



Reinventing Yourself with SCI: An Interview with Sunny Roller, Group Co-Facilitator

Denise G Tate PhD, project director at Michigan, interviews A.S. Roller about her impressions regarding her role as a group facilitator in Michigan. This interview was conducted in February of 2024 after the intervention was completed.

Interviewer: Recently you served as a group facilitator at a behavioral intervention designed to improve self-efficacy skills for persons with SCI. Can you tell me about this experience?

Sunny: *The Reinventing Yourself After SCI (spinal cord injury) Workshop* was a six-week intervention specifically designed to guide individuals with SCI into setting and achieving new personal goals. To accomplish this, I helped participants learn about, then implement specific coping and problem-solving skills. This process included identifying personal character strengths and daily sources of gratitude, along with a variety of other adaptation techniques.

I team-taught five six-week workshops. Two were in-person, and three were on Zoom during the pandemic. My teaching partner had a spinal cord injury. I had polio. We both use wheelchairs full-time.

Facilitating a workshop that is designed to turn participants' lives around sounded a bit daunting at first. I knew I'd need to vigorously study the course content ahead of time, which I did. Once I started leading the workshops, I learned a few tips along the way that helped me present the material and develop a facilitation style that would complement my co-facilitator's presentation approach.

Interviewer: Did you find it to be rewarding personally to you?

Sunny: Leading this intervention was indeed rewarding. I genuinely appreciated the course content which was based on positive psychology's methods for coping and human adaptation. I have found throughout my life as I wrestled with unaccustomed changes and challenges, that a positive approach was the only one that ever worked for me. So, I really believed in this intervention. I feel fortunate that I got to lead it.

Personally, I have learned over the years that the best way to evolve and find happiness after learning about how to live well with the challenges of a disability, is to then help others find their way as they wrestle with their own obstacles. Helping others reinforces and helps me sustain my own blessings. I have received a lot of assistance and support from friends, family members and helping professionals along my path. And this was a chance for me to renew my own strength as I helped our participants seek and find their innate personal power.

It has concerned me that often interventions such as this one do not show many long-term changes or benefits for participants. Could it be that the potential second intervention is never created for them? Never carried out? This workshop's participants are left with the many personally relevant benefits of knowing their character strengths, sources of gratitude, and coping tactics to overcome obstacles. But they are never challenged with passing the information and insights along to others. They are not encouraged to skillfully reach out to and influence others, which could help them sustain their newfound strength. Is it possible for the "patient to become the physician"?

“Reinventing Yourself 102” in my imagination, would be an experiential workshop that demonstrates how each participant could help another person find their way through a disability-related difficulty using the teachings from the first intervention. They would go one step beyond and learn more about how to coach someone else successfully. Then they would be asked to work with someone, perhaps from a local support group, who would volunteer as a “friend in need.” Despite potential professional cautions and criticisms that could terminate this second intervention before it begins, some variation of it could provide an effective way for participants who volunteer, to sustain and build on what they learned in the first workshop. There are so many personal benefits in helping others. “Reinventing Yourself 102” could reinforce and increase the advantages and rewards of the first intervention because real learning has to happen when the student is required to become the teacher.

Interviewer: What things did you like the most about being a group facilitator?

Sunny: I really enjoyed meeting and working with our intervention participants. It was especially rewarding to see them interact with each other. Having a shared disability from SCI was an immediate bond for them. But it was also fascinating to hear their unique life stories as the intervention evolved. I also witnessed a lot of kindness and empathy among these participants. For example, one man who was tetraplegic, disclosed how he was afraid of spiders because he couldn’t chase them around to kill them. He had to helplessly watch them move all around his room. The group listened, empathized, and then shared ideas about how to either kill the spider, or kill his fear of them. We all felt better after that idea exchange.

I very much enjoyed sharing curriculum material with participants-- content that I sincerely believed in. As a facilitator, it was a gratifying opportunity for me to present the material in a fun-filled and creative way—one that folks would hopefully remember. If they took home even one new and workable idea, that was success for me!

Interviewer: What things or aspect of this intervention do you think group participants enjoyed the most?

Sunny: I think that participants really enjoyed meeting each other and sharing their personal experiences with each other. Along with being an information-filled workshop, it also served as an undeclared support group. They expressed admiration for one another’s successes. One gentleman who was a professional artist enthusiastically showed us some of his paintings on Zoom. We all expressed a genuine respect for his talent and brightly colored works of abstract art. Another woman told us how she found joy in regularly baking goodies to give to her neighbors. We sniffled tears away when we heard overwhelmingly sad stories of loneliness or feelings of helplessness. At the end, intervention group members were left with a new sense of connectedness to others who deeply *understood*.