



Assembling this manual has been a work of the heart with the intention of helping the T community. Misha B. and Annie R. are greatly appreciated for their insight and contributions towards completing this work. Thank you, we make a good team.

With Love,  
Victoria Quaintance

This is the second edition for this training manual. It has received a major update from last year based on what has been learned by presenting the four part workshop during '08 / '09. Thanks to the first class of GASS trained facilitators for their feedback which has helped to make this a better, more understandable teaching tool.

The author wishes to thank the Seattle based, Ingersoll Gender Center and the New Jersey Self-Help Clearinghouse for some of the information provided in this manual. If other transgender support groups find this training manual valuable they are welcome to use it at no cost. Check our website for a down-loadable version at

[www.SouthSoundGender.com](http://www.SouthSoundGender.com)

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## MODULE 1 – BASIC FACILITATOR SKILLS

### WHAT IS A SELF-HELP SUPPORT GROUP?

Self-help support groups bring people together who have had similar life experiences and are looking for peer support, encouragement, information and coping strategies.

Groups are generally voluntary, low or no cost and are run by and for their members. They are not therapy groups, although professionals are sometimes involved. Group activities vary greatly and may include mutual sharing, recreation or social opportunities, and advocacy efforts.

Benefits of participating in a self-help group include:

- discovering you are not alone
- regaining a sense of hope and optimism
- learning new ways of coping with problems
- gaining the satisfaction of helping yourself and others
- meeting friends

#### **How do you lead a self-help support group?**

The most important thing that self-help support group leaders contribute to a group is their EXPERIENCE with the group's issue or concern. You don't need any special expertise to lead a self help support group because your job is to get other people to share, discuss, and provide encouragement to each other. In self-help support groups, people often begin by sharing their story of how they have dealt with the issue, what has worked or hasn't worked for them, and where they are now. Then the next member may tell their story or pass. The leader may want to lead by example, sharing his or her story first and then asking others how they have dealt with similar problems or issues.

SHARED leadership is a term sometimes used to describe the many leadership roles available within self-help support groups. Shared leadership allows several members to take on leadership roles thus reducing dependence on just one person. Research has shown that those who are most involved in a group benefit the most.

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*"You can not do all the good the world needs,  
but the world needs all the good you can do."*  
anonymous



*"Every great dream begins with a dreamer. Always remember,  
you have within you the strength, the patience, and the  
passion to reach for the stars to change the world."*

Harriet Tubman

## UNDERSTANDING SELF-HELP GROUPS

### **DEFINITION: What a Self-Help Group Is...**

1. **Mutual help**—the primary way that members help one another
2. **Member-run** - not professionally run. Members own and operate the group
3. **Composed of Peers**—members who share the same problem/experience, for an almost instant sense of community.
4. **Voluntary, Non-Profit** organization—volunteer-run, no fees, minimal dues (if any); members are “prosumers” rather than “consumers.”

### **BASIC FUNCTIONS: What a Group Does...**

1. Provides **Social Support**—relief from isolation. “You are not alone” support of others who truly understand.
2. Provides **Practical Information and Education**
  - Pooling of member’s **experiential knowledge** on coping with the problems, evaluating best resources.
  - Accessing and translating **professional knowledge**—sometimes using professionals as guest speakers, resource consultants, etc.
3. Engages in **Advocacy Efforts** (optional) such as promoting change in laws, research, treatment, or public education.

### **HOW GROUPS DO IT: Specific Principles and Group Dynamics at Work...**

1. **Accessible**—no forms, no fees. People come for education not for treatment
2. **Acceptance**—being accepted and understood, often for the first time, by people who truly understand because they “have been there.”
3. **Normalization**—finally finding out that others have similar experiences. De-stigmatizing.
4. **Positive Role Models**—rarely found in professional agencies.
5. **Pooling of Knowledge, Coping Skills and Resources**—accumulation and the actual development of shared experiential knowledge and wisdom. A provision of alternatives that members didn’t realize that they had.
6. **“Helper Therapy”** principle—benefits the helper, too. (e.g. an increased sense of self-esteem and self-worth when it is often needed the most. “If you help someone up the hill, you get closer to the top yourself.”
7. **Turns a Liability into an Asset**—a stigmatizing experience (addiction, loss, etc) gives the person a unique ability to provide understanding and help to others.
8. **Source of Altruism and Meaning**—a worthy volunteer cause that can give life meaning.
9. **Sense of Community**—people who share values, and care for one another.
10. **Empowerment**—through encouragement of self-advocacy and group advocacy, members have an active rather than passive role in their wellness.



*"Common folk, not statesmen, nor generals nor great men of affairs, but just simple plain men and women, can do something to build a better, peaceful world.*

*The future hope of peace lies with such personal ... service."*

Henry Cadbury, [accepting the Nobel Peace Prize]

## **CONDUCTING THE SUPPORT GROUP MEETING**

### **Introduction**

By volunteering for this duty you give back to this group. If you have found benefits from attending you can step up and help others in a profound way. You can help yourself by helping others. A trans support group is often the first time or place many people feel they can really express their true selves in public. By providing time and effort you can ease the difficult and stressful period for someone that may have been waiting a lifetime for the opportunity.

Facilitators are expected to keep to the order of these guidelines, repeating the process for each group. Personal safety and respectful conversation are the primary goals for our support groups. We want to provide individuals a place where they are able to speak of their deepest feelings and most powerful ideas.

The group exist for the people who visit us, not for the Facilitators. This can be hard because often it is the Facilitators who are looked to as experts and authorities. It is often tempting to take those roles as the primary work. The best Facilitator is the one that effectively disappears from the evening and allows the people in the group to be the centers of all the activity. This is a difficult role to fulfill and can take a lot of training, something even many professionals have a hard time learning.

Facilitators must try their best to take their own egos and ideas out of the discussions and are expected to treat every visitor the same, with no preferential treatment for any individual. This does not mean the Facilitator has to be without a presence, but it does mean that most of the time the Facilitator is a guide and a referee and not a lecturer or teacher. The Facilitator is not just another group member they may check-in with some personal information , but it is best to resolve those issues outside of group. The group must have a stable center around which to feel safe and free to do their own work.

If the Facilitator is deep in crisis or struggle, the group will try to help them and that can take away from the purpose of our support groups which is to help those who come to us. If personal life is difficult , it is best for a Facilitator to take a break from facilitation duties and resolve their problems before returning to group work.

The Facilitators must adhere to these guidelines, the mission of this support group, and any additional items as presented by the Facilitator Trainer or the Board. A Facilitator may not offer medical or other referral information that has not been approved by the board. A Facilitator may not offer personal ideas about transition, or other related issues, as if those ideas were this groups' policy.

### **Record Keeping**

During the check in round the Facilitator is to keep a record using the official meeting attendance form. Information gathered is to include the persons' chosen name, what town they are from and how new members learned of this group. This noting of who is attending and how often will prove valuable in the future when we need to document how our various programs of advertising and outreach are working. The Facilitator can use the notes of how the participants are doing to formulate a topic for discussion. In fact, a space is provided for the recording of the topic discussed that evening.

New attendees should fill out the Member Registration Form. Only a registered member may vote in

elections. You should ask at each group meeting if there are any present that have not filled out this form. This info will be used to support our group in the future, perhaps with grant request writing, but more importantly to have some way of reaching a member. If we have not heard from some regular attending group member we at least have a chance to try and contact them. We are a family in a very real way. The registration form only requires at a minimum that a persons name of choice and an email be given, we would like more info, of course, and questions are on the form. No one is required to fill out any forms at all to attend our group meetings.

Facilitators are to note the date and number attending on the Meeting Attendance Record which is kept on the clip board. This data can then be reported and added to the board meeting minutes.

To maintain the safety of our visitors no group information can ever leave the premises without specific approval of the board of directors. All personal information we gather is the property of the board and will never be sold or distributed. No Facilitator should ever keep private records of what transpires in the groups'. This is to insure the confidentiality of our members and visitors.

### **Beginning the Meeting**

Support groups are conducted with seating set up in a circle. This is to promote the atmosphere of attendees coming together as equals. Ask members to help with this chore. Each group will begin with the Facilitator welcoming everyone to GASS and explaining how the evening will proceed. If there are new people in the group the Facilitator may take a few moments to explain what the check-in is and how it works. This can be very important especially if a new person has never been to a support group meeting before and does not know how our group is structured.

We have created a list of guidelines for the support groups and we ask Facilitators to begin every group with reading of the rules. This is best done after the explanation of the how the groups are ordered and before the check-in round.

### **The Check-In**

After the rules are read the check-in begins. This can be an important part of the evening and may offer the most direct emotional support to each person who participates. There are many parts of a support group event, but this one is the most personal and powerful. A Facilitator must treat this time with great respect and provide a secure and fair opportunity for each person in turn. This is the time when a person gets to talk without interruption from anyone except the Facilitator and then only with the need to directly assist the speaker or provide safety for the group.

The Facilitator asks for a volunteer to begin the check-in. If necessary the Facilitator carefully explains how the process works. No one is required to give their legal name unless they want to. After the first person has checked in, that person is allowed to choose in which direction, i.e., either side of themselves, that the discussion shall proceed. Facilitators should not be tempted to skip their turn at check-in until the end. Such practice appears as though they want the last word! This is often the time for a Facilitator to reinforce that cross-talk is not permitted and to prevent any advice giving from other group members directed at any speaker. The object is to give each speaker a period of uninterrupted time to talk.

The main tool of the check-in is the use of 'I statements'. This means the Facilitator will have asked each person to keep their talk focused on themselves. The best way to do that is to ask each person to

use statements that refer to themselves, thus: 'I statements'.

We learned long ago that unless we hold to this method the check-ins can become platforms for talk about everything from religion and politics to “how YOU ought to be conducting YOUR life”.

The Facilitator should gently guide the speakers to keep their talk to gender related issues and how that has affected their lives in the past two weeks or since the last meeting they attended. This is important so that others may find commonalities in their own lives. If there are many people present some time limits many have to be enforced. Sometimes a new person will be tempted to tell their life story, especially if they have not ever had the opportunity before. This “spilling of one's guts” can be detrimental to the person themselves as they later realize they just told intimate details of their life to strangers and may not come back to group from embarrassment. Don't address this until it occurs. Then at break take the person aside and assure them that most of us have experienced similar trauma and they are in good company and will be okay.

### **Asking for Donations**

This time of the meeting is to pass the basket around the circle. The donation is mentioned at the beginning of the meeting and it is explained that our group depends on these funds for its existence. Please ask each person again to donate 10 dollars or at least 5, and if they can not afford anything then please consider donating some of their time toward group projects. During the basket passing keep your eye on it! It is the facilitator's job to keep this money straight and not allow it out of your sight. After you get it back around put it in your pocket and make sure you thank everyone for donating and that they know someone appreciates and recognizes their giving.

### **The Break**

After the check-in round a short break of 10 or 15 minutes is called (15 being the maximum and rarely used). This is for people to use the restroom, go outside to smoke, and chat casually. The Facilitator remains on the job during the break. All rules and guidelines apply. During the break the Facilitator will contact any new visitors and provide them with basic information about GASS and its services. Sometimes it is best to take the new person or persons aside or even to a separate room if available for this discussion.

In some cases the new person will want a great deal of attention and the Facilitator must remember this: Facilitators are NOT counselors or therapists and do not have to take those roles. Facilitators do not have to fix or save anyone! Facilitators can make board approved referrals and help folks with special phone numbers such as the Crisis Clinic or 1-800-SUICIDE but do not have to feel they are responsible for someone's life or circumstances. Refer them to web pages written to their topic of concern, opinion papers, or group recommended therapists and doctors.

During the break the Facilitator must not leave the room unless they are very sure that the people left can get along without assistance. Assign another member with experience to watch the facilities and valuables. This means that sometimes the Facilitator may have to welcome new people in the group room and not in a separate room. Of course, take advantage of other Facilitators present to help.

### **Announcements**

After the break the Facilitator must call everyone back into the session. Be prepared to raise your voice, trans-people love to chat. This is the time for important announcements or group business such as

elections. It is important that members be kept apprised of upcoming events and functions, as these social and outreach programs have proven vital to maintaining a balanced support network. Announcements should be kept short so as to maximize the use of time available for the main purpose of the meeting. Unless unpredicted circumstances arise, announcements should occur after break since donations will be solicited before the break. If check-in runs long passing the donation basket around during the announcements works well and can save time.

### **Topic Discussions**

The second half of the session is given to open discussion. In the past this time was left completely unstructured and was a time for private talks and small groups. We decided against this process when we got larger and saw that too often cliques can develop, shutting some people out.

Your role during this portion of the group meeting becomes one of a moderator. The Facilitator should always ask the group members themselves if anyone has a topic in mind. This will help prevent the Facilitator from becoming the center of attention. This process can allow for many ideas to arise. Only if there is no other usable suggestion for a topic may the Facilitator bring one forward. The Facilitator should try to make a topic gleaned from the check-in, for example, "telling family members". The best method is to always have a topic in mind but be prepared to abandon it if the group suggests another topic. The Facilitator's role becomes one of making sure each member of the circle has the opportunity to add their thoughts to the discussion. And not to allow one or a few to dominate. Recognize each speaker in turn and keep an eye open for those that show a desire to talk. One person talking at a time is paramount. Cross talk can not be permitted. This is simply showing basic respect for others. No matter how intriguing the Facilitator themselves find the topic or how much you may wish to add your knowledge you must refrain. This group is for those that come here, your duty is to allow each of them to express their feelings and thoughts.

You may find that when you introduce a topic for discussion some expansion or explanation of the subject is in order from you. This is normal to get the ball rolling. The group Facilitator stays out of the way, their job is to facilitate. and move the process along, NOT to enter into discussion with ANY speaker. Be prepared for the subject to run its course and slow down to the point where no one else wishes to add anything. New ideas for topics are often stimulated by a conversation and the group can be again asked if there are any other ideas for a topic of discussion. We encourage lively debates with even disagreements and counter opinions being expressed. What we must control are any put downs, personal attacks or references to what others ought to be doing. Direct your group to keep their comments on a personal level by using "I statements".

### **Winding Up**

It is important to begin and end our meetings on time. If there are a few minutes before the scheduled end the facilitator may ask if there are any other announcements or suggestions for future meeting topics. The discussion period may be permitted to go over time but only if it appears significant benefit can come from the extra time. Certainly not more than a half hour in any case. You should thank all for joining the group for the evening and for their monetary contributions again. Invite everyone to return to the next scheduled support meeting or group event.

Ask everyone to please return the chairs to their original positions and clean up the area. This includes the coffee pot, unplug it. The facilitator will count the money collected and place it into an envelope and record the date and amount on the outside after sealing. This envelope is to be turned over to the



next board member you encounter who will in turn pass it to the group treasurer. Attendance and registration forms are to be turned over to the next board member as well to be eventually handed to the group secretary. Turn the heat down, turn the lights out (including the restroom), and lock the door. The key must be returned to the board member you received it from or to the person designated by the facilitator coordinator who is next on the list to facilitate a support group.

It is not the facilitator's responsibility to organize any after meeting social activities or to provide rides to members. If someone asks for an escort to their nearby vehicle you might ask another member going the same direction to walk with them for safety. Above all you must protect yourself. If a situation ever feels dangerous inside or outside the building do not hesitate to call 911.

Refer to this manual again in the future after you have acquired more experience conducting these support group meetings. You are not expected to do everything perfectly and each person has their own style, but these guidelines have been developed over years of trial and error and from many other support groups' experiences. Stay in regular contact with the Facilitator Trainer. This is the person to refer to with your questions. There will be scheduled Facilitator Training sessions where your skills will be honed and new ones learned. These teaching group meetings will not be to set policy or procedures but to increase the staff competency.

Thank you for volunteering!

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*If I can stop one heart from breaking  
I shall not live in vain  
If I can ease one Life the Aching  
Or cool one pain  
Or help one fainting Robin  
Unto his Nest again  
I shall not live in Vain.*

Emily Dickinson

## CONFIDENTIALITY

Establishing and reiterating confidentiality rules for new and established groups helps individuals feel safe sharing personal feelings and experiences, without concern that private information will be discussed outside the group. One may think that simply reminding participants that confidentiality is needed for maintaining a safe environment would be enough; however because support group confidentiality issues can be as complex and potentially damaging as those faced in professional care provider situations, caution needs to be reiterated frequently.

Here is an example of an individual who had disclosed within her regular support group her intention to postpone Genital Reassignment Surgery because "now" just wasn't the right time. During group the following week, in her absence, her surgery postponement plans were discussed in the presence of newcomers. Returning to group a week later, the individual was very upset to find that this had been discussed in her absence and that several of the newcomers had questioned whether her presence in the group was appropriate since she had canceled surgery and wasn't serious about her transition.

Situations such as the preceding one can be avoided by facilitators and participants remembering that confidentiality extends both within and outside a group. Typically, personal information regarding an absent participant should not be discussed without that individual's permission. Group facilitators can redirect such discussions by encouraging group participants to focus on their own current needs. Group participants in sharing personal information can also state they do not want their issues discussed in their absence. Lastly, individuals who are concerned about a participant's previous circumstances can extend privacy to that individual simply by asking if he or she has had any new developments regarding "the topic shared last meeting."

Our privacy rule is clear, what is said in our meetings, stays in our meetings. Do not discuss what you hear fellow members disclose about themselves outside our gathering and this extends to the breaks and the dinner after our meetings. Transgender issues take time for people to work through and folks that come to our meetings are at vastly different stages in transition, from fully out in all respects to just exploring their very first options. Knowledge about a person's TG status, if released to the wrong sources, has the potential to destroy lives. If someone were to lose their means of livelihood, they and their loved ones could suffer major unforeseen damage and trauma.

**Suggestion:** Confidentiality is so vital for self-help groups but people have different definitions of what confidentiality means. Have a group discussion on what confidentiality means to your members and according to what they believe, write up a definition that all your members can agree on to abide by.



“The human heart has hidden treasures, In secret kept, in silence sealed;

*The thoughts, the hopes, the dreams, the pleasures,*

*Whose charms were broken if revealed*

Charlotte Brontë

## **IMPROVING YOUR LISTENING SKILLS**

Listening is something that we tend to take for granted. Of course, everyone knows how to listen! But sometimes distractions get in the way of people really hearing what the other person is saying. Active (or reflective) listening is a way of listening and responding to another person in such a way that the person feels that they have really been heard. It takes the conversation one step further into the feelings of the speaker. Active listening is not only a very learn-able skill—it is also an attitude. If you truly want

to listen to people, you need to accept them for who and what they are, not what you want them to be. You have to be focused and attentive. Active listening is hard work!

### **ARE YOU A GOOD LISTENER?**

Think about your relationships with the people in your life. If asked, what would they say about how well you listen? Do you often misunderstand people or only vaguely remember what people have said to you? While listening, do you sometimes think about how you will respond to the person, judge what they are saying or what they are wearing, or start to daydream? Do you frequently interrupt a speaker with an idea, suggestion, or to finish their sentence? Do people seek you out to talk with?

### **WHY LISTEN ACTIVELY?**

Our brain works four times the speed that someone can speak. You have to actively focus on listening so that your mind doesn't wander. It enriches you and those around you, and guides other areas of your life. It can build trust and respect between people, and prevent misunderstandings that can lead to conflict, frustration or hurt feelings. While listening to other people's point of view, you may just learn something new and fascinating!

### **TYPES OF LISTENING**

- Passive Listening: Listener doesn't verbally respond to the speaker (e.g., watching television, listening to a joke, in everyday conversations where you aren't interested in more information, etc).
- Active / Reflective Listening: Listener provides verbal and non-verbal feedback in the way of questioning, gestures and paraphrasing. Listener also uses their whole body (eyes, relaxed body, etc) to listen to the speaker.
- Empathic Listening: Listener projects oneself into the personality of the speaker in order to better understand that person's emotions or feelings.

### **HOW DO YOU LISTEN ACTIVELY?**

**Hearing** is the first step...pay close attention to make sure you hear the message correctly.

**Evaluation.** Ask questions, don't jump to conclusions.

**Accuracy:** Make sure your understanding of the speaker's message is accurate.

**Respond.** Let the speaker know that you have heard them.

### **LISTENING TECHNIQUES**

Below are some basic techniques used in active listening. These skills can be practiced and used in one-on-one conversations or in group settings.

**Attending / Focusing:** Act like a good listener. While you listen to the person speak, it's very important to keep your focus and attention on the person who is talking.

- Don't talk—listen. People like to get their own opinions or stories across. A good listener lets them do it. If you assert your own position at every opening you will eliminate the benefits of listening. The speaker will not feel respected, their thinking and brainstorming will be inhibited, and they may withhold information out of caution or anger.
- Shut out or overlook distractions (e.g. phones, unfamiliar accent, speech problem etc.) as best as possible. Stop all non-relevant activities and don't multi-task.
- Be aware of your body language. Lean forward and face the person. Maintain good eye contact. Keep your body posture relaxed. If you get tired, move your body.
- Focus on the speaker, their words, feelings and body language. Listen to the tone of their voice and rate of speech. Hear what is being said, and what is not being said.
- Don't interrupt, even to agree with the speaker.
- Don't jump into the conversation when there is a moment of silence.

**Responding:** It is very important to let the speaker know that you are listening. This will provide encouragement for the speaker to continue talking. Try to convey warmth and caring in your own individual way.

- Give the speaker non-threatening verbal responses such as “Uh huh” and “Hm-mmm” when appropriate. Check your tone for sincerity.
- Give the speaker non-verbal responses such as an encouraging nod of your head and non-judging facial expressions.
- Don't touch the person (unless they initiate it)—even if they seem upset or are crying. Many people don't like to be touched, and giving them a hug may be more for you than for them. Let them know that you acknowledge their sadness by saying phrases such as, “I'm so sorry” or “I understand.”
- Control your emotional “hot buttons.” Certain words, issues, situations, etc. can be emotional triggers. When these issues trigger our “hot buttons” we tend to distort, positively or negatively, the message we are hearing. We may tune out or pre-judge the message and/or the speaker.

**Restating / Paraphrasing:** To do this, restate some of the speaker's key points in your own (but fewer) words. Some examples include, “What I hear you saying is....” or “Let me see if I understood you correctly. You said that the experience made you feel.....”

- This lets the speaker know that they have been heard.
- This allows the speaker the opportunity to correct any misunderstanding or misinterpretation you might have.

**Clarifying:** This allows you as a listener to ask questions in a supportive manner to make sure that you understand what is being said, get some background information, or to encourage more information from the speaker. It is accomplished by asking questions so that both you and the speaker are confident that you really understand what the speaker is saying.

- Asking the speaker questions lets them know that you are open to any response that they may have, and that you are really listening and not judging.
- Questions must be asked in a non-interrogating or non-threatening way. “You didn't like that, did you?” sounds threatening and may hinder additional information. However, “How did that make you feel?” is open and encourages the speaker to respond.
- Eliminates assumptions. As a listener, never jump to conclusions! Ask questions!
- If you didn't understand a meaning of something, ask a question such as “Do you mean....?” or “Did I understand that you....?” This will make the speaker feel really listened to and cared

about.

- Allows you to gather more facts and details (e.g., “What happened before this took place?”)
- Encourages elaboration (e.g. “What happened next?”)
- Encourages discovery (e.g. “What do you feel are your options at this point?”)

There are two types of questions you can ask, each dictating how much information you will get from the speaker.

- *Closed-Ended Questions*: They require only a “yes” or “no” response (e.g. “Was your dinner good?”)
- *Open-Ended Questions*: They invite more input from the speaker (e.g. “What was good about your dinner?”)

**Reflecting:** This is the art of reflecting back to the speaker any feelings, experiences or content that has been heard or perceived through clues.

- Interpret tentatively what you heard. If appropriate, you might say something like, “It sounds as if that experience made you feel sad. Is that true?”
- Watch for non-verbal cues that might contradict what the speaker is saying verbally. If verbal and non-verbal cues don’t match, check it out with the speaker.

**Feedback:** This involves sharing your feelings/reactions to the speaker. It means sharing your perception of what the speaker’s experience was. Some examples of feedback include: “Wow, as I’ve been listening I get a sense that this was \_\_\_\_\_ for you. Is that correct?” or “What you’ve just told me must have been \_\_\_\_\_ for you. Thanks for trusting me to share your experience with you.”

- It should be immediate, honest and supportive of the speaker’s need to share this information with you.
- If appropriate, share perceptions of the other person’s ideas or feelings, disclosing relevant personal information. Do not derail the conversation in another direction and do not take over the conversation.
- Summarize by bringing together in some way the speaker’s feelings and experiences, thus providing a focus.
- Don’t give advice, even if the person asks for it. Ask them, “How do you see it being solved?” Suggestions from others can be provided later.
- Thank the speaker for sharing. Acknowledge how hard it might have been for them. Let the person know that you respect their thoughts and opinions.

Consider the following quote from noted psychologist, Carl Rogers, about how he felt when trying to be understood. *“Nothing feels so good as being understood, not evaluated or judged. When I try to share some feeling aspect of myself and my communication is met with evaluation, reassurance, distortion of my meaning, I know what it is to be alone.”*

## **BARRIERS TO LISTENING**

While listening to someone, there are many barriers that can prevent a person from really hearing what is being said. These barriers come from both the outside as well as the inside.

**External Barriers:** These are the various things that happen around you, such as noises, clutter, and other interruptions, that act as barriers to active listening. Before you start to actively listen to someone, try to eliminate as many of these external barriers (e.g. turn off your cell phone, put down

another task that you are doing, etc.)

**Internal Barriers Within the Listener:** There are also many barriers to active listening that come from within the listener. They include things such as past experiences, prejudices, assumptions made, certain attitudes, and personality traits, etc. that affect how well you truly hear what is said. As we practice facilitating and learn these barriers to our objective listening skills we bare in mind that this is a life long endeavor. This is a process that can not be perfectly achieved so you are encouraged to review this material periodically. Here are some samples:

- Comparing: Trying to figure out how what is being said is better/worse than something else (e.g. “Does she think that she is the only unhappy person? My problem is so much bigger than hers.”)
- Personal Experience: Your own past experience can leave “emotional cotton” in your ears. This can cause you to misinterpret what someone is saying based on your own personal experience, not theirs.
- Automatic Talking: Listener responds to the first recognized word speaker says; not to the overall meaning of what the speaker has said.
- Mind-Reading: Thinking in advance that you know what someone is going to say. This can lead to mentally “tuning out” before the speaker is finished talking, or worse yet, interrupting the person to finish their sentence. In either case, this leads to misunderstanding, frustration, and possibly even anger.
- Rehearsing: Trying to figure out what you are going to say in response. Instead of listening to the person, you are thinking about your response to them.
- Judging: Discounting or judging the speaker’s values and therefore writing off what the person is saying. This distorts your ability to really hear their message. (e.g. “Look at that haircut” or “He’s loud and obnoxious.”)
- Day Dreaming: Something the speaker says has triggered your own thought process and you start to day dream.
- Fixing/Advising: This is the tendency to only listen initially to the speaker, then begin to search for a fix or advice to offer the person. Note: People overall do not want to be “fixed”, and most suggestions will be disregarded (unless specifically asked for) and may result in anger toward the fixer.
- Sparring: You focus on things that you disagree with and will verbally attack the person when they are finished speaking. You fail to take into consideration that this person’s experiences are unique, and that only they are the expert on themselves.
- Filtering / Twisting the Message: You only hear what you want to hear and ignore everything else. You do not really hear what is being said.
- Making Assumptions: This is the process of coming to some kind of conclusion about someone or something with incomplete information. Assumptions about people are made constantly, and can severely limit your ability to communicate effectively and honestly with other people.
- Perceptual Errors: Perceptions of people and events are often distorted due to the failure to consider important information. You can overemphasize certain things, while downplaying others. This process is affected by a number of factors: age, health, sex, gender identity, culture, social roles, previous experiences, and even self-concept. People tend to judge others on the basis of how they view themselves.

**Barriers Within the Speaker:** Sometimes the barriers come from the speaker themselves, which can make true communication difficult. They include:

- Expectations: Speakers may sometimes have certain expectations of the listener and these are

often not expressed to others. This is where clarifying what the speaker has said and asking pertinent questions is important.

- Risk Taking: Taking risks in communication can be scary but necessary. Often the speaker has this silent question: “If I risk myself and this is all I’ve got, what will happen if I am rejected?” That is why it is very important as a listener to accept and respect the person for who they are.
- Avoidance: A speaker may avoid certain subjects or disclosures if they feel it might be unsafe to talk about for a variety of reasons. That is why it is important to let speakers say what they want without fear of being judged, ridiculed or verbally attacked.
- Speaking in Code: This refers to speaking in a language or jargon that is only understood by some people--not all. Even though it is usually done without realizing it, it’s not polite and keeps understanding low. This can be overcome by the listener asking open-ended questions for clarification.
- Boundary: A boundary is something you have developed that defines what is good or bad for you. These are accumulated during our lifetime for protection and can become a learned method of existing. Some people have no boundaries and it often gets them into trouble. They may offer far more information than what is asked for and may become a turnoff to others.

### STEPS FOR CONTROLLING EMOTIONAL “HOT BUTTONS”

Sometimes something a person says triggers an emotional response in us, many times due to a past experience. In order to minimize the response, try some of these techniques.

- ✓ Listen attentively without interrupting. Take several deep breaths to help you control your physical reaction.
- ✓ Make a conscious choice about your response. You can get angry, look for a solution, or ignore it.
- ✓ Trying to solve the problem is the best way to keep it from happening again.
- ✓ Acknowledge the other person’s feelings. Make it okay for them to feel the way they do.
- ✓ Ask objective questions for clarification. Open-ended questions are especially useful.
- ✓ Try to see the other persons’ point of view. You do not have to agree—just understand it.
- ✓ Stick to the subject. Define your problem and do not let other issues interfere.
- ✓ When appropriate, express your point of view. Do not try to prove your point of view. Present your evidence without backing the other person into a corner or being accusatory. Explain why you feel the way you do. A reasonable explanation can often take the sting out of an emotional issue. If a conflict does occur, work out a “win-win” plan. Make sure your solution is fair and workable for all of the people involved.

### THINGS TO REMEMBER

- Keep an open mind. Set aside your prejudices and opinions.
- If the speaker becomes quiet, allow them the time to gather their thoughts and process information before you jump into the conversation. Periods of silence can be very cathartic.
- Active listening does not mean you agree with, but rather understand, what the other person is saying. Acceptance is different from agreement.
- Acknowledge any personal emotional state. Try to suspend your emotions or just passively listen.
- All feelings are acceptable, but not all behaviors. A person might express feelings of anger, which is fine. However, it is not okay for a person to physically attack in anger.



*"How wonderful it is that nobody need wait a single moment before starting to improve the world."*

Anne Frank

## USING EMPATHIC LISTENING IN CONFLICT RESOLUTION

### **What Is Empathy?**

Empathy is the ability to put yourself in another person's shoes; to project yourself into the personality of another person in order to better understand that person's emotions or feelings. To truly empathize with someone, you must ignore your own perception of the situation for the moment, and accept the speaker's feelings, thoughts, and ideas about the situation. It does not mean that you agree with the other person— it just means that you understand them.

### **Why Use Empathic Listening?**

Most mediators use empathic listening skills during conflict resolution. Why? Because they know that true problem solving cannot begin until all persons involved feel that they have been heard and understood. And that is the goal of empathic listening.

Usually the parties in conflict have been talking **AT** each other; not **WITH** each other usually resulting in misunderstanding, hurt and mistrust. They are commonly locked into positions that they know the other person will not accept. The parties tend to be close minded, distrustful of each other, and often angry, frustrated or hurt. In order for real communication to occur, each person must be willing to really listen to the other person without prejudice. If both parties can do this, the chance of being able to solve a mutual problem becomes much greater.

### **Benefits of Empathic Listening:**

- It forces people to listen attentively to others. They can talk “with” each other, not “at” each other.
- It avoids misunderstanding, as people have to confirm that they really understand what the other person has said.
- It tends to open people up, to get them to say more, and encourages the surfacing of information.
- It builds trust, teamwork, cooperation and respect.
- It enables people to release their emotions in a safe environment.
- It reduces tension and stress.
- It creates a safe environment that is conducive to collaborative problem solving.

### **Tips to Listen Emphatically:**

- Be willing to let the other person dominate the discussion.
- Be attentive to what is being said.
- Be careful not to interrupt the flow of thought.
- Be sensitive to the emotions being expressed.
- Be able to reflect back to the speaker the substance and feelings they have expressed.

### **Steps in Empathic Listening**

This technique can work either between the two persons in conflict, with a third person acting as mediator, or even in a group. The best results happen if every person involved uses empathic listening. Each party needs to understand at the onset that everyone involved will get a chance to speak; therefore it is imperative that while the other person is speaking that they do not interrupt or otherwise derail, harass or attack the person speaking.



**Be Attentive/Focused:** Sit facing the person directly. Be aware of your body language, keeping it in a relaxed position. Lean your body toward them and maintain eye contact. Shut off distractions. Pay attention to both the speaker's and your non-verbal communications. Create a positive atmosphere through non-verbal behavior.

- If necessary, start with a question to get the person to tell their story. Encourage them by saying things like, "Tell me what happened from your perspective," or "How have you been affected?"
- If the person is overwhelmed with anger or other emotion, sometimes it is necessary to enable the person to engage in a cathartic process (e.g. being allowed to rant, cry, yell, etc) as long as they do not use physical force.
- Try to understand the feeling the person is expressing, as well as the intellectual content. Most of us have difficulty talking clearly about our feelings, so it is important to pay careful attention.

**Respond:** Listen patiently to what the other person has to say, even though you may believe it is wrong or irrelevant.

- Indicate acceptance, not necessarily agreement, by nodding or perhaps an occasional "mm-hmm"
- Be a sounding board.

**Restate/Summarize:** Restate the person's feeling briefly, but accurately. At this stage you simply serve as a mirror. Encourage the other person to continue talking.

- When the other person has finished speaking, summarize in your own words, what you heard the person say for verification. "I heard you say...is that right?" or "Let me review what I've heard you say. Please correct me if I leave anything out." If you have not gotten it right, the speaker will give you immediate feedback.

**Clarify:** Elicit more information about the person's perspective by drawing them out with clarifying questions, ("Could you tell me more about...?" "I'm interested in learning your thoughts on ...")

- When the other person touches on a point you want to know more about, simply repeat their statement as a question. With this encouragement they will probably expand on their previous statement.
- Avoid direct questions and arguments about facts. Refrain from saying, "That's not true." You may want to review evidence afterwards, but it is irrelevant to how a person feels now.

**Reflect Feelings:** You can show that you understand the speaker's point of view without agreeing with them.

- Try to name the person's feelings without judgment and rephrase in neutral terms, "I hear that you are very frustrated. Is that right?"
- Do not discount the speaker's feeling with stock phrases, such as "It's not that bad."
- Do not let the speaker "hook" you by getting you angry, upset, judgmental or argumentative.

**CONCLUSION:** After having the opportunity to be truly listened to without interruption, evaluation and judgment, many people feel encouraged and empowered. People probably heard things that they hadn't heard before which broadened their understanding of how the other person saw things. It also may have helped clarify some things in their own mind, while providing some needed emotional release. During such communication, minds can be opened allowing people to be more receptive to new ideas. In creating a trusting environment, it is hoped that the seeds of communication will have been planted replacing the negative emotions that grew between the people. Hopefully, this will lead to a willingness to develop resolutions leading to a win-win solution to their conflict.

## ***MODULE 2 - SUICIDE AWARENESS***

### **SUICIDE PREVENTION**

**Every 16 minutes** someone dies by suicide. Though suicide attempts are not reported, it is estimated that close to one million people make a suicide attempt each year. Suicide is the 11th leading cause of death in the US general population and the 2nd leading cause of death among the young.

Suicide is almost always a desperate act by someone who feels helpless and hopeless. Suicidal feelings and thoughts are a frequent symptom of depression. As a society, we feel shocked and questioning when someone we know kills themselves. We feel that we want to do whatever we can to prevent another such tragedy.

The transgender suicide rate may be as high as **32%**. The rate of attempted suicide for transgender youth is higher than **50%**. Even more self harm daily either by cutting or self mutilation. These stats are from studies that are not documenting only a recent phenomenon; some are retrospective studies, interviewing older members of these minority groups and finding higher rates for attempted suicide during these individuals' youth decades ago. It is only the attention to this problem that is recent. Transgendered persons appear to be at similar risk for mental health problems as other persons who experience major life changes, relationship difficulties, chronic medical conditions, or significant discrimination on the basis of minority status.

When problems such as social intolerance, discrimination, under-employment and unemployment, and rejection by loved ones occur, coping skills often are overwhelmed. Social support from a transgender support group, friends and family can help to prevent an emotional collapse; however, transgender persons are sometimes isolated or isolate themselves from potential sources of support. The result can be loneliness, depression, alcohol and drug abuse. Suicidal thinking can occur when the emotional suffering is intolerable, when the suffering and the problems do not seem to have any resolution, and the person feels hopeless about the future. Suicide risk is often greater when suicide is viewed in a positive light, and when the person does not believe there are any significant reasons to continue living.

Among 181 transgender seminar participants at the University of Minnesota, 52% reported depression and 47% had considered or attempted suicide in the last three years. Transgender persons had worse outcomes with respect to self reported health, disability status, depression, anxiety, suicide idealization, and lifetime violence victimization.

Respondents were asked if during the past 12 months they had seriously considered attempting suicide.

Among heterosexuals,	2.3% reported having considered suicide.
Gay men and lesbians,	4.4% reported suicide idealization.
Bisexuals	7.4%
Transgender persons	30.8% reporting suicide idealization.

Nearly 35 percent of transgender respondents also said they had been threatened with physical violence during their lifetime by a partner, compared to 14 percent for the non-transgender population.

The rate of lifetime major depression in this study of male to female transgender persons was 54.3%. That is almost three times higher than the corresponding estimate for the general population.

Suicide idealization for this same group was at 53.3%, again three times higher than the general population.

Actual suicide plans and attempts, 35.0% in the younger group, and 27.9% in the older, are seven and 10 times higher than the national population estimates. SEVEN to TEN times!

Serious depression, joblessness, homelessness, lack of acceptance, verbal and physical abuse. Marginalized, trivialized and sensationalized. Is it any wonder why this community is at high risk?

Given the lack of understanding of trans issues, transgender people often feel ostracized, even within the LGBT community. Discrimination, unemployment, homelessness, inadequate health care, depression and high-risk behaviors are experienced disproportionately by the trans population:

- A two-year study in the District of Columbia found that one-third of the transgender population was unemployed and another third was earning less than \$10,000 per year.
- Nondiscrimination laws and hate-crime protections that include sexual orientation often exclude gender identity and expression.
- Medical insurance policies typically do not cover hormonal and surgical therapies, forcing many transgender persons to turn to illegal medications and harmful street procedures when they cannot afford appropriate medical care.
- Homeless shelters, typically segregated by gender, can be unwelcome, even dangerous environments for trans people.

### **Depression**

There is evidence that transgendered persons may be less likely to seek treatment for depression, fearing that their gender issues will be assumed to be the cause of their symptoms, and that they will be judged negatively. Because of these and other factors, depression associated with gender transition is under diagnosed.

### **Victimization and Post Traumatic Stress Syndrome (PTSD)**

Many transgendered persons experience some form of victimization as a direct result of their transgender identity or presentation. This victimization ranges from subtle forms of harassment and discrimination to blatant verbal, physical, and sexual assault, including beatings, rape and even homicide. The majority of assaults against transgender persons are never reported to the police. A link between these experiences and mental health disorders such as Post Traumatic Stress Disorder (PTSD) is widely suspected.

## **DEPRESSION**

90 percent of people who die by suicide most often have unrecognized or untreated depression. Clinical depression is not a temporary case of the "blues." People with depression may experience recurrent episodes of depression that can last anywhere from a few hours to a few months.

**Depression is present if** at least five or more of the following symptoms are present during a two-week period:

- \* Depressed mood
- \* Loss of interest or pleasure in usual activities
- \* Change in appetite or weight
- \* Change in sleeping patterns
- \* Speaking and/or moving with unusual speed or slowness
- \* Decrease in sexual drive
- \* Fatigue or loss of energy
- \* Feelings of worthlessness, self-reproach or guilt
- \* Diminished ability to think or concentrate, slowed thinking or indecisiveness
- \* Thoughts of death, suicide, or wishes to be dead

**Additional factors** that point to an increased risk for suicide in depressed individuals are:

- \* Anxiety, agitation, or enraged behavior
- \* Isolation
- \* Drug and/or alcohol use or abuse
- \* History of physical or emotional illness
- \* Feelings of hopelessness or desperation

### **Facts About Depression**

- \* Women suffer from depression twice as much as men. This two-to-one ratio exists regardless of racial and ethnic background or economic status.
- \* Depression in people 65 and older increases the risk of stroke and other medical complications.
- \* The economic cost of depressive illnesses is \$44 billion a year.
- \* More Americans (19 million) suffer from depression than coronary heart disease (12 million), cancer (10 million), and HIV/AIDS (1 million).
- \* Even though effective treatments are available, only one in three depressed people gets help.

### **Medical Illness and Depression**

- \* Researchers believe that after an initial attack of severe depression 70 percent of people are vulnerable to another episode.
- \* The following illnesses are commonly associated with later-life depression: cancer, Parkinson's disease, heart disease, stroke and Alzheimer's disease.
- \* Research shows that depression and heart disease often accompany each other and that each can lead to the other. While roughly one in six people have an episode of major depression, the number goes to one in two for people with heart disease.
- \* About 25 percent of cancer patients suffer from clinical depression.
- \* Depression in people 65 and older increases the risk of stroke and other medical complications.
- \* Nearly eight out of ten patients with depressive illness will improve through treatment with medicine and psychotherapy.

### **Post-op Transsexual Depression Causes**

- 1) Chemical Imbalance – discontinuing HRT weeks before and after.
- 2) Physical Stress – serious, invasive surgery, debilitating for month afterwards.

- 3) Culmination of a Life's Major Project – Achieving the GRS goal resulting in “what do I do now” thinking.
- 4) Realization that GRS did not solve all of life's problems and that now one must start to live life and face other obstacles to happiness.
- 5) The operation did not achieve the desired physical or cosmetic results.
- 6) Maintenance is quite time consuming and a huge impact on ones daily routine. One can feel guilty for skipping dilation sessions.
- 7) Most folks do not regard or treat the post-op any differently or more respectfully than before surgery.

### **WARNING SIGNS**

- Appearing depressed or sad most of the time.
- Feeling hopeless.
- Expressing hopelessness.
- Withdrawing from family and friends.
- Sleeping too much or too little.
- Feeling tired most of the time.
- Gaining or losing a significant amount of weight.
- Making statements such as these:
  - "I hate this life."
  - "I can't go on any longer."
  - "There's no point to this stupid life."
  - "Everyone would be better off without me."
  - "Life is not worth living."
  - "Nothing matters anymore."
  - "I don't care about anything anymore."
  - "I want to die."
  - --And any mention of suicide--
- Writing notes or poems about suicide or death.
- Acting compulsively.
- Losing interest in most activities.
- Giving away prized possessions.
- Writing a will.
- No sense of humor.
- Facing a perceived "humiliating" situation.
- Facing a perceived "failure."
- Feeling excessive guilt or shame.
- Acting irrationally.
- Being preoccupied with death or dying.
- Behaving recklessly.
- Irritability
- Frequently complaining about headaches, stomachaches, etc.

- Neglecting personal appearance.
- A dramatic change in personal appearance.
- A dramatic change in personality.
- Performing poorly at work or in school.
- Abusing alcohol or drugs.
- Inability to concentrate.

It should be noted that some people who die by suicide do not show any warning signs. Many people hide their depression because there is still a strong social stigma against mental illness. Also, many people believe that they will be perceived as weak, so they also hide their depression.

But most people do show suicide warning signs, so we need to be aware of what the suicide warning signs are, and try to spot them in people. If we do see someone exhibiting warning signs, we need to do everything that we can to help them.

## **HOW YOU CAN HELP A SUICIDAL PERSON**

**Listen.** Suicidal people frequently feel no one understands them, that they are not taken seriously, and that no one listens to them.

**Accept the person's feelings as they are.** Do not try to cheer the person up by making, positive, unrealistic statements. Do not joke about the situation.

**Do not be afraid to talk about suicide directly.** You will not be putting ideas into the person's head. It may, in fact, be dangerous to avoid asking a person directly if they are feeling suicidal.

**Ask them if they have developed a plan for suicide.** The presence of a well developed plan indicates more serious intent.

**Remove anything dangerous from the person's home** that might be used in a suicide attempt (e.g., gun, knife, razor blades, sleeping pills).

**Make No Deals** to keep secret what a suicidal person has told you.

**Express your concern for the person** and your hope that the person will not choose suicide but instead will stick it out a little longer.

**Remind the person that depressed feelings *do* change over time.**

**Point out that when death is chosen, it is final--it cannot be changed.**

**Develop a plan for help with the person.**

If you cannot develop a plan and a suicide attempt is imminent, seek outside emergency help from a hospital, mental health clinic or **call "911."**

## More ways to help

1. Be aware. Learn the warning signs.
2. Get involved. Become available. Show interest and support.
3. Ask if they are thinking about suicide.
4. Be direct. Talk openly and freely about suicide.
5. Be willing to listen. Allow for expression of feelings. Accept the feelings.
6. Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
7. Don't dare them to do it.
8. Don't give advice by telling them to behave differently.
9. Don't ask 'why'. This encourages defensiveness.
10. Offer empathy, not sympathy.
11. Don't act shocked. This creates distance.
12. Don't be sworn to secrecy. Seek support.
13. Offer hope that alternatives are available, do not offer glib reassurance; it only shows you don't understand.
14. Take action! Remove means! Get help from individuals or agencies specializing in crisis intervention and suicide prevention.

## SUICIDE FAQS YOU WILL HEAR

**Is** it true that more people die by suicide than by homicide?

Yes.

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**Do** most people who attempt suicide actually die by suicide?

No. It is estimated that 1 person out of 25 who attempt suicide die by suicide.

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**If** I have thoughts of suicide am I abnormal?

No. Thoughts of suicide are extremely common. But if you have thoughts of suicide you should seek treatment immediately.

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**If** I think about suicide does that mean that I will die by suicide?

No. The vast majority of people who think about suicide do not attempt suicide or die by suicide.

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**Are** people that die by suicide weak?

No. Most people who die by suicide are very strong, but they have untreated depression.

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**Does** suicide make pain go away?

No. suicide compounds pain exponentially. All of the deceased's survivors feel excruciating pain. And the person who died by suicide can no longer feel, and thus there is no relief from pain.

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**Does** suicide solve problems?

No. Suicide causes many problems and never solves any of them.

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**I** want to die by suicide. Which method should I use?

You shouldn't use any method. You should not die by suicide. Period. You need to get help if you are suicidal. Make appointments with a doctor and a therapist immediately.

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**Do** some people who attempt suicide end up brain damaged?

Yes. Many people who attempt suicide permanently damage their brains and oftentimes remain in a care facility for the rest of their lives.

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**I** know someone who is suicidal. What should I do?

Get help for them immediately. Call 911 or call 1-800-SUICIDE.

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**I** feel depressed and suicidal. Can I treat myself?

No. You need professional treatment. Never try to treat yourself for depression or suicidal thoughts. Make appointments with a doctor and a therapist immediately.

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**I'm** depressed and suicidal but I don't want to take antidepressants. Do I really need to take them?

Your doctor or psychiatrist will need to make that decision with you. Taking medicine for depression is no different than taking medicine for any other illness.

## **SUICIDE MYTHS**

***Myth:** People who talk about suicide are just trying to get attention.*

**Suicide Fact :** People who commit suicide usually talk about it first. They are in pain and oftentimes reach out for help because they do not know what to do and have lost hope. Always take talk about suicide seriously. Always.

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***Myth:** People who talk about wanting to die by suicide do not try to kill themselves.*

**Suicide Fact:** People who talk about wanting to die by suicide oftentimes kill themselves.

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***Myth:** Suicide always occurs without any warning signs.*

**Suicide Fact:** There are almost always warning signs.

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***Myth:** Once people decide to die by suicide, there is nothing you can do to stop them.*

**Suicide Fact:** Suicide can be prevented. Most people who are suicidal do not want to die; they just want to stop their pain.

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***Myth:** People who attempt suicide are crazy.*

**Suicide Fact:** No, no, no. They are in pain, and probably have a chemical imbalance in their brain. Anyone could attempt suicide.

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***Myth:** People who talk about suicide are trying to manipulate others.*

**Suicide Fact:** No. People who talk about suicide are in pain and need help. And telling them that they "just want something" or "are trying to manipulate" is both insensitive and ignorant. People often talk about suicide before dying by suicide. Always take talk about suicide seriously. Always.

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**Myth:** *When people become suicidal, they will always be suicidal.*

**Suicide Fact:** Most people are suicidal for a limited period of time. However, suicidal feelings can recur.

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**Myth:** *You should never ask people who are suicidal person if they are thinking about suicide or if they have thought about a method, because just talking about it will give them the idea.*

**Suicide Fact:** Asking people if they are thinking about suicide does not give them the idea for suicide. And it is important to talk about suicide with people who are suicidal because you will learn more about their mindset and intentions, and allow them to diffuse some of the tension that is causing their suicidal feelings.

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**Myth:** *When people who are suicidal feel better, they are no longer suicidal.*

**Suicide Fact:** Sometimes suicidal people feel better because they have decided to die by suicide, and may feel a sense of relief that the pain will soon be over.



*"If you're going through hell, keep going."*  
 Winston Churchill

## ON-LINE RESOURCES

The National Institute of Mental Health ([www.nimh.gov](http://www.nimh.gov)) for the most recent relevant research summaries and breaking news.

Free subscription to Suicide Prevention Resource Center's weekly news report on suicide prevention activities and updates. ([www.sprc.org](http://www.sprc.org)).

For an orientation to developing social policy and the current status of suicide prevention in America, you are invited to read and/or review the following publications and web sites.

- National Strategy for Suicide Prevention
- Institute of Medicine: Reducing Suicide, a National Imperative
- [www.AFSP.org](http://www.AFSP.org)
- [www.suicidology.org](http://www.suicidology.org) American Association of Suicidology
- The Trevor Helpline (866).4.U.TREVOR (866.488.7386) [www.thetrevorproject.org/](http://www.thetrevorproject.org/)



*"Don't ask so much what the world needs. Go out and do what makes you come alive, because what the world needs most are people who have come alive."*  
 Howard Thurman

## **RISK FACTORS**

Understanding risk factors can help dispel the myths that suicide is a random act or results from stress alone. Some persons are particularly vulnerable to suicide and suicidal self-injury because they have more than one mental disorder present, such as depression with alcohol or drug abuse. They may also be very impulsive and/or aggressive, and use highly lethal methods to attempt suicide. The importance of certain risk factors and their combination vary by age, gender, and ethnicity.

The impact of some risk factors can be reduced by interventions (such as providing effective treatments for depressive illness). Other risk factors cannot be changed (such as a previous suicide attempt), but can alert others to the heightened risk of suicide during periods of the recurrence of a mental or substance abuse disorder, or following a significant stressful life event.

Risk factors include:

- Previous suicide attempt
- Mental disorders—particularly mood disorders such as depression and bipolar disorder
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness
- Impulsive and/or aggressive tendencies
- Barriers to accessing mental health treatment
- Relational, social, work, or financial loss
- Physical illness
- Easy access to lethal methods, especially guns
- Unwillingness to seek help because of stigma attached to mental and substance abuse disorders and/or suicidal thoughts
- Influence of significant people—family members, celebrities, peers who have died by suicide—both through direct personal contact or media representations
- Cultural and religious beliefs—such as, the belief that suicide is a noble resolution
- Local epidemics of suicide that have a contagious influence
- Isolation, a feeling of being cut off from other people

## **PROTECTIVE FACTORS**

Measures that enhance resilience or protective factors are as essential as risk reduction in preventing suicide.

- Effective and appropriate clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal methods of suicide
- Family and community support
- Support from ongoing medical and mental health care relationships
- Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that support self-preservation instincts

## **ROLE PLAY**

This session should include the following:

- \* A thorough review of local referral resources, emergency, and crisis response systems
- \* A role-play experience of not less than 20 minutes (10 minutes per person in both roles)
- \* Discussion of role-play experience
- \* Distribution of any hard-copy handouts

### **Conducting the Role-Plays**

STEP 1: Have students pair up and create some space between the paired couples.

STEP 2: The instructor asks students to decide who will be the distressed person and who will be the interviewer for the first role-play and have this person raise his or her hand. You will reverse this experience after the first role-play.

STEP 3: Pass out role-plays to the distressed person and instruct everyone that the interviewer does not get to see or read the role-play. Role play scenarios are in the instructors' ancillary notebook.

STEP 4: Once the distressed person has read the role-play to themselves the instructor says to the audience: "You will be allowed 15 minutes to listen to the problem, detect a suicide warning sign and complete an intervention and referral." Then say, "The distressed person will now read the role-play to the interviewer (which describes who they are and the problems they are dealing with).

STEP 5: "You have 15 minutes. Please begin."

STEP 6: At 12 minutes, announce they have 3 minutes left. At 14 minutes, announce they have 1 minute left.

STEP 7: In debriefing the role-play, it is useful to share your experiences with others if you so choose. You may wish to read the actual role-play scenario at this point.

OPTIONAL STEP 8: If you are using the evaluation form to be completed by a third person observer of the role-play exercise, instruct the observer to complete the Structured Role-Play Evaluation Form at the end of the role-play exercise and share results with both students. You may choose to share the observer's findings with the entire group.

Repeat steps 1-7 for the second role-play.

## **STRUCTURED ROLE-PLAY EVALUATION FORM**

Participant Name: \_\_\_\_\_

Facilitator/Evaluator Name: \_\_\_\_\_

Note to the Facilitator: This form may be completed by you in order to better assess the participant's skills in asking the suicide question, persuading the person to seek help, and making a referral to a community resource. You may score using this evaluation form after observing a role-play, or you may have participants score each others' performance as they experienced the intervention by a colleague or co-worker.

1. The interviewer asked the suicide question.

Yes  No **2 points** (Used the word suicide, not "are you going to hurt yourself")

2. The interviewer asked the suicide question indirectly, but followed up with a direct question.  Yes  No **1 point**

3. The interviewer was able to evoke motivational statements and initiate help seeking action.

Yes  No **2 points**

4. The interviewer provided specific, concrete referral information.

Yes  No **2 points**

4. The interviewer was able to evoke \_\_\_\_\_ of the 4 hidden risk factors.

**1 point for each**

5. The interviewer was able to evoke at least one protective factor.

Yes  No **1 point**

Participant received \_\_\_\_\_ out of the **12** possible points for a score of \_\_\_\_\_ %

**Take Home Message:** The important message here is that students must find a way to become comfortable in asking the suicide question. Addressing the subject of suicide with someone who has been afraid to talk about their suicidal feelings and thoughts is the iron key that opens the golden door to hope. All the real, immediate, underlying, historical and cultural reasons why suicide is under consideration can only be learned through the establishment of a relationship based on hope and trust. If this door is not somehow opened, the suicidal sufferer is seldom helped and often left with a greater sense of despair and hopelessness.

For the purpose of these role-plays, the risk and protective factors have been taken from: U.S. Public Health Services, *The Surgeon General's Call to Action to Prevent Suicide* Washington, D.C.

## **WASHINGTON STATE SUICIDE HOTLINES**

**BREMERTON** Crisis Clinic Kitsap Mental Health (360) 479-3033 1-800-843-4793

**CLALLAM COUNTY** Crisis Lines (360) 452-4500  
West End Outreach Services (360) 374-6177

**CATHLAMET** Wahkiakum County Mental Health 1-800-635-5985 1-800-627-2211

**CHEHALIS** Human Response Network (360) 748-6601 1-800-244-7414  
Lewis County Crisis Line - Cascade Mental Health Care (360) 748-6696

**CLARKSTON** - Rogers Counseling Center, 8:30am – 5:30pm (509) 758-3341

**COLVILLE** - Stevens County Counseling Services (509) 684-4597  
After hours & weekends, 1-800-767-6081

**COUPEVILLE** - Care Crisis Response Services, Island Mental Health, 24 hours / 7 days  
(425) 258-HELP (425) 258-4357 1-800-584-3578 TTY 1-800-846-8517

**DAVENPORT** - Lincoln County Counseling Services (509) 725-3001 After Hours 1-800-767-6081

**DAYTON** - Columbia County Services (509) 382-2527

**ELLENSBURG** - Crisis Line of Kittitas County (509) 925-4168  
CleElum, Roslyn (509) 674-2881 1-800-584-3578

**EVERETT** - Volunteers of America Care Crisis Line, 24 /7 (425)258-4357(HELP) 1-800-584-3578

**FRIDAY HARBOR** - North Islands Counseling & Psychotherapy Crisis Services  
1-800-584-3578

**JEFFERSON COUNTY** Mental Health Services (360) 385-0321 1-800-659-0321  
(After hours forwarded to the Crisis Clinic of the Peninsulas)

**HOQUIAM** - Evergreen Counseling Center, 24 hours / 7 days  
(360)532-4357(HELP) 1-800-685-6556

**KENNEWICK** - Benton & Franklin Counties Crisis Response  
(509) 783-0500 1-800-548-8761

**LONGVIEW** - Willapa Counseling Center 1-800-884-2298  
**LONGVIEW** - Lower Columbia Mental Health Crisis Line (360) 425-6064

**MOSES LAKE** - Grant Mental Healthcare (509) 765-1717

**MT. VERNON** - Skagit Mental Health **1-800-726-6050**

**NEWPORT** - Pend Oreille County Mental Health **1-800-404-5151**

**OLYMPIA** - Serving Lewis, Mason, & Thurston Counties - Behavioral Health Resources Crisis Clinic Resource Network, 24 hours / 7 days **(360) 586-2800**

Youth Help Line **(360) 586-2777 1-800-627-2211**

**OMAK** - Okanogan County Counseling Service **(509) 826-6191**

**OTHELLO** – Community Counseling Services of Adams County **(509) 659-HELP (509) 659-4357 (509) 488-5611**

**POINT ANGELES** - Peninsula Community Mental Health Center **(360) 452-4500**

**PORT TOWNSEND** – Community Counseling Service **(360) 385-0321 1-800-659-0321**

**PULLMAN** - The Palouse Regional Crisis Line **(509) 332-1505**

**REPUBLIC** - Ferry County Community Services **1-800-269-2380**

**RICHLAND** - Tri-Cities Helpline **(509) 943-6606** Teen Line **(509) 946-8336**

**SEATTLE** - Seattle Mental Health **(206) 224-2840**

**SEATTLE** – Community Psychiatric Clinic **(206) 461-3614**

**SEATTLE** - Crisis Clinic of King County **(206) 461-3222** Teen Line **(206) 461-4922**

**SEATTLE** - Seattle Counseling Service For Sexual Minorities **(206) 323-0220 1-800-527-7683**

**SEATTLE** - King County's Children's Crisis Response Team **(206) 461-3222 866-4CRISIS**

Seattle Children's Home Kid's Line **(206) 915-7803**

**SPOKANE** - First Call for Help **(509) 838-4428**

**STEVENSON** - Skamania County Counseling Center **(509) 427-9488**

**TACOMA** - Crisis Line Comprehensive Mental Health **(253) 272-9882**

**VANCOUVER** - Crisis Line Clark County Crisis Line, 24 hours / 7 days **(360) 696-9560 (360) 696-1925 TDD 1-800-626-8137**

**WALLA WALLA** - Walla Walla Mental Health **(509) 522-4278**

**WENATCHEE** – Chelan Douglas Behavioral Health Clinic **(360) 662-7105 (509) 662-7105**

**PULLMAN** - Palouse Regional Crisis Line Regional Mental Health Services **(509) 332-1505**

**YAKIMA** - Open Line Central Washington Comprehensive Mental Health **(509) 575-4200 1-800-572-8122**

## MODULE 3 – ADVANCED FACILITATOR SKILLS I

### SOME COMMON GROUP PROBLEMS

#### The "Pity Party"

##### *Symptoms:*

- **Meeting Turns Into a Complaint Session:** Members "dump" their problems on the group and other group members don't offer solutions or support; they just offer more complaints. There is no balance of people talking about their problems and others relating their own experiences in dealing with similar problems or offering solutions. This can have an avalanche effect that is difficult to stop.

##### *Possible Solutions:*

- **Don't move on to another person's problem until the first one has been addressed.** This will stop the "snowball" effect of other people jumping in with the same complaints. It also reinforces the idea that a support group is a place to get ideas on how to deal with problems rather than just a place to talk and not do anything about those problems.

- **Remind group that support groups should be positive, and members should mention the progress that they are making.** Sometimes people don't want to take time away from someone who is having difficulty, but talking about progress is a very important part of a support group. They can offer others suggestions and strategies for improvement.

- **If many people in the group have the same specific problem, ask them to think about possible ways to deal with the problem in between meetings, and talk about their thoughts at the next group meeting.** This is a good way to get people to take positive action. Make sure that the agenda sets aside time for members to discuss what they've thought about or learned in between meetings. Ask members which of these ideas they plan to use. This puts the emphasis on making progress and taking action.

- **The leader or a group member can state his or her reaction to the way the meeting is going without blaming or criticizing.** For example they could say, "I'm feeling that three or four of us are monopolizing the meeting with some pretty negative comments. Does anyone else feel the same way?" A leader's way of reacting to the meeting can provide a model for members. However, all group members need to take responsibility for how a meeting is going and should not rely solely on the designated leader to keep things on track.

#### Group Constantly Covers Old Ground

##### *Symptoms:*

- **People bring up the same thing over and over.** This involves one or more persons talking about a particular problem they are having and never talking about anything else. If this continues, other members can get bored or frustrated by hearing the same things over and over.

- **Any suggestions on how to deal with the problem or similar experiences other people talk about are ignored.** No matter how many good suggestions are offered, people are stuck in the mode of hold on to old problems and will find a way to discount anything anyone in the group says.

- **People don't seem to be making any progress.** Group is bogged down with people talking about the same things and no one is getting better or improving.

##### *Possible Solutions –*

- **Point out to the person that they don't seem to be listening to the suggestions/experiences of other group members.** Try to nudge a member by saying, "I am concerned about you because you don't seem to think that anything we say or do or suggest will be helpful."

- **Ask people to look at one specific part of the problem and work on just that one part.** Instead of being overwhelmed by looking at the whole problem, the group can assist the person to break down the problem into smaller parts and provide lots of encouragement while the person takes on those smaller parts.
- **Put an "update" section in the agenda where people are expected to report on what they've done about the things they've brought up in the group.** If people know that they will be accountable for what they say, and that the group will be asking about what steps have been taken to deal with the problems, they will be more likely to do something instead of just complaining.
- **Select a topic** in advance and have each person look for experiences in his or her life during the week that relates to the topic.
- **Do some reading as a group.** Either all the members can read a book or article and discuss it or one person can do a relevant reading, report on it and lead a discussion.
- **Raise some issues the group has been avoiding.**

## Conflict Between Group Members

### *Symptoms:*

- **People are acting hostile towards each other.** Sometimes the group talks about highly emotional and personal issues and things may boil over. If members of the group insult each other or belittle the thoughts and feelings of others, the group has a serious problem.
- **People argue over suggestions offered to members of the group.** Some people have definite ideas about some things, and occasionally people are more interested in furthering their own agenda than they are in helping people in the group.
- **Personal problems/personality conflicts disrupt group.** Some group members just don't like each other, or have an outside dispute that ends up being taken into the group.

### *Possible Solutions:*

- **Remind people of the supportive atmosphere that needs to exist in a good group.** When things get heated it's a good idea to take a little break and cool things off. Such an incident can be made into a positive if people can talk about some of the reasons why they reacted so strongly. Emphasize that angry outbursts need to be the exception for the group and not the norm.
- **A group is not a competition to see whose ideas are best;** they are a forum to bring out many ideas, with the member in question deciding what is best. The group must understand that everyone's opinion is valuable, and that others in the group are responsible enough to take in all the ideas and make their own decisions about the right course of action for themselves. Just because a particular course of action works for one person doesn't mean it will work for everyone. Also, if something doesn't work for one person, it doesn't mean that it won't work for someone else.
- **Personal gripes have no place in a group; ask the people involved to work things out, or keep their problems outside the meetings.** Don't allow people with specific problems toward each other to monopolize the group. Insist that the people involved keep their animosity towards each other outside of the group.
- **Stress positive points in the group or situation when addressing conflict directly.**
- **Keep expressing empathy** as it is appropriate.
- **Avoid accusing, blaming.** Use "I" messages (e.g. "I get frustrated when...")
- **Focus on how members are feeling now** and what can be done in the future.
- **Use summary statements** (e.g. "We all seem to be bogged down right now. Maybe we could...")
- **Practice Active Listening Skills as a group.** Much conflict is the direct result of people not really hearing what another person has said.



## People Are Passive

### *Symptoms:*

- **People are passive;** don't talk, don't take an active role, don't talk about themselves or their problems.

### *Possible Solutions:*

- **Remember, silence is not necessarily a deficit.** New members may not feel comfortable at first expressing feelings or ideas in front of people who they have just met and may need a few meetings before they feel free to talk.

- **Continue to be encouraging. Many people who have been through the mental health care or other systems are not used to believing that their thoughts and feelings are important or valid.** If someone has spent their adult life "in the system," it will take awhile before you can build up that person's confidence. Thank them for attending, directly offer them a chance to speak at the meeting, and let them know that any contribution they make is important and valuable. Sometimes patience is necessary to allow the person to grow.

- **Set an example: don't wait for someone else to speak up...do it yourself.** If people hear others talking and sharing, they will be more inclined to do it themselves. The core group must take the lead and talk about things if no other group members take the initiative to start the group discussion.

- **Try using a neutral activity, such as bringing in an article and discussing it.** Sometimes people will feel more comfortable talking about specific issues instead of themselves. Once they get used to talking in the group, they may feel more comfortable talking specifically about themselves.

- **Use questions to invite members into the conversation.** Perhaps a member would like to talk, but they are a little shy, they feel that other people's problems are more pressing or valuable, or just need a little nudge. Try questions like, "Joe, I'd like to hear what you think about this."

## Group Members Insist On Giving Advice

### *Symptoms:*

- A member starts off conversations with, "**You should...**"

- **Solutions to a speaker's problem come too quickly,** not letting the speaker finish.

- A member has the **attitude** that their solution is the only correct solution.

### *Possible Solutions*

- **Remind the group member that different ideas and opinions exist.** What works in one situation may not work in another, and every human being is different. One of the strengths of a support group is to allow people to hear about different options.

- **Try having the group restrict itself to "I" statements.** This puts the focus back on the individual, and not on telling the group what to do.

## Some People Dominate the Discussion

### *Symptoms:*

- **Monopolizers take up too much of the time allotted to the group discussion.** Other persons who would like to contribute cannot break into the conversation.

- **Other members of the group seem bored.**

### *Possible Solutions*

- **Tell the person you appreciate their input/contribution to the group, but others need to be heard from too.** You don't want to quiet someone completely because everyone has something valuable to share. Let them know they are cared about, but point out that others need to talk. Most people who monopolize the conversation don't realize what they are doing.

- **Set a time limit.** You can have a time limit set in place for everyone, or if necessary, set a time limit

for only the "offenders." Your group could also agree to use some kind of unspoken signal to quietly let someone know that it's time to hear from someone else.

- **Find out during "check in" how much time people need to talk.** If your group uses "check ins" at the start of the meeting, if someone states that he/she only needs ten minutes to talk yet takes more time, remind them that there isn't enough time for them to speak longer.
- **Sometimes there is no choice but to interrupt so the discussion can move forward.** If other methods fail, there may be no other choice. Be kind, but firm. "I'm sorry to interrupt, but there are other people who would like to talk." Then immediately move on to someone else.
- **The person may become angry or upset but it is unfair to the rest of the group to have one person dominate the meeting.** This is often just a ploy to regain control of the group. Keep in mind what is best for the group.

## Group Talks Off Topic

*Symptoms:*

- **Group ends up talking about other things besides the meeting topic.**

*Possible Solutions –*

- **Refer the group to the agreed upon agenda, and steer the conversation back to it.** This is why you have a plan, and why the group should stick to it.
- **Ask the group if they would like to change the agenda.** If the group isn't going anywhere with the agenda, you can add or subtract topics. Make sure that the new agenda items relate to the overall purpose of the group and insist on adhering to it!
- **Ask the group if people are having a lot of strong feelings about the meeting topic.** Sometimes very deep issues come out during a group and people are just not ready to talk about them. If so, try to find out what the discomfort is about. If the subject is too deep or personal, change it. People need to feel comfortable about sharing, and also feel comfortable about holding on to things they are not ready to discuss.

## Confidentiality Has Been Violated

*Symptoms:*

- **Members are quiet, not sharing personal experiences and feelings.** If group members have been very actively sharing information but suddenly stop, you may suspect that confidentiality has been breached.
- **Have a ground rule about confidentiality.** If you only have one rule, have it this rule!
- **Remind people what confidentiality means; some people might just not understand.** In the simplest terms it means, "What is said in this room, stays in this room." It also means that people shouldn't be talking about what happened at the meeting with group members unless they keep the conversation strictly about themselves.
- **Reemphasize the critical importance of keeping what is said in the meeting "in the room."** People must feel safe about sharing in a group. If they think that there is even a small chance that what they say will "get around," then no one will share much.
- **Repeat offenders may have to be told to leave the group.** This one person can ruin the group. It may be hard, but the good of the group must come first.



*"When will our conscience grow so tender that we will act to prevent human misery rather than avenge it?"*

Eleanor Roosevelt

## COPING WITH MONOPOLIZERS DURING GROUP DISCUSSIONS

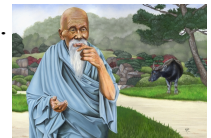
- If you have it, refer back to the ground rule (if not, consider adopting it) that "We don't monopolize the group's time in order to leave time for all members to participate" and point out how some members haven't yet had a chance to speak. But consider first mentioning a positive about the person or what they have been saying, e.g., "You raise a good issue. But we need to observe our ground rule and leave time for others to speak. Can you summarize your point in a few words, because we need to move on?"
- Highlight a point made by the person and invite others to comment. For example, "How have others here handled similar circumstances?"
- Interrupt the person (to let him or her go on and on is to disrespect all the participants). Be respectful but firm: "Excuse me Mary, but I'm concerned about the time." Or "It sounds like you have a lot to say on this topic, but it would be helpful to hear others' points of view." Then direct a question to group, "Who first wants to comment?"
- If the person takes time to describe the same problem at each group meeting, help them to set a specific goal for what they will attempt to do in order to address their problem by the next meeting, and then hold them to reporting back when they come back.
- Establish a time limit for speaking. If needed, have a timekeeper, or pass a watch with a second hand. Or consider having a timed agenda for the full meeting - where next to each item agenda or turn, you suggest a time to which the group agrees. If the group falls behind, enlist the group in taking responsibility by saying "I notice we are behind on our agreed upon agenda. What should we do about this?" Be flexible to your group's possible desire to change the set agenda - responsibility, not inflexibility, is the goal.
- An idea for another ground rule that a few groups have is "No member can speak a second time until all members have had a chance to speak."
- Consider introducing a "talking stick" or other object, which one must be holding in order to speak. It discourages people from spontaneously (and repeatedly) sharing their thoughts out of turn. It encourages shared responsibility for the participation, since the speaker (not the leader) must decide who gets it next. This approach is called using a "Rotating Chair" by some groups that don't use the stick, but requires each member who is speaking to recognize the next speaker.
- Assess if your group may be too large and you may need to break into smaller discussion groups to allow people more time to speak.
- Decide at beginning of meetings who will have a longer time to speak (e.g., new members, persons in a crisis, etc).



*"In America everybody is of the opinion that he has no social superiors, since all men are equal, but he does not admit that he has no social inferiors, for, from the time of Jefferson onward, the doctrine that all men are equal applies only upwards, not downwards."*

Bertrand Russell

*"The best leader is one whose existence is barely known...  
When the best leader's work is done the people say,  
'We did it ourselves!'"*  
Lao-Tzu (Chinese philosopher, 6th century BC)



Ya Gotta “Accentuate the Positive...”

## **WAYS TO KEEP YOUR SELF-HELP GROUP MEETINGS UPBEAT**

Here are some ideas to help your group members focus on sharing positive experiences, insights and information—and avoid the risk of having a “pity party” meeting that has people going home feeling worse than before they came.

1. Help your members share their good experiences by reminding them to contribute their insights, quotes and information on helpful resources or literature they have used, or practical coping techniques that work for them. For example, you could build this into the structure of your meetings by regularly starting your meetings with introductions and brief “go-round” that permits each member to briefly answer a questions that draws out a positive experience, e.g. “Describe one good thing that you’ve done (or has happened to you) since the last meeting?” Or a similar question could be developed that helps people to share their successes and joys for which they are thankful, etc.
  2. Another way to help members share good experiences is to consider having members set personal goals toward the end of the meeting and then report back at the next meeting how they met that goal or (if not accomplished) what they need to meet it before the following meeting.
  3. Share good news gathered from outside the group related to your issue, e.g. new research results, helpful magazine articles, news from national organizations and agencies that deal with your issues, etc.
  4. Encourage those who are now doing better or recovered to come back to help others who are not. Bring your more experienced members or “veterans” back (encouraging them to “give back” and help others.
  5. Make members more aware of the real health benefits of helping others. “One of the best ways to take your mind off your own problems is to help others with theirs” e.g., helping members to recognize how helpful it is to give other members feedback, whether it be to summarize the progress of others and the group or to give a helpful “nod of understanding” when a member is sharing.
- 



*"From the depth of need and despair, people can work together, can organize themselves to solve their own problems and fill their own needs with dignity and strength."*

Cesar Chavez

## **POSSIBLE DISCUSSION QUESTIONS**

Topics can range from education to advocacy issues, but the most important point is that the topic be based on the needs of your members. Discussion can also be based on discussion questions or determined by members beforehand. They would need to be revised for other types of issues. Remember that the purpose of asking these questions is to help individuals share, think about, and learn from each others experiences and insights. There are no right or wrong answers, only answers reflecting the different personal experiences and views that people have in coping with their stresses and challenges. It is important that the group should not be too large, to be sure to allow each person the opportunity to talk. If it is too large, consider breaking into smaller, “break out” groups.

1. Who has been supportive to me in helping me deal with this condition? What have they done or said that has helped me the most?
2. Who has been least supportive? What have they done or said that has not helped?
3. What did I used to think about people who had this problem before I knew I had it? What's the most important point that the public should know about this that they don't know now? How can or should they best be taught?
4. How did I feel and react when I first realized that I (or another family member) was transgender? How has my attitude changed with time and experience?
5. What was my family and friend's reaction to the news that I am transgender? How did it differ from what I expected? From what I wanted?
6. How do people react to me when they learn that I am TG? Have I been able to shape people's reactions to me? How?
7. What would I say in a note or a letter to someone who was facing what I have faced?
8. What is the worst problem that I must face because of this?
9. Who is the easiest person to talk to about this? Who is the hardest person to talk to about this? Why?
10. If I am seeing a doctor, what could I tell them to better help me?
11. Generally, how has my life changed? What new values and priorities do I have now that I did not have before?
12. In what ways does the life event control my life? In what ways have I learned ways to regain control of my life?
13. For what in my life am I most grateful? What do I now like most about my life?
14. What long-term goals have I set for my life? What is the major goal and how do I plan to reach it?
15. If I have learned anything special about life or human nature because of my situation, what is it?

## **MAINTENANCE STRATEGIES:** **WAYS TO STRENGTHEN YOUR GROUP**

Self-help groups go through developmental stages, much like the stages in a person's life, from birth or initial organization through youthful growth to maturity. As a group passes through these phases, situations can arise which have the potential to disrupt its effective functioning, no matter what type of group it is or what its goals are.

The following strategies and techniques are a few of those developed or adapted over the years by self-help group members in response to situations they have experienced in their groups. Bear in mind that these are only sample suggestions. An underlying principle of self-help is that the group as a whole should identify and resolve its problems by discussing and developing its own solutions.

### **Size: When and How to Reach Out for New Members**

The size of a group depends on group goals and purposes. A group whose main focus is to provide opportunity for discussion and support, such as groups for separation and divorce or incest, should probably try to maintain a small membership. This allows all members to express themselves and to participate in sharing and discussion. Groups which focus on advocacy and fund raising seek a much larger membership in order to be more effective.

Whatever the "ideal" size of a group, it is usually a cause for concern when a group begins to lose members. There are many reasons why group membership can begin to drop. Groups all have a natural lifespan and when members' needs have been met, they may choose to drop out. Also, membership tends to fluctuate seasonally, high in spring and fall in certain kinds of groups. Some people need to attend only one meeting to be reassured that their situation is not unique and that the group is available if they need it. Some people have unrealistic expectations, they think the group will solve all their problems, and then drop out when it doesn't.

It is also appropriate for some groups to think of disbanding, for instance if its members have achieved their original goals and do not feel a need to continue in a group. "Losing members is not always a sign a group has failed. It can be a sign it has succeeded exceptionally well." (Lucretia Mallory, Leading Self-Help Groups)

Many groups carry on continuous outreach to their communities, to let people know about their group and to maintain whatever they believe is their optimum membership level. The following suggestions are some ways a group can conduct on-going membership recruitment, as well as do periodic outreach for membership:

### **Attracting New Members**

- Encourage members to do word-of-mouth publicity
- Develop a brochure or newsletter to distribute to members and prospective members
- Continue to send meeting announcements on a regular basis to newspapers, churches, community centers, etc.
- Develop a speakers' bureau

**Welcoming New Members**

- Assign members as greeters for meetings, introducing themselves to new folks and remember names.
- Pair off an old member with a new member for projects or just for contact and welcoming.
- Include newcomers in socializing.
- Share some of the group's history to allow the newcomer a feeling of belonging.

**Keeping Members**

- Notify members of meetings by phone or e-mail; keep e-mail and telephone lists updated.
- Coordinate transportation if this is an issue for your group.
- Have interesting, varied programs.
- Enable leadership roles for members so feel they are part of a group experience and are appreciated.
- Include a social component in meetings; perhaps serve refreshments and/or snacks.

**Seeking Help Outside the Group**

- Consider joining any coalition of self-help groups that may exist.
- Seek consultation from a professional.
- If you're listed with a self-help clearinghouse or an information and referral line, call them to make sure your meeting is listed accurately.
- Consider merging with another group.

**Meetings: Maintaining Group Effectiveness**

In order for a group to continue to fulfill its purpose, its meeting place needs to be appropriate to the size and purpose of the group—in a central, affordable location where members can establish a relaxed atmosphere. However, as a group develops and grows, so may its size or goals, and this may necessitate a change of meeting location. The group can use the brainstorming and decision-making skills described below to resolve this issue.

Following are some other situations which indicate a group's meeting could benefit from some first aid, along with some suggestions about what can be done.

**Meetings Become a Complaint Session**

- The leader or a group member can state his or her reaction to the way the meeting is going without blaming or criticizing, for example. "I'm feeling that three or four of us are monopolizing the meeting with some pretty negative comments. Does anyone else feel the same way?"
- A leader's way of reacting to the meeting can provide a model for members. However, all group members need to take responsibility for how a meeting is going and should not rely solely on the designated leader to keep things on track.

**Group Covering Old ground—Not Moving or Progressing.**

- Select a topic in advance and have each person look for experiences in his or her life during the week that relate to the topic.
- Do some reading as a group. Either all the members can read a book or article and discuss it, or one person can do a relevant reading, report on it and lead a discussion.
- Raise some issues the group has been avoiding.

**Conflict in the Group**

- Stress positive points in the group or situation when addressing conflict directly.

- Keep expressing empathy as it is appropriate.
- Avoid accusing and blaming. Use “I” statements (e.g., “I get frustrated when...”).
- Focus on how members are feeling now and what can be done in the future.
- Use summary statements (e.g., “We all seem to be bogged down right now. Maybe we could...”).
- Practice active listening skills on a group level.

### **Stimulating Shared Leadership and Preventing Burnout**

Every group has leaders, both in the formal sense where a person conducts or facilitates the meeting and in the informal sense whereby every person in the group takes on a leadership role by making suggestions, volunteering for responsibilities, keeping group discussion moving or noticing when other members need special support. One way to stimulate the latter kind of leadership development is to spread responsibility for the group's tasks among members. For example, setting up refreshments, sending meeting notices to newspapers or greeting newcomers can be done not only by three different people, but by different people each time.

### **Leadership Burnout**

Failure to support this broad type of membership development can result in burnout of designated leaders, especially if no clear and achievable definition of their role exists. Some ways to cope with burnout include:

- work in teams or small committees
- time off from the leadership role
- more delegation of responsibilities
- well-defined job descriptions that are specific, reasonable, achievable and time-limited.
- Contact with other group leaders to discuss and share issues which can be extremely helpful

### **Domineering Leadership**

- When a leader begins to dominate a group in a negative way, this may be the time to define leadership roles in a more formal way, if not already done, thus avoiding a direct confrontation. This is an opportunity to develop appropriate job descriptions, not only for the facilitator or leader's position, but for all the functions members perform in the group. In this way, the group will avoid obviously zeroing in on one person.
- In some situations, the only way to handle a domineering leader may be by confrontation, either in a group meeting or privately. If this is done in a group setting, it is important to have a sense from other members that they too feel the leader's style is damaging to the group. Otherwise, the member who initiates the confrontation may end up out on a limb alone. Whichever way this is done, it is important to always do it tactfully and with the good of the individual as well as the group in mind.

### **When “Problem People” Disrupt a Group**

If you feel uncomfortable with something that is being said or done in your group, chances are other members also feel ill at ease. Sometimes an individual member creates discomfort in a group, for example: the discussion dominator, those who never talk, and those who break confidentiality.

It's helpful to have group guidelines which all members are aware of and can refer to when someone is becoming a problem. These guidelines usually specify the behaviors which the group supports and those which it finds unacceptable. Some groups review their guidelines briefly before each meeting—this keeps fresh in member's minds what the group has decided are appropriate ways to act in the group.



**Talkative Member Who Monopolizes Meeting:** - Have a “round robin” at the beginning of the meeting, giving members an opportunity to talk about anything which is a pressing issue for them at the moment. This can alert leaders and members to individual needs which may require some meeting time in which to be addressed.

- The leader, or a group member, can pick up on something the person has just said, use it for the beginning of the next topic and ask a question of the group or another member with whom they have made eye contact, “That’s a good point, Bill. (Turns to Mary) Mary, have you ever...”

- It may be necessary to interrupt, “Joan, I know this is something which is really important to you, but several others have thoughts they want to share. Bob, what are your feelings about this topic?”

- The leader, or again a group member, can say, “I’m concerned that John didn’t have an opportunity to speak. Let’s get back to his concern.”

**Distracting Side Discussions:** - Leader or a member can address a question to one of the conversationalists, or ask them to share their comments with the group.

- Assertive confrontation in this, as in many other situations, may be appropriate, especially if the person(s) seems immune to gentler suggestions.

**Authoritarian Advice-Giver:** For the one who knows everything, one strategy is to use this person’s assertions for a springboard. “John, many of us used to think as you do, but our experience with \_\_\_\_\_ (or a book, or an article) helped us change our thinking a little.”

**Silent Member:** Silence is not necessarily a deficit. New members may not feel comfortable at first expressing feelings or ideas in front of people whom they have just met and may need a few meetings before they feel free to talk. However, when this breaking-in phase seems to become prolonged, the leader or other member can invite participation, for example, “Joel, I know you have had an experience similar to the one Julie just described. Can you share some of the reactions you had to it?”

### **Don’t Reinvent the Wheel**

One of the best resources for a group which is experiencing some kind of difficulty can be another group whose goals and structure are similar. A self-help clearinghouse is an excellent source for locating other groups to consult with. Also, many clearinghouses utilize the self-help expertise they have acquired to help groups with problems. Conferences or workshops organized by a clearinghouse offer opportunities to network with representatives of other groups.

Other ways to locate similar groups are in the newspapers, via word of mouth, on the Internet, through a local helpline, or from a mental health center. If a group is a chapter or member of a wider organization, its parent organization can be a good resource for troubleshooting.

### **Strategies for Goal-Setting, Decision-Making and Brainstorming**

Situations can occur in a group which requires the attention of the whole group, not just of individual members or leaders. Some examples are a change in group focus from support and discussion to more activist kinds of goals, or whether to become affiliated with other groups in a coalition for a specific purpose which answers the needs of group members, or simply to find a new meeting place. The following three strategies can help a group address these issues.

#### **Goal-Setting: Focusing on Group Needs**

The process of goal-setting, whether done formally or informally, usually takes place when the group is

first begun, but if members begin to feel the group no longer satisfies their needs, it may be time to take a new look at the group's purposes and goals. Some ways to do this are:

- Use a few minutes at the end of each meeting to check and see if the meeting met members' needs and expectations.
- Check with new members after 2 or 3 meetings.
- Utilize on-going boards, officers, committees
- Evaluate on a formal basis from time to time; review planning process, goals.
- Use a questionnaire. This allows members who might be shy to express themselves more freely. Some questions the group can ask in this evaluative process are:
  - What are the goals of this group? Do these goals arise from the members' needs?
  - What ways does this group use to meet these needs and are these appropriate responses: support, social/recreational, growth/self-development, educational, social action?
  - Does the size and structure of the group promote or impede these goals?"
  - If goals are not being met, were group needs accurately assessed? Were goals appropriate? Did the group have an unrealistic idea of the resources available to it?

### **Decision-Making: Ways Groups Can Make Choices**

Eventually, every group will have to make choices about how to deal with a particular situation which has come up. The methods a group uses to make decisions will have an impact on the decisions made as well as on the group's continued effectiveness. Some groups are comfortable with the parliamentary procedures summarized in Robert's Rules of Order. This is probably most workable where membership is large and the group has a fairly well defined structure. Using parliamentary procedures implies, however, that one part of the group will win and the other lose, which can tend to produce factions or cliques.

Decision-making by consensus, on the other hand, involves proposing several alternatives, using suggestions from the group on the brainstorming techniques described below, and then adapting, modifying or abandoning them until a solution is reached that all members can support. This takes more time than voting but helps preserve the unity of the group, and allows individual members a greater role in shaping the final outcome.

### **Brainstorming: Group Problem-Solving**

This approach is best used when a problem or situation is concrete and needs new ideas or approaches for its solution. It works well in a small group of 10-15 people, on problems which are narrow rather than broad or are specific parts of a larger problem. The leader who conducts these sessions must know and observe the ground rules. The process can take about 35-45 minutes.

1. **Define the problem** Make sure it's solvable or posed as a solvable problem. If the problem is too large, keep restating it until you narrow it down to something small you can deal with, perhaps a part of the original problem.
2. **Propose solutions** Ground rules for this process are:
  - a. Suspend judgment: don't criticize or reject any ideas yet.
  - b. Freewheel: express all ideas no matter how wild.
  - c. Quantity: generate a large number of ideas
  - d. Cross-fertilize: pick up on each others' ideas; improve on them
3. **Combine solutions**
4. **Evaluate solutions and weed out** This is the time to be more critical and realistic, but be on the lookout for any new ideas which come up at this point.
5. **Rank order remaining ideas** Decide which one should come first, second, etc.

**6. Select the best option and assign tasks** Develop a plan for implementation, including who will do what by when. Also, decide how to evaluate success.

This brainstorming technique can feed into or provide alternatives for the decision-making processes described earlier.

## **GETTING MEMBERS INVOLVED**

In a mutual aid self-help group, ideally each member should be involved in the running of the group. However, getting members involved can prove to be a hard task. The key to getting people involved and helping out in the group is summed up in one word: “ownership.” The more that members feel the group is truly their own, the more likely they are to invest their time and efforts in helping their group survive and prosper. Provide low threat situations that make it easy for new or shy members to speak up—and listen to what they are saying. Look for non-verbal signals (facial expressions, eye contact, etc) that members give you and be responsive to what you see. There is a lot more going on non-verbally among people than words alone will tell you.

Ask members personally on a one-to-one basis in private if they would like to serve in a specific job. Let them know why you think that they would be good at the job, and that you will be available to help them or answer any question(s) that they might encounter.

Nurture new potential volunteers. Give members with limited experiences and low self-confidence something relatively simple to do at first, pair them up with another person to share the job, or include them in a small group effort with friendly and experienced members.

Use people’s first names, and mingle and talk with members as they work. Let them know you know they’re there and tell them you missed them when they are absent.

Be generous with positive suggestions and complements. Acknowledge people publicly for a task completed (at meetings, in newsletter, on website, with certificate of appreciation, etc).

Involve members in setting organizational goals, choosing projects, and discussing issues. Use small groups whenever possible to do this. Divide projects and committee work into as many manageable parts as possible before asking for volunteers. Encourage people to seek new experiences rather than do the same thing repeatedly.

Get a sense of what members are seeking from the group by spending informal time with them. Help them find things to do that match their interests. Consider circulating a skills/contact sheet where members can list any individual skills or interests that they might have. Tap into this list when necessary.

Involve members in the business of the organization. This will strengthen their sense of “ownership” of the group. Encourage cooperation and teamwork. Reward positive interactions and mutual support among the members as they work together.

Be informal and personable. Get your hands dirty occasionally without getting too deeply involved in details that might limit your perspective of the “big picture.”

## MODULE 4- ADVANCED FACILITATOR SKILLS II

### WHAT IS SHARED LEADERSHIP?

It's promoting your members' sense of ownership of "their group." Whose group is it? A professionals' group? An agency's (both are most often authoritarian - expert). Or perhaps a possessive **lay founder's** or a charismatic leader's group? If it is member-owned, it's much more participatory - based on an equality of peers. This concept reflects the basic difference between professional groups and self-help groups, which was the basis of the self-help group movement... (Who is in control? Is it member run?) Research has shown that self-help groups are more active and vibrant than professional ones and the reason can simply be expressed as members' "ownership."

We live in a world where we tend to see ourselves and others, as either **leaders** or **followers**. Where does this idea come from? Think of what we first saw and learned in church, school, clinics, social service agencies, etc. - there was usually just one person always in charge, calling the shots.

What needs to be communicated to members is: "Your voice and involvement matters." "This is your group. You help make it work." "No one person can or should run it all." A good leader should never assume that he or she already knows the needs of all their members without regularly asking!

#### **What is said and/or read in your group, which expresses how your group's survival is dependent upon the involvement and volunteer efforts of members?**

Consider saying to your group: "This is your group. It's dependent upon your involvement to make it work." Consider it as a possible group guideline, e.g.: "*We share responsibility for running our group, by helping out and striving to do a fair share of work as each of us best can.*" and/or "*Having been helped, we remember to stay and give back by helping others.*" How do we say it non-verbally? By having a classroom style set-up for meetings? No way! Try to avoid that. By having a circle of chairs? Yes, because it reflects how members are equals.

**It's sharing responsibility for running the group**, so it's not on one person's shoulders. With one person, it's so very difficult, and sends the wrong message to newcomers that there's only one person in charge. So, it makes it harder to promote mutual help.

We encourage individuals to find one or more "co-founders" to share their work. So then, when people come to the meeting, they see several members helping out, and they get the message that this group is not run by just one or two people who do everything, but that it is run by members who share the work. So, do not go it alone. Gosh, even the "Lone Ranger" had Tonto!

To promote shared leadership, you have to be able to let go. You are not the expert. The group is always better! That's because the group combines members' diversity of experience and insights - it's where you learn about the different ways, the options, and the alternatives! The cartoon character Ziggy expressed it best when he noted how, "None of us is as smart as all of us."

If you're working with a professional who will attend your meeting, or if you're a professional helping people to start their own group, recognize how professionals wear invisible uniforms that command immediate attention. So said Dr. Tom Powell, who wrote about how a professional wears an invisible

general's uniform, that causes people to give them immediate attention when they walk into a room. Conversations stop. A place is cleared at the head of the meeting table for the professional to sit. The same thing often happens when a group leader assumes the role of "the expert." We must strive not to place the facilitator in the role of an authority. Their job is to create a welcoming environment that allows a good, supportive, and informative meeting to occur and not to be set up as the answerer or judge of all questions and comments.

**Encourage others to take responsibility.** Create niches of responsibility... small jobs. Nurture or grow new leaders. At the meetings, model shared responsibility. "Would you please... give members these handouts?" ...Serve as scribe, just writing down ideas on the notepad?" "...Summarize our discussion when we are done"

**How do you feel after you've helped someone in the group?** You've probably felt what some call the "Helpers High," an increased sense of self-esteem and self-worth. A group member can help the other member because they are a true peer, able to provide "ultimate empathy."

**Even for those members who are new, empower them.** Let them know how "You can help others – even if it's just nodding your head when at the meeting, someone is simply telling their story - to let them know that you truly understand, like no one else can, because you've been there." It's your job to help members have such experiences – to recognize, point out and thank people in your group when they help others.

**It's making sure all members have an opportunity** to both contribute and have their say in group decision-making, which helps assure that the group addresses their needs. Express how: "We believe in the equality and value of all members" "We are a community of peers."

**"As facilitator, I am not the expert with all the answers"** (so you re-address questions back to the group, etc). "Our strength comes when we share our experiences, insights, coping skills, and collective wisdom." "Our group is peer-based and run organization, not a rank-based one." "Everyone is considered to be of equal importance and worth."

**With the group being member-run, members' needs should be both better voiced and addressed.** Leaders need to encourage members in both expressing their needs and their being involved in helping to meet those needs. For example, a member requesting a particular speaker should at least be encouraged to help arrange for such a speaker.

**It's an ideal worth pursuing, across a spectrum of actual possibilities that can increasingly involve your members in the different operations of your group.** For example, members should assume responsibility for seeing that the group's guidelines are observed by other members, so that the leader/facilitator does not have to be the only person to remind members who are not complying.



*"A man is truly ethical only when he obeys the compulsion to help all life which he is able to assist, and shrinks from injuring anything that lives."*  
Albert Schweitzer

## **THE IMPACT OF FOSTERING A “GROUP’S GROUP”**

One of the best ways to keep a self-help group vital is to share the responsibility of the group with all of the members. A group functions more effectively when all its members accept responsibility for the group and have an emotional stake in the group. This doesn't diminish the need for a skilled group leader—having someone facilitate the flow of the group is vital. But if your group has too many members playing no role or having no real responsibility, you need to make a point of discovering what each person can do so the group is developed by its members and not merely offered to them.

### **What is Shared Leadership?**

- Members share the responsibilities for the leadership roles.
- Members share the responsibilities for the tasks involved in operating a group.

### **Why Shared Leadership?**

- Gives all members a feeling of “ownership” so they will invest their time and effort in helping the group. The more members feel that it is their group, the more they contribute to its success.
- Since different people have different strengths, styles, skills and knowledge, the resources of all members can be used to the fullest extent.
- Prevents burn-out of the leader(s).
- Members learn new skills and can become more proactive in the group and in their lives.
- All members can experience the “helper’s high.” The more a member can give to others the greater benefit they receive from self-help.
- Models what mutual aid self-help is all about.

### **How Facilitators Can Encourage Shared Leadership**

- If someone asks a question, don't just answer it. You are not the expert. If appropriate, throw the question back into the group so that others have the opportunity to share their knowledge. The group members will begin to get to know each other better and trust will build between them.
- Don't make decisions for the group by yourself. Allow other members to be part of the decision making process.
- If there is an argument or conflict among other members, never take sides. Instead, be a mediator and help resolve the conflict in a fair, unbiased way.
- Be the guide on the side; not the sage on the stage.
- Share your feelings and experiences with the group. Let them know that you are a peer. Never talk more than the other attendees do.
- Draw each person into the discussion without threatening them or putting them on the spot. Notice silent persons and encourage them to participate.
- Encourage others to co-facilitate or to facilitate when you cannot. Be open to a rotating leadership among interested members.
- Don't assume that you know what others think or how they feel. Draw out other's feelings, thoughts and reactions.
- Don't feel uncomfortable with a lack of responses or long periods of silence. Sometimes the group needs time to process a thought or emotion. Don't start talking to fill in the gaps or silences—let someone else in the group restart the conversation. If after 45 seconds no one says a word, say something like, “Wow, that was a very powerful feeling that X talked about. How does anyone feel about it?”

- Don't allow yourself or others to put others ill at ease.
- Don't fall into the role of rescuer. Your role as a facilitator is not one of solving everyone's problems but in helping each other solve their own problem.
- Don't have a preconceived plan of the meeting. Plan—but be open to change.
- Be aware of member's body language. Do they look bored, upset, and sad?
- Remember, you are there to guide the process, not the content.
- Encourage members to decide on discussion topic.
- Participate as a member of the group, doing no more than your share of the work as a group member.
- Facilitate dialog through questioning.
- Model recognizing and addressing problems within the group (monopolizers, advice givers, etc) so that all the members feel more comfortable sharing in this responsibility.
- Practice participatory leadership styles. This style sees others as part of the team and believes that all members share responsibility in order for the group to work well.
- Acknowledge, support and validate members who have made a contribution to the group.
- Know the niches of responsibilities (e.g. greeter, contact person, refreshment coordinator, publicity coordinator, librarian, newsletter editor, secretary, co-leader, social events coordinator, etc). Have clear job descriptions.
- Help members feel empowered—to be active participants in the group process, to assume responsibility for their own feelings, changes and growth, and to live life fully as they are able to outside the group.
- Personally ask members to help out. Give members a choice of jobs and remind them its not forever. Pair people up if practical. Circulate sign-in sheets to get information on each person's skills and interest. Grow members into positions of responsibility and leadership. Publicly acknowledge volunteers.
- Believe and practice that power must be shared in order to make the organization effective.
- See others as part of a team and all members are equally responsible for the operation of the organization.
- Encourage decision making by consensus.
- Promote positive comments and new viewpoints to keep the discussion upbeat.
- Help members feel comfortable and to get to know each other.
- Be willing to distinguish between, and control, your personal views and the views of the group.
- Let your group create. They will support what they've created.

### **What Members Can Do To Participate in the Running of the Group**

- Make a commitment to the group, contributing whatever talents, skills, resources or information that is necessary to assure the group's success and survival.
- If you see a need for a task to be done, do it.
- Help make decisions for the group (e.g. help choose the topic for discussion).
- Make newcomers feel comfortable from the start by introducing yourself and other members. Share your story, your coping skills and hope. Include them in the group discussion and be open to new points of view. Never display cliquish behaviors!
- Listen attentively when another member is speaking. Be sure the speaker has finished describing their problem before offering help.
- Promote positive comments and new viewpoints lest the discussion deteriorate into a gripe session.
- Notice silent people in the group and encourage them to contribute.
- Participate in the discussion--sharing your problems and offering ideas and suggestions.
- Allow a member to ventilate negative or angry feelings; often this must be done before positive

advice can be given and received.

- Keep the group discussion moving.
- Notice when others need special support.
- If there is a disruption near them during the meeting (e.g. a side-conversation), they can take action to stop the disruption behavior (e.g. quietly saying, “Shhh,” to the offender).
- Offer to help out in any way that they can, no matter how small, in the running of the group.

The key to getting people involved and helping out in your group is in one word, “ownership.” Who owns the group? The extent to which people perceive the group as truly “their group” they will invest their time and efforts in helping their group to survive and prosper. But if they view the group as belong to just one person, be that person a lay leader or a professional they will tend to be passive and let that person continue to do all the work.



*"I live for those who love me, for those who know me true; for the heaven that smiles above me and awaits my spirit too. For the cause that lacks assistance, for the wrong that needs resistance, for the future in the distance, and the good that I can do."*

George Linnaeus Banks

## EVALUATING YOUR MEMBERSHIP SIZE

One of the most common concerns of self-help groups is the notion that they don't have enough members. They feel like a failure because they have what they perceive to be a very small group size. It is as if the success of a group is reflected solely by the size of its membership. Nothing can be further from the truth. What is the ideal number for a self-help group?

- **The ideal size depends on the purpose of the group.** Too many members prevents ample sharing time; too few and advocacy efforts aren't effective. If your group is small and you want to do some advocating—join up with other similar, like-minded groups and advocate together. If you have a large group but want to be able to have meetings where everyone has a chance to talk, break your group into smaller, more intimate sizes where everyone will get a chance to share.
- **The size of every group goes up and down.** Membership can vary with the seasons. If you live in a region where you get a lot of snow, expect the membership to go down during the winter. If your group has a lot of members with young children, expect the membership to go down during the summer when the kids are out of school.
- **All groups have a natural lifespan.** When needs are met, members may leave. Don't necessarily view it as negative when someone leaves the groups—think of it as a successful graduation. People do leave because their needs have been met through the group and they no longer feel alone and unable to cope. Dwindling membership can be a sign of a successful group!
- **Membership size is dependent partly on population size.** If you live in a big city and your group deals with a very common problem, chances are that if you have a good group and use effective publicity tactics, your group will be larger than most. On the other hand, if you live in a rural area, deal with a very rare illness or a very uncommon issue, or if your members are dependent on such things as transportation in an area where there is little, then chances are the size of your group will be smaller.



- **Membership size does not necessarily reflect how good a group is.** The ideal size of a group is the number of people needed to give each other support! If your members have very complex or needy problems, having more personal time to speak during group discussions may be a very good thing.
- **Don't think quantity. Think quality.** Just because your group may be small in numbers, it may be huge in the amount of support, information, encouragement, community and hope that it gives its members. Say you only have five active members—but if those five people can cope better with their problems, feel a genuine sense of community and caring, and help alleviate pain because of the support group, then that is a beautiful thing! So, the big question is, “When do we know that it is time to start recruiting new members more actively?” The answer is, “It depends.”
- **Evaluate before you publicize.** If your group has been slowly (or rapidly) losing core members or if newcomers only attend one or two meetings and don't return, you may be tempted to engage in a large publicity campaign. Stop! Before you do any publicity, do an evaluation of your group. If a group is poorly run, has an over-controlling leader, doesn't feel safe or welcoming, doesn't meet the needs of its members, or doesn't deal with disruptive or aggressive behavior in a timely manner, it will probably lose members rapidly. If that is the case, the remedy is not just embarking on a large publicity campaign to get new members. The remedy is in evaluating the group structure, leadership and purpose. Only when the internal problems of the group have been fixed should the group seek out new members. If you don't fix the problems, any new members coming to your group won't stay. Consequently, even if you later fix the problems in the group, those who tried your group and left will not return. Once you've lost a member—chances are they are gone for good.
- **Your group discussions are boring, cover old ground and get off topic.** This is probably a sign that it is time to recruit new members. You need enough members to keep the group discussions lively, on track and revitalized. If there are only members who know every bit about each other's experiences, there may not be enough “new” stuff to talk about. Consequently, the group may become more social than support.
- **You want to change the format or structure of your group.** If your group is changing its structure (e.g. from a telephone network to a face-to-face group) this might be a good time to try to recruit new members—a way of getting new blood into the veins of the group. New members will have fresh insights and new ideas. This change will also give you the opportunity to do some effective public announcements which will advertise your group.

**Remember:** All effective self-help groups have validity. Just as there are semi-trucks, large SUV's, station wagons, mid-size sedans, and small convertible sports cars on the road, they all have their own unique purposes and buyers, pros and cons. It would be a boring world if every person was the same size, and a bland marketplace if all vehicles were exactly the same. It is important for self-help groups to focus on what they do best provide, mutual support. Now, that is a good thing!

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*"Service which is rendered without joy helps neither the servant nor the served. But all other pleasures and possessions pale into nothingness before service which is rendered in a spirit of joy."*

Mohandas Gandhi

## **RECRUITMENT TECHNIQUES**

Getting the word out about your group can be a continuous effort on the part of the membership. Here are some suggestions that might help increase knowledge about the availability of your group and ways to reach out to potential members.

- **Call helplines/referral lines:** Make sure that every local community helpline and hot line knows about your existence. (You can usually find these numbers in the front of your phone book.) The helplines and hot lines receive calls from people in need and they appreciate having as many resources to give out as possible.
- **Write a 10-second radio spot:** Radio stations devote a certain amount of airtime (Public Service Announcements, or PSA'S) free of charge to non-profit organizations. Although this is competitive, contact your local radio stations to see if you can submit a 10-second radio spot for consideration.
- **Television PSA's:** Some television stations also accept Public Service Announcements from non-profits. Contact your local stations to see what kind of material they accept and what format it needs to be in to be considered.
- **Radio Interviews:** Many small, local radio stations have programs in which they interview local community people. These are usually pre-taped. Contact your local radio stations to see if they have a program that could air an interview with some of your group members.
- **Contact professionals:** Contact key professionals in mental health centers, hospitals, etc. and tell them about your group. Send them a brochure, and try to obtain a follow-up face-to-face meeting.
- **Contact your local self-help group clearinghouse(s):** Many states have local self-help group clearinghouses which refer callers to local self-help groups. If you have a clearinghouse in your area, contact them to make sure that they have up-to-date information on your group.
- **Design a brochure:** In the brochure, describe what happens at the group, who the group is designed for, and contact information. You might also want to include your ground rules in the brochure. Distribute these brochures to doctor offices, hospitals, health fairs, mental health agencies, etc.
- **Hang up fliers:** Design an eye-catching flier that describes the purpose of your group, when and where it meets, and whom to contact for more information. Hang the fliers up wherever potential members may see them (doctor's offices, laundromats, libraries, supermarkets, clubs, LGBT centers, college campuses, etc). When you design the flier, include "grab tags" (which are the pieces of dangling tabs with your name and number on them). Also, take away one or two of the grab tags.
- **Cable TV Bulletin Board:** Ask your local cable TV station about running an announcement about your support group meeting on the public community bulletin board.
- **Cable TV Talk Shows:** Some local cable stations are available to have speakers from local groups participate in a talk show on cable. Write a letter to your local station explaining the topic you would like to discuss on-air.

- **Word of mouth:** Have your group members write a list of at least seven people that they know and have each member personally contact them to tell them about your group.
- **Church bulletins:** Have each member of your group ask their house of worship if they can put a small blurb in the bulletin.
- **Speakers' bureau:** Develop a speakers' bureau and give talks about the availability of your group and the benefits of attending. Speak at local organizations such as Kiwanis, Rotary Clubs, Visiting Nurse Associations, human services agencies, professional associations, churches, community service organizations, etc.
- **Develop a newsletter:** Newsletters can be done monthly, quarterly, annually, or whenever you want it to come out. Newsletters help sustain interest and information concerning your group, and can be a great way to let members and others learn what your group has done, and is planning to do in the future. Send out the newsletter to area agencies, professional associations, medical practitioners, etc. You can even design a newsletter that is distributed via the Internet.
- **Look on the Internet:** There are many message boards on the Internet. If you find a site for persons with dealing with your issue, post information about your group.
- **Write letter to the editor:** This is a simple, yet effective way of getting the word out about your group. You can write a letter to the editor to publicly thank someone for a donation, a new member can write to talk about their wonderful experience in the group, you can write about an upcoming or a past event, to thank the public for supporting a fund-raising event, or to respond to something in the news that affects the members of your group.
- **Get in other agency newsletters:** Contact agencies that potential members may contact to see if you can get a small blurb about your group in their newsletter. Such agencies might include the various state Departments, Visiting Nurse Associations, Mental Health Association, etc.
- **Hold a fund-raiser:** Have a bake sale or tricky tray (where guests buy tickets and place them in containers next to items they want to win. Items can be single or based on themes. A drawing determines winners) and invite the public to attend. Display information about your group at the fund-raiser, and write a letter to the editor before and/or afterwards to thank the public for supporting you.
- **Network with other groups:** Network with other similar self-help groups in your area. Let them know that your group exists in case they have a current or future member who might benefit from your group.
- **Look for guest speakers for your group:** Call professionals and associations in your community and find out if they would be willing to be a guest speaker at your group. Educate them about the benefits of your group. Even if they don't speak at your group, they will have been educated on its availability and benefits.



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*"The purpose of life is not to be happy – but to **matter**, to be productive, to be useful, to have it make some difference that you have lived at all"*  
Leo Rosten

## **GROUP EVALUATION**

### **Meeting Location and Time**

*Is the meeting location convenient and safe?* The location of your group should be in a safe area, with lights in the parking lots so that the members feel safe arriving and leaving the meeting at night. The location should be conveniently located near public transportation or major highways so that it is easily accessible to all members. It is important that it is easy to locate with the building and street signs clearly marked. If a potential new member attempts to find your meeting but can't, they may not try again.

*Is your meeting site free from possible stigma and triggers.* You don't want a meeting site in a place where members might be uneasy about entering. If you have a group for teens dealing with mental health issues, you might consider a site such as a local library instead of a counseling center, allowing the teens to enter the building without fear of being seen by a classmate. You also need to decide if the meeting site should be located in a place that may convey negative feelings in certain members (e.g. a person grieving the death of a loved one may not want to attend a meeting in the hospital where the person died).

*Is the meeting site comfortable and conducive to group discussions or other group activity?* Just as there are many types of groups, there are also different types of meeting rooms available. If your group is focused on intimate group discussions then you don't want to meet in an auditorium-size room; especially one where you cannot move the chairs into a circle. On the other hand, if you have a guest speaker, you may not want a small room with the chairs arranged in a circle—but instead prefer a lecture-style set-up. Be aware of the “feeling” in the room, the noise level of the surrounding area, the amount of traffic in the other parts of the building, its' convenience to restrooms, a kitchen, etc. Are the chairs comfortable? These all make up the general ambiance of the meeting.

### **New Members**

*Are new members greeted at the door?* If not, there is a good possibility that newcomers will never return to the meeting. It is usually a big step for a person to attend a meeting for first time. They tend to be nervous and may not even know if they are in the correct place. But a friendly, smiling face meeting them at the door, introducing them to other members and letting them know a little about the group, makes all the difference.

### **Relationships Between Members**

Group members generally **trust** and **respect** each other

There **is honest, open communication** between members

People are **free to express their thoughts** and feelings without fear

Group members **act civilly** toward each other

*Do group members avoid cliquish or exclusionary behavior?* When new members join the group, don't let them feel left out. Include them in after-meeting get-togethers. Greet them at the door instead of hanging around with the “old gang.”

Do members call each other for **support between meetings?**

*Do members practice good active listening skills with each other?* Do members **let others finish speaking** before jumping in with advice?

Are both new and old member's **needs** taken into account?

### Group Discussion / Process

Is your meeting format **flexible** when it needs to be?

*Do you have **ground rules** or **group discussion rules**? If not, why not? Ground rules have several great benefits. They are a great tool to use to help you deal with difficult behaviors. They put everyone on the same page at the start of the meeting; allowing members to learn the group code of behavior. In addition, having these rules can actually make members feel safer just knowing that others won't give advice or verbally attack them, and that confidentiality is observed.*

*Does each member have an **equal amount of time** to talk if necessary? Do you have a monopolizer who likes to hog all of the time? Do you have a shy member who needs a little encouragement to speak up? If members feel as though their voice will not be heard, or if another member takes up too much time week after week, then your membership may dwindle.*

*Are the **meetings positive** and **constructive**? If not, make an effort to talk about proven solutions and accomplishments among group members. During check-in, ask people to name something good that has happened since the last meeting. Try to help focus group discussions to include what members found helpful to them. You never want a person to leave the meeting feeling worse than when they arrived.*

*Are group **discussions open to new ideas**? If not, your group might be suffering from "group think." This is when the group, as a whole, develops their own standards of what is right and wrong, correct and incorrect.*

Are group **discussions meaningful**?

Is **confidentiality** always observed?

Do members express **caring attitudes** towards each other?

### Leadership

Does the group feel as though it **belongs to all** of the members?

Are **difficult behaviors dealt with** in a timely manner?

Are problems solved with a sense of **balance and fairness**?

Are **confrontations made in a caring way**?

Does the leadership **remain neutral** during disputes?

Do the same **rules of conduct** apply to both members and leadership equally? Some groups have a set of rules for members, and another set of rules for leaders. Nothing puts a wedge deeper into the group than different rules for different people. Leaders are just members of the group that have taken on some additional responsibility to focus on the process of the group discussion.

Can group members take an **active role** in running the group?

Can all members of the group **share responsibility** for the group?

Answer these questions as honestly and unbiased as possible. Any area for which you checked "No" indicates that it is an area that might need improvement.

Answer the following questions as honestly and unbiased as possible. Any area for which you answer “No” indicates that it might need improvement.

### Meeting Location

1. Is the meeting **location convenient** and **safe**?
2. Is the meeting **time consistent** and convenient?
3. Do you usually **begin** the meetings on time?
4. Do you usually **end** your meetings on time?
5. Is the meeting **site comfortable** and conducive to group discussions?
6. Is the meeting site free from **stigma** and **triggers**?

### Relationships Between Members

1. Do group members generally **trust** and **respect** each other?
2. There **is honest, open communication** between members?
3. Do group members **avoid cliquish** or exclusionary behavior?
4. Do members call each other for **support between meetings**?
5. Do members practice **good active listening skills** with each other?
6. Do members **let others finish speaking** before jumping in with advice?
7. Are both new and old **members' needs** taken into account?

### Group Discussion/Process

1. Is your meeting **format flexible** when it needs to be?
2. Are **new members greeted** at the door?
3. Do you have **ground rules** or group discussion rules?
4. Does each member have an **equal amount of time** to talk if necessary?
5. Are the **meetings positive** and constructive?
6. Are group **discussions open to new ideas**?
7. Are group **discussions meaningful**?
8. Is **confidentiality** always observed?
9. Do members express **caring attitudes** towards each other?

### Leadership

1. Does the group feel as though it **belongs to all** of the members?
2. Are **difficult behaviors dealt with** in a timely manner?
3. Are problems solved with a sense of **balance and fairness**?
4. Does the leadership **remain neutral** during disputes?
5. Do the same **rules of conduct** apply to both members and leadership?
6. Can group members take an **active role** in running the group?
7. Can all members of the group **share responsibility** for the group?



*"Be ashamed to die until you have won some victory for humanity."*  
Horace Mann, to the graduating class of Antioch University, 1859

**From the Outside Looking In**

**Individual Member’s Needs:** Write down what you believe to be the top five needs of your group’s members. Evaluate whether or not you think each need is being met. If not, write down what obstacles you think might be in the way of having that need met.

**Need Is it Met? Why Not (Describe Obstacles)**

_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____

**Imagine that you are an outsider** (or a newcomer) to your group. Take a close look at the meeting site. Is it comfortable and conducive to group discussion? Observe how the members treat each other, and how well they listen to each other. Examine the structure of the group. Does it work? Write down what you like about the group, and what areas need work on. Be very honest.

**What I Like About The Group**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What Areas Could Use Improvement?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

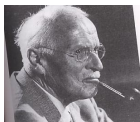
**How Might We, As a Group Make Needed Adjustments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*“Your vision will become clear only when you look within your heart.  
Who looks outside, dreams. Who looks inside, awakens.”*  
Carl Gustav Jung

## **KEEPING GROUP MEMBERS FROM THE START**

One of the major concerns that many self-help group leaders have is getting and keeping group members. It is important to remember that all groups have a certain degree of member turnover—it's just the nature of groups. However, whether it is getting new persons to become members of your group, or retaining old members, there are several steps that can be taken to increase the chances of people returning to your group.

### **Make Newcomers Feel Welcome from the Start!**

As with any growing self-help group, new people come to your group from time to time. In order to encourage the newcomer to return and become a member of the group, there are several measures that can be taken. Keep in mind, however, that regardless of what your group does, not all newcomers will return to the group. That is just a fact of life. However, to ensure that most return, consider the following:

**Group Contact Person:** Making newcomers feel welcome first starts with the group's contact person. As a contact person it is important to:

- **Educate the person about your group** (what it does/does not do). Give the caller or new visitor a realistic view of your group.

- **Listen to the caller** (but only to a certain point): Let the caller talk about their situation—but don't let them talk too much. Instead, let them know that others in the group have had similar experiences to theirs and if they come to the group they can find information, hope and courage.

**If you talk too long, the caller may “get a meeting” on the phone and will no longer have any need to go to the group!**

- **Be empathetic:** Let the caller know that you understand what they are going through. Talk a little about yourself and your situation—but don't talk too much.

- **Put the caller at ease:** Make the caller feel as if they have a new friend in you so that when they attend the meeting they will already know someone and won't be alone.

**The Greeter:** Every self-help group should have a member (a facilitator, contact person or any group member who volunteers) who greets new people at the door. This sets up a welcoming atmosphere right from the start. You can lose a potential member in the first minute if the new person is left floundering by themselves.

- **Personally welcome each new person at the door.** Remember: It takes tremendous **courage** to go to a meeting for a first time. Learn a little bit about their story and the primary reason they have come to the meeting. Introduce them to other members of the group right away—especially any with similar circumstances. If a person walks into a meeting for the first time and is not greeted by anyone, especially if no one smiles at them, they will feel isolated, uncertain if they are in the right room, and probably will never come back. You can lose a potential new member in the first thirty seconds of when they walk in the door.

- **Provide information:** Have information about the group available for the newcomer. This will help



the newcomers feel more at ease and educate them on “group behavior.” If you have ground rules (especially group confidentiality policies), meeting structure, upcoming events, group history, or other information about the group, newcomers will feel more comfortable knowing how the group will run, what activities are planned (which might entice them into coming back) and what is expected of them.

### **For the Facilitator:**

- **Encourage them to participate in the group (if they want):** Find out if the newcomer has any special talents or interests that might help the support group. See if they may be interested in helping out in some way to help make them feel like a part of the group. The more the group feels like “the group’s group” and not just belonging to a leader or clique, the more apt a newcomer will return or participate.

- **Discourage “spilling” of one’s story.** Some newcomers tend to “spill out” their story—it might be the first time that they can talk about their problem with others who truly understand. However, when they get home they think, “Gee, I just told a bunch of strangers some very personal information and now I am too embarrassed to ever go back to the meeting!” To help alleviate this problem, make sure that the newcomers know that other members have had very similar experiences and that others understand what the newcomer has gone through. After the meeting, thank the person for being so honest and validate their feelings. Tell your personal story and how the group helped you.

### **Other Group Members:**

- **Avoid cliquish behavior:** Sometimes groups feel exclusive or cliquish to newcomers. Don’t allow “older” group members to stand around in small, unapproachable cliques before the meeting—mingle with the newcomers. Include newcomers in any after meeting socials. If newcomers perceive cliques or subgroups within the larger group which do not feel accessible to them, they may not come back.

- **Let them know that you understand what they are going through:** When people come to a group for the first time, they do not know the stories and experiences of the other group members. Let the new person know that you truly understand what they are going through. Be encouraging and share some techniques that have worked for you. Never discount their feelings—validate them.

- **Thank them for coming!**

### **Some Additional Ideas for Helping Newcomers:**

- **Newcomer’s table:** Some groups have a newcomers table which might include: name tags (in a different color than regular members), markers or pens, membership forms, newsletters, literature on the group, copy of the ground rules (especially issues such as group confidentiality policies), donation box.

- **Newcomer’s group:** Some groups have a special group just for newcomers which might occur just prior to the regular meeting, or in a separate group that runs concurrently. The newcomers group orients members to the support group culture and community, lets them meet new people who are also newcomers, teaches the rules, regulations, and expectations of your group.

-**Some Newcomers Won’t Come Back** no matter what you do. Expect this and don’t blame yourself. Some reasons include:

- Coming to the group may become emotionality overwhelming.

- They feel better just knowing others have the same problem.
- They might not be a group person.
- They may have had unrealistic expectations about what a self-help group could and could not do.
- If the newcomer “spilled” out everything, they may be too embarrassed to come back.

### **Evaluate Your Group to Distinguish Between Routine and Unhealthy Member Turnover:**

Sometimes a group has a significant turnover of people who attend one or two meetings and then never return. This could be a sign that something is seriously wrong with the group, and if it coincides with other members (or your own) feelings of frustration or needs not being met, it is definitely time to evaluate the group. Here are some possible reasons for rapid turnover in an existing group:

- **Meetings are too negative** – The group has become just a complaint session, or “pity party” with little or no constructive support.
- **Meetings are too boring** – The group only covers old ground, or the format does not allow for new members’ input.
- **Leadership too domineering** – The group doesn’t feel like it belongs to enough people.
- **Meetings feel shallow** – The group doesn’t get at underlying issues of its members, or doesn’t give opportunities for meaningful personal sharing (which sometimes grows out of having too many outside speakers).
- **Meetings feel threatening** – The discussions are too heavy or intense and members are frightened away by angry confrontations that don’t seem to get resolved, or by disruptive members who are not dealt with well by the group.
- **Confidentiality and trust** – Do members trust their fellow group members to protect their privacy? If not, members will be very careful about what they say, or else leave the group.
- **Meeting doesn’t feel “safe” or “comfortable”** – Are members disrespectful to each other? Do they give advice instead of comfort? Do they verbally attack each other during the group discussion? If so, newcomers will not feel safe in participating in the group discussion; therefore probably won’t return.
- **“Group think”** - Do group members trust the other people in the group enough to express their true feelings about something? Would they feel excluded or rejected by the group for taking an unpopular view, expressing a “minority” opinion? In other words, is there a “party line,” a set of group attitudes and beliefs that is very hard to deviate from without being ostracized?
- **Difficult members** – In some groups there can be a person who somehow becomes identified as “difficult,” “oppositional,” or in some other way bothersome and disruptive to the group. How does the group handle this? How a situation like this is handled—humanely or insensitively—can either encourage members to stay with the group, or leave because they know that the shoe can always be on the other foot, and at some point they may be seen as the difficult member!
- **Love, joy and hope** – An important part of the self-help group experience is feeling the relief of not being alone, the joy of helping others, and the hope of seeing what can be done in the future. In

evaluating any group it is important to look at the positives connected with it, and weigh these against the negatives, Is the group a place where people express love and caring for each other? Is the underlying tone one of hope and encouragement? Can people see humor in themselves? Is there laughter in the group?

**REMEMBER!**

Make members **feel welcome** right from the start.

Encourage **member involvement**. Let them know that this is “their” group.

Ensure that the group feels “**safe**” and “**comfortable**.”

If you want new people to come back—**make them glad that they came**.

New members will decide for themselves how they feel about your group—many times without providing feedback. When you evaluate the group (whether as a leader or as a group) make your evaluation honestly. How well your group meets the needs of new members will affect whether or not you have an unhealthy turnover of members.

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*"Kings and cabbages go back to compost  
but good deeds stay green forever."*

Rick DeMarinis

## **EVALUATION OF FACILITATOR TRAINING**

Your Facilitator Trainers wish to improve this system of teaching. We have found the best method for this is to have direct feedback from the students themselves. Your critique of this manual and the way it have been presented shall help in future lessons. Please take a few minutes or take this home to complete this questionnaire and return it to the Trainer when you can.

### **Appearance & Lay Out of the Manual:**

Professional appearing publication? \_\_\_\_\_

Was it laid out in an understandable, concise manner? \_\_\_\_\_

Are the lessons grouped in a well thought out order? \_\_\_\_\_

Any suggestions as to appearance? \_\_\_\_\_

### **Lesson Topics:**

Do the lessons presented apply to your work as a facilitator? \_\_\_\_\_

Are they too specific or too broad? \_\_\_\_\_

Which was the best & why? \_\_\_\_\_

Which, your least favorite & why? \_\_\_\_\_

Any ideas for topics that are not included? \_\_\_\_\_

### **Presentation:**

Did the teachers keep to the lesson? \_\_\_\_\_

Were the teachers able to present the lessons in a logical, efficient manner? \_\_\_\_\_

What did you find they did that was good? \_\_\_\_\_

How might the presentation method be improved? \_\_\_\_\_

### **Training Facility:**

Was the facility conducive to this activity? \_\_\_\_\_

Were there distractions? \_\_\_\_\_

Any ideas of a better place within our means? \_\_\_\_\_

### **Trainer Feedback of the Facilitator:**

How is the feedback from the Training Supervisor you receive after you host a support meeting?

Is it constructive criticism? \_\_\_\_\_

Should there be more or less? \_\_\_\_\_

Might a form for this measuring be helpful? \_\_\_\_\_

Has the feedback helped you be a better facilitator? \_\_\_\_\_

What future seminars for facilitators would you like to see GASS put on? \_\_\_\_\_

What seminars for members should we present? \_\_\_\_\_

What broad topic should be presented? \_\_\_\_\_

**If you feel these lessons have helped you please tell us how in a few words. If you like, use the back.**



## MEMBERSHIP REGISTRATION FORM

This registration form is to become a "registered member" of GASS. Only registered members may vote on any issue or run for board positions. It is not necessary to be a registered member to attend GASS meetings and other functions.

Please provide as much information as you feel comfortable in giving to the organization. All information is for internal use only, and assists in formulating the programs and materials we utilize to support the transgender community. We do not sell or publish this data, it is kept strictly confidential.

DATE: \_\_\_\_\_ PREFERRED PREFIX (i.e. Mr., Ms., Mz., etc.): \_\_\_\_\_ AGE: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

SELF TRANSGENDER DESCRIPTION (i.e. crossdresser, transsexual, gender-variant, significant other, parent, etc.) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOW DID YOU DISCOVER GASS? \_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM GASS? \_\_\_\_\_

\_\_\_\_\_

HOW LONG HAVE YOU IDENTIFIED AS TRANSGENDERED (or your preferred self description)?

\_\_\_\_\_

ARE YOU OR SOMEONE YOU KNOW INTERESTED IN ATTENDING A GASS SOFFA MEETING? (Significant Other, Friend, Family, or Ally) \_\_\_\_\_



Date \_\_\_\_\_ Location \_\_\_\_\_

Group Name \_\_\_\_\_

Facilitator \_\_\_\_\_

Note Name, Gender, Town of Attendees & If their first time, how did they find us.

Rev-5-09

- 1. \_\_\_\_\_
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- 29. \_\_\_\_\_
- 30. \_\_\_\_\_
- 31. \_\_\_\_\_

DISCUSSION

TOPIC: \_\_\_\_\_



## **CONDUCT GUIDELINES & MEETING INTRODUCTION**

Welcome to the Gender Alliance of the South Sound. We appreciate you being here.

This is a support group that in turn counts on YOU for support. GASS can not work without your help. We ask that you contribute 5 or 10 dollars at each meeting, or whatever you can. Every dollar helps. Please consider volunteering to assist with our programs if you can not donate.

- Please turn all cell phones to silent.
- The confidentiality and privacy of all attendees must be respected here and anywhere outside this setting.
- The following are prohibited:
  - Disruptive behavior and side conversations
  - Soliciting dates
  - Offensive weapons such as guns or knives
  - Alcohol or drugs interfering with the meeting
- Our check-in procedure is to allow everyone a chance to tell a little about themselves and how things are going in their lives, particularly relating to their trans status. During check-in, please use "I" statements by talking about yourself, and your feelings... not so much about others.
- We have a limited amount of time and want to allow everyone an opportunity to check-in, and to participate in the topic discussion. Please allow each person to have their say without interruption, and let the facilitator recognize each speaker in turn.
- Politics and religion can be divisive subjects, let's confine our discussion of topics to trans-related themes, and be careful not to step on the beliefs and values of others.

These meetings are to provide a safe and useful environment for transgendered individuals and those who care about them, where we can discuss issues in confidence and safety. It's OK for us to have spirited conversations, and even disagree with each other, but we should remain respectful of everyone. We are a family, and we must really try to understand and support each other.





Please help this group by filling out this questionnaire. By receiving feedback directly from participants, GASS can become more responsive to the needs of its' members. Thank you for your help.

Date \_\_\_\_\_ Location \_\_\_\_\_

- 1) Is our meeting location convenient and safe?
- 2) Is the meeting time consistent and convenient?
- 3) Do meetings usually begin and end on time?
- 4) Is the meeting place comfortable and conducive to group discussions?
- 5) Do group members generally trust and respect each other?
- 6) Is there open, honest communication between members?
- 7) Do you see any cliquish or exclusionary behavior?
- 8) Do members contact each other between meetings for support?
- 9) Do members practice good listening skills?
- 10) Are new members greeted at the door?
- 11) Are the meetings positive and constructive?
- 12) Are group discussions meaningful?
- 13) Is confidentiality always observed?
- 14) Do the members express caring attitudes towards each other?
- 15) Are problems solved with a sense of balance and fairness?
- 16) Do the same rules of conduct apply to both members and leadership?
- 17) Can all members of this group share responsibility for the group?

What I like about this group? \_\_\_\_\_

What areas could use improvement? \_\_\_\_\_

## PERFERED PROVIDER AND RESOURCE GUIDE

### HEALTH CLINICS

#### **BRIDGES HEALTH CARE**

[www.bridgeshealth.com](http://www.bridgeshealth.com)

3817 6th Ave., Tacoma, WA

Executive Director, Mildred L. Smith, MM, 253-209-2532, [mildred@bridgeshealth.com](mailto:mildred@bridgeshealth.com)

Medical Director, Sandra G. Colvard, ND, 253-230-1727, [DrSandy@bridgeshealth.com](mailto:DrSandy@bridgeshealth.com)

#### **COMPLETE WOMEN'S HEALTH CARE**

200 Lilly Road NE, Suite 152, Olympia, WA 98506

360-754-9409, [www.cwhcoly.com](http://www.cwhcoly.com)

Julie A. Dybbro ARPN

Margaret D. Zimmerman ARPN

**COMMUNITY HEALTH CARE CLINICS**, "Very friendly to T folks and is a good source of both general medical care and hormones at reasonable prices."

1102 S. I St., Tacoma, WA 98444, 253-597-3813

1728 E. 44th St., Tacoma, WA 98404, 253-4553

10510 Gravelly Lake Dr. SW, Lakewood, WA 98499, 253-589-7030

11225 Pacific Ave., Tacoma, WA 98444, 253-536-2020

3611 S. D St. (at Pacific & 36th St.), Tacoma, WA 98404, 253-404-0737

134 188th St. S., Spanaway, WA 98387, 253-847-2304

1110 Fryar Ave., Sumner, WA 98390, 253-863-0406

14916 Washington Ave. SW, Lakewood, WA 98498, 253-589-7027

Women's Health, 1213 S. 11th St., Tacoma, WA 98405, 253-597-4163

Urgent Care, 10510 Gravelly Lake Dr. SW, Lakewood, WA 98499, 253-722-1837

**COUNTRY DOCTOR CLINIC**, Dr. Brad Roter

500 19th Ave. E., Seattle, WA 98112, 206-299-1600,

**EMERALD CITY MEDICAL ARTS**, Dr. Michael Rosenfeld, <http://www.ecmedicalarts.com>

**PIERCE COUNTY BREAST & CERVICAL HEALTH**, Free health exam for women over 40

3629 S. D St., Tacoma, WA 98418, 253-798-2987

**PIKE MARKET MEDICAL CLINIC**, Dr. Teresa Murphy  
1930 Post Alley, Seattle, Washington 98101, 206-728-4143 phone \ 206-682-0363 fax,

**QUEEN ANNE MEDICAL ASSOC.**, Dr. Linda Gronko  
200 W. Mercer, Suite 104, Seattle, WA 98119, (206) 281-7163

## PHYSICIANS / MEDICAL PROFESSIONALS

### **DR. ELLEN HARDIN M.D.**

209 Martin Luther King Jr Way, Group Health Cooperative Tacoma, WA  
253-383-6120, Can only see Group Health patients

### **DR. DAVID SCHUMER (MD, General Practice)**

Auburn Regional Medical Center  
202 N. Division, Suite 404, Auburn, WA 98001, 253-804-3483

### **DR. CATHRYN WOON (Chiropractor, Acupuncturist)**

115 S. 8th St., Tacoma, WA 98402, 253-272-9959

## PSYCHO-THERAPISTS / PSYCHOLOGISTS PSYCHIATRISTS / COUNSELORS

**REV. DR. SILVIA BEHREND** Doctor of Ministry. Practicing for over 17 years in parish settings where she dealt with issues ranging from life to death, sexuality, loss, grief, glbtq and all the issues human beings face in the life journey. "I understand how physical presentation, gender roles, gender identification and sexuality interact with one another in unique ways for each individual." She has been an educator, advocate and companion to transitioning people and their families and is married to a transgender partner. "As my counseling is based on soul work, I see all clients as whole human beings. Descriptions of gender identity seem to be a necessary response to the world which negates a client's own experience of themselves. I work to allow the soul to express itself in a congruent way." Sliding scale available.

Behrend Counseling Arts, 2331 Bethel ST. NE., Olympia, WA, 360-259-3971  
[revdocsil@gmail.com](mailto:revdocsil@gmail.com), [www.behrendarts.googlepages.com](http://www.behrendarts.googlepages.com)

**MARILYN BOYLE (MA, MTS)** A Tacoma area counselor and psychotherapist with over 20 years clinical experience. Offering an integrative approach to adults, young adults, and youth in individual, couple, family, or group therapy. She seeks to foster emotional, mental, and relational growth in an atmosphere of trust and respect.

[www.marilynboyle.com](http://www.marilynboyle.com)

917 Pacific Ave., Suit 306, Tacoma, WA 98402, 253-572-7926, [marilyn@marilynboyle.com](mailto:marilyn@marilynboyle.com)

**GABIELLE N. CLAYTON, MA** Masters in Counseling Psychology. *What is your understanding of transgender/transsexual and the issues revolving around it?* "It's when your body doesn't match your spirit and your personality. I hate using the term "wrong body" because I don't think the body is wrong. Just, the gender doesn't match the genitalia. My thing is supporting people where ever they are to figure

that out and also dealing with a society that is pretty f\*cked up. Generally, I think it is very natural. Transphobia p\*ses me off.” “My partner is bisexual and I have a history of working with the lgbt community.” Hate crime victims, suicide and situational depression, life changes of all kinds, I work a lot with teens and parents, couples counseling. Sliding scale.  
Olympia, WA, 360.888.5291, gabi@gabiclayton.com, [www.gabiclayton.com](http://www.gabiclayton.com)

**JANA EKDAHL (MA, LMHC)** Transformational Unfolding is a psychotherapy practice that welcomes the transgender population. I see MtF's, FtM's, CDs, SOs, couples, and other GV individuals. I work with transgender adults and adolescents. Seeing clients in Tacoma for two days every month.  
1020 E. John St., Suite 204, Seattle, WA 98102  
206-328-4747, [janaekdahl@msn.com](mailto:janaekdahl@msn.com), [jekdahlseattle@msn.com](mailto:jekdahlseattle@msn.com)

**DR. PATRICIA FAWVER (PhD)** Affiliated with the Institute for Advanced Study of Human Sexuality, ACS. Her specialties include clinical sexology, transgendered issues, erotic variations, integration of sexuality and spirituality, sexology as a distinct discipline, and sex and advertising. Her practice provides seminars, workshops, and staff training in the areas of individual and couples counseling, sexual function, gender issues, sexual enhancement, desire differences, sexual orientation, and alternative lifestyles. Sliding fee scale  
7406 27th St. W., University Place, WA 98466, 253-564-8408

**TERESA HOLT (MSW)** A full-time lecturer at UWT. Teresa has been providing mental health services to low income individuals and families since 1989; she currently maintains a private practice working with survivors of domestic violence. She reports that her work is influenced by feminist and psycho-dynamic theories with an emphasis on neuropsychobiology. Interests include diversity, mental illness, program development and empowerment for those who have been impacted by maltreatment and/or those typically marginalized in our society, particularly the sexual minority community.  
253-692-5826, [tholt@u.washington.edu](mailto:tholt@u.washington.edu)

**NAOMI B. KNOBLE (M. Ed)** Specializing in transgender couples and individuals. My therapy approach combines a strength-based, solution-focused perspective with research-based techniques and interventions. **Seattle office** (206) 552-9556 - **Tacoma office** at (253) 651-1909 , [naomi@knobletherapy.com](mailto:naomi@knobletherapy.com) . I look forward to making your acquaintance! Sliding scale fee.  
[www.naomiknoble.com](http://www.naomiknoble.com)

**MARCIA MATTHEAI (MTS, M. Ed)**, (pronounced Matt-ay) I use a depth model of therapy with people who are interested in mid to long term therapy. Persons and relationships who recognize a dissatisfaction with their internal or relational lives and are willing to explore the origins of painful thoughts, beliefs, and patterns of behavior will benefit most from my approach.

As a pastoral therapist, my expertise is in integrating spirituality and psychotherapy. My practice is inclusive and open to all expressions of faith and spirituality. I work with the symbolic life of spirituality; dreams, imagination and creativity to bring unconscious material into conscious awareness.

My nursing and theological training support an experiential holistic approach of therapy which promotes using breath to stay present to the body experience, to listen to the deepest self to learn to trust and deepen connection with Self, God, others and creation.

Soul Care Psychotherapy, 615 N. 2<sup>nd</sup> St., Tacoma, WA 98403, 253-761-8808 ext. 1

**NANCY SIGAFOOS**

Sigafoos & Witcher, 114-1/2 N. Capitol Way, Olympia, WA, [nsigafoos@aol.com](mailto:nsigafoos@aol.com) (360) 943-5430 ext. 2  
I have had transgender clients for the entirety of my practice. I have helped many people work on the emotional aspects of being transgender. I have made many recommendations for hormones and surgeries. Certified Hypnotherapist. No sliding scale. "A pillar of strength and counsel in the gay community. She has been involved in transgender counseling for quite some time."

**MASSAGE**

Equaminity Massage & Body Work  
Cameron Buhl, LMP  
253-230-4045  
[equaminitymassage@yahoo.com](mailto:equaminitymassage@yahoo.com)

**HAIR & NAILS**

**BENNO OF GERMANY**, Hair and Nail Design  
3025 Union Ave., Tacoma, WA  
253-272-7577

**CAMPAINÉ HAIR DESIGN**  
904 S. 4th St., Tacoma, WA 98405  
253-274-8594

**CELEBRITY NAILS**  
Parkland  
253-538-2049

**IMAGE TANNING**, Tanning, hair design and accessories  
402 E. 26th St., Tacoma, WA  
253-476-4507

**WORLD NAILS**  
1319 S 38th St, Tacoma, WA  
253 474-7138

**HAIR REMOVAL**

**A NEW LOOK SALON**, Electrolysis, massage, skin care  
Brook Guinn  
2501 East D St. Suite 211, Tacoma, WA  
253-941-5855  
[www.anewlookbybrook.com](http://www.anewlookbybrook.com)

**AMERICAN LASER CENTER**, Ask for Wend  
4707 S. 19th St., Tacoma, WA 98406  
253-759-3737

**AUBURN ELECTROLOGY & SKIN CARE**

Carol Kirkland  
3605 Orchard St. SE, Auburn, WA 98092  
253-333-0485, [www.auburnskincare.com](http://www.auburnskincare.com)

**ELECTROLYSIS BY VICKI**

Vicki Stout  
3000 Limited St, Olympia, WA  
360-870-3607

**MONROE ELECTROLOGY**

Leanne Monroe  
12303 Meridian E., Suite 300, Puyallup, WA  
253-278-6909

**RESTAURANTS / BARS / CLUBS**

**AIRPORT BAR & GRILL**, Primary gay men, transgender friendly  
5406 S. Tacoma Way, Tacoma, WA 98409  
253-475-9730

**CHICA'S CAFÉ**, Latin Fusion Cuisine  
105 Legion Way SW, Olympia, WA  
360-705-2529

**CLUB SILVERSTONE**, Night Club/Gay Bar  
739 1/2 Saint Helens Ave, Tacoma, WA 98402  
253-404-0273

**JAKE'S ON 4th AVENUE**, Night Club/Gay Bar  
311 4th Ave. E., Olympia, WA 98501  
360-956-3247

**LE VOYEUR**, Site of Gender Smash  
404 4<sup>th</sup> Ave E, Olympia, WA 9850  
360-943-5710

**URBAN ONION**, Gay Bar, transgender friendly  
116 Legion Way, Olympia, WA 98501  
360-943-9242

**FINANCIAL CONSULTANTS/PROFESSIONALS**

**MAGGIE WEBB, CPA**  
4907 162<sup>nd</sup> St. Ct. E, Tacoma, WA 98446  
253-531-6105

## **FILM / VIDEO RECOMMENDATIONS**

**“SECOND SERVE”**, The Renee Richards Story - Starring Vanessa Redgrave, 1986 TV Movie

**“TRANSAMERICA”**, Starring Felicity Huffman, 2005 Movie

**“GLEN OR GLENDA”**, Starring (director) Ed Wood, 1953 Movie

## **BOOK RECOMMENDATIONS**

### **(TRANSGENDER)**

**“TRANSGENDER WARRIORS”**, Leslie Feinberg, 1998

**“GENDER OUTLAW”**, Kate Bornstein

### **(TRANSSEXUALS)**

**“TRUE SELVES”**, Mildred L. Brown and Chloe Ann Rounsley, 1996

**“CONUNDRUM”**, Jan Morris, 1970

**“SHE'S NOT THERE”**, Jennifer Finney Boylan, 2003

### **(CROSSDRESSERS)**

**“MY HUSBAND WEARS MY CLOTHES”**, *Crossdressing from the perspective of a wife*  
Peggy J. Rudd, 1994

**“CROSSDRESSERS: AND THOSE THAT SHARE THEIR LIVES”**, Peggy J. Rudd, 1995

**“MY HUSBAND BETTY”**, Helen Boyd, 2003

**NOTES**