Illinois WIC Program Nutrition Practice Standards (NPS)
Effective Secondary Education
May 2013

Nutrition Practice Standards are provided to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy and Procedure Manual, Nutrition Education, to assist in the planning and presentation of secondary education to meet program requirements and participants’ needs.

Below are descriptions of theories and tools to use in working with participants to elicit positive behavior changes and are all reflective of Participant Centered Service delivery. Assessment tools developed by Altarum Institute are included in Addendum 1 and 2 to assist local agencies in assessing and monitoring their progress with being more participant centered.

Adult Learning Theory
Adult Learning Theory is a set of ideas about how adults learn new skills or information. In order for adults to learn, they need to:

1.) be respected
2.) see the immediate usefulness of the learning,
3.) feel safe in the learning environment,
4.) be engaged in their learning,
5.) see the relevance to their lives.

1.) Respect: “Learners need to be the subject of their own learning.”
   • Offer choices available to participants—what they learn (topic), when (date and time) and how they will learn (group sessions, individual, self-study module (SSM) or web education).
   • Provide an overview of the topic to be discussed and how long it may take (sessions should be no longer than 30 minutes).

2.) Immediacy: “Learners need to see how the learning can be used right away.”
   • Topics should be pertinent to their nutritional risk/s and category (pregnant, breastfeeding, postpartum, infant or child) and interests.

SCENARIO #1
Pregnant mom (six weeks gestation) works at local factory, Monday thru Friday all day. She is undecided on how she will feed her baby. After completing WIC Certification, the CHP schedules her to return in two months for a “required” breastfeeding class. Her WIC card indicates class is Tuesday at 10:00 AM. Class is taught by a very knowledgeable Peer Counselor. She reviews: benefits and barriers of breastfeeding, steps to effectively latch on, problems that may occur during the first month of nursing and how they can find help for breastfeeding. Participants have many questions and experiences they share throughout the class. Class lasts over an hour.

Were adult learning theory concepts in place? How could these concepts be implemented?
• **Respect**: It is unlikely this mom feels respected given that she was assigned a class without being asked and it conflicts with her regularly scheduled work time.
  o Working with her to identify a day and time that would work best for her and offering a shorter discussion group or individual counseling would be more respectful of her time.
• **Immediacy**: The content does not offer immediacy as she is still very early in her pregnancy to receive ALL of the information on breastfeeding.
  o Targeting content to just the benefits of breastfeeding would probably lead to more effective education in the first trimester.

3.) **Safety**: “Learners need to feel welcome and comfortable during the learning experience.”
• Provide a spacious and comfortable space dedicated to learning.
• Be family friendly by allowing parents and children to learn and have fun together. Have toys, coloring pages and/or activities for children.
• When referring to participants’ next appointment, promote the nutrition education, session, “parent’s club”, or “discussion group”, not just their next “class”.
  For example: “Your next appointment is with a group of other moms. You will be able to talk about foods Kayla may be ready to eat around 6 months of age.”
• Welcome participants and their families. Introduce yourself and how you qualify to talk with them today.
  For example: “Hi my name is Molly, I’m a nurse at the health department and a mom of a 10 month old”, or “Hi my name is Jennifer, I’m a nutritionist at the health department and I work with a lot of other moms to help them eat healthy.”

4.) **Engagement**: “Learners need to be actively involved in the learning.”
• The educator should be seen as a facilitator or partner, supportive and open to the participants’ views. Learning should not be presented in “lecture” style, where the educator strives to be seen as a knowledgeable expert.
• The facilitator asks open-ended questions to encourage active participation.

5.) **Relevancy**: “Learners need the topic to apply to their family and life experiences.”
• Nutrition education should be participant centered. This includes addressing the learners’ concerns, nutrition and breastfeeding needs, language, cultural preferences, educational level and environmental limitations.
• Expectations of learners vary depending on their culture. Agency staff should be knowledgeable about the different cultures they serve.

**SCENARIO #2**
A Mom is in clinic to complete a SSM for her 3 year olds secondary education. The clerk gives her the “module for the month” handout and worksheet and asks her to take a seat in the waiting room, complete the “test” and return to her. The waiting room is small and crowded with no toys.

Were adult learning theory concepts in place? How could these concepts be implemented?
• **Safety**: The environment was likely not conducive for learning. The clerk did not engage her in the learning and there was nothing to keep her child entertained.
Providing a space that allowed her child to play so she could concentrate would let her get more out of the education.

- **Relevancy:** The information was not relevant to her as it was not specific to her child’s needs and may not have been in a language she understood well.
  - Mom may have felt more comfortable with a SSM she had chosen and should have been offered choices.

**Emotion-based Counseling**

One way to facilitate the behavior change process is to consider emotions when providing secondary education. Emotion-based counseling represents a shift from focusing on “telling people information” to recognizing and attending to emotional needs. People feel good about themselves when they feel more powerful, intelligent, capable, successful and secure. Emotions drive behaviors; but facts and information (logic) are still an important part of the behavior change process. Once people are motivated to change, they need simple, practical information upon which to act.

**Illinois “WIC Talks”**

The Illinois “WIC Talks” format was designed as a guide for WIC staff in providing secondary nutrition education. The format addresses the nutrition topic and key information to be covered; the various types of secondary education (i.e. group, individual, or self-study modules); and strategies that engage the participant and promote effective behavior change.

The format includes a “cover page” as an overview to the topic, key messages, handouts, references, and open-ended questions to evaluate learning and intent to change behavior. This information applies to all types of secondary education. The topic is then integrated into group education or discussion groups, individual education and a self-study module. Sample “WIC Talks” have been developed for various topics, ask your Regional Nutritionist Consultant for the most current list.

In the emotion-based discussion, the facilitator uses provocative questions, stories and activities that lead to acknowledging and discussing feelings rather than focusing on facts alone. “WIC Talks” incorporates emotion-based counseling methods of: 1) Open, 2) Dig, 3) Connect and 4) Act into each topic.
The following guidance should be used to conduct effective secondary education contacts for each of the methods below:

1.) Group Nutrition Education

Group education is strongly encouraged as it allows for interaction among participants as well as the health professional. The following items should be used to assist in conducting effective education in a group setting.

a.) Inclusion of Active Learning Methods-Involve the participants in the discussion (facilitated discussion), include activities, and if audio-visuals are used, limit to 5-10 minutes.
   i. Use a variety of activities for different learning styles: items they can see (visual), hear (auditory), and touch (kinesthetic).
   ii. Include learning tasks that encourage practice (i.e. how to shop using the fruit and veggie voucher).
   iii. Create a safe environment by using pairs or small groups to involve all learners.

b.) Facilitated discussion-actively involves the presenter and members of the group. The goal is to get the group to share/discuss their knowledge, problems and experiences while the “facilitator” leads the discussion touching on 1-3 key messages of the topic.
   i. Use at least one open-ended question before or after presenting information to stimulate discussion and get the learners to share what they know or have heard about a particular topic. The facilitator guides the conversation and can refer to the “Sample Responses” provided.
   ii. “Sample Responses”: are designed to assist the presenter in facilitating the conversation and reinforce key messages. Use phrases such as: “some other ideas are…”; “health professionals also say…”; “some mom’s tell me…”. If no “sample responses” are provided in the lesson plan, allow participants to share, then affirm, add and move on to the next question.
   iii. Facilitated discussion works best under the following conditions:
       1. Large enough space to set up chairs to face one another (circle or half-circle)
       2. 3-20 participants
       3. Participants have some knowledge of or experience in the topic.
   *Tips for facilitators are included in Addendum 3.

2.) Individual Education

In providing individual nutrition education, consider utilizing the “WIC Talks - Topic Cover Page and Overview.” The topic should be related to the participant’s nutritional needs and interests and can assist the CHP in covering the necessary information (i.e. key messages, suggested questions, handouts, etc.).
3.) **Self Study Modules (SSM)**
When providing SSM consider using the “WIC Talks - Self-Study Module (SSM)” component. Agencies developing their own SSM should incorporate the same structure and strive to meet the participants’ nutritional needs and interests.

4.) **Internet / Web Education**
Healthy Roads Media and WIC Health are the two internet-based health information websites approved for use by the Illinois WIC Program.

- **WIC Health** offers stage of change based learning in English and Spanish. It is an interactive internet nutrition education website developed to help WIC participants change their behaviors based on their readiness. Parents and caregivers who complete a learning module on the website print a certificate which counts for nutrition education at local WIC agencies. These modules can be accessed at www.wichealth.org

- **Healthy Roads Media** provides resources in multiple formats (written, audio, multimedia, web-video and iPod video) and multiple languages for hard to reach populations (non-English speaking, low-literacy, rural, etc.). Through a Multilingual Workgroup project certain Healthy Roads Media modules have been specifically approved for WIC participants in Illinois. These modules can be accessed at www.healthyroadsmedia.org/wic.htm

Use of Healthy Roads Media is ideal for non-English speaking and low literacy participants because it uses audio and video to deliver the health messages, therefore the policy expectation of “known literacy level” for using internet education is waived for these modules. All other components of policy must be followed.

**Education Materials (handouts/pamphlets/audio visuals)**
The following guidance should be used for effective nutrition education materials:

Handout/Pamphlet Development:

- Limit number of messages to no more than 3-4 main ideas
- Limit lists to 5–6 items, the longer the list, the less likely they will read or remember
- Keep the information positive, focus on desired behavior, talk about the “dos” versus the “don’ts”.
- Help readers understand what they will gain from reading the material. Answer the question “What’s in it for me?”
- Choose words carefully.
  - Keep it short. When possible, stick to words with one or two syllables
  - Sentences should be 8-10 words and limit paragraphs to 3-5 sentences
  - Use conversational style of writing, as if you are talking to a friend. For example use “your baby” versus “an infant”
  - Remember to use “adult learning” concepts
  - Limit use of jargon and technical or scientific language

Using Audio Visuals (AV):

- AV should complement the session, but should not be the session.
- The length of the AV should be no longer than 5-10 minutes to allow for active learning (e.g., facilitated discussion, activities).
- Pick out 1-3 key messages presented and verbally review with learners.

**Resources**

1. Illinois WIC Policy and Procedure Manual
5. Altarum Institute, Participant Centered Education, [www.altarum.org](http://www.altarum.org)
Group Education Observation Tool

Time start: _______    Time End: _________

I. General Questions About the Class, Instructor and Participants

1. Class Topic: ________________________________
   Title: ____________________________________

2. Number of instructors/facilitators: ________________
   Type of WIC staff: _____________________________

3. Was the primary instructor of the same race, ethnicity, or culture as the majority of the class participants?
   □ Yes    □ No

3a. If not, has the instructor/facilitator been provided with cultural and linguistic competence training?
   □ Yes    □ No

II. Classroom Environments

1. Does the room feel sufficiently spacious given the class size?
   □ Yes    □ No (Describe_______________________________)

2. Are there ways to keep children busy and engaged during the class so as not to distract the adult learners?
   □ Yes    □ No

3. Is the room fairly comfortable (chairs, lighting, temperature)?
   □ Yes    □ No (Describe_______________________________)

4. Is the class held in a space that is dedicated to learning (e.g. not a storage room or a room that is clearly primarily for other functions)?
   □ Yes    □ No (Explain_______________________________)
III. Observation of Content and Methods Used by Instructor/Facilitator

A. Beginning/Opening

1. Did the instructor/facilitator introduce her/himself?  
   □ Yes   □ No

2. Did the instructor/facilitator discuss the overall purpose of the class?  
   □ Yes   □ No

3. Did the instructor/facilitator allow the participants to talk about how their lives or experience relate to the topic?  
   □ Yes   □ No

B. The Content

1. Did the instructor/facilitator try to find out about…
   a. participants’ knowledge about selected topic/topics?  
      □ Yes   □ No
   b. participants’ attitudes about the topic/topics?  
      □ Yes   □ No
   c. participants’ self-confidence to address the topic/make a change?  
      □ Yes   □ No
   d. participants’ perceived barriers to change and/or ambivalence to change?  
      □ Yes   □ No
   e. what the participants think they could do to make the recommended changes?  
      □ Yes   □ No

2. Did the subject matter focus on the WIC participant’s nutritional risk category (pregnancy, breastfeeding, age of child)?  
   □ Yes   □ No

3. Did the instructor/facilitator focus on no more than 2 or 3 main points during the class?  
   □ Yes   □ No
4. Did the instructor/facilitator address appropriate cultural issues with the participants?

☐ Yes, throughout (Examples ___________________________)
☐ Yes, somewhat (Examples ___________________________)
☐ No, not at all
☐ Not applicable

C. Methods Used

1. Did the instructor/facilitator use questions from participants as the focus of the session?

☐ Yes ☐ No

2. Did the instructor/facilitator use visuals and props to illustrate and enhance the learning?

☐ Yes (specify ________________) ☐ No

3. Did the class include hands on activities for participants or otherwise apply the information they were learning in a practical way?

☐ Yes ☐ No

4. What percentage of the scheduled class time do the participants spend talking or participating in hands on activities?

☐ Less than 10%
☐ 10% to 25%
☐ 25% to 50%
☐ 50% or more

IV. Instructor/Facilitator’s Style

1. Did the instructor/facilitator use open-ended questions to engage participants?

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<tr>
<th>Never used</th>
<th>Used sometimes</th>
<th>Used often but did not elicit discussion</th>
<th>Used often and elicited discussion</th>
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2. Did the instructor/facilitator’s ability to encourage participants to ask questions during the class?

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<tr>
<th>Did not encourage</th>
<th>Did encourage sometimes</th>
<th>Encouraged but <em>did not elicit many questions</em></th>
<th>Encouraged often and <em>elicited many questions</em></th>
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3. Did the instructor/facilitator use reflective listening skills for participants input and questions?

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<th>Used consistently but not very effectively</th>
<th>Used consistently and effectively</th>
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4. Was the class atmosphere overall fun and energetic?

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<tr>
<th>Not at all</th>
<th>Very little</th>
<th>Somewhat</th>
<th>Very much</th>
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5. Did the instructor/facilitator use a teaching style that listened to participant’s needs and emphasize positive behavior changes?

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<th>Did not listen at all</th>
<th>Rarely listened</th>
<th>Mostly listened</th>
<th>Yes, listened</th>
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Observer’s additional comments about the class observation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

V. Closing

At the close of the session, thank the participants for letting you listen and observe. You should explain that you learned a lot by watching how WIC group education is conducted and that WIC will use this information to help the program serve its participants better.

After the participants leave, you should thank the instructor/facilitator for allowing you to sit in and provide some feedback that highlights strengths and positive aspects of the session if possible.

*Taken from WIC Western Region PCE Assessment Tools—Altarum Institute*
Individual Nutrition Education and Counseling Tool

Time start: __________ Time end: __________

I. Set up of the Counseling space

1. Does the office arrangement encourage and promote conversation?
   - Yes  - No

   Comments: ___________________________________________________________

2. Does the space ensure confidentiality?
   - Yes  - No

   Comments: ___________________________________________________________

3. Does the room have engaging nutrition-related materials directly visible to the participant?
   (posters, props, handouts)
   - Yes  - No

   Comments: ___________________________________________________________

4. Is the space cluttered and loud?
   - Yes  - No

   Comments: ___________________________________________________________

5. Are there ways to keep children busy and engaged?
   - Yes  - No

   Comments: ___________________________________________________________
II. Working with Participants

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<tr>
<th>To what extent did the WIC educator:</th>
<th>Not at all 1</th>
<th>2</th>
<th>3</th>
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<th>To a great extent 5</th>
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<tbody>
<tr>
<td>1. Open the session in an engaging way and let the participant know what to expect from the visit?</td>
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| 2. Listen with presence and give undivided attention to the participant? | | | | | |
| Write examples below for giving feedback: | | | | | |

| 3. Use reflective listening to repeat what the participant has said. This will confirm understanding and build a positive rapport. | | | | | |
| Write examples below for giving feedback: | | | | | |

<p>| 4. Ask mostly open-ended versus close-ended questions? | | | | | |
| Write examples below for giving feedback: | | | | | |</p>
<table>
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<tr>
<th>To what extent did the WIC educator:</th>
<th>Not at all 1</th>
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<th>To a great extent 5</th>
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<td>5. <strong>Probe</strong> with questions to clarify information and gain a better understanding of the participant’s needs?</td>
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<td>6. <strong>Allow silence</strong> in session to give participant time to think and respond?</td>
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<td>7. <strong>Affirm</strong> the participant by saying things that are positive or complimentary, focusing on strengths, abilities, or efforts?</td>
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<td>8. <strong>Tailor</strong> the session to the participant’s questions and experiences?</td>
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<td>9. <strong>Focus</strong> on the participant and not the computer or other forms?</td>
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<td>To what extent did the WIC educator:</td>
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<td>To a great extent</td>
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<td>10. Recognize and <strong>support</strong> the participant’s culture and living situation and how that may impact dietary and health decisions?</td>
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<td>11. Ask permission to document information into the computer and offer nutrition information?</td>
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<td>12. Help the WIC participant <strong>focus/decide</strong> on a specific nutrition/health behavior she wants to adopt based on her readiness to change? In the context of her own goals, culture and personal situation?</td>
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<td>13. Help the WIC participant <strong>identify the benefits</strong> of the selected behavior change for her and her child?</td>
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To what extent did the WIC educator:

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<th>Question</th>
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<th>To a great extent 5</th>
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<td>14. Help the WIC participant identify/recognize potential barriers to change?</td>
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<td>15. Offer the WIC participant information and ideas for the development of an action plan that included specific, small, achievable action steps?</td>
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<td>16. If applicable: suggest follow-up to help support the plan of action that included community partner organizations?</td>
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<td>17. Did the educator help increase confidence in the participant to help them meet their chosen goal?</td>
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<td>18. Close the session by summarizing the discussion, thanking the participant for sharing, and setting the stage for the next visit?</td>
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<td>19. Did the participant leave with information to help her make the behavior change she has identified?</td>
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Overall impressions:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

20. How long was the session?
☐ 10 minutes or less  ☐ 10-20 minutes  ☐ 20-30 minutes
☐ 30-45 minutes  ☐ More than 45 minutes

Comment: Too long, too short or just right?
____________________________________________________________________________________
____________________________________________________________________________________

*Taken from WIC Western Region PCS Assessment Tools–Altarum Institute.*
Addendum 3: Guidelines for Facilitators

1.) Focus on the Groups’ needs.
2.) Ask group members to state what they want to discuss related to the topic.
3.) Establish a safe, comfortable setting.
4.) Use an activity, such as an icebreaker to help participants feel safe and comfortable sharing their concerns and feelings.
5.) Guide the discussion, keeping it focused and on the topic.
6.) Neutralize strong agreements, disagreements, complaining or blaming.
7.) Assist the group with resolving conflicts, solving problems, and making decisions.
8.) Encourage participation from all group members.
9.) Look for cues when someone wants to share.
10.) Make sure all group members feel their contributions are important.
11.) Encourage different views: “Has anyone had a different experience they would like to share?”
12.) Always thank and give positive feedback when participants share.
13.) Use active listening skills (educator and participants).
14.) Participants should be talking more than the facilitator.
15.) Invite participants to share with the whole group rather than holding side conversations.
16.) Clarify information shared from the group.
17.) Correct misinformation in a comfortable way.
   (1) “I'm glad that worked for you. Other people have found that…”
   (2) “Thank you for saying that since lots of others think that too.
   (3) However, the latest information is… Thanks for bringing that up.”
18.) Provide structure for the group by periodically summarizing the discussion.
19.) You may want to ask group members to share what they have learned.
20.) Offer participants appropriate handouts, referrals or other resources needed.