FACILITATOR’S MANUAL
for supporting the development of the Local Responses

IN LIBERIA

THROUGH THE SALT APPROACH
AND
THE COMMUNITY LIFE COMPETENCE PROCESS.
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Introduction

The Catholic Relief Services in Liberia has recently launched a new programmatic cycle for the support it is providing to many communities in Liberia and particularly in the surrounding area of Monrovia. As their programmes started afresh, they wanted to take such opportunity to develop new and innovative approaches for empowering communities and people in semi-urban areas.

In April 2017, CRS in collaboration with the Constellation, carried out a training for 18 Community Health Workers (CHWs) in order to equip them with the necessary basic skills to become Facilitators for the Community Life Competence Process (CLCP) in their respective communities.

The purpose of this document is to summarise the principles and the main steps of the CLCP and to provide an overview of the SALT approach which embeds all the steps of the process. All along the document, tips and examples will illustrate the way facilitators should behave and could apply their skills within communities and groups. As far as possible, these illustrations will be coming from the training that took place from 24th to 29th of April 2017.

What is a Local Response?

Communities can and do respond to the challenges that they face when they take ownership of their challenges. Communities change themselves: we do not change communities. The change they own is sustainable change. It is not enough to engage with communities about programmes for them. It is not enough to consult with communities about programmes for them. In the Constellation, we seek to accompany the community as it takes the path to ownership of its challenge. We call this path local response and we call the methodology that they use the Community Life Competence Process (CLCP). Facilitators accompany the community as it applies CLCP with a mindset that we characterise with the acronym SALT.

The SALT approach and the Community Life Competence Process

1 The facilitator’s attitude: a change in perspective

It sometimes feels like our world today is governed by a limiting belief that reduces us all, somehow, to being spectators of our lives—especially when the latter does not please us. The belief? Surely someone knows better than me what I should do! And I can wait until someone will come to solve all my problems!
In this light, dealing with the challenges that life never ceases to present us with, is somehow reduced to looking to one person to hold all the knowledge and the key to our future: the expert.

What our experience in community development has shown us is that this one-way relationship of handing our fate over to a person who “knows better” disempowers people. However, if a different kind of relationship can be built, one weaved in equality and appreciation of what is there, where everyone can recognise their own strengths and limitations and those of others, then a new-found energy is liberated for action and sharing.

Such relationships are typically the types of bonds a “SALT” facilitator seeks to weave with and between people.

<table>
<thead>
<tr>
<th>From expert...</th>
<th>➔</th>
<th>....to facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>We believe in our own expertise</td>
<td>➔</td>
<td>We believe in people’s strength to respond</td>
</tr>
<tr>
<td>We respond to needs</td>
<td>➔</td>
<td>We reveal strengths</td>
</tr>
<tr>
<td>You have problems. We have solutions.</td>
<td>➔</td>
<td>Together, we have solutions</td>
</tr>
<tr>
<td>We mobilize expertise</td>
<td>➔</td>
<td>We connect you with others</td>
</tr>
<tr>
<td>We instruct and advise</td>
<td>➔</td>
<td>We learn and share</td>
</tr>
</tbody>
</table>

2 The SALT approach: A Way of Thinking and a Way of Working

The approach we call SALT is founded on the facilitator’s behaving and thinking as described in the table above.

We are all human. We all have concerns and hopes. We can all learn, grow and change. Progress happens when people own their challenge. Communities have the capacity to respond when they own the issue they struggle with. That capacity remains to be revealed and nurtured. That is the purpose of SALT.

The basic concepts of the SALT approach are summarized beside:

| S for Stimulate, Support |
| A for Appreciate, Authenticity |
| L for Learn, Listen and Link |
| T for Transfer, Transform, Team and Trust |

Facilitators stimulate communities by looking for people’s strengths and by seeking to learn from their experiences. Their challenge is their own. It is not ours.

When a community owns the issue, the community will find ways to solve it. We will encourage them and support them as they do this.

2.1 Stimulate and Support

Often, community members are not aware of their own strengths. Facilitators appreciate and reveal those strengths. They encourage and stimulate communities. Support does not mean bringing equipment, information or techniques, but rather encouraging communities to take ownership and responsibility. Specific themes and concerns such as health issues emerge during dialogue thanks to the questions of the facilitators, who should be able to stimulate community members to reflect on the link between their individual concerns and the Health challenges facing the entire community.
Rather than positioning themselves as experts, facilitators listen to the community and encourage members to question themselves and find their own solutions to their challenges.

Community members give each other help and support, they become aware of their own strengths- both individual collective.

2.2 Appreciate

The first attitude is to appreciate who the community is, what people are going through and what they have been doing. A facilitator first contact with a community is always about appreciating and revealing their strengths rather than listing their challenges.

This participatory approach helps the community realise what is working well, become aware of their potential. This is an essential step before people can project themselves in a common vision and begin to apprehend the Health issues and challenges on the way to achieving that vision.

2.3 Listen, Learn and Link

The facilitator goes into communities to listen, learn, understand and appreciate the strengths the community members demonstrate to overcome any challenges.

Facilitators help link the different groups in a community, and the different communities with one another. S/He accompanies communities as they take stock of available or potential resources (information, services etc.) within the community and helps them link up with resources that may be available elsewhere, and links them up with other communities who may inspire them with their stories of change.

2.4 Transform, Transfer, Team and Trust

Everyone (individual or community) involved in this approach will discover that they must first apply it to themselves in order to develop their competences based on experience. Developing our “life competence” leads to personal and community transformation.

Community members transfer their knowledge to one another and to the facilitators who can then apply it in their own context, and vice-versa. This transfer also occurs between communities who connect and inspire one another to change.

Facilitators stimulate, support and connect communities in order to help spread local response and ownership.

Facilitation work with the SALT approach is always done in teams of minimum two people.

1. Who are we?
2. Where do we want to go? (Dream building)
3. By which practices?
4. Where are we now? (Self-Assessment)
5. What are we going to do? (Action Plan)
6. Do it! (Action)
7. What did we do? What did we learn? What can we share? (Measuring Progresses)

S = Stimulate, Support
A = Appreciate
L = Listen, Learn
T = Transfer, Transform

The Community Life Competence Process (CLCP) is a learning cycle through which facilitators accompany communities as they move towards development and implementation of Local responses related to their health challenges in the near future.

This process will be implemented in a stepwise manner; during all these steps the SALT approach defined above will be applied in a consistent and continuous manner in order to reveal strengths and create ownership of the issues and of the actions undertaken by the community.

CLCP is based on the belief that every community has the capacities, the strengths and much of the resources to face their health challenges. This is “life competence”. Moreover, communities can and do respond to the challenges that they face when they take ownership of those challenges. The change that we own is sustainable change. Facilitators encourage communities to act based on their strengths rather than on shortcomings. They help them develop their full potential and harness their strengths for action. Communities are encouraged to regularly take stock of their own progress and to
reflect on lessons learned from experience, so that these lessons may inform the next action plan and inspire other communities.

3.1 The implementation steps.

3.1.1 WHO ARE WE? Initiating community dialogue.

This step can easily be done over the course of a half-day (from one to 3 hours).

Although most of the facilitators are already well known in their respective community, there is need to create a space for discussion and dialogue around health issues. The goal is for community members and facilitators to meet, discover the strengths/talents/skills present in the group, to get a feel for the collective identity of the group (what bonds people together), and to also realise the realities experienced by people locally.

The ingredients of a successful dialogue are the following:

The way the space is arranged: space to enable the conditions for a true dialogue between equals. The ideal formation is a circle, with everybody sitting on the floor, log or on chairs, benches and no table to separate participants.

We introduce ourselves as human beings: the facilitation team do individual presentation and do not mention their functions or professions, preferring to talk about their passions, their family situations, etc. Facilitators explain that they come to learn from the community, its realities and aspirations. Facilitators encourage participants to introduce themselves in the same way.

Everybody listen deeply, and practice empathy with the community, while remaining aware of various sensibilities.

Tip 1: Getting to know each other and working our listening skills.

Participants come in pairs of two, organized by the facilitator. Each member of the pair tells a true story to from their life, the other member, about something which either touched him/her very much, something he/she is proud of or some event where he/she played an important role. The other participant listens carefully. The listener will try to identify the strengths of the teller from that story.

Then teller becomes the listener of the other’s story.

During plenary, each participant present briefly the story of the other person and gives the strengths he/she has found in that story.

Exercise 1: The Historical calendar.

Equipment: marker and 1 flip chart for each group; sticks, stones, leaves, flowers - any symbols which can be found around the location.

Objectives: Participants discuss and document the history of the community indicating key happenings and events.

Instruction to the participant: Draw a time line and indicate the years of the past to present someone of the participants can remember. Indicate what happened in the community in terms of infrastructure (schools, churches, road, electricity, water supply, health institutions, etc.), disease outbreaks, type of houses, or any other important event you can think of. Encourage participants to use symbols instead of writing on the flip chart. This also allows illiterate people to actively participate in the process.

We ask questions at human level rather than material, appreciative rather than journalistic. This usually allows for deeper conversation and opening new doorways for reflection and growth.

An interesting way to create dialogue within the community and to identify strengths/talents/ skills of the community is to carry out the historical calendar exercise or and the community mapping.

These two exercises need a bit of preparation but are worth to do before starting the group discussions.

We do not discuss problems but rather choose to speak of people’s realities and preoccupations, as problems come from
outside, whereas preoccupations rather come from within (and so we are more likely to feel empowered to do something about them).

Maintaining positive body language and being able to answer questions calmly and carefully in any situation.

A good facilitator does not try to prevent or avoid difficult or troubling situations. If individuals show resistance and dissent, the facilitator listens deeply and tries to understand where the resistance is coming from. Humour is a valuable ally - the more people feel at ease and relaxed enough to laugh – the easier it is to get over differences.

Sometimes, conflict of interest or hierarchy might divide a community. How does one react to such situations? By seeking to give each person a chance to introduce themselves and making sure talking time is distributed evenly. Gaining people’s trust through appreciative questions, games, and by splitting people into smaller groups for more intimacy.

In communities where hierarchy is really strong, facilitators should first discuss with the leaders in order to explain the spirit of the discussion (SALT) and ask them to respect this Way of Working by letting people express themselves. Presence of authorities/leaders should be acknowledged during meetings.

### Exercise 2: Social mapping

**Equipment:** 3 – 4 flip charts for each group / Markers in different colours / Tape to attach maps to the wall / or: sticks, stones, leaves, flowers - any symbols which can be found around the location

**Objective:** Participants identify health, social and religious entities in their community.

**Preparation:** Participants are divided into groups of 4-6 persons who are familiar with the whole area of the community; forming women and men groups is an option. Each group is given the equipment and looks for a place in the room.

**Instruction for participants:** Please draw a map of our community area, and locate on it all key entities, i.e. all groups that you think are important for social life in the community – such as elders, authorities (health or others), women, sportsmen, religious groups, youth groups, people in recreational areas/locations, market etc… These groups may be linked to a specific place or not.

The maps are presented and discussed in the plenary. The facilitators ask questions like, “How did you decide who to include? What was difficult to represent? What have been areas of disagreement?”

By discussing and comparing the different maps, the facilitation team gets a knowledge of which entities might be of high importance.

The maps and/or digital photos are kept for recording.

### 3.1.2 WHERE DO WE WANT TO BE? The common vision (the Dream).

The full scope of this step (vision + practices) may take up to a full day (2 half days).

A community’s vision is the ideal state that community members want to reach as a group. It is a source of energy and motivation that has the potential to sustain the community’s drive towards life competence. This community’s vision is the basis for any strategy for action and progress.

During this step the community describes a situation where health challenges have been solved as part of the day-to-day activity. To build a vision (dream) one thing to bear in mind is that participants should project themselves into a distant future that could be 15-20
years ahead, in order for those things that may constitute obstacles to the dream not to hinder the process.

The general path of the process goes as follows:

**THE INDIVIDUAL VISION/DREAM.**

What is each participant’s vision? Everyone reflects on his or her personal view of an ideal Healthy community.

Each person draws that vision of an ideal health community on a piece of paper (what matters is expressing the vision, no artistic skills required). What drawing allows is to free the participants’ creativity.

Within communities, such individual visions can be developed through individual encounters/discussions between the facilitator and individuals or at the family level through home-visits.

**THE VISION IN SMALL GROUPS**

Depending on the number of participants, the group is divided into small groups of 3-4 people. Each person brings his or her individual vision to the group. One by one, each participant explains his/her vision to the rest of the group based on their drawing if that was the chosen method.

All the visions are brought together, through resonance, into a single representation of the group’s vision (dream) [again, through a drawing if possible].

Within communities, the facilitators will take advantage of the social mapping realized with the larger group, where the various social groups/entities were identified. Bringing the discussion about the Health issues/challenges within these social groups and accompanying them to develop a vision for a healthy community will help to prepare the development of the common vision.

**THE COMMUNITY VISION (DREAM)**

Each social group selects one or two persons to present the group’s vision [drawing] to the rest of the community members during a special meeting called by the authorities. All people present listen and appreciate, and get a chance to ask clarifying questions.

At community level, a plenary discussion is held whereby points of resonance and dissonance between the different social groups are explored collectively. Together, we build a collective community vision that reflects the visions of the individuals in each social group.
Facilitators make sure all participants are satisfied of the result, and additional suggestions/ideas may be added (strive for maximum inclusion).

Facilitators congratulate each group and participants as a whole for this beautiful effort to bring their individual aspirations together.

**Clarifying questions that may be asked by other participants.**

Facilitators should constantly remind participants that every person is important and that every vision is valuable.

We all have the right to dream and envision; therefore there is no such thing as an “unreasonable” vision. Therefore there should be no comments, mockery or discussion on the way in which a dream is expressed.

No vision should be rejected, and we should find a way to include even the seemingly dissonant ones. This is particularly important to stimulate ownership by individuals of group visions first, and of the collective community vision eventually.

This will encourage individuals to commit themselves fully to making this vision/dream come true.

**Tip 4:** Technique to make sure everybody has their turn to speak and be listened to: in the group, circulate a “talking piece”, and only the person holding it may speak, the others listen deeply. Usually it is best to make it travel clockwise, and only the facilitator may intervene at any time and ask for the talking piece (to help reframe something, or deal with a conflict, etc.).

**Tip 5:** The “miracle question”: What if a miracle happened tonight, how could things turn out in the morning? In case of hold-ups, facilitators use the “miracle question”: this helps people momentarily put aside obstacles to change and the idea of something being “impossible”.

**3.1.3 PRACTICES:** Identify the stepping-stones towards the vision

Once the community has formulated its vision in words or as a drawing, they are ready to start formulating what is happening in the vision - we call these sentences “practices” or “results”. Realising what people are doing in the vision/dream to make this “ideal” possible will give the community something against which to assess its current situation, and therefore come to terms with the actions that they will need to undertake to move closer to the vision of an ideal Healthy community.

It is important that the community understands the difference between a practice/result and an activity: a practice or a result describes one aspect of the vision (1, 2, 3…8 below). It could be describe as a result. The vision/dream is described by a set of results reached for the various aspects of the vision.

An activity is carried out in order to move closer to the practice, to the result, and thus move closer to the vision.

In case of hold-ups, facilitators use the “miracle question”: this helps people momentarily put aside obstacles to change and the idea of something being “impossible”.

The practice/result is expressed as "we (we = community) + active verb + complement"

Facilitators help consolidate the common vision by grouping ideas together, and ensure that each group of ideas is reflected in the practices chosen by the community. They follow the rhythm of the community.
The facilitators' vocabulary must always be adapted to the context of the community and they should use positive language and appraisal. It is essential to ensure common understanding of the words used (such as practice for instance), and for participants to find a word in their own language.

**Tip 6: Example of Practice and Activity**

**PRACTICE:** We constantly nurture relationships between people.

**ACTIVITY:** We organise neighbourhood gatherings each month.

**Tip 7:** Encourage the selection of practices that have a multiplier, snowball effect, those that will bring about rapid and visible change, and activities for which the community has experience: it's much more motivating! Encourage small doable actions that do not require big structural changes.
Even though a formulation for a practice/result may automatically spring to the mind of the facilitators, they should hold off and allow community members to express themselves and explore different formulations. They should only contribute their own formulation if the group seems stuck or if an important element has been left out. They can then suggest, “another community once decided on a similar practice which went something like … Is that close to what you were thinking?”

3.1.4 WHERE ARE WE NOW? The self-assessment

This step can easily be facilitated in one half-day session.

a. What is the self-assessment?

The community strives to determine its current level of capacities with respect to its health challenge. Community members hold a discussion for all practices/results they previously formulated, and decide, based on what is being done now, where they stand for each result (on a scale of 1 to 5), and where they would like to stand in roughly 6-12 months’ time. Once they know where they are and where they are heading, they can begin to plan “small doable actions” to carry out over the next months or so by mobilising their own resources first.

<table>
<thead>
<tr>
<th>Level 5: Action is lifestyle</th>
<th>Is this part of the life of our community? Is this something that people do willingly without being told to do it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4: Community-led actions</td>
<td>Is the community taking collective action on this? Are more people in the community involved in this? What is there to show this?</td>
</tr>
<tr>
<td>Level 3: Some little actions</td>
<td>Do we know anything in the community that has ever been done about this?</td>
</tr>
<tr>
<td>Level 2: Knowledge</td>
<td>If we know anything, what kind of action was it? By whom?</td>
</tr>
<tr>
<td>Level 1: Awareness</td>
<td>What do we know about this? Do we know enough?</td>
</tr>
<tr>
<td></td>
<td>Have we heard about this before?</td>
</tr>
<tr>
<td></td>
<td>Is this something important for our community?</td>
</tr>
</tbody>
</table>

b. Why the self-assessment?

The self-assessment helps the community have a good understanding of its current position with respect to its health challenge. Once we understand where we are now and where we want to be, we can think about the action that we can take.

The self-assessment serves as a kind of looking-glass for the community, whereby they can genuinely explore their current level and identify the priority practices that will help them move closer to their dream.

c. How to proceed with self-assessment?

✓ The community recalls its dream and re-reads the practices/results formulated beforehand. Collectively, community members decide on their current level of competence for each practice/result. Level 1 is the lowest level, and level 5 is the top level (see scale above).
At first, it is important to define the level 5 (ideal state) for each practice/result.

Conduct a group discussion for each practice/result with free expression, and not a discussion for each level. Ask participants to give their own estimate (based on experience) of the community’s level for each practice/result (experience has shown that it is easier for participants to position themselves if you start by confronting them with the “dream” level 5). Facilitators take good care to illustrate each level using concrete examples (such as washing hands or exercising).

Ask people to justify levels by using concrete examples, and regularly remind them of the definition of each level 5 if need be. Always remind participants to base their arguments on experiences and facts.

Do not resort to a vote to validate levels, but let the discussions drag on if it needs to (the more engagement at this stage, the more commitment later!). This is an exercise in consensus-building, so not votes!

Be vigilant of the possibility of a group leader trying to impose his/her level and/or priority.

Remind participants that the goal is to then move towards doable actions, and that therefore the appraisal of the current level should be realistic - we are not trying to get the highest possible “grades” here. Rather, it is an opportunity to look into the mirror at ourselves, see where we are at and decide where we want to move from here on out.

At the end of the exercise, the community decides on 3 priority practices/results, and then determines the projected level they wish to attain in 6-12 months’ time.

### 3.1.5 WHAT ARE WE GOING TO DO? The action plan

This step can easily be performed in a half day.

**a. Why do we need an action plan?**

When we formulate an action plan, it is much more likely that we will act to implement it. The purpose of an action plan is setting and implementing activities that will help us reach our target level for each priority practice.

**b. How to plan?**

Community members agree on:

- The priority practices/results they want to focus on (2 or 3 for the period chosen – 6-12 months).
- The actions they want to take to reach the selected level of the desired results (2 or 3 actions/activities per priority).
- A time-frame with deadlines by which to reach target level for each practice (short and medium term, 6-12 months).
- Indicators (1 or 2) to measure progress, which will tell them whether or not they have reached each target level.

For each priority practice, indicate the following in the action plan:

- The priority practice identified during the self-assessment, current level and
projected level, and the action or activities that the community proposes to set up (what?)

✓ The **strategy** that the community will use (how?)

✓ The **person responsible** for each activity (who?)

✓ The **people concerned/impacted** by the activity (with whom?)

✓ The **location** of the activity (where?)

✓ The **deadline and/or frequency** of the activity (when?)

Optional: Quantitative and qualitative **indicators** to assess the activity.

Optional: **Sources of verification** such as activity reports, records, attendance lists, survey forms, testimonials, etc.

### Tip 9: Spend more time planning progress than assessing current levels.

Do not try to meet community needs yourself, but rather **help the community tap into surrounding resources**.

The heart of what we do is about **ownership**, for a community to own its life challenges and its progress.

Each person measures the indicators of the activities **they are responsible for**.

### 3.1.6 LET’S DO IT! Action!

The community acts by itself; facilitators accompany its action and regularly follow up on progress made, particularly during consultation meetings. Such meetings allow for sharing, participatory monitoring of activities and constant adaptation.

### 3.1.7 WHERE DID WE GET? WHAT DID WE LEARN? WHAT CAN WE SHARE AND HOW?

Are we making progress?

We evaluate our actions. We go through a new self-assessment of our practices/results and in particular the priorities on which we have worked.

We are then ready to tackle a new cycle

- **either** starting all over with the first step ("Who are we?") if our community has changed (new members, departures, etc.)

- **or** with the dream stage (stage 2), if we realise we would like to strengthen/deepen/modify our dream

- **or** directly through to a new action plan (step 4)

- **or**, perhaps we feel ready to share our experiences with others.
Learning Festival and Knowledge Assets

This is a milestone to celebrate, share and learn. It should preferably last for a minimum of two days (ideally three days).

Constellation uses a range of knowledge management tools in its work to ensure that individuals, communities and organisations learn from their experiences and that what is learned is shared as widely as possible.

During a Knowledge Festival, communities can exchange experiences and document them in the shape of "Knowledge Assets". It is also possible to organise "Peer Assists" between communities. The idea is to connect different communities, based on the assumption that the strengths of the ones can also benefit others. Take a community that is very strong in a given practice, for instance: this community can share its experience with another community that is still at level 1 for the similar practice. This could be a great opportunity to learn.

The most important thing about a Learning Festival is to base it on sharing experiences, NOT opinions.

Knowledge Assets

It is important to learn how best to share our experience. If we can tell our story in a way that is compelling, others can learn from us and we can make the most out of our exchanges. There are different ways of learning how to fine-tune our stories: stories carousel and stories in teams. During Learning Festivals, facilitators provide a set of themes and register participants into theme groups for the definition of a common vision for the theme; they then facilitate peer-assist discussions that allows the identification of common principles.

Common Principle for Action

1. When we discuss issues openly, we begin to open up access to the resources of our community, our administration and our political process.

2. When we understand that we have the right to be involved in the local decision process, we have another opportunity to bring about positive change in peoples lives.

3. When we realise that our community has the right to a voice in local politics, we begin to have a voice.

4. When we recognize that we too can seek election within our political system, we open the door to having a voice in our wider community.

5. Freedom and the village chief.

How we use a Knowledge Asset

- Summary of story
- Full story
- Contact

Lessons Learned

A few more
Even more
Still more
Less Lessons
Less Lessons
Less Lessons
Less Lessons
for action. The facilitator asks **concrete examples to illustrate these common principles.** Interesting experiences are often experiences that speak of **change.** Through their questions, facilitators should always try to stimulate discussion around the trigger for this change.