morning of the discharge and filling them before picking the patient up to reduce the number of stops that need to be made with the patient in the car.

  - **Patient transport**

    The family is responsible for arranging transportation home. If the patient requires a wheelchair van, the hospital staff can recommend companies providing this service and set it up with the patient/family's permission.

  - **Arranging for equipment**

    The hospital discharge planner will most likely order home care equipment that is covered by insurance, and obtain insurance approval for this equipment. This will need be done in consultation with the family if it is to be delivered to the home (hospital bed, wheelchair); smaller equipment (walker, bedside commode) may be delivered to the hospital and need to be transported home. Many items may be needed that are not covered by insurance – approval depends on the patient's condition and particular needs. The discharge planner can order uncovered equipment, in consultation with the family, or the family can make these arrangements.

  - **Home care arrangements**

    The medical team will identify skilled (PT, OT, SLT, RN) care that is needed at home and will make arrangements for this care in consultation with the patient and family. The family will be responsible for contacting the home care company to set up the schedule for the visits. There may be "nursing" tasks that the family will be responsible for, such as giving injections, changing dressings, administering IV medications, and cleaning wounds. In these cases, the hospital may set up a visit with a registered nurse to meet with the family at home and reinforce teaching that occurred in the hospital.

  - **Setting up an accessible home**

    Many trauma patients have difficulty walking when they leave the hospital and use a wheelchair or walker to get around. Many homes are not set up to accommodate people who have difficulty with stairs, so the family will need to rearrange the home to accommodate the patient until they are able to move around more easily. This may mean re-arranging furniture or sleeping arrangements to allow easy access to a bathroom and the outdoors, and sometimes it means building a ramp. Tip: this is the kind of task that friends can help with while the family is attending to the patient in the hospital. It is important to remember that this is usually a temporary arrangement that feels chaotic at first, but generally becomes more comfortable with time.

Caring for the Patient at Home

Caregiving is an emerging skill. It is most cumbersome in the early days/weeks and becomes progressively smoother as you establish a routine. Ask for and accept help early and often.

- **Making follow up appointments**

  The patient may be instructed to schedule follow-up visits with the trauma specialists after discharge. The family/patient may need to make calls to arrange the appointment. Some specialists will need to follow the patient for several weeks or months, and the family will be responsible for making these appointments and transporting the patient. If the patient is following up with an orthopedist, he/she will usually need to get x-rays taken before the appointment as well. At first this can be a very time consuming process when the patient's mobility is limited and the family is new to the care of the patient.

- **Providing medical care**

  There may be "nursing" tasks that the family will be responsible for, such as giving injections, changing dressings, administering IV medications, and cleaning wounds. In these cases, the hospital may set up a visit with a registered nurse to meet with the family at home and reinforce teaching that occurred in the hospital. Most patients will be on medications when they leave the hospital, and it can be helpful to have the family caregiver monitor administration in the beginning.

- **Tracking medical care, progress, needs, concerns**

  It is a good idea to write down the patient's concerns and questions you may have, as well as track the patient's progress while at home. This information is useful when you meet with a medical team member, such as a therapist in the home or the doctor in the office. Keeping all the information, including bills and records from the hospital or doctor's office, in one cabinet or folder makes it accessible and simple to maintain. If organization of information is difficult for you, you might ask a friend to help you set up the system for you to follow.

- **Transporting to medical appointments**

  Trauma patients have follow-up appointments with their doctors after they leave the hospital. The family will be responsible for arranging transportation. If the patient needs a wheel chair van or ambulance, the family will need to locate a company to provide this – it is generally not covered by insurance.

- **Advocating for patient with medical team and community**

  Family caregivers have good insight into the patient's medical progress, concerns, and questions. Family members often need to advocate for the patient to receive community assistance, unscheduled medical care, a second opinion, or more help than a provider initially offers. Sometimes the patient will receive confusing or conflicting advice from the medical team – a family member can help get clarification and further information. Persistence and good communication skills are important.

- **Who do I call with questions or for help?**

  Caring for a recovering trauma patient can be a big job. It's good to figure out who might be able to help out, and what they can help with. Keep this information written down – it's easy to forgot who might have offered to help. Remember - this is not the time to be shy about accepting offers of help. It's a good idea to build and maintain good relationships with the doctor's office staff, with neighbors, and with friends who offer help, and to accept these offers.

Changes in Family Life

Family life is different in the early weeks and months of an orthopedic patient's return home. At first life may feel chaotic and out of control – there are many new details to coordinate and manage – but this shifts over

time. Most families find balance returning to their lives as the patient's mobility and independence returns. Until then, caregivers and family members manage as best they can, making adjustments along the way.

- **Shifting priorities**

  During the early weeks and months, there are many new responsibilities and tasks for the caregiver. You will naturally adjust your schedule and figure out what the most important tasks are at this time, and let the rest go. For some, this means backing out of previous commitments, and divesting of volunteer and work responsibilities. You will probably discover that you also have to shift your expectations for home-cooked meals, a tidy home, or tightly-managed children's schedules for a time.

- **Balancing home and work responsibilities: Asking for Help**

  If you will be covering for the patient's domestic responsibilities in addition to managing your own and returning to work, you will probably need help. It will be important to identify sources of help early on, and to be specific about tasks you want help with. A single neighbor or friend can coordinate offers of assistance. Simple tasks others can help with include cooking meals, grocery shopping, transporting children to practices or lessons, raking or mowing the lawn or walking the dog. While you may feel people are asking to help "just to be nice," many enjoy the opportunity to provide meaningful assistance.

- **Taking care of the caregiver**

  Your role is critical to the well-being of the patient, so it is important that you remain healthy, hopeful, and able-bodied and able-minded enough to provide the assistance required. This means you must:

  - Ask for and accept help
  - Do an assessment of your life routine and figure out which activities are stressful and which ones feel supportive and help you feel calm, centered, and even energized.
  - Temporarily cancel all activities/responsibilities that are more tiring than energizing. If you're maintaining a routine (driving the carpool or coordinating the book club) out of habit or duty, this is the time to take a break. You'll know when it's time to resume your duties.
  - Figure out how to "recharge" yourself a little every day. For some this means taking a 5 minute walk outside once a day, for others this means sitting quietly in the car for a few minutes before shopping or unloading the groceries. Others may find time for a nap or to have lunch with a friend. The best "self care" activities are ones that don't add stress (attending to an exercise class may involve finding child care, thereby adding stress) and that can be incorporated into the current schedule.

- **Beware of…**

  Signs of stress and exhaustion. Most caregivers will feel some level of stress and exhaustion in the beginning – do what you can to minimize stressful activities and responsibilities. For instance, some people find **visitors** and well wishers are more tiring than they are helpful. Learn to say, "no" when someone wants to visit and you don't feel up for it.

Section I. Leading the NextSteps Class

The NextSteps program is based on the principles of self-management. The self-management recognizes that the patients play the most important role in their recovery. NextSteps teaches patients how to become more proactive and take control of their care. It uses techniques that have been scientifically proven to increase self-confidence and sense of empowerment. NextSteps teaches patients the skills to become an active self-manager of their health and their life.

What are the benefits to the patient in enrolling in NextSteps?

1. **More personal power**. Patients become skilled at finding solutions to their health problems. They learn to take control of situations that may have felt out of their control in the past.
2. **Increased confidence**. As patients experience successes with self-management, they gain greater confidence in their abilities to manage their health.
3. **Better prepared to handle difficult situations**. By being prepared to handle difficulties as they arise, rather than experiencing a crisis, patients can turn what used to be a "wall" into a "speed bump" that they can deal with.
4. **Improved health**. As patients set health goals and follow a plan for achieving them, they begin to notice improved health. They may experience this is the form of increased confidence, less pain, improved mood, or other ways.
5. **Better quality of life**. Research has shown that patients with chronic health conditions who engage in self-management activities enjoy improved outcomes and better quality of life.

This implementation guide provides background on the NextSteps program for the group leader and facilitator. In additional to becoming familiar with these materials, careful review of the leaders guide and participation in NextSteps Training is essential to effective program implementation. The authors and the TSN welcome your feedback to improve to the program.

Introduction to the NextSteps Program

Participants in the NextSteps self-management program attend weekly self-management group sessions facilitated by two group leaders – a Trainer and Facilitator. The Trainer is usually a health care professional (e.g. nurse, physical or occupational therapist, social worker) with previous experience working with groups and an ability to communicate effectively in group settings. He or she has primary responsibility for directing each session. The Facilitator assists with the sessions and helps with logistics of the meetings. Either the Trainer, the Facilitator, or both are individuals who have experienced traumatic injury similar to those to be enrolled in the group. The group leaders are trained to ensure each class follows the NextSteps program. The classes take place over a 6-week period and are delivered in a group format with 8-12 participants per group. The classes are usually conducted weekly for approximately 2 hours. The NextSteps class meets weekly for the first - 6 weeks of the program A booster session takes place 2-weeks after the sixth session. Although relapse prevention will be addressed throughout the intervention, this booster session summarizes

information from previous sessions and anticipates problematic situations that may occur in the future. The booster session also serves as a social or reunion of the group.

How are the Self-Management Groups Conducted?

- 8-12 participants in a group
- Run by a trained group leader
- Meet once a week for 6 weeks
- 2 hours each session; an additional "booster" session to be held 2 weeks later –

Focus on:
  - goal setting
  - problem solving
  - skill acquisition
  - self- monitoring

Goals of the NextSteps Program

The overall goal of the program is to increase participation in life activities and improve quality of life for patients and their families. These long term goals are achieved by decreasing negative thinking and increasing participants' confidence in their ability to handle injury related problems. The program also provides skills to help participants manage their physical health problems more effectively, decrease anxiety and depression and improve positive mood.

How are the Sessions Organized?

- Greeting and Homework Review
- Lesson with:
- Brief didactics
- Discussion in pairs or as a group
- Skill Acquisition – practice of target skill
- Closing Activity – imagery
- Home Activity – application of skills in daily life

Preparation

For every NextSteps class, procure a space that can accommodate 8-12 participants, yourself, and a facilitator. You will need the space for a 8 week period; the regular SM classes are once weekly for six weeks and a booster class meets two weeks after the last class.

Adequate supplies will be needed for each class. This includes a flipchart or blackboard in the room, different colored markers for the flip chart or chalk, a sign-in sheet, handouts, name tags, and pens for participants. If possible a small snack and soft drinks are desirable. Give yourself adequate time for set up so you are able to greet each participant as they come to the class.

Before the beginning of each class take some time to prepare for the content and class set up. This will help ensure an efficient use of time and resources. Below are some more suggestions.

- Set up food and drinks – if available
- Prepare name tags
- Set up and pre-print flip chart as needed
- Review the background materials and worksheets

- Use the outline to guide the session
- Use the planning sheet to prepare materials
- Call the TSN coordinator with questions
- Your enthusiasm, preparation, the NextSteps materials, and the contributions of the participants will insure a good program. Once you prepare, follow the materials, and trust yourself, the facilitator and the participants.

Preparing to Lead the Session

When leading a session, it will be important to balance talk with interaction. Overall your presentation should be no more than 30 minutes and you should speak for no more than 5 to 10 minutes in a row. You should establish a rhythm, for example:

- raise topic
- brainstorm with group participants
- brief presentation on topic
- practice and discuss

It is desirable if every group member participates in every session, but each person does not have to talk on each point. You want to give every person a chance to tell their story in the course of the program. As a leader, it is important to take charge of having the sessions start on time and end on time, or even early.

Role of the Trainer

The NextSteps trainer is responsible for delivering an six-week series of 2-hour self-management sessions and one booster session to trauma survivors. NextSteps Trainers assist with participant recruitment. In addition to leading the sessions, the NextSteps Trainers prepare materials for the sessions.

The NextSteps Trainer coordinates activities with the NextSteps Facilitator.

NextSteps Trainer Job Description

Qualifications

- Professional background in psychology, social work, nursing, physical or occupational therapy, or related field
- Prior experience with group facilitation and/or adult education
- Effective verbal and written communication
- Familiar with issues of trauma survivors and their families

General Summary

Is responsible for delivering an six-week series of 120-minute self-management sessions and one booster session to trauma survivors. The session times will be determined mainly by participant group availability. The trainer will have a facilitator to assist with logistics and group leadership.

Essential Job Functions

- Communicate regularly and in a timely manner with TSN coordinator
- Participates in train-the-trainer seminar
- Assist with participant recruitment
- Prepare materials for the session
- Lead sessions
- Maintains program records and submits in a timely manner

Authority

Coordinates activities with group facilitator

Role of the Facilitator

The NextSteps Facilitator will work with the NextSteps Trainer during group meetings and assist with the facilitation of class discussion. The NextSteps Facilitator may be responsible for coordinating the logistics of the group, including insuring adequate meeting space, organizing the beverages and snacks for the meeting, or maintaining group attendance sheets depending on the local needs and arrangements with Trainer.

NextSteps Facilitator Job Description

Qualifications

- Prior experience with group facilitation
- Effective verbal and written communication skills
- A trauma survivor like those enrolled in the class
- Organizational skills

General Summary

Is responsible for assisting NextSteps Trainer with eight-week series of 120-minute self-management sessions and one booster session. The facilitator assists trainer with logistics.

Essential Job Functions

- Communicate regularly and in a timely manner with group NextSteps Trainer
- Assist with recruitment of participants
- Maintain contact with participants
- Assist with facilitation of the group discussions

Possible Job Functions

- Assist with participant recruitment
- Assist with preparing materials for the session
- Arrange for meeting space and refreshments
- Take attendance
- Process session evaluation forms

Having a facilitator assist the trainer can offer benefits as well as some possible pitfalls.

Benefits:

- Sharing experiences and expertise
- Sharing responsibility, should a problem arise
- Sharing knowledge (in the event of a brain freeze)
- Complementing one another's facilitation styles (i.e. a vibrant facilitator who moves around a lot balances a trainer who is more subdued in style)
- Having an observer to monitor how well the group is doing
- Sharing information/concerns about participants

Potential Pitfalls

- The facilitator does not prepare
- The facilitator interacts poorly with participants
- The facilitator gets away from the subject and/or wastes training time
- You disagree with the facilitator about how to handle a topic or participant

Theory & Philosophy of the Self-Management

Overview

Self-management places an emphasis on the individual taking responsibility for their healthcare. In the traditional medical model, the patient would experience symptoms and go to their doctor for medicine or some other intervention for the problem to be fixed. In this model the patient is not very empowered, as the solution to their problem appears to lie with someone else (their doctor). In the self-management model, persons are empowered to assume greater responsibility for their health. Self-management promotes people becoming educated about their conditions and treatment options. Becoming an informed healthcare consumer is an important part of self-management. Self-Management involves problem solving, using resources, communication skills, monitoring one's condition (self-monitoring), and applying other skills and knowledge (such as progressive relaxation for pain or anxiety), among others.

The NextSteps class is designed to teach people to become good self-managers by increasing their self-efficacy (confidence that they can capably manage their conditions and problems).

The NextSteps class is not meant to be a replacement for group members' medical care. In fact, we encourages group members to continue their medical care as usual and also to inform their doctors of any changes they experience while they are involved in the NextSteps class. For instance, some group members may experience reduced pain as a result of better pain management. They should be encouraged to tell their doctors about their progress so that they can note the changes and make appropriate adjustments to their medications. Alternatively, patients may become aware of depressive symptoms that require additional treatment from their health care team. Group members are to be dissuaded from making changes to their own medication schedules without consulting their doctor first. NextSteps supports a collaborative relationship between patient and doctor. Although participants are supported in taking a more active role in their healthcare, they are reminded to maintain good communication with their healthcare staff.

Discovery Learning (also known as Active Learning) for Adults

Adults expect and need different type of educational interaction than school children. Providing lecture or "talking at the participants" is unlikely to be effective in achieving the goals of this program. That is why NextSteps uses the principles of discovery or active learning. The chief advantage of discovery learning is that it encourages the individual to question and solve problems on their own, thus developing confidence in one's ability to handle problems. This confidence, or self-efficacy, provides encouragement to face even greater challenges.

Discovery learning is based on the assumption that education is a process, not a set of facts. Active learning puts the responsibility on the learner.

Benefits of Discovery learning:

- While you are participating you are paying more attention
- Activities focus your attention on the key ideas or techniques that are being examined
- Active involvement forces you to construct a response and this results in processing of information deeper than mere memorization
- Discovery learning provides you with an opportunity to get early feedback on your understanding: gaps in your understanding cannot be ignored
- Active learning results in episodic memory, a deeper kind of memory specific to an event so that if you cannot at first remember the idea or technique you can reconstruct it from the event
- Discovery learning can be more motivating, incorporating the fun of solving problems and controlling the environment

Active learning is considered more meaningful because:

- It makes use of your own personal associations as a basis for understanding instead of parroting back the trainer's version of a concept
- Figuring out the process rather than just following directions
- You are forced to confront your own ideas about the subject
- Because you are able to see the principles at work, you have a better grasp of the ideas
- Because you learned in a context similar to the eventual context of use you will be able to recognize an opportunity to use the information more easily
- Because you began connecting the information to the real world its value is clearer to you

(Excerpted and adapted from *Speakers Guide*, 2001, by Carolyn Braddom)

Characteristics of Adult Learners

- **Principle**: Learning for adults is the means to an end, a way of solving a problem. Knowledge is no longer viewed as an end in itself. Adults seek out learning experiences in order to cope with specific life changes or accomplish a goal.

    - **Implication for the trainer:** Make the payoff for learning obvious. Give learners a rationale for learning.

- **Principle**: Adults tend to take errors personally and are more likely to let mistakes negatively affect their self-esteem.

    - **Implication for the trainer:** The learning environment should be safe from ridicule. Humor is only funny when focused on the trainer, not the learner. More attention should be given to correct responses than incorrect responses.

- **Principle**: Adult learners are likely to have more fixed points of view that make them closed to new ways of thinking and behaving. They tend to apply tried and true solutions know as reproductive thinking.

    - **Implication for the trainer:** The learning environment should be safe enough for students to experiment with new ways of dealing with problems. Interpersonal feedback exercises and opportunities to experiment with problem-solving should be included.

- **Principle**: Adults come to a classroom with specific expectations. It is critical for the trainer to state expectations before getting into content. The trainer can assume responsibility for his/her own expectations, not those of participants.

    - **Implication for the trainer:** State objectives at the beginning of the session. State an agenda for how time will be used. Begin with a needs assessment tool to show learners what they need to know.

- **Principle**: Adults need to be able to integrate new ideas with what they already know. Linking information to experience and current knowledge is critical for the storage and retrieval of new information.

    - **Implication for the trainer:** Sequence the material so it builds on current knowledge. Use illustrations and examples to link to experiences.

- **Principle**: Information that has little conceptual overlap or conflicts with what is already known is acquired more slowly by the learner.

- **Implication for the trainer:** Allow more time for learners to process new unrelated materials or material that conflicts with current knowledge.

– **Principle**: Adults prefer self-directed learning over group projects and group projects over lecture. They prefer materials be presented through the use of more than one medium; they prefer to control the pace, start and stop time.

  - **Implication for the trainer:** Include other means of learning besides the lecture. Use visual aids, live demonstrations, case studies, etc. Be aware of participant nonverbal messages about pace and length of presentation.

– **Principle**: Adults prefer the instructor in the role of facilitator for learning, one who sees the learning/training interaction as a cooperative venture.

  - **Implication for the trainer:** Change the session from an autocracy to a democracy. Recognize that everyone has something to contribute.

– **Principle**: The learning environment should be physically and psychologically comfortable. Lectures, long periods of sitting, and an absence of practice opportunities rate high on learner irritation scales.

  - **Implication for the trainer:** Participants should be made comfortable. Shorten the time you talk and vary the type of activities every 30 minutes or more frequently.

– **Principle**: The trainer needs to help learners see the gap between performance goals and current level of performance. Identifying these differences is important in developing readiness for learning

  - **Implication for the trainer:** Use evaluation frequently, including tools for learner self-assessment.

– **Principle**: Adults benefit from being active participants in the learning process rather than passive recipients.

  - **Implication for the trainer:** Utilize discussions, practice of skills, games, etc. for interactive learning.

– **Principle**: The key role of the trainer is one of facilitative control. The trainer must balance the presentation of new material, the linkage of the material to the learner's current knowledge base, and provide opportunities for discussion and feedback all within the time available.

  - **Implication for the trainer:** It is imperative that the trainer plan and organize his/her material. Getting through only half the material in the allotted time is poor planning and does a disservice to the participants.

Positive Reinforcement

Positive reinforcement is the foundation upon which self-efficacy is built. Self-efficacy, or self-confidence in one's ability to perform a task, is cultivated through positive experience. Positive experience generally means success. The more we experience success in a certain activity, the more likely we are to expect that we'll be successful in the future. For instance, if we received good grades in high school, chances are we would be reasonably confident that we could do well in our first year in college. In this case, the good grades were positive reinforcement that signaled future success to us. Getting an "A" in English motivated us to attend class, write the papers, and study hard. The positive reinforcement cultivated confidence that we were good at English and capable of doing well in future English courses.

NextSteps uses the concept of positive reinforcement to cultivate confidence (self-efficacy) in group members. Group leaders are guided to positively reinforce members often, which can include praising or complimenting participants, thanking them, highlighting their accomplishments or efforts, and interacting in a warm, genuine, and respectful way. For instance, thank group members for coming and attending. Recognize participants for attempting and completing their homework. Praise people for making efforts to work through a difficult spot regardless of outcome. Give positive strokes to persons who try solve a problem. Acknowledge persons who are able to concede that their problem may not be solved right now—realistic appraisal is an important skill they are beginning to master. One guideline to keep in mind is provided from the research on happy marriages, which suggests that adults are able to tolerate one piece of negative feedback for every seven pieces of positive feedback or praise. So, trainers are encouraged to make sure that they are providing at least this 7:1 ratio of positive to negative comments to group members.

Make it fun!!!

Communicate to participants that they count.

Working with Individuals with Brain Injury

Individuals with Traumatic Brain Injury (TBI) have neuropsychological impairments caused by brain injury. Deficits may be in any of three functional systems (1) intellect - which is the information handling aspect of behavior; (2) emotionality - feeling and motivation regulation; and (3) control - behavioral expression.

A person with TBI may have problems such as memory loss, especially short-term memory loss, impaired concentration, attention disorders, mood swings, heightened arousal, personality disorders, fatigue, and diminished IQ. Executive functioning and initiation may also be impaired.

Brain injury can compromise the person's ability to respond to the emotional needs of others. It may also put them out of touch with their own emotions and lead to blunt or flat affect. It can cause a person to have difficulty functioning in complex or over-stimulating situations leading to irritability or confusion. These are but a few of the problems related to brain injury. Moreover, brain damage can limit the ability to store, process, accumulate, and retrieve information. It can also interfere with the ability to control emotions, to benefit from experience, to learn new information, and to be sensitive to the emotional needs of others.

In group situations, some group members with a history of TBI have difficulty with the "give and take" of social conversation and can be overly verbal. These members benefit from a more direct intervention from the facilitator. This offers an opportunity to gently educate participants about their brain injury, while providing support and structure to the group at the same time. Once you've identified a member whose brain injury seems to make it difficult for him/her to moderate conversation, take a moment to discuss this with him/her in private after the group (reducing the potential for shame) and offer to help in the group if he/she is interested. Such members are usually grateful for the support and respond quickly to your cues.

Individuals with brain injury may benefit from review of the workbook in advance of class and review of the class activity afterward with a family member or friend. Repetition and practice may be necessary to fully benefit from the program. While individuals with severe brain injury may not be appropriate for the NextSteps programs, those with mild or moderate injuries may be able to participate and benefit.

Facilitating Self-Help Groups

Rules for Group Discussion

No matter how informal your group, there are several unspoken underlying rules of group communication that, if followed, will make the group a safe, comfortable, and respectful foundation for promoting change. It is important that during the first session, you establish ground rules defining appropriate behavior in the group.

Rule # 1. All information shared in the group should remain confidential. It is important for the group members to feel comfortable sharing the experiences with other group members. The knowledge that what is said during group meeting remains in the group and will not be shared with family members, co-workers, and friends outside the group will enable participants to be open with one another. It is ok to discuss principles or things that are learned during group, or their own reflections and thoughts, but discussing anything specific about other group members is not acceptable.

Rule # 2. Treat all members with respect. Establishing respectful behavior in your group creates an environment of trust and safety. Respectful behavior includes allowing one person at a time to speak, using appropriate language and tone of voice, accepting differences, and treating each other with kindness.

Rule # 3. One person at a time speaks. This means no side conversations and interruptions. It may be helpful to tell the group that you as the trainer have difficulty hearing what is said if too many people talk at the same time.

Rule # 4. No cell phones during group meeting time. Cell phones are extremely disrupting to group discussion. Ask each member to turn off their cell phone and/or pager as the session begins. If they feel they must have the cell phone on because they are serving as someone's emergency contact, then ask them to put the cell phone on vibrate mode. If they receive a call during the session, ask them to leave the room to talk with that person. Remind them that the break will provide an opportunity for persons to make any necessary phone calls or return pages.

Rule # 5. Speak about yourself. Encourage members to speak in terms of their own experiences, feelings, and thoughts rather than speaking in generalities or about others. This will encourage group cohesion.

Rule # 6. Ask each group member to be punctual. This will enable the group to start and end on time. For many people, punctuality is a sign of respect. Informal networking and socializing can take place before and after the meeting.

Establishing Group Rules/Guidelines

The establishment of group rules and guidelines is extremely important. We have therefore set aside 15 minutes at the beginning of the first group meeting for this purpose. Trainers should define the rules and ask for group feedback regarding enforcement of the rules. Additionally, the Trainer should ask members to list any other rules that they think will aid in the group discussion.

Handling Challenging Situations in the Group

Active Listening. Overall, you will need to achieve a balance of being ready to listen, observe, and understand, while at the same time provide the leadership to effectively facilitate the discussion. It will be important to take note of non-verbal communication cues from discussants (e.g., body language, tone of voice, facial expressions). Most importantly, be empathetic. Try to put yourself in the speaker's shoes and see the world as he or she sees it.

Here are some general tips for active listening:

> **Restating.** Repeat what the person says using the same of slightly different words. This will help the person to verify that you have heard what he/she said. If it is not correct, the person can make corrections.
>
> **Questioning.** Asking gentle, probing questions to clarify or obtain more information conveys active listening. It is important to not appear as if you are cross-examining or questioning the validity of what the person has said. Some good rules of thumb are to avoid questions that start with "why", as these can make people feel defensive, and to avoid questions that can be answered with only a "yes" or "no". Good questions are those that encourage more expanded or thoughtful answers, such as "what changes have you noticed since you tried solving this problem this way?" Use "what' or "how" questions to facilitate the discussion.
>
> **Summarizing.** It is good to take a moment and step back to look at the "big picture." It allows the leader to put the current discussion into the context of what has been said by all in the group. It will help the speaker to perhaps refocus the discussion when you feel that it is heading "off track."
>
> **Reflecting and Validating Feelings**. Sometimes people will say many things, but not say what is at the heart of the matter. Identifying what you as the Trainer perceive to be the underlying feelings of what the person is trying to convey will help that person to clearly identify his or her own feelings and help them feel okay about having these feelings. It will also signal to the group that you understand why he or she might feel that way.

How to Minimize Distress in Your Group

Establishing rules for group communication and making sure that the meeting space feels safe are the first steps to minimizing distress in the group. Occasionally, you will encounter situations where group participants behave in ways that disrupt the group or upset other group members. For instance, you may have a person in the group who continually interrupts when someone else is talking. As the leader of the discussion, you will need to remind group members of the group's rules from time to time. In addition, it is important to avoid falling into the trap of advice giving or feeling compelled to "have the answer" or "fix" a person's problem. What people find helpful is someone listening with their full attention, someone who is interested in understanding how they feel, and someone who respects a persons' right to feel the way they do, whether or not they agree. Listen, ask questions, and use constructive feedback as problem-solving tools.

Controlling Time Wasters

Source: Silberman, M (1998). *Active Training: A Handbook of Techniques, Designs, Case Examples, and Tips*. San Francisco: Jossey-Bass/ Pfeiffer.

Time Waster	Alternative
Starting late after breaks	Start exactly at the time that you specified. If all participants have not returned, begin with a discussion activity for which complete attendance is not necessary.
Starting an activity when the participants are confused about what they are supposed to do	Give clear instructions. If instructions are complicated, put them in writing beforehand on a flipchart.
Writing your talking points on flipcharts while participants watch; recording all input from small groups	Prepare flip charts ahead of time or ask the facilitator to record information as you moderate a discussion; use only key terms, not complete sentences; group similar responses.
Passing out participant materials individually	Prepare packets of materials ahead of time; ask participants to distribute
Demonstrating every part of a new skill	Show only the parts of the skill that are new or are key for their understanding
Having every small group report back to the whole group one by one	Ask small groups to write key findings on a flip chart and post lists on the walls for participants to review. Or, have each group report only one, or top three, points
Letting discussions drag on and on	Express the need to move on, but if anyone is cut off call on them during a later discussion. Or, begin discussions by stating the time limit and suggesting how many contributions time will permit.
Waiting for volunteers to emerge from the group	Recruit volunteers during breaks or call on participants when there are no volunteers
Pulling ideas from a tired or lethargic group	Provide a list of ideas or questions and ask participants to select those they agree with; often your list will trigger thoughts and questions

Group Problem Solving

NextSteps is a program that encourages group members to solve problems together. Using the SOLVED worksheets group members will identify a problem, define possible solutions to the problem, and establish next steps to solving the problem. It is a goals-based paradigm.

People Who Disrupt the Group

Group guidelines that are established through a group consensus will help to specify the behaviors that are acceptable to the group. However, occasionally participants may stray, by monopolizing the conversation or interrupting when others are speaking, for instance. If at anytime you feel uncomfortable with something that is being said or done in the group, chances are that someone else in the group is feeling that way also.

Here are a few tips on how to handle specific situations:

Talkative member who monopolizes the meeting. Establish a "round robin" whereby you call on members or ask members to go around the group and contribute to the discussion. As a general rule, you will want each member of the group to talk at least once during the meeting. At times it may be necessary to interrupt if you feel that someone is monopolizing the conversation. For example, you may say, "John, I know that this is something important to you. But let's give others a chance to join in the conversation. Judy, what are your feelings on this topic?" Another tactic would be to say, "I'm concerned that Judy didn't have an opportunity to speak. Let's get back to her concern."

Distracting side discussion. As participants become comfortable in the group, they may start talking to the person sitting next to them, adding side comments that the rest of the group does not hear. This can be particularly disruptive in that others, in particular the speaker, may feel that they are saying something about them. As the facilitator of the discussion, you should remind the group about the rules regarding one person speaking at a time.

Authoritarian advice-giver. Often there may be a person in the group who seems to know everything about anything. One strategy is to use this person's comments as a springboard to a discussion regarding other ways to address the issue. For example, you could say to the authoritarian advice-giver, "It sounds like that strategy has really worked for you, Tim. What strategies have other group members felt helpful?" You can also remind the group that we want to help each person come to their own resolution.

Silence. While you should encourage everyone in the group to participate in discussions, it is also important to respect each persons comfort level in expressing their opinions or ideas. For some people, talking in a group may make them extremely uncomfortable. However, as the facilitator it is your job to try to draw people out and invite them to participate. Using the "round robin" may be an effective tool to get those persons who may be shy or not very talkative to express their opinions in the group. If a group member remains reserved despite attempts to draw them into conversation, we encourage you to respect their behavior and to not draw attention to it.

Aggressive behavior. Someone who is using attacking behavior, such as shouting or pointing can be disruptive to the group and may even cause some members to not return to the group meetings. Responses that are calming may be the most helpful way to neutralize attacking behavior. In addition, you may remind participants of the group rules regarding respect for others. If the behavior continues, you will need to contact the TSN Coordinator and ask for assistance.

Highly Distressed Individual. Group members who are persistently and constantly distressed should be encouraged to consult with their physician or other member of their health care team. Someone who is tearful or upset on occasion in a way that is appropriate to the discussion is in need of support and many not need referral. When possible, use the content of the lesson to provide the opportunity to problem solve or address the issue(s).

Tips for Problem Behaviors

Source: Silberman, M (1998). *Active Training: A Handbook of Techniques, Designs, Case Examples, and Tips*. San Francisco: Jossey-Bass/ Pfeiffer.

- Coping effectively with problems is a very important training skill
- When a participant exhibits problem behaviors, the whole group will likely become involved and will be distracted from the training program
- Do not take such behaviors personally
- Managing your feelings and remaining in control are important to your ability to lead the group
- Negative behaviors may tend to rattle the trainer and distract from your ability to focus on course content
- Your responsibility is to the entire group, not just to one participant
- It is better to deal with the issue in private
- One way to control potential problem behaviors is to periodically remind the group about the ground rules established at the beginning
- Make new requests from time to time to prevent problems. For example:
  - Please hold your questions for a few minutes
  - I think it would be helpful for us to agree that people should speak for themselves
  - Let's have only one comment per person so that everyone has a chance to speak
  - Try to build on each other's ideas
  - When you go into your small groups, please listen to the opinions of each member before getting into further discussion
  - Let's have a rule that a different spokesperson be nominated every time a small group is asked to discuss its findings

Maintain control when there is conflict:

- **Don't get caught in a power struggle.** Acknowledge the participant's views even when they are contrary to yours. Empathize with feelings. Summarize his/her position. Agree to disagree. Offer to discuss at the break.
- **Use good-natured humor.** Do not be sarcastic or patronizing. Humorously put yourself down instead of the participant.

- **Connect on a personal level.** It is unlikely that the person will continue to give you a hard time if you have taken an interest in him/her.
- **Broaden the participation of others.** The more you use small groups and other methods for involving everyone, the harder it will be for just a few individuals to dominate.
- **Protect the participants as needed.** If a small group or participant is criticized, find something positive or provide a possible explanation for what occurred ("I agree that John was aggressive in that role play but I did really like his honesty.")

Encouraging Expected Behavior

If a participant's behavior is regularly disrupting the group and they are not responding to cues or attempts to moderate their behavior in the group, it will be necessary to emphasize their value to the group and provide suggestions as to what behavior you would like them to follow. We recommend discussing this with the member outside of the group, as discussing it in the presence of other group members may actually increase the disruptive behavior, suggest disrespect, and make other group members uncomfortable. If the behavior continues, you will need to contact the TSN coordinator and ask for assistance.

Dealing with Anger

When trying to understand someone's anger, it is useful to think about the two different kinds of anger: situational and underlying. Situational anger is in response to something that happens to someone, such as the loss of a limb, a diagnosis of cancer, a broken promise, or a perceived threat. It has an identifiable cause, and a focus or object. Underlying anger, on the other hand, is a long-term and generalized state of hostility towards the world or a major part of it (towards doctors, for example). It usually stems from a lifelong set of experiences that might over a lifetime have produced many situational angers, but over time has developed into a deep and stubborn rage.

Situational Anger. By far the most common, situational anger can be dealt with through the self-management process. An angry reaction a group participant has in response to another's comment may stem from a situation outside the group. For example, a group member may be angry because her family does not understand the difficulty she has in dealing with the pain she has after her accident. Usually, the best response to this type of anger is to recognize it and let that person have his or her anger. Rather than trying to convince the person that she is not angry or should not be angry, acknowledge the emotional reality of the anger and, if possible, validate it by indicating anger is a natural response at times. Problem solve strategies to deal with the person or situation. Encourage other group members to share their experiences. It may be that they too had felt angry about this particular situation and can offer some insight on how to best deal with it.

Displaced Anger. An participant may be angry about something outside of the group but displaces his or her anger onto someone within the group who somehow triggers the anger and becomes a target. For example, a woman may be angry with her spouse who is not sympathetic to her increased needs when she is experiencing pain. She may redirect this anger to "spouses" within the group. It is important to recognize that NextSteps is not

designed to deal effectively with this type of anger. The goal is to encourage behavior that helps the individual and the group work together. Set limits as necessary if the individual becomes upset and/or angry. Encourage deep breathing to control arousal and refocus on task at hand. If the disruptive anger is persistent, speak to the individual about consulting with their physician as anger can have negative health effects.

Anger about Something Inside the Group. If group members know each other from a support group or other context there may be anger that has developed between members over disagreements about group business or just personality clashes. As the leader of the group, you may need to play "referee." As a first step, clarify the issue. What exactly is the person angry about? Sometimes misinterpretation is at the root of the problem. Encourage "I" statements, allow people to finish statements, and keep the discussion focused. Others within the group may help to give feedback.

Underlying Anger. Underlying anger is persistent. If someone seems to be angry all the time and seems unable to accept help, that could be a sign that they have underlying anger. Another would be the intensity. Group members may share concerns with you about the person's anger. Similar to Displaced Anger, it is important to recognize that NextSteps is not designed to deal effectively with this type of anger. The goal is to encourage behavior that helps the individual and the group work together. Set limits as necessary if the individual becomes upset and/or angry. Encourage deep breathing to control arousal and refocus on task at hand. If the underlying anger is persistent, speak to the individual about consulting with their physician as anger can have negative health effects.

Handling a Crisis Situation

Immediate health crises (e.g. chest pain, anaphylactic shock) require emergency medical attention and therefore require a call to 911 to request assistance. If you receive a phone call from someone in crisis you will need to refer them to their physician or ask them to immediately go to a local Emergency Room to consult with a physician. This rule applies to both physical and mental health crisis. If a group member contacts you and expresses thoughts or plans about harming themselves or others, get the phone number and location from where they are calling you. Then, ask them to immediately contact their physician or go to a local Emergency Room for assessment and intervention. If you are concerned that they will not seek help in a timely manner, tell the individual you will call 911 to request assistance. Call 911 and give the dispatcher the name, number, and address of the person you are concerned about. Contact the TSN Coordinator to get additional instruction as soon as possible.

Abuse and Neglect

Health care workers need to follow state laws and professional ethics regarding suspected/observed abuse or neglect. If in doubt, consult with the TSN Coordinator regarding reporting responsibilities.