

## Tip #84 Working With Groups

I am often asked how to apply principles of good counseling in group settings. Good question! Staying client-centered as a group leader is more of a challenge. When you succeed, the payoff can be better than when working with individuals.

### Advantages of working with groups:

- You can help **more people** with your time.
- The powerful **social support** process is right there in the group.
- It has been shown to be **more effective**. The American Dietetic Association's Evidence Analysis Library addressed this question: "What is the evidence regarding the difference in effectiveness for individual versus group-based nutrition counseling?" The conclusion was that group counseling was significantly more effective than individual counseling.  
[www.adaevidencelibrary.com](http://www.adaevidencelibrary.com)
- You may find it **more fun**.

### Disadvantages of groups:

- Negative energy from one person can bring down the group.
- Some people's needs will not be met.
- You will likely need to spend more time preparing.

### Types of groups:

**Nutrition classes:** These are groups of patients assembled to impart information in an efficient manner. Typically the only goal is education. Examples: A diabetes self-management class that covers the basics for those newly diagnosed or a onetime class to inform about a program or procedure.

*It were not best that we should all think alike;  
it is difference of opinion that makes horse races.*  
Mark Twain

**Support groups:** These are typically groups scheduled on a drop-in basis. Rather than making a commitment to attend for a set number of sessions, participants can come once or many times. These sessions are best run as facilitated group discussions. The participants are asked to generate the topics and substantially contribute their own experiences to the information-sharing process. The leader's role is to facilitate the process and to provide professional advice only when needed to correct misinformation. This process works well in clinics where a group is assembled from the patients who happen to come in that day. Support groups for diabetes management, post-bariatric surgery or dialysis fit this category. WIC programs around the country have successfully adopted this approach.

*Self-initiated learning, once begun,  
develops its own momentum.*  
Ray Hartjen

**Health behavior change groups:** These are structured behavior modification groups for weight management and/or diabetes self-care that are commonly conducted for research or treatment. They are often called Cognitive Behavioral Treatment. These groups include elements of both processes above. Some education is provided, and sections of time are spent in open discussion of what is of concern to the participants. They also create an experience for the participant and encourage the behaviors known to support permanent change such as self-monitoring, step-by-step shaping of new behaviors, positive reinforcement and social support.

A Random Collection of Strategies for Groups  
(Formerly Tip #85)

Using participants' **names** (Tip #2) takes on particular significance in groups. Learn names as soon as you can. Asking participants to use name tags helps both you and the other participants. For an ongoing group, participants can make their own reusable tags as part of a group icebreaker. Deliberately choose when to use a client's name. For example, use the client's name when he is having a side conversation and you want to draw him back into the group or when you hear an important point that you want to highlight.

It is not as simple to **offer choice** (Tip #47) to a group, but it is just as important when behavior change is a hoped-for outcome. The leader can ask for input on room arrangement, temperature, order of activities, or anything else that would not jeopardize the process if adjusted. Individuals can also be given choice as to which group to join (if there are several), how much to participate, and which behaviors to work on in the coming week. If food records are part of the group, the leader can ask for input on what type of feedback each person finds most useful.

*Problems cannot be solved at the same level  
of awareness that created them.*  
Albert Einstein

Working with **outcomes** (Tip #29) is especially important in a group setting because each member will have different hoped-for outcomes. When people are clear about what is important to them about a change, they are more apt to do it. Here is a group activity that encourages clarification of outcomes:

Imagine a time (next spring, for example) when you have achieved some of the goals you came to work on in this group. Jot down what you expect/hope to experience then as a result of making these changes you are working on. What is the best part of having lost weight/better blood sugar control/ being more active (or whatever it is you want to change)? What do you imagine being able to do then that you cannot do now? Write it down and then share with the group. This activity can be done periodically in ongoing groups to maintain focus on desired outcomes.

Groups can support a person's **hope** (Tip #68) for real change. Seeing other group members make changes and get results can be motivating. Exploring hoped-for outcomes as described above tends to increase hope. In an ongoing group, one member may experience a period of hopelessness. The group cohesion and momentum of weekly meetings can carry that member to a more hopeful time.

**Collaboration** (Tip #38) enhances groups in several ways. First, if you are fortunate enough to team-lead a group, discuss who does the best job in the various leader tasks and divide them up. For a long-running group, you can take time off and let the group continue with the other leader. If it's a group you run over and over, you can switch roles to reduce boredom and burnout. A group also allows natural collaboration among members. You can encourage this by affirming peer support when you see it and by implying they are the most important members of the group, not you.

**Matching your style** to the group (Tip #52) is one of the challenges and joys of group work. Many aspects of style affect groups. Your high energy, for example, can either energize a group or discourage participation. Attend to the energy in the room and adjust if needed. Sometimes groups get a little too rowdy, and remaining calm yourself can calm the group. Style can also refer to degree of formality, intellectual level or amount of personal information shared.

Careful use of **humor** (Tip #30) can add to group cohesion. People who have fun in a meeting are more apt to come back. Pay attention to the responses to humor both initiated by you and by group members. Some humor can be shaming or offensive. In a class format, most of the humor comes from you, so make sure your audience is with you. In ongoing groups, ideally most of the humor will originate in the members. Your role will be primarily to support and monitor it.

The choices of **whether to weigh group members** (Tip #74) and how it is done have a significant effect on the process. What experience do you want the group members to have? Are you trying to emphasize lifestyle change more than weight loss? If so, you may want to set the tone by not weighing at all or by handling the weighing privately or asking members to monitor their own weight outside the group.

The same techniques that work when you **have little time** (Tip #43) with an individual can work in a group. Clarify the limitations, briefly bring up the concerns from the group and agree on which topic or topics will be covered. Cover the topic or facilitate a discussion of the topic (depending on the type of group) and share resources for more support and learning. For an ongoing group, it might fit to promise to get back to something important that came up and did not get addressed. Include a moment of empathizing with members about the limited time. For example: "It is discouraging that with our busy lives we have so little time to meet each week. (pause) Let's see how much of this we can address today."

The most effective manner to **provide nutrition advice** in a group will depend on the type of group. "Elicit/Provide/Elicit" (Tip #59) works best with specific topics, such as healthy snack ideas, carb counting when eating out, or reducing sodium in home-cooked meals, as opposed to more general goals such as weight loss or blood sugar control.

How you respond to **food records** (Tip #59) is important. It can be more difficult to adjust your stance in a group as compared with an individual. For example, you may notice in an individual session that the client uses the records to perpetuate negative self-talk that does not seem to serve the change process. You can question this and work to shift the attitude, if the client agrees. In a group, it is harder to catch what is happening and to be aware of the members' responses to your written feedback. It can be useful to have a discussion of how to best make use of records early in the group process. You can mention that records are not "homework" to hand in but a tool to help them observe their behavior and more easily change it. Ask them to let you know if your feedback is not working for them.

**Handouts** (Tip #59) can support and supplement what happens in groups. Just as with individual sessions, they will be most effective when embedded in a client-centered process. Provide some materials that support the topic and offer more optional ones. Explain what the resources contain and are best used for while making it clear they have the choice whether to take them. Invariably, some in the group will love to take home materials while others will prefer to learn verbally or go on the Internet at home for more information. This gives participants the choice of how to best use your expertise.

**Behavioral experiments** (Tip #3) are one of the fundamental techniques used in the health behavior change process. In ongoing groups, members are asked to make a plan for the week that allows practice of behaviors that will head them in the direction of their goals. Calling these plans "experiments" encourages careful observation of what happens and a willingness to go "back to the drawing board" if necessary. In a group, you can support a tone of nonjudgmental experimentation among the members. They learn to support one another to try behaviors, learn from them and then adjust for the next week as needed.

**Ambivalence to change** comes up often in groups. Review Tip #55 for ideas on working with ambivalence to change. When you reflect back ambivalence that you hear, you bring attention to it and imply acceptance of ambivalence as a normal part of the process of change. For example: "On the one hand, Joe, here, really wants to be more fit so he can enjoy his active vacations without getting so stiff, and on the other hand, he has not yet found a way to stay active week after week, especially in the winter. Hmm. That does sound like a dilemma. Does anyone else have a dilemma like that holding them back? We can explore them more today." A group exercise can be for each person to develop four lists: the positives about making a specific change; the negatives about making the change; the positives about staying the same; and the negatives about staying the same.

**Confidence scaling** (Tip #42) can be done over and over in an ongoing group. The best time to ask group members to scale their confidence is when a specific behavioral change is being considered. For example: "So each of you has come up with an exercise plan for this week. Take a moment to think how confident you are on a scale of 1 to 10, where 1 is not confident at all and 10 is very confident that you will do this." Ask members to share their number. In a group, this scaling can tell you fairly quickly whether some plans are too ambitious. If anyone gives a low number, get a group discussion going about what would have to be different for the number to

be higher. You could also ask if the confidence number would be higher for a simpler or smaller plan. Another way to use confidence assessment in a group is to do this exercise: “Imagine it is three months from now. You are doing this behavior (e.g., going to the gym regularly or taking your lunch to work). Looking back, how did you incorporate this change? What supported you the most?”

**Grieving** is an integral part of change. Review Tip #68 on the role of grieving in behavior change. Groups can either support the grieving process or hinder it. As the group leader, you can choose to notice and remark on opportunities for grieving. For example: “Joan, that sounds important. You said it is sad that you are not able to turn to food for comfort since the surgery. Does anyone else experience this?” Group members will often try to minimize loss because it is uncomfortable. This holds back the grieving process. You can direct the conversation toward validating and tolerating loss. “Nick, you seem to be saying it is easy to eat so much less. I’m glad it is for you. Let’s listen to what Joan has to say and find ways to support her.”

Taking care with the **end of group meetings** and the **final end** (Tip #75) of an ongoing group can increase the power of the group process to support change. Each session, whether a onetime group or part of a longer process, will be most successful if ended with a summary. It can take just a few minutes or even less to summarize what the group has done that day. Make sure to include some of the input and ideas generated by the members rather than summarizing your points. Ending a long-term group takes more acknowledgment. It is useful to begin to discuss the ending a few weeks early and ask for input on how to celebrate and honor the work you have done together. Ask the members to either write and/or tell the story of their change journey. This reinforces the process. Encourage them to include something about the “next chapter” (i.e., how they will continue these behaviors and maybe move toward some more healthy changes).

### Attending to Language in Groups (Formerly Tip #86)

Language has power. Your choice of words in a group can be either effective in moving clients toward healthy changes or can bring up their resistance. Your language also sets the tone for the group. Most of the language concepts addressed in other Tips apply to groups as well. Here I will show how they can fit. Refer to the listed Tips for more detail.

**Mirroring** (Tip #6), reflecting back a person’s words, is one of the most powerful techniques you can adopt as a counselor. It has many useful functions in a group.

- You can choose which words to reflect and thereby **highlight** them for the others in the group. For example, a member may have gotten off track with his eating plan and realized this is because he stopped recording. When you reflect that back, “So, you learned the hard way how vital monitoring is,” you are reinforcing the lesson for him as well as for the others.
- A nonjudgmental, **accepting environment** (Tip #12) supports the change process. You model acceptance for the group by reflecting. Reflecting all kinds of member statements, including the tough ones, can be difficult at first. It

pays off. “You are frustrated at how long this weight-loss process takes.” When you simply reflect rather than make a judgment, you encourage all the group members to bring up their lapses and opportunities for learning. For example, instead of “That’s not good that you didn’t record for all the days this week,” you simply state what occurred: “There were two days you didn’t record. Would you like to explore what got in the way?”

- Success at eating healthfully is best achieved by repeating a simple process over and over: getting **feedback** and then trying new behaviors. Group members get concrete feedback such as weight, hemoglobin A1C or other blood work, energy level, hunger and satiety, enjoyment (or not) of new foods, etc. They may miss seeing much of the other available feedback. (See Tip #29, Working With Outcomes, for more examples of outcomes to attend to.) For example, a food record may show that on days someone exercised, he noted better mood or energy. You could say, “So exercise gives you a feeling of energy and better mood.” It may seem unnecessary to highlight this. But reflecting that out loud has a powerful reinforcing effect on that client and possibly on others in the group. In this way, your reflecting statement serves as the essential feedback necessary for the change process.
- Reflecting can also offer a **reframe** (Tip #10). It is common in weight-loss or other behavior-change groups for members to focus on the negative or to exhibit black/white thinking. These thought patterns make change less likely. Your reflections can open up thinking patterns. For example, a group member may say, “I’m so bummed that I didn’t lose weight.” If you don’t reflect at all, this negative statement hangs in the air and others may join in to complain. It may be tempting to try to “cheerlead” this person: “But you have made such great changes so far and have been losing so well so far. This is just one week.” Arguing like this is likely to bring up resistance. If you reflect with slightly different words, you can offer a reframe: “You are disappointed that this week the scale is not down.” Notice the slight shift in words that implies that it is just this week and that it is just the scale specifically. You rolled with the resistance while offering to reframe it. You could suggest he look at other ways to evaluate his week.

Avoiding the “**Why**” question (Tip #17) is just as important in groups as it is in individual sessions. For example, consider the shift from “Why do you think you ate that cake?” to “What do you suspect was going on just before eating the cake?” Or “How could we help you problem-solve those situations?”

Attend to the use of the word “**but**” (Tip #55) both when you use it and when group members do. Your shift to “and” encourages an accepting environment and makes it more likely the members will hear all of what you wish to say. For example, read these two statements used in a weight-management group: “You did really well keeping food records this week, but let’s take a look at the total calories” and “You did really well keeping food records this week, and let’s take a look at the total calories.” When group members use “but,” you can gently suggest they try saying it again with “and” or you can reflect back their statement and switch the words. The group members may not notice at first, but if you continue, they may notice and begin to shift their wording, too.

**Humor** (Tip #30) can help form a supportive environment in a group. Spontaneous humor from group members is the best way for it to get started. Watch carefully to make sure all the members look as if they are comfortable with the type of humor that emerges. If a few seem to respond poorly, you may need to request that the initiating members tone it down. If your style is to present information in a humorous way, go for it! Just make sure to notice the responses. It is not uncommon for members to enjoy the leader's humor, but then get into a passive, listening mode. It may be necessary to tone down your humorous style to let members emerge more.

**Imperatives** (Tip #39) are statements such as "You have to..." "You should..." or "You need to..." This wording is very likely to bring up resistance whether you use it or group members do. Word your advice with neutral statements of fact to be most effective. For example, instead of "You should record your food right after you eat," try "We find that program members who record their food right after eating it are most successful." One of the most powerful aspects of groups is the support and advice members get from one another. It is a great idea to wait to offer your suggestions on handling challenges and instead ask for input from others. Unfortunately, the members may share advice in an imperative style. They have not been trained to be as nonjudgmental as you.

*For me, words are a form of action,  
capable of influencing change.*  
Ingrid Bengis

Competence at **asserting one's needs** is an essential skill for anyone wanting to make healthy lifestyle choices. Tip #48 explores the role of assertiveness training in your work. If time allows, a lesson in assertiveness can be included. Group members can then be encouraged to assert their needs in the group and to practice in the world.

**Questioning style** matters! (Tip #60) Open-ended questions posed in a group encourage active participation and a problem-solving mentality. For example, "Think about your week coming up. What do you see as the challenging situations? Picture them in detail. What strategies have you learned here that you can picture employing?" If you have limited time to share each person's story, you can ask group members to think and/or write for a few minutes. After you present information, elicit feedback (Tip #59) with an open-ended question to bring the group back to an active role. For example, "So what do you make of all that?"

*If I could just find the right words...*  
*With the right words everything could change.*  
Barack Obama

**Affirming** (Tip #63) is one of the most valuable strategies you can use and it takes so little time. For example, a member may describe an effective strategy while telling about her week. Reflecting that strategy with a positive tone both affirms that client and highlights it for the others. "Joan was creative combining her walk and time in the park with her grandchildren!"

Group members will voice **change talk** (Tip #69) throughout the session. Reflect as much of it as you can for the benefit of that member and the others. When you wind up a group session with a summary, include not only your points but also what you have heard from the group, including problems, solutions and some of the change talk.

As the group leader, you are creating an experience for the members. What kind of experience do you want them to have? Choose language to support the ideal experience for change.

### Problems That Arise in Groups (Formerly Tip #87)

The best way to avoid problems in groups is to set things up carefully from the beginning. This is often learned by experience. Running a group can be pretty bumpy the first few times before you learn what to do to set the tone for a healthy group process. These ground rules may include:

- Time, attendance and assignment expectations
- Confidentiality rules
- Respect and acceptance of everyone

**Confidentiality:** Strong feelings, embarrassing behaviors and life events often come up in groups. We, as health professionals, are familiar with the rules of confidentiality. We know that they provide a safe environment in which to explore new behaviors. We cannot assume that group members understand this unless we explicitly state the rules and then reinforce them if necessary. Here's an example: "It is important that you all feel safe here to share important things that may come up in your effort to change your eating habits. There are certain rules that are well known to support this safe environment. First, it's fine to share outside this group all you want about what you have learned and what you are working on. The stories and struggles of others are not yours to tell outside this room. Second, some of you may run into each other outside here. You don't know if your fellow group member has told others in his life about the group and whether he is willing to connect in social settings. So, hold back unless you know for sure that it is OK. Third, if you see group members outside here and see behaviors that you think are important to our work, it is not your job to report them. We're not cops. Each member is responsible for his own behavior. Are there any questions or concerns about these safety rules?" (For more on Confidentiality, see Tip #45.)

**Cultural, socioeconomic, age and gender differences:** Acknowledging these differences can go a long way toward making the group function smoothly. For example, if you know you have a diverse group, a statement at the first meeting will allow you to bring it up later if it becomes problematic. "Boy, we do have a wonderfully diverse group here, don't we? Sometimes it's tricky to keep from offending someone when we come from such different backgrounds. Let's keep an eye out for ways to include everyone. I'll check in with you in a few weeks to see how it's going." If you notice the only male in a group looking uncomfortable at times, bring it up and ask for help. "I wonder if John feels a little left out when we talk about girl stuff. Does anyone have any ideas how we can include him more?" If the suggestion to



steer away from gender-specific topics comes from someone in the group, it will more likely be accepted.

**Meeting individual needs:** Make clear up front what members can and cannot expect from this group or program. Review the advantages of a group (cost, learning from one another's experiences, support from peers, etc.) and mention the downside of possibly having to sit through parts that don't fit their particular needs. The idea of "take what works for you and leave the rest" is a useful reminder. Many programs include an individual screening session first where expectations can be brought out and clarified. If additional needs emerge, make a referral for more support or therapy. During a session, if issues come up that are best addressed in therapy or another setting, make that suggestion. See Tip #31, Nutrition Therapy and Psychotherapy: Where Are the Edges, for ideas about language to use when making this referral. This also reminds the others in the group that they may not get all their needs met through the group.

**Getting off topic** is a common challenge, especially if you have a very engaged or social group. Part of a leader's job is to guide group discussion. This can include steering it away from controversial areas, such as politics or religion. Affirming first can help you then redirect: "Wow! You guys have loads of energy tonight and clearly care a lot about these issues. We have so little time here; I hope we can stick with what we had planned to cover today." Sometimes groups get off topic because the planned topic is uncomfortable. If you suspect this is the case, express empathy and offer choice before directing back to the topic: "I know that it is uncomfortable to talk about the feelings that lead to overeating. Let me remind you that no one is going to make you do anything different until you are ready. It's your choice. Maybe you could join the discussion as an exercise in thinking about change without making any commitments." (Also see Tip #15.)

Other group processes that are hard to manage include members who complain about other people to deflect thought and action around their own behaviors. This creates a **negative atmosphere**. Containing this process can support the other members who are ready to change. The simplest way to contain is to briefly reflect what you hear and then redirect. Wording your reflection in the form of an affirmation (Tip #63) makes it easier to hear. If you suspect that the complaints exist at least a bit in several others, your reflection will validate them as well. Sometimes complaints are directed to others in the group. Including a rule about respect and acceptance at the beginning of the group will make it easier to refer back to this if things get ugly. For example, "Everyone's ideas and contributions are to be accepted. Remember that ground rule about putting down others? We're all doing our best here."

In extreme cases, a member may be so disruptive or negative that you will ask that member to **leave the group**. This is best done individually and in the context of "not the best group for you at this time." If possible, ask for support from someone else in your organization. You may find some useful language for this in Tip #75, Ending Treatment. Again, clear ground rules for the group are useful because you can then rely on them.

Some people attend group meetings regularly and are **not making any changes**. How you handle this will depend on the type of group and its effect on the others. See

Tip #57 for some ideas. If you are trained in Motivational Interviewing or have someone on your staff who is, an individual interview is an effective intervention. The interview would follow the pattern of open-ended questions to elicit change talk, then feedback presented in a factual manner (for example, weight, A1C and/or food records) and then eliciting and reflecting discrepancy between goals and current behaviors. The final minutes would be spent developing a plan and asking for commitment. If the person is able to move forward, this procedure will support that process. Some will not respond positively because they remain in the early stages of change. If the person seems to find the group supportive in some way and is not disruptive or holding others back, you may choose to simply let her keep coming.

You may sense that a group member is **lying** about behaviors or that food records are not believable. In Tip #36, I explore various reasons for lying and language for addressing it. Bringing it up in the group setting is tricky. Being confronted with lying in a group is very shaming. Shame does not help people move toward positive change. Individually bringing it up with curiosity is more apt to prompt acknowledgment if the person is able and ready to. The format of a motivational interview is a good approach.

**Retaining members** is often a struggle. A combination of carrots and sticks works well. An example of a “carrot” is to inform the group that your experience is that those who attend all sessions are the most successful in attaining their goals. Some programs also offer financial or other incentives for good attendance. A “stick” would be a rule such as: Members who miss more than one session out of six will need to leave and have the option of joining a group forming in the future. Research on Motivational Interviewing has clearly shown that individual interviews conducted within MI guidelines at the beginning and about every two months improve both retention and outcomes. Even taking a moment to call or talk for a moment after a session with those who seem to be wavering can help. Make sure to elicit their concerns and listen carefully.

Some of the most common problems are getting participation from **quiet members** and dealing with **monopolizers**. Both can be handled with similar approaches. First, find at least one activity each session that requires everyone to participate, such as going around and asking the members to share something they are proud of so far or to contribute an idea to that week’s topic. The process of affirming is useful both to encourage quiet ones and to contain talkative ones. Here is an example for a quiet one: “Jane, you have contributed some great ideas other weeks. What are your thoughts on this topic?” When one person is going on and on: “Joe, thank you for your ideas (or for sharing your concerns). I’m sure others have things to contribute, too.” A little empathy and gratitude go a long way. For example, “I know it’s difficult to keep quiet when you have so much to share. We appreciate your letting others have time, too.”

Correcting **misconceptions** that come up is one of the leader’s jobs. Your “righting reflex” (Tip #65) is triggered when you hear something “wrong” in a group. It is tempting to jump in and correct it right away. This is likely to elicit resistance and begin an argument. Sometimes myths or incorrect information comes from outside the group (“My doctor said it’s OK”). Here is a format to follow:

1. Affirm something. “You’ve obviously thought a lot about this.” Or “You seem to like having the latest information,” or “Thank you for bringing up this topic. I know others have heard this same thing.”
2. Ask what others think FIRST (unless you know that no one in the group has the correct information). In many cases, the group members will have the facts and you may only need to affirm them or add a little bit more.
3. If you have facts or ideas that have not come up, ask permission to provide them. “I have read the research on that. Would now be the time to share it?” or “This program has specific recommendations based on research and the experience of others. Would you like to hear it?” or “The American Heart Association has come up with clear recommendations for lowering your risk.” You may even use humor if it fits your style. “Well, let’s see. My job here is to give the party line based on the latest science. Ready for that now?”
4. Offer your view in a factual manner. “The WIC Program recommends waiting until 6 months of age to add any foods besides breast milk or formula. Babies who are given other foods earlier have more digestive problems and may get allergies.” “It is very common to become protein deficient after bariatric surgery. Starting the meal with the protein food makes it easier to get enough protein.” (See Tip #59 for more on using neutral language that will not trigger resistance.)

Group members can fall into the “righting reflex” trap as well. They may feel they are simply offering support and advice. When they use “imperative” language, it may turn off other members. For example, “You just *have to* stop eating that stuff” or “I’ve started walking at my lunch hour. You *should* do that.” Such wording will as likely be met with resistance when group members use it as when you do. As the leader, you can model more respectful language. “I’m glad that works so well for you, and each person gets to pick and choose which strategies will get them to their goals.”

Myths and wrong information are one of the disadvantages of **client-run groups**. There is no professional to provide the research-based information. Some organizations choose not to allow groups to meet without a professional leader for this very reason.

Group members may **challenge your expertise**. In Tip #32, I explore what may be going on when clients challenge us and I provide guidelines to follow. This is particularly difficult in a group. You may feel attacked and embarrassed in front of the group. If you can catch yourself before you feel ashamed, bring up your curiosity. What might be causing this person to challenge you? Maybe she is frustrated about her lack of progress and wants to blame you or just feels more comfortable when she is the most knowledgeable one in the room. Even if you are not able to elicit what is behind the challenge, maintaining your curiosity may help you stay calm and professional.

It is common for group members to ask the leader **personal questions** such as “What do you eat?” “Do you have diabetes?” “Have you had bypass surgery?” The same approach is used in group and individual sessions. Tip #18 has a full discussion

of this important process. Briefly, the format to follow in response to these questions is to bring out where the question comes from (i.e., what the real question is), and then respond to that real question and thereby direct the conversation back to the person asking the question. This process is not easy to learn and takes practice. It is especially hard in a group because as the leader you may feel in the spotlight. It's hard to think quickly on your feet. Most leaders find that if they routinely use themselves as an example, or discuss their own health or weight history, this invites more of these questions. This seems particularly true in a group setting. It then becomes easy for a group session to become about the leader instead of about the members.

Look for consultation and support. These problems that arise in groups are difficult to address. Find someone to talk them over with. The goals of these consultations are to support you and the development of a plan of action.

### Our Role in Groups (Formerly Tip #88)

The approach you take as a leader has a profound effect on group members and on the outcomes. Each leader develops her style based on training, personality, comfort and feedback. It is useful to have the **flexibility** to shift styles depending on the setting and group. For example, a one-time talk to a group on a specific topic may demand an entertaining and educational stance, while leading an ongoing behavior change group will require a gentle, facilitative manner that elicits group participation. Over time, leaders can stretch into new styles as they collect feedback and practice.

*Leadership is getting someone to do  
what they don't want to do,  
to achieve what they want to achieve.*  
Tom Landry

This Tip focuses on the **leadership roles in behavior change groups**. These groups call for you to shift into various roles depending on the need. (In a didactic class, you will stay primarily in an educator role.) Overall, a group leader who remains both client-centered and gently directive will be most effective. Some roles support the behavior change process and some thwart it. Tip #25 explores the various roles you can take in counseling an individual. As a group leader, you can be called on to assume an equally wide range of roles:

- Teacher of facts/provider of information
- Facilitator of problem-solving
- Shepherd to guide and structure the sessions
- Corrector of misinformation
- Role model for respect and acceptance in sessions

Staying **client-centered** can be more of a challenge in a group. Ask yourself this useful question: Who is the expert? You or the group members? And an expert on what? A successful leader is an expert on the process that will most likely lead to success for the members and on the content area. For example, the expertise may include the science of nutrition and weight management and what research says is the most successful way to run weight management groups. The successful leader

allows group members to be the experts on their own lives and how to make the steps toward their goals.

A successful leader also maintains control of a group session while not being the focus herself. This is an art that takes lots of experience. The roles listed below are tempting to take in a group. However, they tend to focus the attention of group members on you and therefore **detract from each member's own behavior change process.**

- Food police/confessor/judge: Accountability is a useful function of behavior change groups. The skillful leader encourages members to be accountable to themselves first and to their peers rather than to the leader.
- Cheerleader: The support members get from one another is more effective than any cheerleading you can do. What positive feedback you give is most effectively directed to encouraging the processes that will likely lead to success (e.g., keeping food records) rather than to choosing specific foods.
- Debater: When you find yourself debating, you are encountering resistance. Continuing to push simply increases the resistance (Tip #9).
- Stand-up comedian: A leader with a naturally outgoing personality finds it easy to be fun and engaging in a group. For educational programs, this works very well. The participants will enjoy themselves and are likely to remember the content. However, when behavior change is the goal, an extremely entertaining leader detracts from the process the members must move through. Toning down an outgoing manner for these groups is part of staying client-centered.
- Role model for healthy behaviors: Many health care professionals choose to work in preventive programs because of their own experience making healthy changes. Using oneself as an inspiration to others can work at times. The downside is the focus remains on the leader, reducing the emphasis on each group member and the significant changes each needs to make.

The goal of keeping the focus on group members will affect the leader's decisions about **how much is appropriate and effective to disclose** about herself. Tip #1 addresses many of the issues that arise when you reveal things about yourself to your clients. Everything a professional reveals has more force than that revealed by group members and so should be revealed with great care. Most groups respond well to leaders who reveal some light things about themselves. Experienced leaders learn to reveal simple things that do not get too close to the topic at hand. For example, a leader may mention a pet or a troublesome car but stay away from her own food choices or experience with weight management. This has the effect of personalizing the leader without the group becoming about her issues. Again, these revelations are powerful; a little bit goes a long way. Sharing anything about yourself that relates to the topic of the group invites personal questions. If the only things you share are unrelated and confined mostly to the lighter moments at the beginning and end of a session, you will likely not get personal questions.

Long-term groups may get pretty deep into **psychotherapy issues**. Decide how much of this you will attempt to address. Some programs have a social worker or psychologist conduct some of the sessions. In these situations, you can defer deeper issues that come up to the weeks when those professionals lead the group. When you don't have this team in place, find resources to refer members to.

*A facilitator's job is to support  
everyone to do their best thinking.*  
Sam Kaner

In groups that are less structured such as drop-in support groups or WIC groups, your role will be as a **facilitator of the group discussion**. This process can also be seen as group sharing or brainstorming and can fit as a section of a more structured behavioral group. Overall, your role here is one that supports all group members to do their best thinking. This means guiding the process and may include:

- Focusing on the topics that the members bring up
- Affirming
- Reflecting
- Inviting quiet members to participate
- Encouraging acceptance of everyone
- Correcting misconceptions

#### Practice

- Leading groups is both challenging and gratifying. Skillful group leading takes years of experience to master, and there is always room for growth. Consider searching for feedback. This might take the form of written evaluations by group members, asking a colleague to sit in and make suggestions afterward, or recording yourself.
- Line up a mentor. When running your first few groups, it will be useful to review how each session went so you can learn from your mistakes. As you become more experienced, you will need a mentor less often. It will always be useful to have a mentor or colleague "on call." This will make burnout less likely and support your process of skill growth.