

It is important that people find the support that they need to sustain themselves in the recovery process. Getting involved in mutual support groups is a very helpful, if not crucial, way to do this.

Session 8

Using Support Groups & Recovery Dialogues

looks at the emergence of mutual support groups in the field of behavioral health, the importance of creating Operational Guidelines, and the role of the group facilitator or leader in a variety of groups.

Let's Talk About Recovery

Guidelines for facilitating Recovery Dialogues

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By

Appalachian Consulting Group
1727 Turners Corner Road
Cleveland, GA 30528

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Facilitating Groups that Promote Recovery

This training manual is for people who facilitate groups designed to help people with psychiatric diagnoses further what we generally think of as recovery. The meaning of the word 'recovery', as it is used in this manual, is

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

The discussions in the manual are designed to be used with people who know each other and regularly meet together in the same program. The discussions help people reflect on their own lives and on the quality and direction of the program itself.

The belief in recovery is based on the belief that everyone can learn and grow. Everyone can become more independent. Everyone can do more for themselves than they are currently doing in terms of creating the kind of life that they want. Most often behavioral health services focus on decreasing a person's symptoms and emotional distress and increasing the skills, resources and supports that are necessary to live independently in the community. Yet many times people are not ready, for various reasons, to commit to make a major change or to put out the effort to get the skills, resources, and supports

that they need to make a major change in their lives. Recovery Dialogues are discussion groups that have as their major focus re-building a positive self-image and strengthening the belief in one's own abilities and potential for growth.

Recovery often has to do with becoming aware of or realizing that I can begin to take more control of my life and building on that awareness and growing in self-confidence.

Recovery Dialogues are designed to help a person achieve that awareness and increase his or her self-confidence. They are designed to cut across that belief that '*there is nothing I can do that is going to make my life better.*' This is done by enabling depth sharing in a safe environment in order for people to identify and reflect on those times in their lives when they were able to act on their own behalf and affect their lives in a positive manner.

Recovery Dialogues are different from the more traditional help/mutual support groups. While both involve sharing experiences, *Recovery Dialogues* do this by initially focusing the discussion on a topic. Most often this is a printed handout to be read or a story to be told. This allows the individuals in the group to initially focus their attention on something other than themselves. The questions about the printed material or story begin to move the participants' attention away

from the objective material toward their own lives. The questions follow a process that 1) enables individual participation, 2) keeps the group focused on the topic, 3) honors individual perspectives, and 4) moves the sharing to a depth level.

You can either teach a person how to handle negative feelings from your own experience or you can help her look at what she has learned about handling them in the past, clarify and strengthen those learnings and help her apply them to her current situation. This manual uses the second approach.

The facilitator needs to understand that there is a 'flow' or structure (process) to the questions that s/he asks in the *Recovery Dialogues*. The structure is basically the same for every *Recovery Dialogue*. Even though the questions may differ, the function of the questions at each stage of the discussion is the same. First, the facilitator needs to introduce the 'topic'. This is done in the form of a short article, story, quotation, etc. Whenever possible and appropriate, participants are given a copy of the 'topic' as a handout. Many of the handouts in this manual can be used as wall décor. Discussion of the handout prior to using it as wall décor often enables the participants to recall positive experiences when they see the décor. Once the topic is introduced the facilitator asks

questions that get people discussing the topic without having to share their own experiences. This is important because many people are hesitant to share their own experiences. Initially focusing on something other than their own experiences gets the group participating without having to 'expose' any of their own life experiences. Once the group is involved in discussing the topic, the facilitator begins to ask questions that move the group toward their own experiences of the topic being discussed. Finally, the facilitator asks questions that help people relate the topic and their experiences to their own recovery.

The biggest mistake most people make when facilitating *Recovery Dialogues* is that they try to teach people something. They talk too much and do not trust the group. The basic assumption of the teacher is that s/he knows something that the people in the group do not know. This puts the teacher in a power position. The facilitator needs to remember that most people have experienced, at some level, whatever it is that they will be discussing. One of the criteria for a *Recovery Dialogue* topic is that it can be related to people's experiences. Everybody with a psychiatric diagnosis knows something about the struggle to recover – to do more for oneself – to create the kind of life that one wants – to live more

independently. The basic assumption of the facilitator is that the group has experienced everything they will be discussing. The facilitator needs to help them know what they know.

Four Examples of Recovery Dialogues

The first four *Recovery Dialogues* explain the flow and function of the questions in Recovery Dialogues. They include detail instructional information as to the role and function of the questions. After the examples, the Recovery Dialogues do not have as much instructional detail. The basic guidelines follow throughout - you introduce the topic, -try to get everyone participating in the first question, -move from the topic to people’s experience with the topic, -then how this helps in recovery, and-finally ask how we can improve them program.

In the first, ‘*Being Disabled by Despair*’, the topic is held in a short quotation. In the second, ‘*Signs of Recovery*’, the topic is presented in a series of statements about the topic. In the third, ‘*I want my life back*’, the topic is introduced in three short stories. In the fourth, ‘*Good Days – Bad Days*’, the topic is held in a phrase and a visual image. In the first two, copies of the quotation and the statements can be given to the

participants. They can also be put on the wall as décor.

It is very important to the participatory nature of the dialogue that everyone be given an opportunity to talk very early in the group process. Since it is assumed that everyone knows each other, there will not be a need for introductions. The first question in the dialogues usually allow for everybody to have the opportunity to respond.

Toward the end of each dialogue the group’s attention is moved away from their experiences and is focused on how the program may be improved. You end the dialogue by thanking people for their participation.

Each Recovery Dialogue has a section called “Guidelines for the Facilitator”. This is for the facilitator’s benefit and not shared with the group. Also, words in italics are instructions to the facilitator and are not shared with the group. Words in bold print are the questions the facilitator asks or comments s/he makes. The asterisks * are where you want to spend most of your time.

It is very important that the facilitator read through the material and answer all of the questions in his or her own mind before facilitating the dialogue with a group.

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Example # 1

Topic: - Being Disabled by Despair

Handout: A quotation – “When one lives without hope, the willingness to do is paralyzed. ...It is being disabled, not by illness or disease, but by despair.”

Guidelines for the Facilitator: *The purpose of this discussion is to help people see that much of what we call apathy, lack of motivation, etc. is really despair that comes from the lost of hope. The discussion enables them to share what has helped when they felt hopeless. This is where you spend the most time and push the group for depth answers.*

Today we are going to have a discussion on hope and despair and how despair can disable a person. In order to get started, I want to share with you a statement by Patricia Deegan, who was diagnosed with schizophrenia at 17.

“...for months I sat in a chair in my family’s living room, smoking cigarettes and waiting until it was 8:00 PM so I could go back to bed. At this time even the simplest of tasks were overwhelming. I remember being asked to come into the kitchen to help knead some bread dough. I got up, went into the kitchen, and looked at the dough for what seemed an

eternity. Then I walked back to my chair and wept. The task seemed overwhelming to me. Later I learned the reason for this: when one lives without hope, the willingness to do is paralyzed as well. ...It is being disabled, not by disease or injury, but by despair.”

(Put the quotation- “When one lives without hope, the willingness to do is paralyzed. ...It is being disabled, not by illness or disease, but by despair.” on the wall in front of the group so that it becomes a visual image. Read the quotation again to begin to narrow and focus the topic.)

What do you think people are like when they have lost all hope?

What do they think about? What is going on in their mind? What are they feeling?

(The purpose of these early questions is to get the group thinking about what it is like to live without hope without having to talk about their own lives. Even the questions in this part of the discussion have a flow – ‘look like’ – ‘think about’ – ‘feel’. It is often easier to talk about someone else’s pain than our own. They are, more than likely, thinking about times in their own lives when they had no hope, but they do not have to share those experiences right off the bat when they may still feel uncomfortable or a little hesitant.)

What do you think might cause people to lose all hope?

(We are still talking about 'people', but it is easier to describe a person who is in despair, than to talk about our own despair. When we move to 'cause' we move more into our own experience and what may have caused our own hopelessness. But, in theory, we are still talking about other people.)

How does 'not having hope' paralyze a person's will to do?

(We are still talking about people in general - which includes everyone in the group.)

When people have lost hope, what is helpful in moving them out of that darkness and despair?

(We are still talking about 'people'.)

***What was not helpful when you felt hopeless?**

***What was helpful when you felt hopeless?**

(These questions move directly into the participants' experiences of hopelessness, but do not focus on the darkness and despair, but what helped and not helped them move through it. This is where you want to spend most of your time.)

What could we do to make this program more helpful for people when they do not feel very hopeful - when they are in darkness and despair? (You may want to make a list of the group's suggestions for further discussion at a later date.)

When one lives without hope, the
willingness to do is paralyzed.
...It is being disabled, not by illness or
disease, but by despair.

--Patricia Deegan

Example #2

Topic – Signs of Recovery – “I know I am moving forward when...”

Handout – A series of statements about the ‘Signs of Recovery’

Guidelines for the Facilitator: *The purpose of this discussion is to help people look at their own recovery, how they know when they are doing well and what they do to keep themselves doing well.*

In order to begin our dialogue, I want everyone to give a word or phrase that comes to your mind when you hear the word ‘recovery.’

(Hand out the ‘Signs of Recovery’ worksheets)

This sheet contains what I call ‘signs of recovery’. These statements came from a workshop with a group of about 20 consumers. They are real life experiences that consumers used to describe ‘recovery’ in their own lives. I want us to read aloud these statements-one at a time. I will read the opening statement and you will follow with the first statement. Then I will repeat my statement and you will read the second statement and so on until we have read all of the statements. “I know that I am moving forward in my recovery when...”

Which of these statements spoke the most to you?

(The purpose of these early questions is to relate the group to the statements. At this level you are not interested in why that statement spoke to someone. Quickly get answers from 1/3 – ½ of the group. They have thought about their own experiences, but you don’t want them to share those yet.)

We have been talking about statements from other consumers. What statements would you add?

I know that I am moving forward in my own recovery when...

You are asking the group to share examples of when that happened. When a person adds a statement, ask them “Why that statement?” “Why is that an important sign for you?” “How does that let you know that you are doing well?”

Let’s look at the first two words in each of the statements.

Quickly read or have someone or the group read these words. I find... I become... I know... Etc. until you read all eighteen.

***What do you know about recovery? What has your experience taught you?**

Now you are ready for the participants to start sharing more of their own experiences. This is where you want to spend most of your time. Here you can begin to push people to think deeper about what they know with questions like-“How did you learn that? How does know that affect your life? Etc.

What are some things we could do to make this program even more helpful in people's recovery? *(You may want to make a list of the group's suggestions for further discussion at a later date.*

I know that I am moving forward in my recovery when...

- ...I find myself questioning people who say I will not recover.
- ...I become more aware of those things that I am good at.
- ...I know what I can handle and what I need to share with the professionals.
- ...I am able to setup safe guards for myself.
- ...I learn from my peers and get support from them.
- ...I see trouble coming before it arrives.
- ...I think I may have a chance.
- ...I know who and what's not good for me.
- ...I realize what sets me off and stresses me out.
- ...I know how to work the system.
- ...I know when my behavior is appropriate and inappropriate.
- ...I am able to hear "hope" from my peers - "Hang in, its not forever."
- ...I know the difference in symptoms and stigma and am developing coping skills for each.
- ...I believe I can recover.
- ...I know when to leave a situation because it has given me all it can.
- ...I realize that my past life has value.
- ...I know when I need a special kind of help and seek it out.
- ...I know that sharing with peers helps put things in perspective.

Example # 3

Topic - I Want My Life Back

Handout: There is no handout. The topic is presented in three short stories.

Guidelines for the Facilitator: *The purpose of this discussion is to help people think about what it means to ‘lose one’s life’ with the onset of a psychiatric diagnosis and to think creatively about the kind of program activities that people would find helpful in ‘getting back their lives.’*

I want to share with you three stories that someone told me.

He was facilitating a training course in Brooklyn. A young man came up to him and said, “I have been coming to this clinic for six years. I take my meds. I talk to my counselor. I see my doctor. And I still don’t have a life. What more do I need to do?”

The second story involved a woman from Vermont who had been leading a ‘normal’, productive life. Then her life began to fall apart. She was diagnosed with manic-depression. Many of the things she had been able to do, she could no longer do. In the midst of her anger she said, “I want my life back!”

The third story was about a young

man whose college education has been interrupted by the symptoms of schizophrenia. Over the past 2-3 years he had been in and out of hospitals, half-way houses and day treatment programs. In the midst of his frustration, he said, “I just want to get on with my life.”

The next questions focus the group on the stories.

What caught your attention in those three stories?

All three people said, in one way or another, that they wanted their lives back. What do you think that meant for them? What did they want?

The next two questions move the group away from the stories to what they think? They are beginning to consider their own experiences.

What does it mean to have a life?

What is it like to feel you don’t have a life?

The next question relates to what they have learned from their own experience.

What works against a person with a psychiatric diagnosis ‘getting a life, or getting back her life, or getting on with his life’?

The next question asks the group to share their own experiences and what has helped them. This is where you want to spend your time and push the group to articulate deeply what they know about getting back or getting on with their lives.

When you felt like you did not have a life, what has helped you get your life back?

You want to get 4-5 people to answer the next question in detail. Push them on how their suggestions would really help people.)

***If you had 12-15 people in a program who did not feel that they had a life, what kind of activities would you set up in the program that might help them?**

Pull the discussion toward the end by asking the following questions.

Which of these suggestions could we begin to implement in our program?

What would be involved in implementing them?

Example # 4

Topic – Good Days – Bad Days

Handout – There is no hand out.

Guidelines for the Facilitator: –

The purpose of this conversation is to enable people to realize that they already know some ways of taking care of themselves. They need to become more aware and disciplined. While this conversation can be used as a stand-alone conversation, it is a good conversation to use to begin to get people thinking about creating their own wellness program. It can be followed up with Mary Ellen Copeland’s Wellness Recovery Action Plan (WRAP)© and a WRAP support group.

Today we want to talk about good-days and bad-days.

How many of you have good days?

How many of you have bad days?

Some days we feel good. Some days we feel bad. Good days and bad days don’t just happen. There is something going on that causes us to feel the way we do.

Now you are going to ask people to share their experiences of what it is like to have good days and bad days. They are relating the topic to their own lives.

How do you know when you are doing well? ...having a good day? What are you like physically, mentally and emotionally?

How do you know when you are not doing well? ...having a bad day? What are some of the physical, mental and emotional indications?

The next questions begin to push people to think more deeply about their own experiences.

What are some of the things you do that help you have good days? (Example – Whenever I _____, I seem to have pretty good days.)

What are some of the things that cause you not to do well? (Example – Whenever I _____, I seem not to do so well.)

The next area is where you want to spend most of your time. It is here that people begin to see that they can do things that have a positive effect on their lives.

***When you are not doing well, what are some of the things you have found helpful for getting you back on track? ...back to doing well? ...having a good day?**

(A different way to ask the same question)

***What do you do to turn a bad day around and make it a good day?**

It is interesting that we all seem to know what to do to have more good days and how to turn a bad day into a good day, we just don't always do what we know is best for us.

What do we need to do to help more of us take what we know and begin to create our own wellness programs?

Or you could use this discussion to introduce a Wellness Recovery Action Plan (WRAP) group that you hope to start in the next week. You would then use this time to announce this to the group and have a short discussion of when it may start, etc.

Additional Recovery Dialogues

Topic: Hope as the Beginning of Recovery

Handout –“In my darkest moments, hope emerged when....”

Guidelines for the Facilitator: *The purpose of this discussion is to help people look at the role hope plays in recovery and how they sustain hope in their lives.*

In order to begin our dialogue on “Hope as the beginning of recovery”, I want everyone to give a word or phrase that comes to your mind when you hear the word ‘hope.’

What are some of the songs, poems, or saying that speak of hope? *(Be sure to have a few of your own that you can use to ‘prime the pump’ if the group can’t immediately think of any.)*

How would you define “hope”? *(Dictionary definition - “expectation of something desired”).*

(Pass out worksheet on “Hope emerges when...) **This sheet contains statements from a workshop with about twenty consumers. They were asked to think of a very dark and difficult time in their own lives when they had lost all hope - when life seems to have lost all meaning. What**

happened to give them hope? I want us to read aloud these statements, one at a time. I will read the opening statement and you will follow with the statements listed below - one at a time in the order in which they are written. “In my darkest moments, hope emerged when...” (Repeat this process until all statements are read.)

Which of these statements spoke the most to you?

We have been talking about from other consumers, what statements would you add to the list?

What has your experience taught you about when hope emerges?

We all know that once you begin to slide into “darkness and despair”, it is difficult to pull yourself out. The key is to not begin the slide. What are some of the things you do to sustain hope in your life?

What are some things we could do to make this program even more helpful in keeping hope alive for people?

In my darkest moments, hope emerged when...

...I was distracted by another tragedy.

...I realized that so many people do care about me.

...someone consoled me.

...I realized that I had fought so hard to survive that I shouldn't give up now

...I heard a voice that said "no way".

...I realized that I could make a million mistakes and it doesn't matter.

...I realized that there was something beautiful I could see.

...I realized someone needed me.

...someone enabled me to participate in the normal activities of life.

...I realized that I was afraid of dying.

...I realized there were people worse off than me.

...I turned to my faith that it would get better.

...the hate I was feeling was overcome by love.

...I realized that I was not alone.

...someone noticed how bad it was and really listened.

...I realized I had a belief in myself that couldn't be taken away.

...I was able to forgive someone else.

Topic – Feeling Disempowered

Handout: A series of statements made by consumers entitled , ‘I feel disempowered when...’

Guidelines for the Facilitator: *The purpose of this dialogue is to engage the participants in a discussion about how they deal with potentially disempowering situations in their lives.*

Today we want to talk about empowerment by first looking at disempowerment. I want everyone to give a word or phrase that comes to mind when you hear the word “empowerment.”

If all of these things have to do with “empowerment”, what does disempowerment mean?

(Pass out the worksheet on “I feel disempowered when...”) **This sheet contains statements from a research project conducted by Judy Chamberlain. Consumers were asked to define the word “empowerment.” The following statements are the opposite of what they saw as empowerment. I want us to read aloud these statements, one at a time. I will read the opening statement and you will follow with the statements listed below - one at a time in the order in which they are written. “I feel disempowered when...”**

(Repeat the process until they are all read.)

Which of these statements spoke the most to you? *(Get answers from about ½ -1/3 of the group.)*

We have been discussing what other people have said. What statements would you add? What kind of experiences do you associate with disempowerment (not feeling good about your)? *(Get 2-3 answers to each question.)*

Does anyone have a particular disempowering experience you would like to share?

The next question is where you want to spend time and push people for clear, depth answers.

***How do you care for yourself when things like that happen? What’s helpful? What’s not helpful?**

What do we need to do to make our programs and environment here less disempowering?

I feel disempowered when...

- ...I am not allowed to make my own decisions.
- ...Other people question my abilities.
- ...I can’t get information and resources that I feel I need.
- ...I am told that this is my only option or choice.
- ...Others tell me I will never get better.
- ...I am told that I will never amount to anything.
- ...Others talk about me as if I were not there.
- ...I am criticized for asserting myself.
- ...I am labeled as “chronic” or “incurable.”
- ...I am seen as a “case history.”
- ...Other people do not listen to me.
- ...I get angry and am told that I am “decompensating” or “out of control.”
- ...My right are abused or taken away.
- ...People refer to be as a “mental patient”, or “crazy” or used other labels.
- ...I am told that I will never be able to do anything worthwhile.
- ...I am forced into activities that I feel are not helpful.
- ...Other people label me as incompetent.
- ...I am never given a chance to do what I want to do.

Topic – Beyond Just Treatment Services

Handout: A one-page sheet on the differences in Treatment Services and Rehabilitation Services.

Guidelines to the Facilitator: The purpose of this discussion is to help people understand the difference in Treatment Services and Rehabilitation Services and to understand how they complement one another.

We want to look at the difference between Treatment Services and Rehabilitation Services.

Use the sheet on Treatment Services and Rehabilitation Services as the basis for a talk or hand out the sheet to the participants and read through it with the group asking for examples. Present the Treatment Services first. Then read the sentence, “A person with severe mental illness wants more than just symptoms relief.”

What more do people want than just symptom relief?

After a brief discussion, present the Rehabilitation Services. Then ask the following questions:

What are some of the consequences of mental illness?

Assume there were two doors leading out of this room. One has a sign on – “Enter here and get some medication and therapy to help reduce your symptoms.” The other door has a sign on it that read, “Enter here and get the skills, resources and supports to reach your goals.”

What do you think might be going on in each room? *(First look at the Treatment Services room – then look at the Rehabilitation Services room.)*

Which door would you want to enter? Why? *(If it does not come from the group, the facilitator needs to remind the group that both kinds of services are necessary. A good quotation is from a person who said, “Treatment services saved my life. Rehabilitation services gave me back my life.” Usually the short-coming is on the side of the rehabilitation services).*

Which of those rooms is more like the programs you are currently going to? (Or for staff – the programs you are currently offering?)

What would have to happen in our current programs to make them more like what is the ‘best in both rooms?’

When physical illness has a catastrophic effect on one's ability to function, i. e. a stroke, treatment is most often followed by rehabilitation – enabling the patient to 'recover' as much of his/her life as possible. Until recently, this rehabilitation dynamic has been missing from the behavioral health service delivery system.

	<u>Focus</u>	<u>Purpose</u>	<u>Activities</u>
Treatment Services	The illness and reduction of Symptoms	Decrease of emotional distress	Psychiatric Diagnosis Medications Psychotherapy

A person with severe mental illness wants more than just symptom relief.

Rehabilitation Services	The consequences of the illness and the rebuilding of a positive self-image.	Provide skills, resources and supports to maintain and sustain independence.	Goal Setting Skills Teaching Resource Coordination Supports Development
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Notes:

Topic – I’m not as sick as I have been led to believe

Handout: There is no handout. The topic is presented in a story.

Guidelines to the Facilitator: – The purpose of this discussion to enable people to realize that many of their ‘limitations’ are not from their diagnosis, but from believing what others have told them about people with their diagnosis.

I want to share a story with you that a consumer recently shared with me. *(Read or share in your own words the following statement to the group and then ask the questions that follow.)*

“A few years ago my doctor told me that I was pretty much stabilized. My medication seemed to be working. I basically had my symptoms under control. I was able to work a couple of hours a day and I spent some time each day going to program. He said that it was now up to me to accept the limitations of my illness and stop feeling sorry for myself.”

Why would a doctor tell someone this?

What do you think it meant for this person to ‘accept the limitations of her illness’?

Let’s continue the story.
“Then something happened and I realized that I was not as sick – as disabled – as I had been led to believe. I sensed that I could do more than work a couple of hours a day and spent some time each day going to program.”

What does that statement mean?
– “...that I was not as sick – as disabled – as I had been led to believe.”

What do you think might have happened? What helped this person begin to see her abilities and potential for growth in a new light?

What changed for this person?

***Someone share a time in your life when you realized that you were not as “disabled as you had been lead to believe” – that you could do more with your life.**

**As people share these stories, ask questions that help them to articulate what it was that catalyzed the new realization and how that changed their life.*

What do we need to do in our programs that would help people here continue to explore what are ‘real’ limits and what are ‘perceived’ limits of their illness.

Topic – Taking Care of Oneself

Handout: A one-page sheet called 'Taking Care of Oneself – Fourteen Ways'

Guidelines to the Facilitator: - The purpose of this discussion is to help participants think through ways that they can and do take care of themselves.

Today we want to talk about how we can take better care of ourselves.

(Hand out the list "Taking Care of Oneself– Fourteen Ways")

After everyone has had time to read through the list ask the following questions.

Which one caught your attention?

Did any of them surprise you?

Someone pick one of the ways of caring for yourself that you use and tell us what you do and what it does for you. *(Try to get most of the group to share.)*

What works against you taking care of yourself? What makes it difficult to take care of yourself?

What have you learned about taking care of yourself?

***How do you get yourself to do those things that take care of you when you don't feel like doing them?**

What do we need to do in our programs to help people take better care of themselves?

Taking Care of Oneself – Fourteen Ways

Do something special for yourself... Have your hair done, go out for dinner or a movie, buy yourself a gift.

Do something that gives you space from the tensions and chaos of life... Go for a ride, take a walk, window shop.

Do something that engages your creativity or talents... Work in a garden, play the piano, write a poem.

Do something that you enjoy or relaxes you... Listen to music, take a hot bath, read a book..

Do something that takes some of the chaos out of your life and gives you a sense of control... Organize your day, create a ‘to do’ list, clean your house.

Do something that cuts over against old negative self talk... Practice reality checks, create a Wall of Accomplishments, re-state the actual situation.

Do something that connects you with other people... Go to a support group, phone a friend, join a club.

Do something that connects you with your Higher Power... Go to church, Meditate, pray.

Do something that symbolizes a new decision you have made about how you are going to live... Shower and shave each morning, dress for the day, cut-out junk food.

Do something that enables you to give of yourself to someone else... Help in a soup kitchen, share with another person how you deal with difficulties, visit a shut-in.

Do something that prevents old patterns from setting in (i. e., isolating)... Schedule things you need to do, force yourself to make commitments, keep busy.

Do something that challenges your thinking... Read a good book, go to a seminar, take a course.

Do something that helps you reflect regularly on your life... Write in a journal, keep a daily gratitude list, note your week’s accomplishments.

Do something that keeps you healthy... Exercise at least 30 minutes a day, maintain a healthy diet, get adequate sleep.

Topic:- Surrounded by Possibilities

Handout: A question: “When people are having difficulty seeing ‘recovery’ as a part of their lives, they need to be surrounded by the possibilities of recovery.”

Guidelines for the Facilitator: This dialogue requires that people spend some time writing their answers. If some people have difficulty writing, the group can work in small groups and report back. The purpose of this discussion is to examine how you change negative self-images when people tend to filter out messages that contradict what they believe about themselves and let in messages that reinforce the existing negative self- image. It is best done after you’ve done the session on ‘Creating Program Environments that Promote Recovery’

Today we want to talk about how you change negative self-images.
(Put the quote on the wall. Read it or have someone in the group read it.)

How would you know if a person was having difficulty seeing recovery as part of his or her life?

What would that person be talking about or not talking about?

How would you know if a staff person was having difficulty seeing recovery as part of the lives of consumers they work with?

What would that staff person be doing or not doing?

**Hand out the worksheet and ask people to take a few minutes to individually write 5-7 things that could be done. Get individuals to share what they have written. Reflect on which ones may be the most difficult, the easiest, most catalytic, etc.*

What could we do in our programs here to better ‘surround everyone with the possibilities of recovery?’

**When people are
having difficulty
seeing ‘recovery’
as part of their
lives, they need to
be surrounded
with the possibility
of recovery.**

Participant Worksheet

“When people are having difficulty seeing ‘recovery’ as part of their lives, they need to be surrounded by the possibilities of recovery.”

List 5-7 things you would do to surround staff with the possibility of recovery.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

List 5-7 things you would do to surround consumers with the possibility of recovery.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Topic: Definitions of Recovery and Hope

Handout: There is no handout. The topic is held in the definitions. The definitions could be written on a large piece of paper and put on the wall as decor, but it is not necessary

Guidelines to the Facilitator: There are no special instructions.

We want to spend some time talking about ‘recovery’ and ‘hope’. First, I would like to share a definition of recovery.

Recovery is the process of gaining control over one’s life – and the direction one wants that life to go – on the other side of a psychiatric diagnosis and all of the losses associated with that diagnosis.

What for you are key words or phrases in the definition? Why?

What about a psychiatric diagnosis works against people ‘gaining control over their lives’?

What has been helpful for you in gaining control?

Now let’s look at a definition of ‘hope’.

Hope is the belief that one has both the ability and the opportunity to engage the recovery process.

What are some things that people with a psychiatric diagnosis often do not believe they have the ability to do?

What are some things that people with a psychiatric diagnosis often do not believe they have neither the ability nor the opportunity to do?

What’s the difference in believing you have the ability, but not the opportunity and believing you have the ability and the opportunity?

***When you felt like you did not have the ability and/or opportunity to what you wanted to do, what helped you move beyond that?**

***What is going on in this program or behavioral health center that works against people believing in themselves?**

What could we do in this program to increase people belief that they have both the ability and the opportunity to gain more control over their lives?

Topic: Becoming the Person You Want to Be.

Handout: There is no handout. The topic is held in the conversation between Aunt Sophie and Kat.

Guidelines for the Facilitator: There are no special instructions.

Today we want to talk about “Becoming the person you want to be.”

The following is an excerpt from a conversation between Aunt Sophie and Kat in Sidney Sheldon’s novel, “Nothing Lasts Forever.”

Aunt Sophie - “...from now on, you are going to stop running away. You know that song they sing on *Sesame Street*? ‘It’s not easy being green’? Well, honey, it’s not easy being black, either. You have two choices. You can keep running and hiding and blaming the world for your problems, or you can stand up for yourself and decide to be somebody important.”

Kat - “How do I do that?”

Aunt Sophie - “By knowing that you are important. First, you get an image in your mind of who you want to be, child, and what you want to be. And then you go to work, *becoming* that person.

What words, phrases or images caught you attention?

What do you think Kat was running away from? What was she hiding from? What was she blaming the world for?

Aunt Sophie substituted ‘being black’ for ‘being green’. What if we substituted ‘having a psychiatric diagnosis’ for ‘being green.’

Re-read the story –

Aunt Sophie – ““...from now on, you are going to stop running away. You know that song they sing on *Sesame Street*? ‘It’s not easy being green’? Well, honey, it’s not easy having a psychiatric diagnosis, either. You have two choices. You can keep running and hiding and blaming the world for your problems, or you can stand up for yourself and decide to be somebody important.”

Kat - “How do I do that?”

Aunt Sophie - “By knowing that you are important. First, you get an image in your mind of who you want to be, child, and what you want to be. And then you go to work, *becoming* that person.

Why is that not easy?

What might a person run from, hide from or blame the world for if that person has a psychiatric diagnosis?

Aunt Sophie gave four pieces of advice to Kat.

- 1) stand up for yourself**
- 2) decide to be somebody important**
- 3) get an image in your mind of who and what you want to be**
- 4) go to work becoming that person**

Which of those do you think is the most important?

Which is the hardest?

Get 3-4 people to answer the next questions.

***Someone share with the group who and what you want to be.**

***What is the work you have to do to become that person?**

Then close with the following question.

What could we do in this program to help each become the people we want to be?

Topic: Anxiety – a natural experience or a symptom of my diagnosis

Handout: There is no handout.

Guidelines for the Facilitator: The purpose of this dialogue is to help people understand that seeing all emotions as symptoms can possibly intensify the experience. This may be a difficult discussion to get people involved in, but it could be very beneficial.

Today we want to talk about anxiety. Let’s start with a dictionary definition.

- Anxiety is a state of being uneasy, apprehensive, or worried about what may happen; concern about a possible future event; an abnormal state, characterized by a feeling of being powerless and unable to cope with threatening events.

What are some of the feelings, physical sensations, emotions that people experience and call ‘anxiety’?

Let’s create a situation to work with.

You suddenly remember that you have a major report due tomorrow. You realize that there is a real possibility that you will not have the report done. You begin to feel very anxious.

How do you experience that anxiety? ...Emotionally? ...Physically? ...Mentally? (Try to get the group to be as specific as possible.)

Why does the body/mind create these moods, feelings, emotions, physical sensations? *(Let the group share their answers around this questions for 5-6 minutes. If no one mentions it, share with the group that what we call anxiety is the body and mind’s ‘call to examination.’ Everyone experiences what we call anxiety in situations like the one we discussed.)*

What is the difference in saying to yourself - “I am being called to examine what is going on in my life.” - and - “I am beginning to get symptomatic.” ?

Let the group play with this question for a few minutes.

Let’s look at a couple possible scenarios.

First scenario – You believe that your experience of anxiety is the early experience of the symptoms of your psychiatric diagnosis.

You suddenly remember that you have a major report due tomorrow. You realize that there is a real possibility that you will not have the report done. You begin to feel very anxious.

Remember that you believe that your experience of anxiety is the early experience of the symptoms of your psychiatric diagnosis.

**How do you experience that anxiety?
...Emotionally? ...Physically?
...Mentally?**

The anxiety begins to increase.

**What do you begin think? What is
your self-talk? What do you begin to
do?**

**Where is this taking you? What is
responsible action for you at this
point?**

**Second scenario – You believe that
your experience of anxiety is the
body and mind's 'call to
examination.'**

**You suddenly remember that you
have a major report due tomorrow.
You realize that there is a real
possibility that you will not have the
report done. You begin to feel very
anxious.**

**Remember you believe that your
experience of anxiety is the body and
mind's 'call to examination.'**

**How do you experience that anxiety?
...Emotionally? ...Physically?
...Mentally?**

**The anxiety begins to increase.
What do you begin think? What is
your self-talk? What do you begin to
do?**

**Where is this taking you? What is
responsible action for you at this
point?**

**What have you learned about
difference in 'early warning signs'
and the 'call to examination'?**

What is the value of knowing this?

What might be some of the dangers?

**What could we do in this program to
help people better understand and
cope with anxiety?**

Topic: Entitlements

Handout: There is not handout.

Guidelines for the Facilitator:
There are no special instructions.

**Today we want to talk about
‘entitlements’.**

**I want to share with you a statement I
overheard someone say.**

**“I’m entitled to the entitlements that
the system owes me.”**

**What are some of the entitlements
that this person might believe she is
owed by the system?**

**Where to you think that belief comes
from? Why would a person believe
that the system owes her something?**

**What role or function do you believe
entitlements play in recovery?**

**When a person says, “I’m entitled to
the entitlements that the system
owes me.” What role does that belief
play in that person’s recovery?**

**What to you believe the system owes
you? Why do you believe it owes
you that?**

**What could we do in this program to
help people better understand both
the positive and negative roles of
entitlements in the recovery
process?**

Topic: I am More Than My Diagnosis

Handout: There is no handout.

Guidelines for the Facilitator:
There are no special instructions.

I want to share with you a statement that someone shared with me. A lady made this comment at a behavioral health conference.

“For 37 years I knew my diagnosis, but I did not know me. I was afraid if I gave up my diagnosis, I would not know who I was”.

What was this person saying?

What might have happened to cause her to feel that way?

What do you think her life was like for those 37 years?

Would someone share what it is like to see yourself as your diagnosis?

What have you found helpful in seeing that you are more than your diagnosis?

How has that changed your life?

What could we do in this program to help people see that they are more than their diagnosis?

Topic – Learning about one’s Diagnosis

Handout: There is no handout. The topic is held in the book excerpt.

Guidelines for the Facilitator:
There are no special instructions.

We want to talk today about educating oneself about one’s diagnosis.

In Vanessa Sawyer’s book, “Journey from Madness to Sanity,” she writes
—

“Until I was hospitalized for the second time, I never really believed that mental illnesses were, in fact, serious disorders... Since I had survived two major episodes, I began to take time to learn about this thing called Bipolar Affective Disorder. I read up on the medications, the illness, and different therapeutic alternatives. I also studied the symptoms and outcomes of several cases. I learned that I was not alone, and I could still have a productive life. I studied all I could, because I wanted to be able to effectively live with this illness.”

What caught you attention about her statements?

What do you think caused her to want more knowledge?

***When have you found yourself wanting to know more about your diagnosis?**

***What have you learned and how has that helped you?**

How could we use this program to help people learn more about their diagnoses?

Topic: - Impact of Illness

Handout: There is no handout

Guidelines to the Facilitator: *This Dialogue is the first of five dialogues on the Five Stages in the Recovery Process. The dialogues are designed to help people understand the Five Stages and the danger at each stage. They help the group begin to build a common framework, language and imagery for talking about the recovery experience.*

We want to spend some time today talking about one of the Five Stages in the Recovery Process.

We want to talk about the ‘Impact of Illness’ stage. *(You may want to write this statement on a flip chart.)*

We will talk about the other stages in our next sessions together.

The impact that a mental illness can have on a person’s life can be very devastating. Patricia Deegan describes the onset of a mental illness as “a catastrophic shattering of one’s hopes, dreams and expectations.” If you think of this time as the time from when a person first begins to experience what we call psychiatric symptoms through the time of getting a diagnosis and some relief from the symptoms, what words or phrase would you use to describe this time in a person’s life? Why does a person often give up or reduce his hopes, dreams and expectations after being diagnosed with a mental illness?

The greatest danger is that a person begins to see himself differently – in a negative way. His identity get tied up in his illness? Why does this happen?

What does it mean to begin to see yourself as your illness? What is that like?

What does the following statement mean? “Re-defining oneself in mental illness terminology automatically limits one’s beliefs as to what he can or will be able to do.”

(You may want to use this quotation as a handout or have it written in big block letters so you can put it on the wall.)

Would someone who has experienced what we’ve been talking about share what this time was like for you?

(The next question is where you want to spend most of your time. Get as many people to share as possible. Push for what other people actually did and how it helped.)

***What helped or would have helped you begin to see yourself in a more positive manner?**

What could we do in this program/at this agency to help reduce the negative impact of a mental illness and help people see that there is life after diagnosis?

Topic: Life is Limited

Handout: There is no handout

Guidelines to the Facilitator: *This Dialogue is the second of five dialogues on the Five Stages in the Recovery Process. The dialogues are designed to help people understand the Five Stages and the danger at each stage. They help the group begin to build a common framework, language and imagery for talking about the recovery experience.*

We want to spend some time today talking about another one the Five Stages in the Recovery Process.

Last time we talked about the ‘Impact of Illness’ stage. Today we want to talk about the ‘Life is Limited’ stage.
(You may want to write this statement on a flip chart.)

This is that time when a person has resigned herself to a life without possibility of anything ever changing. She has at some level decided that her life as she has known it is over. She has no future. She gives into a ‘limited life’ of living on benefit checks, going to program, watching TV, etc., etc. She may believe that she will never be able to work, get an education, live on her own, have significant relationships or a lot of friends. She has the tendency to think of herself as a ‘mental patient’ without a real future.

Why does a person often live for years in the behavioral health system without seeing any possibility for having a different life? What is going on that would cause this?

The danger is that she begins to resign herself to the belief that this is her life. She becomes very negative about her future. Patricia Deegan says. “When one lives without hope – when one has given up – the willingness to ‘do’ is paralyzed as well.”

(You may want to use this quotation as a handout or have it written in big block letters so you can put it on the wall.)

What is it like to live without hope – to not see any possibility for you life?

Would someone who has experienced what we’ve been talking about share what this time was like for you?

(The next question is where you want to spend most of your time. Get as many people to share as possible. Push for what other people actually did and how it helped.)

***What helped or would have helped you begin to see your future in a more positive manner?**

What could we do in this program/at this agency to help people see their life is not so limited – that there is possibility for them?

Topic: Change is Possible

Handout: There is no handout

Guidelines to the Facilitator: *This Dialogue is the third of five dialogues on the Five Stages in the Recovery Process. The dialogues are designed to help people understand the Five Stages and the danger at each stage. They help the group begin to build a common framework, language and imagery for talking about the recovery experience.*

We want to spend some time today talking about another one of the Five Stages in the Recovery Process.

We have talked about the ‘Impact of Illness’ stages and the ‘Life is Limited’ stage. Today we want to talk about the ‘Change is Possible’ stage. *(You may want to write this statement on a flip chart.)*

This is the time when a person who has been stuck in the behavioral health system for years begins to realize that her life doesn’t have to be this way. Something happens that causes her to see that her life can be more than she thought it could be. It is the realization that “I am not as sick – as disabled – as everyone has told me I was.” Maybe I could go back to school. Maybe I could work part-time. Maybe I could live in my own apartment. Maybe I could have a life.

What is that awareness like?

What was it like for you?

The danger is that when a person sees that she will need to take some risks and move out of her ‘comfort zone’, she begins to question her ability to do this.

Why does a person oftentimes talk herself out of doing what she says that she wants to do? What is going on that would cause this?

Would someone who has experienced what we’ve been talking about share what this time was like for you?

(The next question is where you want to spend most of your time. Get as many people to share as possible. Push for what other people actually did and how it helped.)

***What helped or would have helped you begin to see that you needed to and could move out of your comfort zone – take some risks?**

What could we do in this program/at this agency to encourage people to move out of their comfort zones and take more risks?

Topic: Commitment to Change

Handout: There is no handout

Guidelines to the Facilitator: *This Dialogue is the fourth of five dialogues on the Five Stages in the Recovery Process. The dialogues are designed to help people understand the Five Stages and the danger at each stage. They help the group begin to build a common framework, language and imagery for talking about the recovery experience.*

We want to spend some time today talking about another one of what we call the Five Stages in the Recovery Process.

We have talked about the ‘Impact of Illness’ stage, the ‘Life is Limited’ stage, and the ‘Change is Possible’ stage. Today we want to talk about the ‘Commitment to Change’ stage. (You may want to write this statement on a flip chart.)

This is the time when a person decides to take a risk and move out of his comfort zone. Often this can be a very scary time, especially if you have been sitting in your comfort zone for a long time doing nothing.

What is it like when a person first begins to move out of her comfort zone?

Often this involves taking steps or doing things that don’t necessarily ‘move you toward a goal’, but they do break the pattern of doing nothing.

Patricia Deegan talks about this as a time of ‘small triumphs and simple acts of courage’. What were some of your small triumphs and simple act of courage?

The danger is that a person will not know all of the supports he will need to have to be successful, move out too quickly, not succeed and retreat back into his comfort zone within the system

Why does a person often not know what supports are needed or not get the support from others that he feels he needs? What is going on that would cause this?

Would someone who has experienced what we’ve been talking about share what this time was like for you?

(The next question is where you want to spend most of your time. Get as many people to share as possible. Push for what someone else actually did and how it actually helped.)

***What helped or would have helped you understand and get the support that you needed to succeed?**

What could we do in this program/at this agency to help people get the support they need to succeed at whatever they want to do?

Topic: Actions for Change

Handout: There is no handout

Guidelines to the Facilitator: *This Dialogue is the fifth of five dialogues on the Five Stages in the Recovery Process. The dialogues are designed to help people understand the Five Stages and the danger at each stage. They help the group begin to build a common framework, language and imagery for talking about the recovery experience.*

We want to spend some time today talking about the last of what we call the Five Stages in the Recovery Process.

We have talked about the ‘Impact of Illness’ stage, the ‘Life is Limited’ Stage, the ‘Change is Possible’ stage, and the “Commitment to Change’ stage. Today we want o talk about the ‘Actions for Change’ stage. (You may want to write this statement on a flip chart.)

This is the time when a person decides to make a major change in her life. Oftentimes this involves creating relationships and getting involved in activities outside of the behavioral health system so that his ‘mental illness’ is not the central focus of his life. As he moves more of his life outside of the behavioral health system, he has to take more and more responsibility for his own decisions. What is it like to decide that you are finally responsible for your own life – to move away from the comfort of

and dependency on the behavioral health system?

What are some of the issues and concerns that people have when they do this?

The danger at this stage is that he will begin to doubt his own decision-making abilities and his ability to function on his own. Then he may decide he can’t function without the supports of the behavioral health system and revert back to a life lived within the confines of the behavioral health system.

Why does a person oftentimes begin to seriously question his ability to make major changes that involve letting go of the system and creating relationships and getting involved in activities outside of the behavioral health system? What is going on that would cause this?

Would someone who has experienced what we’ve been talking about share what this time was like for you?

(The next question is where you want to spend most of your time. Get as many people to share as possible. Push for what someone else actually did and how it actually helped.)

***What helped or would have helped you create a life outside of all of the ‘supports’ of the behavioral health system?**

What could we do in this program/at this agency to help people lessen their dependency on the behavioral health system and get more involved in the community at large?

Support Groups

Guidelines for Facilitating Mutual Support Groups

The recent Surgeon General's report on behavioral health states that self-help/mutual support has been the fastest growing form of "treatment" in the past ten years. While much of self-help/mutual support often takes place informally over a cup of coffee or the phone, participating in mutual support groups has been a key component in the recovery of many individuals.

A mutual support group is where people who have had common experiences come together to share those experiences and in sharing gain support, encouragement and wisdom to move forward in their struggle to find meaning and purpose in their lives.

The role of the facilitator can rotate, be time-specific or be shared. Groups have not found it helpful for one person to be the facilitator "into the sunset." Some groups find it helpful to rotate the facilitator's role among 2-4 people on a weekly or bi-weekly schedule. Since the role of the facilitator is to focus on the needs of the group, most facilitators do not participate in the depth sharing. By rotating the role, everybody gets to participate as well as facilitate. Time-specific roles last for 3-6 months. Then someone else facilitates the group for the next time period. Co-facilitating is when two people work together to facilitate the group. Each week they decide who is going to play the lead role and who is back up. Co-facilitating is a good way to train new facilitators and it gives you a designated person who is available to talk with someone outside of the group if his or her issues need more personal attention than the group is able or willing to give.

The most common complaints from participants in mutual support groups are:

1. One person dominates the discussion or wants the group to always focus on "his" issues
2. The group gets off track or people talk about everything except their experience.
3. Someone is always trying to tell people what they "should" do or is trying to "solve their problems"; and
4. People won't talk and there are long periods of silence.

The key to dealing with problems in the group is to remember that effective group discussion and participation is dependent upon the members' agreement about "content" and "process." Content has to do with "what" the group is going to discuss. In mutual support groups the content is always "our common experiences." Process has to do with "how" the group is going to discuss their experiences. This involves the operational guidelines that the group has agreed upon.

Some of the guidelines that groups have found helpful are:

1. Nothing said in the group leaves the group;
2. Speak briefly;
3. No side conversations;
4. Speak from your experience;
5. No cross-talk/feed-back except when requested;
6. Silence is OK; and
7. No personal attacks.

It is the role of the facilitator to remind the group of its operational guidelines and why they exist. It is helpful to begin each meeting by reminding the members, and especially any newcomers, of the content and process of the group.

Remembering two quotations by Parker J. Palmer will serve the group and the facilitator well.

"We all know that for life's most difficult problems, the only real answers come from within."

"The most important and valuable thing you can do for a person who is having a difficult time is to listen."

Mutual support groups share experiences. If one person is having a difficult time, the group listens. The group needs to decide how much time it will give to a particular individual. There may be times when the individual needs to leave the group setting and participate in one-on-one peer counseling with a member of the group, often the co-facilitator who is not leading the group. In summary, the success of mutual support groups depends largely on the group's ability to think through and articulate its operational guidelines and its willingness to let the facilitator hold the group to these guidelines.

Possible Meeting Format

Self-help/mutual support groups are structured in many ways. The main thing to remember is that the group makes its own rules and determines its own meeting format. The following is one possible way to structure a meeting.

It is important for the chairperson and co-chair to arrive early to make sure the room is ready and to welcome people as they come in. This helps to create a climate of warmth and hospitality.

The chairperson opens the meeting by reminding the group why they are there and reviewing or having someone else to review any statements of purpose or rules and guidelines created by the group. Then the chairperson asks everyone to give his or her first name and briefly share one thing that has happened in his or her life since their last meeting. Remind the group that depth sharing will come later. This is an opportunity to quickly get a feel for everyone's state of being.

After everyone has introduced themselves and shared something from his or her life, the chairperson asks if anyone has a particular issue, problem or concern to bring to the group. If individuals have concerns, they are allotted time to share and to get group feed-back if they want it.

Be sure to allow enough time at the end to reflect on the meeting itself. What was important about tonight's meeting for you? What did you learn? How was it helpful?

Close the meeting by asking for specific things that may need to be done before the next meeting. This may involve follow-up to this meeting, checking on particular people, inviting the next speaker, etc.

Session 22- Review Questions – Using Support Groups & Recovery Dialogues

- 1) What is the difference between a teacher and a facilitator?

- 2) What is the facilitator's role in conducting Recovery Dialogues?

- 3) What is the biggest mistake that most people make when facilitating Recovery Dialogues?

- 4) What are some of the operational guidelines that support groups have found helpful?

