



This resource developed by:



SUPPORT GROUP FACILITATOR MANUAL

MDABC acknowledges that our valuable work is taking place on the traditional ancestral and unceded Indigenous territories of the Coast Salish Nations.



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A Thought

Our deepest fear is not that we are inadequate.

Our deepest fear is that we are powerful beyond measure.

It is our light, not our darkness, that most frightens us.

We ask ourselves: “Who am I to be brilliant, gorgeous, talented, fabulous?”
Actually, who are you not to be?

Your playing small does not serve the world.

There’s nothing enlightened about shrinking so that other people won’t feel insecure around you.

We are all meant to shine, as children do.

We were born to make manifest the glory that is within us.

It’s not just in some of us; it’s in everyone.

And, as we let our own light shine, we unconsciously give other people permission to do the same.

- Marianne Williamson

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Introduction

Self-Help Support Groups

We believe that people with mental wellness or substance use challenges can, and deserve to, live **healthy and satisfying lives**. The mission of self-help groups is to provide **support and education** for people with mental health or substance use concerns, their families and friends, and to build an understanding and culturally safe community.

Many communities have been working to address mental wellness and substance use issues, and to restore balance. Self-help support groups are voluntary, member-run, non-clinical and trauma-informed. They are free of racism and stigma, and provide cultural supports and interventions when possible. In these groups, individuals who share common experiences meet and provide support, information, coping skills, problem-solving, and advocacy. The underlying principle is: “We are equals; we’re all in this together; no one has all the answers; we share information and experiences in a relaxed, informal, and non-judgmental way.”

In a self-help support group, members share experiences and support with others who have “been there” – and usually still are “there” in many ways. Knowing that you are not alone is of enormous help, and may not be available elsewhere. Family members, neighbors, and members of a community can provide information and support, but not the kind of understanding that those who face similar situations can provide. “In self-help, you get help, you give help, and you help yourself.”

It is essential to understand that support groups do not provide advice, therapy, counselling or treatment. The ultimate goal for members is to change and to grow in a healthy way, and to not become dependent on the group or its individual members. Members help members to become self-sufficient and independent as they develop coping strategies. Members of the group help one another to become as educated as possible about effective treatments and the range of options and alternatives.

Participation in a self-help peer support group is voluntary. All members and facilitators are volunteers and share all tasks. The group decides the agenda and goals. Meetings may be either closed or open, i.e., may or may not accept new members once started.

There is no fee, or there may be a minimal fee to cover costs; registration is not required. Either way, the group does not accumulate money or make a profit in any way.

Support Group Goals

- To provide support and education for individuals impacted by mental health concerns.
- To offer culturally safe support and education to individuals, families, caregivers and communities in the interest of better mental health for all.
- To provide public education to dispel the misconceptions that exist about mental health in order to defeat mental health stigma and discrimination.

Support Group Principles

Self-help support groups adhere to principles that enhance individual well-being, and that emphasize self-education and self-reliance in coping with mental health concerns. We believe in, value, and respect:

- The potential of each individual
- Understanding, empathy, sensitivity and listening
- Sharing common experiences as a basis for healing
- Providing a caring environment
- Honesty, openness, trust, and confidentiality
- Inclusiveness, fellowship, and hope
- The equality of all members in democratic, participative decision making
- The choices of individuals taking responsibility for their actions
- Honest, non-judgmental support to individuals, their families, and friends
- The skills of professionals and their role in recovery and support
- Learning and self-awareness as part of the education process
- Research as part of the best treatment and recovery

Self-Help Support Group Benefits

- Reduction of isolation: Sharing of experiences, knowledge that we are not alone.
- Motivation: Group energy supports and encourages learning through voluntary participation.
- Empowerment: knowing that you have a right to your thoughts and feelings; knowing that you have a right to be involved in determining your own goals, decisions, and solutions; knowing that you have a right to be involved in decisions about the group
- Self Esteem: Group members often experience an increased sense that they and their thoughts and feelings are valuable, and they can express them.
- Responsibility: Problem-solving and accountability remain centered within the individual while they receive support and encouragement.
- Sharing: Members get information from others with similar experiences. Information and support enable more effective problem-solving and informed decisions.
- Learning: Information and skill development can decrease anxiety caused by the unknown. When people begin to understand and accept their illness, its treatment, and its management, they are better able to identify early warning signs and take action earlier to avert episodes.
- Support: Members meet people at various stages of adapting to the illness and receive socially acceptable support that complements other parts of their support system.
- Family Support: Families benefit from knowing that others who are dealing with similar issues are supporting their family member.

- Cost Effective: Self-help is free or low-cost, available wherever there is interest, and may reduce the need for other, costlier services.

Group Challenges

- It is human nature to look for someone to blame. Some tend to blame professionals in their lives for their problems, and may try to influence the group to do so.
- The group, or individual members, may expect others to solve their problems or to 'fix' things.
- Being in a self-help group may foster the erroneous belief that only the answers found within that group are appropriate or valuable.
- If new members are not properly introduced to the group, to the philosophy and mission, or are not accepted because of the stage they are in, their sense of being alone and different is heightened rather than abated.
- Members may not know or understand the skills that promote effective communication, problem-solving, decision-making, or group development. Therefore, they may choose not to participate in a group, or may participate in an ineffective or damaging way.

Section 4, [Coping with Difficult Group Situations](#), provides more information about how to manage difficult behaviours during a group meeting.

Benefits of Community

A partnership approach to mental health involving the person themselves, family, other supports, and professionals results in mutual engagement, high satisfaction, better treatment and rehabilitation outcomes, and a lower relapse rate. People with a mental disorder who are involved with their families and have adequate support show reduced levels of crisis, and stronger coping skills, communication ability, and information.

For people in general, social ties are an important factor determining health status and mortality rates, more even than health practices. Emotional well-being and physical health are closely related. People who have an opportunity for intimate discussions and who obtain moral support and stress relief are better able to cope with stress – they are better problem solvers and feel more in control of their life.

Not surprisingly, people who are part of a caring and supportive community tend to be healthier and to live longer.

Mental Health Rights

You have the right to:

- Be independent, set your own goals, make mistakes, and change your mind.
- Say I don't know, I don't understand.
- Refuse requests/demands without feeling guilty or apologizing.
- Receive prompt, appropriate care and treatment from trained professionals.
- Participate in personally choosing treatment options and services.

- Have your individual strengths, talents, views and beliefs acknowledged and respected.
- Informed consent: that is, to receive information about your illness and about all aspects of treatment including risks, outcomes, and alternatives before making a treatment decision.

Purpose of This Manual

This manual is intended to make a complex subject as simple as possible – no simpler – and to build on and enrich the substantial knowledge and expertise that volunteer facilitators bring to their connections with the groups. Facilitators have already derived many skills as the result of lived experience, either their own or that of a family member or friend. The ideas and skills presented in this manual are intended to make the role of both the beginning and the experienced facilitator easier and to make each group stronger.

Self-Help Support Groups

Group Meetings

Support group meetings provide sharing, caring and support to members primarily through sharing circles. The meetings are intended to provide a sense of safety and belonging: a place where feelings and concerns can be expressed and shared with others, and where people feel accepted and understood. “You get help, you give help, and you help yourself.”

Group members have uninterrupted (but not unlimited) time to share their circumstances and experiences with others who understand, and who can offer compassion and talk about their experiences in return. Members treat each other as they would want to be treated, respectfully and without judgment of their feelings. At the least, judging another individual’s feelings is not fair; at the worst, it is harmful. At any time, judgment interferes with understanding and learning.

Meetings are led by volunteer facilitators who have faced similar situations, challenges, or concerns. The facilitator and co-facilitators welcome and introduce members, guide the meeting through its agenda, facilitate the sharing circle, and take care of administrative tasks.

Group meetings are a supportive complement to professional treatment, not a replacement for it. The group does not offer “quick fixes” or cures, and it is not a therapy group.

The Role of Facilitator and Co-Facilitator

To facilitate means “to make something easier”. Facilitators and co-facilitators are group members who take responsibility for “making easier” the functioning of the group and the group discussions. Any group member may take the initiative to become a facilitator or co-facilitator.

What Facilitators Do:

- Demonstrate confidentiality, courtesy and model appropriate group behaviour
- Create a safe space
- Encourage group interaction and group involvement
- Listen more than talk, direct the discussion only as and if necessary
- Remain aware of the special needs of group members
- Discourage unhealthy confrontation among members of the group
- Share ideas and information, summarize
- Assist in dealing with challenging situations by adding one’s point of view and encouraging group discussion
- Help others to summarize ideas and information
- Take responsibility for basic administration and communication within the group

What Facilitators Do NOT Do:

- Dictate content
- Dominate or monopolize conversation
- Lecture, preach, teach or advise
- Attempt to run a therapy group
- Make judgments or show surprise, anger or disgust with any member

Notes for New Facilitators

New self-help group facilitators and co-facilitators are often anxious. This might lead to rushing things and moving more quickly than the group can integrate – or, conversely, to refrain from taking action because of being uncertain about what to do. It may help to:

- Slow down. Allow some thinking time; silences can be constructive.
- Think of yourself as a host, making sure everyone has a chance to participate.
- Allow other group members to help.
- Know that you can always come back to an issue another time.
- Keep your sense of humour handy at all times.
- Review group agreements as needed.
- Remind yourself that you are making an important contribution.
- Remember you do not have to be perfect. No one expects it!

The Group Agreements

Group agreements are vital to any well-run group or discussion. Following the agreements helps the group to create an atmosphere of mutual respect and trust based on confidentiality and shared experiences.

In the sample agreements below, the most important parts (shown in **bold face**) should be read every week. If there are new group members, the entire agreements should be read. Distribute paper copies, or have them available for people who want to read them. The agreements can also be posted in the meeting room.

Group Agreements: An Example

Welcome to a peer-led support group. Please note that a peer-led group is not meant to be therapy or counselling. We all want and need this group to be a safe place to share, so we collectively agree to the following:

1. **We agree to keep confidentiality. What is said here, stays here.** If we feel it would be helpful to share something we heard in group, we do not use names or other identifying information.

Please note: All facilitators and group members have a responsibility to disclose to authorities any concerns regarding harm or abuse to self, elders, family, or others.

2. **We agree to be respectful of others.** We agree that discriminatory or stigmatizing remarks or jokes such as those based on race, origins, colour, religion, gender, gender identity (trans gender, non-binary) sexual orientation, age, or mental or physical disability are not acceptable.
3. **We agree to refrain from making comments or having conversations with others in the group while someone is sharing.** We find this to be very distracting to the whole group and disrespectful to the person sharing.
4. **We agree not to be offended if a person passes on sharing, or does not make eye contact while sharing.**
5. **While at Group we agree to refrain from substance use, self-harm, or aggression towards other group members.**
6. **When talking about mental health practitioners, various treatments, or medications and their side effects, we agree to keep in mind that we are all unique and that these can affect each person differently.**
7. **We agree not to engage in detailed talk about suicide methods or attempts, self-harm, or substance abuse. This can be triggering for some people. However, it is all right to talk about one's thoughts and feelings regarding these issues.**
8. **If you are feeling suicidal or may harm yourself or someone else, please tell us. We agree to support you to get help.**
9. **When offering comments to someone who has shared, we agree to first allow the person to finish before checking if they would like comments. We agree to speak from our own perspective using "I" statements.** For example: "When I felt that way..." We find sharing personal insight is usually more helpful than giving advice, even when advice is requested.
In addition, we agree to base our comments on what the person has shared rather than asking questions in an effort to elicit more information. People share what they are comfortable sharing at any given time, and such questioning may lead them into areas they would rather not go.
10. **We agree to do our best to begin and end Group on time.** If we arrive after a meeting has begun, we agree to join in quietly.
11. **We agree to silence or turn off our cell phones.** If we need to take an important call or leave the room for another reason, we try to wait until the person sharing has finished.

Format of a Group Meeting

A Typical Group Meeting Agenda

The facilitators, with agreement from the group, determine how often the group will meet and establish a standard agenda for each meeting. Many groups use a sequence like this:

1. Start the meeting: review agreements, welcome new members
2. Announcements, if any
3. Sharing
4. Discussion
5. Closing

Starting and Ending On Time

It's important to start and end your group on time, for many reasons:

- Participants can count on starting at a specific time from meeting to meeting.
- Being on time shows courtesy and respect to other group members. This is a good habit for members' lives.
- Being on time expresses respect for the fact that participants may have commitments or tasks after the group.

As much as possible, encourage people to arrive on time by helping them to recognize the benefits to themselves and to the group, rather than by applying penalties or enforcement. Our experience has been that penalties (e.g., making latecomers wait outside, or not allowing them to join at all if they are later than a certain time) cause more problems than they solve.

Instead, thank people for being there on time, and comment on how it helps everyone when the group is able to start at, or close to, the intended time. Do not express judgment about people who nevertheless arrive late. Some mental health problems can make it difficult for people to arrive on time, or to arrive at all.

Starting the Meeting

It is useful to choose and consistently use your own welcome and introduction for each meeting. One frequently used format is:

- Welcome everyone to the group, both returning and new members, and introduce yourself.
- Have each member introduce themselves, particularly if some members are new.
- Read the Group Agreements, or the most important parts.
- Indicate that all members will be encouraged, but never forced, to share.
- Announce anything that's important for the group to know. It may be useful to repeat the announcements after a break, if you take one, for the benefit of latecomers.

Accomplish the above in 10 minutes or less to give enough time for the group sharing.

Sample welcome and introduction

“Welcome everyone and congratulations to new members for being able to make it to the group. We all know it takes courage. My name is _____ and I am the group facilitator for this meeting. This is _____ and she/he (preferred pronoun) is the co-facilitator. As facilitator, I am here to help make easier the journey we are involved in. You are not alone: This is a self-help group, and we are here to help each other through sharing, caring, and support. We have found that when you help others you are very likely helping yourself. But please remember that our group is not intended to replace professional help, but to enhance it.”

It is important to personalize the statement as you see fit. Some facilitators let people know right at the outset that they have “been there” and share a few details about their personal experiences (hospitalization, medication). Others introduce themselves differently.

Especially if there are Indigenous members in the group, engaging an Indigenous elder to welcome the group on some nights can help to “center” and calm group members.

A quick round to see how participants are feeling

If you have time, you may choose to do a wellness check-in. This can be a quick round asking participants how they are feeling on a scale of 1-5. At the end of the group, if there is time, you then ask participants the same thing and see if there is a change. If there is a positive change, you and the group will know that the group met its purpose of providing support, and that at least one person feels better for it.

Beware of long introductions

One criticism of self-help meetings is that they sometimes spend too much time going through introductions. It is helpful to try to move quickly through the introductory part of the group and into meaningful group discussion. Ensure that everyone has been introduced (nametags should be used) and has been given the opportunity to make a brief statement of why they came. Some groups use an egg timer or other prompt to be brief.

Group Sharing

When the introductions and announcements (if any) are done, ask who wishes to share first.

Managing or leading the sharing is much like chairing a meeting. One facilitator or co-facilitator leads sharing. The leader chooses who speaks next, decides when the group moves on, and manages feedback and discussion.

Throughout the meeting, but especially in the sharing part, group members should feel cared about, supported, and above all, heard. Members can learn from each other’s shared experiences, while still making their own personal choices about when and how to change their thinking and behaviour.

In order to create this environment, the facilitator models good listening and validating, and ensures that other group members behave similarly. Group members must:

- listen to each other respectfully;
- be sensitive and accepting of each other’s feelings;
- share personal experiences;

- NOT react with judgment or evaluation; and
- NOT give advice.

As noted already, a support group is a safe place where members can talk openly about their problems, fears and experiences without fear of judgment or rejection. This means that there are very few limitations on what can be shared. Nevertheless, people occasionally misuse sharing as a way of aggrandizing themselves or imposing upon the group. See the [Coping With Difficult Group Situations](#) section for possible responses to these and other problems.

A larger number of people are not sure of how to respond supportively when another person shares, or have a tendency to respond in a way that takes over the conversation rather than supporting. See the [Comments and Reflection](#) section for information about effective ways to deal with these situations.

Discussion

Not all groups have a discussion section. In a larger group, there may not be enough time for a separate section after sharing is completed.

Groups that include a discussion section use various approaches. Some have a relatively undirected session (not going around the circle). Some facilitators focus the discussion on a specific theme that came up frequently in sharing. Some groups encourage unofficial discussions and subgroup discussions after the formal section.

Many groups have “post-meeting meetings” in informal settings such as coffee shops. This enables members to benefit from being in a social situation where they do not need to worry about “how I look” or about “behaving normally”.

Finishing the Meeting

At the end of the meeting, facilitators should always thank group members for coming, and confirm the time and place of the next meeting. Some groups may also choose to have a closing activity such as:

- Ask each person to rate their current state on a scale of 1-5.
- Ask each person for one word that describes their current state.
- Engage an Indigenous elder to formally close the meeting.

Group Administration

Sign-In Sheets

Ensure that a facilitator or group member greets members at the door, and encourages them to sign in. The sign-in sheet should enable members to sign up for group meeting reminders and other communications.

Many self-help groups depend on funding from health authorities or charitable organizations. These funders usually require information about how many people are participating. Retain the sign-in sheets if they are required by the agency that is supporting the groups.

Name Tags

Name tags serve to welcome new members, and may help all members to settle down to begin the group. Name tags also help people to become familiar with each other. As the sitcom Cheers reminded us, we all want to go to a place where people know our names.

Indigenous group members may have both an “English” name and a traditional ancestral name. Either one can be used on a name tag.

Some groups, especially those that are made up of longtime members, have felt that name tags are somewhat artificial and possibly an irritation. It is OK to dispense with name tags as long as you are able to welcome new members supportively, and help them to learn the names of existing members without pressure.

Facilitators should ensure that name tags, holders & markers are available at each meeting, even if they are used mostly by new members. These tags are usually obtained from the agency that is operating the groups.

Welcome Package

Most groups have some form of welcome package. It may be as simple as a one-page description of the group’s area of interest (for example, anxiety, PTSD, etc.), with the group agreements attached. If your group has a welcome package, each newcomer should be given one when they attend for the first time.

It is useful to have an experienced group member circulate among new people to make them feel welcome, and explain about the group and its program.

Posted Signs

Signs should be posted in appropriate locations to enable people to know where the meeting is, and to find the meeting room easily. Include the name of the group. Facilitators should ensure that these signs are put up before each session, and are recovered at the end.

Some groups also post a summary of the group agreements in the meeting room. Finally, the agency that operates the groups may ask for notices to be posted from time to time.

Taking Care of the Room/Environment

- Ensure that you have contact information for a responsible person at the venue, and that you have made arrangements for access to the room.
- Arrive early enough to set up at the beginning, and take the necessary time to clean up afterwards.
- If possible, have refreshments and a literature table in your meeting room. This gives guests a chance to “settle in,” pick up some basic information and meet others attending the meeting. A literature table can include photocopies of articles on mood disorders, your publicity flyer, basic information about your group (when and where you meet, your mission and goals and whom you serve). Whether refreshments are possible often depends on whether the supporting agency has enough funding.
- Provide for comfort and social needs by creating a welcoming, relaxed, and comfortable environment. Have breaks as needed for refreshment or rest.

- Make sure that the room is not too hot or cold, and do what you can to minimize distractions such as loud noises, other activities visible through windows, etc. Distractions can discourage group members from sharing, and can make it difficult for you and the group to attend and focus when listening.

Contact Information

Make a contact email address or phone number available for people inquiring about the group, and ensure that you or someone else takes care of responding to inquiries.

External Observers

As a facilitator you may be approached by students or other external parties who wish to observe a group meeting. Always request agreement from the group before agreeing to these requests. Your group has the right to decline; the group's primary purpose is to benefit of its members.

If an external observer is going to attend, inform everyone in the group ahead of time. Some people are not comfortable sharing when observers are in the room. When observers attend, introduce them to the group at the beginning of the meeting. Observers should understand that they may not record a meeting or take notes.

Attending as observers (with the permission of the group) can be a very good influence on people who will be working with mental illness, such as student psychiatric nurses. Listening to the concerns of group members can help them to be more empathetic, supportive and respectful in their future work.

Staying In Touch With Your Group

It is important to maintain regular contact with group members to keep them informed of any changes to facilitators or venue, any major issues and/or conflicts that affect you, the facilitators, and the group.

Electronic communications can help us reach out to each other and relay important information to many people at one time. Electronic communication tools include emails, texts, and social media. If used well, these tools can help explain and clarify messages, and can reach more people more easily. If misused, they can lead to serious misunderstandings.

E-mail is often used to send meeting reminders and other information, such as upcoming events or research reports, to group members. If a member is feeling anxious about returning to a group, an e-mail can serve as a welcome invitation.

Always re-read an email carefully before sending it, and watch carefully for words that could be read "with a different tone of voice" than you intended. This is a very common problem: hundreds of thousands of e-mails in the business world have been seen as sarcastic or insulting by the reader, even though the writer had no such feelings at all.

Ensure that the email list is kept private and confidential:

- Only the facilitator and co-facilitators can have access to group members' email addresses. The fact that a group member gave you their email address represents agreement to receiving e-mails from the group leaders, but not from individual group members or others.

- Please immediately remove anyone from the email list who asks to be removed.
- If you send an e-mail to multiple group members at the same time, always put their e-mail addresses in Bcc: so that these addresses remain private.

Donations

A nominal donation can be accepted for materials, to help pay for photocopying expenses, refreshments and other low-cost group needs. **Ensure that any donations are used EXCLUSIVELY for legitimate group meeting expenses.** If any donations are abused, this could have very serious consequences for your group and for the supporting organization.

Skills and Responsibilities of Facilitators

Behaviour and Leadership

Attitude Towards Group Members

Facilitators show concern for group members. A facilitator or co-facilitator needs to empathize well with others, yet remain in charge of their own emotions, and to provide a role model for the group. Remember that everyone in the group, including you, has experienced difficulty in their lives. Patience, kindness, respect, courtesy, genuineness, and confidentiality are essential.

Unconditional acceptance

Unconditional acceptance means:

- Recognizing each person as a separate individual.
- Seeing each person as inherently valuable regardless of their situation.
- Valuing each person's right to his or her own perspective.
- Honouring everyone's right to make choices.

In order to be fully accepting, we must recognize that no other person will always think, feel or react in the same way that we do.

Respect

Acceptance and respect are closely related. Showing respect does not mean you have to like the person or their behaviour, only that you consider them a valid person, with convictions and feelings and a right to those convictions and feelings. Show respect by:

- Recognizing each individual's right to be heard.
- Encouraging the full expression of ideas.
- Believing in everyone's ability to discover their own solutions, grow and change.
- Trusting each member's capacity to handle their feelings.
- Valuing and recognizing each person's strengths and efforts to change.
- Recognizing contributions and achievements when they happen.
- Realize that feelings pass and are not permanent.

As Virginia Satir said: "I want to love you without clutching, appreciate you without judging, join you without invading, invite you without demanding, leave you without guilt, criticize you without blaming, and help you without insulting. If I can have the same from you then we can truly meet and enrich each other."

Setting Expectations and Creating a Common Understanding

Facilitators ensure that all group members understand the purposes, expectations and limitations of the support group. This begins with reviewing the group agreements at the beginning of every group session.

The sample agreements in this manual are designed so that if everyone at a particular session is a returning group member, you can simply read the bold parts. If someone new comes, however, it is helpful for them to hear all of the guidelines, so that they are very clear about what they mean. Ask newcomers if they have any questions about the guidelines after reading them out.

Reviewing the group agreements also reinforces the behaviours and guidelines that enable group members to feel safe. When each individual understands and values the common goals of the group, and takes personal responsibility for achieving them, a shared vision is created. This helps each person to safely share their time and thoughts.

Creating and Maintaining Safety

One of the most important responsibilities of facilitators is to ensure safety and to foster a supportive, trustworthy, and friendly atmosphere. Safety means feeling that we can let down some of our defenses and be vulnerable. It means being confident that if we share some of our pain and difficulties, we will be listened to and comforted. This gives us valuable support as we go through the process of understanding and managing a mental illness.

Keep in mind that some group members may not feel safe sharing at first. This can be especially difficult for Indigenous people, who may be dealing with the consequences of residential schools, intergenerational trauma, and systemic racism. Many new group members start out with a fear of speaking up because they expect silence, a negative response or indifference. Help these members in the following ways:

- Do not pressure them to talk; make it clear that you and the group will listen whenever they are ready.
- Let them know that they are valued as individuals regardless, and do not allow them to be disrespected or judged because they do not share immediately or extensively.

It may be helpful to provide stress relievers such as stress balls, fidget stones, play dough, etc.

Never allow group members to be attacked. See Section 4, [Coping With Difficult Group Situations](#), for tactics to use if an attack happens.

Safety, discomfort and triggering

Discomfort is often unavoidable when people are trying to deal effectively with mental illnesses. Therefore, discomfort may not be out of place in a group meeting. This creates a challenge for facilitators, because it is hard to manage or even define the difference between being uncomfortable, which is OK, and unsafe, which is not.

In an unsafe situation, someone is in physical danger, or is being threatened with physical danger, or is being psychologically abused, belittled or harassed. The key is that the person has little or no control, and cannot restore their own safety. In an uncomfortable situation, someone is considering ideas, interpretations or facts that are difficult, painful or discouraging to say or think about. Although it is unpleasant, they have the ability to choose, to gain understanding and to make progress.

Safety and discomfort often come into conflict if a statement or subject is a trigger for a particular group member. If a person feels intense negative emotions when they hear a

certain topic, and they are unable or nearly unable to control those emotions, that topic is a “trigger” for them.

If one group member raises a subject that may be a trigger for another, the first person needs to feel that they can safely “open up” about whatever the subject is. The person who is triggered, however, may be affected so much that they cannot manage their own reaction. Disallowing the trigger might make the second person feel safer, but then the first person would not be safe to share fully.

Here are some ways of handling these difficult situations. You can use more than one technique at the same time, if necessary:

- Say to the person who expressed the trigger: “This may not be the best environment, can I talk to you individually?” – and then do so immediately, so they feel heard.
- Acknowledge and respect the other person’s feeling of being triggered, then say that although this is challenging, we need to support the other person by hearing them.
- Give the person who was triggered the option of stepping outside until the subject is finished, at which time you will come and get them.
- Have a co-facilitator step out with the person who was triggered and provide support. Then that person feels heard as well as the other.
- Especially if some group members are indigenous, you may be able to arrange traditional ceremonies such as smudging or cedar brushing, or to engage a traditional healer or elder to provide support.

Sometimes, one person’s share may be offensive to a strongly held moral belief of another group member. This can be felt as triggering by the other group member, who may then express strong judgment against the person who shared. Such situations are difficult: safety requires us to discourage the expression of judgment, while acceptance of people as they are requires us not to denigrate the moral beliefs behind it.

One approach is to say: “We respect that those are your values, and you have a right to believe them. But we cannot impose judgment on other group members whose values may be different. You and I can talk about this later, but at the moment we are supporting (group member who shared).”

Modeling

As a facilitator, you are a role model for your support group members. When listening, your aim is to be fully present, to listen actively, and to be sensitive to feelings and to what is unsaid. See the [Non-Verbal Communication](#) section for more about the unspoken elements of communication. Your way of listening shows group members what compassionate mutual support looks like, and helps to create a safe space.

When speaking, you describe events objectively and talk honestly about your feelings and reactions, but without judging and without letting your feelings control your response. See the [Expressing Yourself Effectively](#) section for a detailed discussion.

You model genuineness by not denying your feelings – whether angry, sad, happy, or bored. Then group members are likely to see you as “real”. If our words contradict our own thoughts and feelings, others hear it and trust is diminished.

Expressing our feelings honestly, however, does not mean letting them control our words and reactions. Stating what our feelings are is an important part of giving feedback, as described in the [Effective Feedback](#) section. However, we present our feelings as information, not as an attack or judgment upon the other person. We remain open to feelings and reactions that differ from our own.

Your willingness to verbalize your feelings at appropriate times and in appropriate ways will help give others the courage to take the same risks and will show them how to do it appropriately.

Finally, you will model courtesy and respectful behaviour. There are several ways to do this:

- Address each member by name in order to facilitate the learning of names more quickly and to model valuing the importance of each member.
- Don't speak with group members sitting next to you while others are talking. The people next to you may try to engage you, but you can discourage them by not responding.
- Do not interrupt another member who is speaking, and tactfully stop others from doing so.

Group Management and Guidance

Set realistic goals for yourself, the group and its members. You and the group can only do your best, and should be prepared to accept imperfection. Not every group meeting will meet everyone's expectations and needs.

Time Management

Communicating expectations right up front will often help people monitor themselves in terms of how long they speak, how much feedback they give and that they might want to pass if they have nothing to say that day.

Facilitators can remind group members to keep the meeting moving by noting how much time is left for the group. To do this a facilitator might give brief reminders, such as, "We will break for ½ time in 15 minutes", "We have 30 minutes of the group left," or "We have 5 more minutes until the end of the group." If one person continues for too long while sharing, you could say, "I understand that (summarize what was just said to you). We could continue, but the group needs to hear from others as well."

From time to time members may try to monopolize the discussion, recommend inappropriate treatment or strategies for coping, question others too aggressively, create "noise," have side conversations or violate ground rules in other ways. Try to deal with these situations tactfully as they happen, through a combination of comments and actions. The [Effective Feedback](#) section provides some techniques for addressing inappropriate behaviour and comments respectfully but clearly. If necessary, have a private discussion with the member afterward.

Comments and Reflection

The difference between commenting and “feedback”

A previous version of this manual used the word “feedback” for this section instead of “comments and reflection”. The word “feedback”, however, is too easy to associate with judgment or evaluation – and those are not the reasons why members respond to sharing in a support group. When group members respond to another member’s sharing, the purpose is to help the person feel that they have been heard and that they are not alone.

In this manual, we reserve the word “feedback” for efforts to prevent, correct or deal with harmful behaviour and violations of the group agreements.

Appropriate commenting

Appropriate comments and reflections usually relate to similar feelings and similar experiences that other group members have been through.

When another group member’s response describes their own related experience, it is important for them (and the group) to remember that the discussion is still about the person who originally shared. If the group’s attention is diverted to the responder’s problem, while the sharer gets ignored, the sharer has in effect been invalidated. See the [Correcting Harmful Behaviour](#) section for techniques that can be used if this happens.

It is important that members do not interrupt someone’s sharing to give comments. The most respectful way is to wait until the participant has paused, then ask them if they are finished sharing and would like comments or reflection. Keep in mind that not everyone wants comments. Some of us are just here to unburden ourselves by sharing.

While reflective comment and related experiences are important, facilitators may need to limit the amount of commentary that any person gives so that everyone a chance to participate fully. This can usually be done using the approaches described in [Time Management](#) above.

No problem-solving or advice-giving

Sometimes a person who is clearly having difficulties with a stressful problem will say something like “I don’t know what to do – tell me what to do.” This makes it hard for facilitators and other group members to hold back from giving advice and directions. But advice in this situation can create a feeling of learned helplessness, or can reinforce a habit of avoiding personal responsibility.

In short, too much advice, or too much asking for advice, destroys a person’s sense of “agency” – that is, the power to choose and to act. Agency is a prerequisite for mental wellness.

If this happens, it is best to acknowledge the person’s discomfort while maintaining the boundaries around appropriate feedback. You can say something like “I understand that you’re struggling and that this is a difficult situation. But if we gave you that kind of advice, we would be putting our own experience above yours.”

As many humorists have observed, advice costs nothing and is worth what you pay for it.

Correcting Harmful Behaviour

The facilitator and co-facilitators have the primary responsibility for preventing and correcting harmful behaviour, although this is shared with the whole group. Harmful behaviour consists mainly of violating the group agreements, and preventing it from happening is one of the reasons for reviewing the agreements at the beginning of a meeting.

When someone violates the agreements, the facilitator needs to intervene promptly. The correction should be clear and firm, but not denigrating or insulting. For example:

- “Remember that we all agreed to be respectful of each other. You may not have intended it, but that comment was not respectful.”
- “I understand that you’re trying to help, but saying something like (repeat or summarize their comment here) is against our Group Agreements, because...”

The techniques described in the [Effective Feedback](#) section of this manual are very useful for correcting harmful behaviour. Some of the most important principles are:

- Describe the actual behaviour that is a problem, rather than expressing what you think the person’s attitudes or intentions are.
- After describing the behaviour, explain why it “didn’t work”, not why it was “bad” or “wrong”.

Preventing Attempts at Therapy

Facilitators should be reasonably informed about mood disorders, causes, symptoms, medications and research. Remember, however, that we are not medical experts, and we do not try to provide diagnosis, treatment or therapy.

Keep in mind that the purpose of a support group is not to discuss or learn about general issues or topics, nor is it to provide treatment, counselling or answers. The group does not give advice or recommendations, although members may identify a particular course of action, treatment or medication when talking about their own experience. We share our experiences not in order to give advice, but because hearing about one person’s experience can help another to solve their own problem.

See [Appendix B](#) for a list of resources that can help group members who are looking for therapy or support that goes beyond the role of a support group.

Facilitators and group participants have some knowledge to share with each other, based on experience. But facilitators and group participants should not hold themselves out as having any better information than anyone else in the group. Sometimes more experienced group participants, including facilitators, believe they know what’s best for others, but in fact each person knows the most about their own situation.

If a particular issue sparks a lot of interest, facilitators can make a note of the subject. If there is time at the end of the group and the members agree, the issue can be discussed after sharing has finished. If an issue threatens to take up too much time, guide the group with a statement such as:

“We want to hear what everyone has to say, so I would like us to come back to this after everyone has had time to share.”

Setting Boundaries

What is a Boundary?

A boundary is an invisible “barrier” between you and other people. It is a limit beyond which you will not go, and others are not welcome. It is healthy and de-stressing to have a good sense of where your feelings and others’ feelings and opinions start and stop. Respecting each other’s boundaries helps all relationships.

People with healthy boundaries know what they will and will not do. They know what they will allow others to do or not do. It is OK to let the people in our lives know we have boundaries and what they are.

People who lack healthy boundaries may allow others to hurt them. They may not know what information is safe or not safe to share with others, and may tolerate inappropriate behaviors.

Over time, boundaries can be moved or adjusted, as long as the changes are communicated effectively.

How to Set Boundaries

- Tell others how their behavior affects you, without blaming, and how you would be affected by different behaviour.
- Speak from your own perspective., State what you see, hear and feel, using “I” statements (see the Using “I” Statements section); and describe your own actions.
- Uphold your and their right to personal boundaries and opinions.

It is especially important to know how to set boundaries with “difficult people,” particularly those who seem to be critical, controlling, manipulative, demanding or aggressive.

Words and phrases for setting boundaries

“I don’t want to...”

“I’ve decided not to...”

“This is what I need...”

“I feel uncomfortable about...”

“I understand your point of view and I still need...”

“Yes, I do mind...”

“It’s important to me to...”

“I’ll think about it...”

“I guess we see it differently...”

Barriers to Setting Appropriate Boundaries

- Feeling unworthy as though your needs and wants don’t matter to the group
- Poor relationship with yourself
- Past experiences of being silenced (e.g., residential school impacts, childhood abuse)

- Forgetting other people are responsible for themselves, not you
- Fear of anger, judgment or reprisals
- Assuming others know how you feel and what you want

It can be challenging to set appropriate boundaries regarding support outside of group time. There is a strong desire to provide extensive support, especially if a group member appears to be facing a crisis and does not have strong supports outside the group. Nevertheless, it is necessary to be careful for several reasons:

- You do not know at first who is a safe person to give your contact information to and who is not. Do not give out personal contact information until you are reasonably confident that you know the person.
- In a one-on-one conversation, the group member may start perceiving the facilitator as a mental health professional with better advice or knowledge than other group members. This imposes an unacceptable responsibility and risk upon the facilitator.
- If a group member becomes dependent on a facilitator, resentment or burnout can result.

If you choose to support members outside group meetings, set clear boundaries that limit the type of situations you would assist with, the content of your support, and when you can be contacted.

Working Together as a Facilitation Team

Team-Building and Teamwork

In an effective team, all the team members work towards the same mission and goals. The team members not only share expectations for accomplishing group tasks, but also respect one another's individual differences, and trust and support one another.

Teambuilding and teamwork are a continuing process. The work is not over when everything runs smoothly. In order to keep it running smoothly, we need to keep monitoring ourselves (e.g., debriefing after each group session), and keep using the tools of effective communication.

As noted above, members of an effective team respect each other's individual differences. This requires being open and receptive to other ways of thinking about things. Hearing other perspectives benefits us by broadening our thinking, and learning to see more options and ideas for solving problems.

Be open to adding people to your facilitation team, and to recruiting facilitators who may eventually become leaders of their own separate groups. Look for people who show both an understanding of group dynamics and an ability to remain calm, respectful and present.

Trusting and supporting each other is the ultimate goal of teambuilding and teamwork, especially for our support groups. We want to create a safe environment for all, a place where people feel they can be a little more vulnerable than anywhere else, where they can come and be comforted. When it's clear to all that the facilitators trust and support *each other*, the group will feel more reassured.

All the members of a facilitation team should see themselves as equal partners. More experienced facilitators can certainly help the less experienced, but peer support groups are about working co-operatively.

Clear Task Assignments

In order to work towards the same mission and goals, expectations need to be clearly stated, understood and agreed to. A lack of clear expectations and goals is a primary cause of conflict and ineffectiveness.

As soon as possible, reach agreement about who is doing what. This will help the meeting run smoothly. One person can lead the group sharing, while co-facilitators can do the “backup” roles. This should be done on a rotation basis if possible, so that everyone has frequent opportunities to lead sharing and build skills up in this area. These tasks can rotate as regularly as you want them to, e.g., every session, every month, etc.

Facilitator/Co-Facilitator Coordination

It’s important to let the facilitator running the meeting do their job. Because each of you have your own style of facilitating, (some spend more time listening than speaking, some let group members go on longer than others), it’s best that only one person at a time performs this role. If the other co-facilitators start jumping in, it disrupts the facilitator running the session and can make things very confusing for group members. It can also make the ‘chair’ facilitator feel frustrated, hurt and angry by the interference.

When not leading the sharing, co-facilitators can do several valuable things. One is to observe the group, using nonverbal communication skills to assess how people are feeling and what the mood of the room is today. Does someone’s body language confirm or contradict what they are saying? The ‘chair’ facilitator often doesn’t have time to pay attention to these kinds of things, and so this kind of observing can be extremely helpful.

Another useful role, especially in large or very “talky” groups, is to keep track of time. If the team has decided that each person can only have 5 minutes to share, then a co-facilitator can monitor the time and let the group know when that time is up.

Facilitator Relief

It is helpful for members of a facilitation team to be aware of their own and each other’s effectiveness in leading the group. If effectiveness goes down, it is wise to request or suggest stepping back temporarily for rest and relief. The challenges of mental illness in general, and of the demanding work of facilitating in particular, can interfere with anyone’s ability to facilitate well.

Ideally, every group should have at least two fully trained and active facilitators, and if possible three. This makes it much easier for any one member of the facilitation team to accept the need to step back, because they will know that the group remains in good hands.

A facilitator or co-facilitator should consider letting other team members lead for a while if their own behaviour changes in some the following ways:

- More frequent and longer talking
- Reduced ability to recognize and respond to the feelings of the group

- Increased deviations from the techniques of active listening (e.g., giving more advice, expressing more judgments, interrupting more often)
- Reduced ability to de-escalate conflict and correct people supportively
- Greater difficulties managing time and following the standard meeting format

Developing and maintaining trust and good communication within the facilitation team is essential for dealing with these situations. Trust enables a facilitator who may be having difficulties to rely on the assessments of the other team members, even if they cannot clearly perceive the problem themselves.

Handling Team Conflicts

If conflicts occur within the team, see the section on Preventing and Reducing Conflict for ways of resolving them.

Debriefing

Debriefing at the end of every session with the facilitation team is valuable for assessing how everyone is doing, identifying any concerns and corrective actions, and keeping the facilitation team coordinated and aligned.

One of your objectives is to enable the group to run as smoothly as possible. Because we are human, this is not possible 100% of the time. Issues and concerns come up often, and when we don't deal with them quickly, they build up into bigger problems and more complicated problems.

During a debrief, you can talk about what went well and what didn't, and identify things you want to change or improve. Regular debriefs will help your team become more adept at seeing where things may go awry, and taking care of them before they even become a problem. Debriefs should have a reasonable time limit, agreed upon by the facilitation team.

Here are some questions that the facilitation team can consider while debriefing:

1. How do you think the group session went today?
2. Is there anyone we have concerns about?
3. Are there any issues we need to deal with?
4. How do I feel about my facilitating role today? (e.g., "I'm happy with it"; "I wish I hadn't said" "It really pushed a button for me because he went on and on.")
5. Is there anything our group needs? Anything you or I need?

Facilitator Self-Care

Finally, be aware of and work within your own limits. Be aware of your own capabilities: what you are and are not able to handle.

Taking care of yourself in healthy ways is your first priority. Remember that as a facilitator, taking care of you is paramount. No one can be effective in helping others if they are over-stressed. Some facilitators use the acronym **HALT** as a guide to self-care: Don't get too **H**ungry; don't get too **A**ngry; don't get too **L**onely; don't get too **T**ired!

Add another **H** for Humor and you've got an enhanced formula: **HHALT**. Humor can help you take control of your life, and give yourself support and caring. Humor can reduce stress, aid digestion, improve health; and make you a more creative problem solver. When you laugh or smile, your body releases anti-stress chemicals. You can be healthier, more effective and more helpful to others.

Stress is about tightening up – humor is about lightening up. Remember that laughter is the shortest distance between two people!

Wellness Recovery Action Plan

A Wellness Recovery Action Plan enables you to identify self-care techniques, determine when mental health symptoms are recurring and what to do about them, and to understand what are best practices when your symptoms are recurring.

As facilitators, we have had some recovery from mental illness and want to get involved in life again: that's part of why a lot of us have become group leaders. Even with lots of recovery time and recovery activities, we can still be susceptible to recurrence of our mental illness symptoms. Many of us are dealing with a chronic illness.

We can create an effective wellness plan by putting down in writing the signs and symptoms that can tell us when we are not feeling well; what tools and resources we have to deal with symptoms and how we are feeling; and a plan that guides us about when and how to use the tools we have.

This plan can be prepared by any facilitator, and can be reviewed occasionally. [Appendix C](#) provides templates for all the major parts of a wellness recovery action plan.

Coping with Difficult Group Situations

Side Discussions

A few members insist on chatting among themselves while others are speaking. Try to prevent these side chats at the start of the meeting, by reviewing the group agreements that indicate one person speaks at a time.

If side discussions start anyway, you will need to take action without embarrassing the people in the side discussion. Use wording such as “Excuse me, we are listening to (person in focus) at the moment.” or “Please remember that we all agree to respect each other by listening to the person who is talking.”

“The Monopolizer”

Sometimes a group member talks on and on, without noticing how impatient and bored the rest of the group is getting. Facilitators/co facilitators must be aware of the reactions of other group members, not only their own. Sometimes a group member who talks a lot is entertaining, and energizes the group at first. As a facilitator/co facilitator, you may welcome their presence and notice that the group members are interested and engaged when the person speaks.

But if the group begins to get restless, fidgety and prone to start side conversations, the facilitator needs to intervene. The goal, whenever you intervene, is to restore a sense of comfort for everyone. Therefore, it’s important never to embarrass anyone, even though you are requiring someone to change their behaviour. Use wording such as “George, it’s clear that you have a lot of issues you want to discuss (summarize to indicate you were listening), and we’ve commented about them. Let’s give others time to share now.”

If the entire group gets bogged down on one topic, switching topics is helpful.

Competitiveness

During a meeting, one member might seem to be competing with you openly for the facilitator’s role. When this happens, it is useful to find out what is motivating the person’s behaviour. After the group concludes, take them aside, note their eagerness to act as a facilitator, and ask for the reason.

- If they say that they are eager to become a group facilitator, start the process of recruiting them as a volunteer.
- If they felt that they were providing the strong leadership that the group requires, state that the group is a self-help environment, and that this means that everyone contributes as equally as possible.
- If they thought they were being helpful, thank them and suggest other ways that they can be helpful that is both useful to the group while not creating the appearance of trying to compete with you.

Pessimism and Loss of Hope

A member of the group may constantly display a complaining and pessimistic attitude suggesting that: “Nothing will help, nothing is worthwhile trying and nothing will ever change.” Although people who are “stuck” can be frustrating, it is useful to think about why he or she is behaving this way. Pessimism is often an expression of helplessness, hopelessness, powerlessness and lack of hope.

After receiving a diagnosis of a mental illness, or even after living with a diagnosis for quite a while, many people lose hope about our future. What we had planned and dreamed of suddenly doesn’t seem possible anymore. We may be tired of dealing with our symptoms, and may see nothing but burdens and obstacles ahead of us.

Mental illness can bring great uncertainty, leaving us guessing about our future. Frequently, we foresee worst-case scenarios, such as “I am going to suffer for the rest of my life”; “I’ll never be able to do anything productive again”; “I’ll always feel this helpless”; or even “My life is over”.

Restoring Hope – Help From the Group

Hope is about a future in which we get the right treatment, we are able to manage our symptoms, and we know what to expect most of the time. We are able to get on with our life and fulfill our hope and dreams, even if they have changed. Hope is a future where we most of our needs are met, and we suffer less. It is about believing and trusting in a future that we desire.

In some situations, you may choose to play a back-seat role and encourage the group to offer encouragement. Invite support using wording such as:

- We hear how difficult it has been for you. Has anyone else been through challenges that are somewhat like what Jim described?
- We all understand there are no magic solutions, but has anyone done something to care for themselves in this kind of situation?
- Does anyone remember going through a situation like this and coming out the other side?

There is a risk that another group member may try to “help”, but may be badly received because the person who is having the challenge sees them as NOT having shared a similar experience. For example, a non-Indigenous person is not likely to be credible if they try to help a residential school survivor. The example questions above are deliberately worded to encourage support based on actual shared experience.

If someone provides this kind of ineffective comment in spite of careful facilitating, and if the hearer is clearly taking it badly, you may need to deal with the situation by saying something like: “We all want to do our best to help, but there can be some challenges that we can’t really comment on if we have not experienced them. Let’s give ourselves a little quiet space, and then continue.”

Emotional Breakdowns

Sometimes, a group member may be overwhelmed by their own sharing, or by another group member's story, and may break down in uncontrolled crying or other intense emotions. Facilitators and other group members typically react supportively and sympathetically, and are focused on helping and supporting that person.

However, providing effective support in this situation is not easy, and well-intentioned efforts can often backfire. When someone is suffering this type of breakdown, they are temporarily unable to think in terms of solutions, choices, or seeing the situation from a different perspective. At first, supporters should do no more than let the person know that it is OK to feel what they are feeling, that they have permission to be where they are emotionally, and that the supporters are with them and care about them. The purpose is to help the person feel safe enough to let the feelings flare up naturally and die down naturally.

Until the emotions go down in intensity, the person will not be able to hear or think about any new information. During this time when the person's emotions are most intense, it is easy to make the mistake of trying to help too much, too soon. They are in great distress, and our natural compassion makes us want to end this distress as soon as possible. But the things that we would normally do to "solve a problem" are counterproductive when emotions are escalated this much. DO NOT:

- suggest something the person can do to feel better;
- suggest a solution to the problem they described;
- try to show that the problem is not as bad as it seems; or
- offer a different perspective to consider.

In other words, *"Don't just do something; stand there! (and support them)"*

After the person has de-escalated emotionally, follow the principles explained in the rest of this manual. Remember not to give advice or therapy; that is not the function of a support group. Listen empathetically, and show your understanding of their story. If you or the group gives commentary, it should consist of describing your own relevant experiences, never of advice or "If I were you, I would do..."

A problem may arise if the person does not de-escalate, but instead remains in an emotional state that makes it impossible for the group to continue. If this happens, ask a co-facilitator or a volunteer from the group to take the person aside and support them quietly until they are able to participate again.

Group Conflict

On rare occasions, a member of the group may become belligerent and verbally attack you or another group member. Whether the attack is directed at you or another group member, the facilitator should intervene immediately and respond firmly. A straightforward and honest approach is best. Here are some effective tactics:

- If possible, tactfully re-direct conversation towards supportive ideas that are related to the current topic.

- If the person has attacked you, the facilitator, instruct them firmly to stop, while not invalidating them. For example: “You are attacking me verbally. Please take a different approach. While you may have a valid point, you are coming on too strong for me (or us) to hear what you have to say.”
- If the person has attacked another group member, defend the other group member using a similar approach. For example: “I can’t help but feel hurt and embarrassed on behalf of Jill when you speak to her that way. You may have a point, but you are going to have to say it differently for us to understand.”
- If any unacceptable behaviour continues, tell the person firmly: “I need you to leave the group now.” Yelling is not needed; just be clear and firm. The person will be welcome to return to the group when they have taken responsibility for their actions, and are again able to behave in accordance with the group agreements.
- If several members are tense or aggressive, consider taking a “time out” and also try to understand why the discussion has gotten that way.

It is easier to resolve or prevent conflict when everyone takes responsibility for their own feelings. Even if someone uses “violent” and emotionally hurtful language against us, we can still choose how to ‘receive’ and interpret this message. We can pause, change perspective, and be genuinely curious about this person and why they are trying to hurt us. What is it *they* are needing? We can also consider what we are needing as well.

Dealing With Aggression

If verbal attacks escalate to actual threats or physical aggression, protect yourself and de-escalate using tactics such as:

- Stay calm. Use a relaxed and soft voice.
- Avoid touching the person or getting in their way.
- Stand at an angle to the person.
- Avoid aggressive body postures (e.g., crossing your arms or standing with your hands on your hips).
- Respond to questions with short answers, avoid arguing.
- If possible, redirect the person’s attention away from the cause of their aggression.
- Walk slowly and calmly to the door or to a safe area.
- If there is a clear physical danger and the situation is not de-escalating, call 911. Trust your instincts.

Dealing With Crisis and Suicidal Group Members

It is sometimes necessary to support group participants who are in crisis and say they are thinking about suicide. When this happens, the group’s role is to be supportive and open. Each participant can be aware of and ready to assist their fellow member who is suffering. The sample The Group Agreements in this manual include the commitment to support group members in such situations. Reminding the group of this commitment reinforces the desired behaviour, and allows group members who may feel particularly vulnerable to speak up and get help.

If someone expresses their desire to end their life during a group meeting, it's important to determine the level of suicide risk, to openly and frankly ask some questions, and to postpone other sharing until this risk has been assessed and reduced. We want to engage the person in dialogue and in problem solving as an alternative to ending their life.

It's possible the person will not want to share in the group setting and would prefer to speak to someone alone. In this situation, the facilitator should ask someone else to lead the group, while the facilitator takes the person aside. Co-facilitators are obviously valuable when this happens. If the person is Indigenous, it may be helpful to help them make contact with an elder.

Suicide Risk Assessment

It is important to evaluate the immediate risk. Those who are most likely to commit suicide soon have a specific plan, the means to carry it out, a planned time for doing it, and the intent to do it. To assess how much danger the person is in, ask:

- Do you have a suicide plan?
- Do you have what you need to carry out the plan? (For example, if they want to use a gun, do they have access to one? If they want to overdose, do they have the medication on hand to do so?)
- Do you know when you would do it?
- Do you intend to go ahead with it?

The answers will help you estimate the risk, using this table:

Risk level	Thoughts and plans	Statements
Low	Some suicidal thoughts, no suicide plan	Says they won't commit suicide
Moderate	Suicidal thoughts, vague plan that is not very lethal	Says they won't commit suicide
High	Suicidal thoughts, specific plan that is highly lethal	Says they won't commit suicide
Severe	Suicidal thoughts, specific plan that is highly lethal	Says they will attempt suicide

(Table created by helpguide.org)

The danger is greater if the person has attempted suicide in the past, is experiencing extreme hopelessness, or has just displayed a sudden and dramatic change in mood. Such a change does not have to be negative: some people become extremely calm, peaceful and happy after deciding to end their lives.

When Talking to a Suicidal Person:

- Be yourself. Let the person know you care, and that he/she is not alone. The right words are often unimportant. Your voice and manner will show that you are concerned.
- Listen. Let the suicidal person unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.
- Be sympathetic, non-judgmental, patient, calm, accepting.

- Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Let the person know that his or her life is important to you.
- Let the person know that they are important to you, and that their presence makes a valuable contribution to you and to the group.

If the suicide risk appears to be low or moderate:

- Get a verbal agreement from the person that they will not attempt to hurt themselves or take their life.
- Offer to call a friend or relative to be with them after the group.
- Offer the phone number for the Suicide Prevention and Crisis Line so that if the person needs support later, they can use this service. The number is: 1. 800.SUICIDE (1.800.784.2433).

If the suicide risk appears to be high or severe:

- Do not leave the person alone.
- Call 9-1-1 or a professionally trained crisis line to get emergency help. See [Appendix A](#) for a short list of crisis resources.
- If an ambulance is called, be aware that you might face anger from the person for whom it was called. This is a common reaction, and is not really directed at you personally.
- Ensure that your facilitation team and other group members are OK. It is usually best to suspend normal meeting activities and debrief with the group.

Handling Suicidal Thoughts in a Virtual Meeting

Some of the responses described above are not possible during a virtual meeting, when you are not physically in the same place as the person. There have not been many reports of members expressing suicidality during virtual meetings. It is possible that people who are suicidal are unlikely to take the action of connecting to a virtual meeting in the first place.

If it does happen, the following actions may be helpful:

- Ask the person to stay connected to the group until the end of the meeting, and commit to talking with them alone after the group signs off.
- Use the “breakout room” option in Zoom to talk with them individually, while another facilitator continues the group meeting.
- If the risk appears to be high, ask for their location, and have someone call 911 for them.

Debriefing

Facilitators will generally need to debrief after these situations for mutual support and maintenance of their own mental health. If necessary, call on an emergency resource. In British Columbia, there is a fairly extensive network of professional mental health emergency services available on an outreach basis.

Finally, you need to know that no matter what you ask, how much support you give and what the outcome during the group time, you cannot guarantee that someone will not take their own life. If it happens despite your efforts, do not judge yourself for it.

Stigma and How It Affects Group Participants

According to Dictionary.com, stigma can be defined as, “...a mark of disgrace or infamy; a stain or reproach, as on one’s reputation” (Dictionary.com, 2013).

Stigma is a factor in the lives of everyone who lives with a mood disorder or other mental illness. You and your group participants are no exception; we can all face stigma because of our illness. Coming to a support group is a way to leave the feelings of disgrace or reproach behind to get together with other people who are more accepting of our conditions. This is one of the reasons that support groups are peer-led: peers can understand what it’s like to experience symptoms of a mental illness and the impact of stigma.

Imagine hearing your boss or co-worker speaking negatively about someone with mental illness symptoms. As a person who also has symptoms, you might not want to say anything in defense of the person being discussed for fear of having negativity aimed at you. This is stigma.

Have you ever been in a social situation with people who know you have a mood disorder or mental illness, and experienced uncomfortable silence or uncomfortable small talk? People with mental illness are underestimated and devalued in many situations. This is also the consequence of stigma. Imagine your spouse not wanting to introduce you to family members because your mental illness symptoms make you seem a bit different. Imagine family members not knowing what to say to you in a social situation.

There are many ways to experience stigma and it can come from a variety of places. There are circumstances when stigma can be more prominent. Workplaces, family gatherings, and social events can be challenging if there are people who do not understand mental illness. Many people with mental illness have experienced stigmatizing reactions even from professionals in the health care system.

It can be hard to talk about yourself if you are jobless, if you are living in financial dire straits or if you are feeling ill with symptoms that day. If you are experiencing stigma, you may be blamed for these conditions. Sometimes we are just not sure what it’s about, but we feel somehow less than others. These can be consequences of stigma.

When faced with stigma, there are many ways to deal with it. We can ignore it and try not to let it affect us or we can address it. To address stigma may be a risky situation for us; when we speak up, we may be risking our jobs, our education, our family or friends’ view of us, and our own feelings about mental illness. To not say anything when we hear stigmatizing remarks can also be risky in that it can make us feel more isolated and alone with our illness; both approaches have consequences.

When we face stigma, remember that we are not always free to say something about it; we must pick our battles based on how we feel, what we believe and what we see as the risks. Help your group participants know that there is more than one answer, more than one response and that whatever choice they make it’s the best one for them at the time.

Communication Skills

Introduction

Ultimately, the only way that group members help and support each other is by communicating. Although many people use basic communication skills naturally, they do so with little awareness. The ways in which they use them vary greatly from one situation/person to the next.

Some facilitators are already familiar with and/or adept in the use of the skills outlined in this manual. For them, and this will be a review. For others, the skills may be familiar but still feel difficult or awkward, and for others they will be new. Once learned and practiced, these skills will benefit communication in every situation, including our personal and employment lives.

The Context of Communication

Words are a very important part of communication. It seems simple: I think something, I tell you, you look like you hear me, and I think you have understood. And yet you may have “understood” something quite different from what I meant, because communication uses many resources other than words. Non-verbal aspects of communication, the assumptions and feelings of the speaker and hearer at that moment, and the context or situation in which the communication occurs all impact the message.

When attempting to understand what someone is saying, consider the context or situation. If someone in the group seems angry or upset, there is probably a reason. Anything the person says must then be taken within the context of their current state, about which we may know relatively little.

In addition, any listener, including ourselves, has an emotional, cultural, experiential “filter” through which the message is received. This can affect the perceived meaning of what is said. The more information we have about each other, either from previously shared experience or the present situation, the more likely we are to understand one another.

Listening to Understand

Most of us think that we know how to listen, but the reality is that relatively few people know how to listen in the way that is needed for effective facilitation. People come to our groups to share their troubles, their daily lives, and to feel heard. In order for this to happen, we need to listen in a way that most people rarely do.

Normally, we listen for the purpose of replying. This means that while we are listening, we are thinking about what our response is going to be, and we are listening for anything that we can use in order to create or support our answer. In short, we are listening for OUR benefit, not for the benefit of the person speaking.

In a self-help group, the facilitator (and all group members) need to give up our personal agendas and desires when listening, and listen to understand. Our purpose is **not** to judge, criticize, argue, correct someone, give advice, or teach. We focus on what we are hearing, not on how we are going to answer.

Our own assumptions and values, and the labels we use to categorize people, can seriously interfere with our ability to listen and understand. If what someone is saying conflicts with our assumptions or values, this can cause us to become too emotionally involved. Then we find it difficult or impossible to remain objective and to stay focused on listening.

When this happens, remember that while our values and feelings are valid and important, they are not the main issue at this time. At this time, the task at hand is to hear and accept the person speaking, and to maintain a safe place where they can understand their problems and develop strategies for solving them.

Listening is not a form of therapy, and not a means of giving advice. Advice can cause the person to feel that they have not been heard, and can interfere with their progress towards taking responsibility and finding their own solutions. It is very important that facilitators resist the temptation to tell a group member that they “should” do something. You may also have to discourage other group members from giving advice or using “should”.

Attending/Focusing

The first step in listening well is attending, or focusing fully on the person speaking.

- Make sure you are in a comfortable and non-aggressive posture. Aggressive postures include standing over a person, crossing your arms, looking down at them, tensing the muscles in your body or face, etc.
- Be culturally sensitive about eye contact, personal space and posture.
- Be genuinely interested in what they are saying, and open and curious about what you are hearing.
- Listen for HOW something is being said, not only WHAT is said. Watch for both verbal and non-verbal cues to the person’s feelings.

Obstacles to attending

- Allowing your own thoughts to distract you. This is especially a problem for beginning facilitators, who can often feel uncertain about how to respond wisely, and can stop paying attention as a result.
- Listening with the purpose of setting up your answer, rather than simply listening.
- Letting your emotional reaction to what they say or how they say it take over your attention.

Acceptance and Validation

Listening to understand helps the other person to feel accepted, validated, and heard. Acceptance or validation means acknowledging the person’s feelings and reactions as being real and present for that person at that time, and recognizing their right to talk about them.

Even if the feelings are disproportionate or harmful, we do not deny that they exist, argue that they “should not” exist, or judge them. We want the person to understand that it is OK to have the feelings, even if the person may have behaved in a way that cannot be condoned.

Validation enables the person talking to feel supported and not judged. They should feel that their contribution matters, and that they can be who they are. This helps them feel safe, and feeling safe can open the way to more exploration and insights.

Important: Although validation means accepting that the feelings and reactions expressed are real, it definitely does not mean automatically approving of them, or condoning the behaviour. People's feelings and reactions are often based on distorted perceptions of the world and of other people. Participating in a support group may help members (and facilitators!) to recognize their own distortions, and take action to change them.

It can be difficult for group members to understand and recognize validation, because they have often received very little of it in their lives. Some ways of expressing acceptance and validation are:

- Let the speaker set the pace and lead the conversation. Don't respond too quickly or "step on" what they are saying.
- Use encouraging words (e.g., "go on", "yes", "ok", "m-hm"), and non-verbal signals showing that you are paying attention (e.g., focusing your eyes on the speaker, leaning slightly forward, nodding).
 - Be careful, however, not to say or nod "yes" if the person is describing a behaviour that you would not want to encourage.

Obstacles to validation

- Ignoring differences in age, gender, values, abilities, knowledge, cultural background.
- Evaluating a person's actions or words as "right" or "wrong".
- Interpreting the member's comments as attacks on your values, or on you personally.
- Presenting logical arguments.

Empathy

After acceptance and validation, the next level of understanding is empathy. Empathy means seeing the world through another person's eyes, and feeling with or "as" the other person feels. It means understanding a person's situation, problems and emotions in the way that they understand them, to the best of your ability.

Just as validation does not mean agreement, empathy does not necessarily mean liking or approving of the individual. It does include affirming the reality of their feelings, and recognizing the person's worth and reality as a separate individual.

As you might expect, empathy is never perfect. Sometimes another person's perceptions and feelings are different enough from ours that we cannot fully and accurately imagine the situation as it appears to them. We will do our best, but we cannot expect to succeed every time.

Sometimes, another person's experience may be so different from our own that we feel that we are unable to imagine how that must have felt. For example, those of us who are not Indigenous generally cannot imagine the psychological impacts of being in a residential school, or being the child of someone who was in such a school. If we are listening to someone who has such different experiences, the best approach is to say honestly that we have not been through that, and we can't completely imagine how difficult it must have

been. This shows respect for the other person's history and challenges, and ensures that we do not unintentionally "appropriate" their experience.

Benefits of Empathy

In a self-help group, empathy has several benefits:

- Helps the member to feel safe and supported, and that they are being taken seriously.
- Helps build mutual support and trust.
- Safety and trust make self-exploration easier, enabling better self-understanding. The member can honestly examine, understand and challenge their own perceptions, reactions and behaviours. This may help them to see the benefits of change.
- Reduces isolation, increasing the feeling of connectedness.
- Helps the member to retain control of the pace of disclosure.
- Better empathy can enable the facilitator to focus the attention of the member in a helpful direction.
- Effective efforts to achieve empathy show group members that the group has value. This is hard work, and members can usually see it. It shows that you really care.

The most effective empathetic responses recognize the member's feelings and emotions, and show your understanding of how they relate to the experiences that the person is talking about.

Examples of Empathetic and Non-Empathetic Reactions

Empathy level	Description of reaction	Type of reaction
-4	Paying no attention, only waiting for the other to stop talking	Unresponsive
-3	Evaluating the person's story or feelings dismissively, e.g. "You shouldn't feel that way"	Judgmental or oppositional response
-2	Diverting to a personal story, e.g. "That reminds me of the time when I..."	Self-referential
-1	Going off on a tangent that is not directly connected to what the person said	Free association
0	Routine reassurances (see above)	Impersonal or superficial
+1	Indicating that the person was heard, but not encouraging any expansion	Neutral
+2	Indicating that the person was heard, and inviting expansion or clarification	Responsive
+3	Summarizing and reflecting what was said	Perceptive and aware

+4	Making an effort to imagine what the person is experiencing and feeling	Empathetic and resonant
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Barriers to Achieving Empathy

- Focusing only on content, and neglecting feelings.
- Forgetting that words or non-verbal cues may have more than one meaning, and that the meaning in your mind may not be the one that was intended.
- Giving advice or adding your own insight (tends to cause dependency and inhibit self-discovery).
- Expressing or defending your own position: disagreeing, contradicting or correcting.
- Attacking a person's values.
- Using routine reassurances such as "everyone has bad days", "it will get better", or "we all feel like that" do not work as validation. Responses like these devalue a person's experience, feel impersonal, and can sound like a brush off of their concerns.

Paraphrasing

A paraphrase is a summarizing statement or restatement that reflects back to the person what you believe they said. To paraphrase means to state the other's idea in your own words, or to give an example that shows your understanding of their words.

When you paraphrase, you show how well (or poorly) you understand what was said. You invite the other person to clarify any misunderstandings. Effective paraphrasing shows that you care; you are interested; and you are working to understand what they are saying. This helps the other person feel heard and understood, and helps you to ensure that you recognize their feelings, not only your own.

If your paraphrase accurately reflects the person's experience of the problem situation, then they are likely to feel heard and understood, and to feel that you have some empathetic understanding of "where they are at".

How to Paraphrase Effectively

- Keep the paraphrase brief. It should express the essence of the idea, without unnecessary detail.
- If possible, the paraphrase should be more specific than the original statement.
- Do not simply "parrot" their exact words; this can create the impression that you do not care or are not thinking about what they are saying.
- Be open and non-judgmental, so the person will feel safe correcting you if necessary. Include words that show your willingness to be corrected, such as:
 - "What I'm hearing is..."
 - "It sounds like..."
 - "Let me see if I got this right..."
 - "... – is that correct?"

- If you can, identify what you think the feelings are that underlie what is being said. If they have used specific words to express feelings, it may help to include them. As noted above, be willing to be corrected.
- If you don't understand, simply say so honestly, or paraphrase the part you do understand.
- If the person talking says that a paraphrase is not accurate, pay attention to their correction with the same focus and care as before. If you have time, try another paraphrase.
- Do not paraphrase too often; it can sound as if you are giving repetitive or rote responses, or it can overwhelm the speaker.
 - The same problem can happen if other group members want to offer feedback; you may need to limit their comments.

Paraphrasing may seem like extra work (and it is), and it will be awkward at first. The results are worth the effort.

Asking Appropriate Questions

As explained in the section above, paraphrases are usually accompanied by a question as to whether the paraphrase is accurate. Sometimes it is also useful to ask other kinds of questions:

- Clarification may be needed in order to achieve adequate understanding. For instance, a member may express a thought or feeling that is unclear, or that does not seem to fit with their situation or their body language.
- The member may clearly want to say something more, but may be having trouble getting it out without a supportive question..

Questions should be asked rarely and carefully. When asking questions, remember above all that you are listening for understanding, not providing therapy. Getting a better understanding, or encouraging the person to continue, are the primary reasons for asking. Do not ask questions that would:

- pressure the person towards a decision, action or conclusion;
- lead to a judgment or evaluation of the person, their words or their actions;
- put the person under pressure or possibly lead to a crisis; or
- satisfy the personal curiosity of the facilitator or other group members.

Use the following guidelines when asking questions:

- Use a caring, encouraging and unhurried tone.
- Avoid questions that have "yes/no" answers. These tend to end the conversation, and can make the person feel as if they are being interrogated.
- Ensure that your question asks about the meaning and/or feelings that they did express, and does not attempt to probe into something that they did not talk about.
 - **Inquiring into subjects that the person did not talk about violates the group agreements.**

- Doing this could also cause the person to feel unsafe or interrogated, and/or lead to a crisis.

Examples of effective questions:

- “What do you think about that?”
- “Where would you like to start?”
- “When that happened, what did you notice?”
- “How do you think that happened?”
- “How did that feel for you?”

Effective Feedback

The Purpose of Feedback

As was explained in the [Comments and Reflection](#) section, comments and reflection during sharing should **not** have the evaluative and judgmental aspects that usually go along with “feedback” in business or education. Nevertheless, if negative behaviours or harmful verbal attacks happen, facilitators or group members must attempt to stop or prevent them. When this is necessary, using the principles described in this section make it much more likely that the feedback will be effective.

As facilitator, you will at various times give feedback yourself; guide others in the group in giving appropriate and helpful feedback; and help others to accept and receive feedback.

Any feedback must always benefit the person who receives it, whether that feedback comes from the facilitator or another group member. Being open to feedback allows group members to learn valuable information about ourselves, our behaviour and others’ feelings. Feedback often informs us about consequences of our behaviour that we may not have been aware of. This enables us to reflect on that behaviour, and make decisions about changes.

Giving useful feedback, however is very different from the ways that people usually respond to each other. In typical situations, we respond with our OWN goals or needs in mind. We may be trying to persuade the other person, or to explain something, or to win an argument. Often, our emotional reactions to the situation, to the content, or to the other person control what we say and how we say it. This will not work in a self-help group. In a group, feedback should never judge the person, argue against them, or give advice or orders. It must be genuinely intended to help, and it must always be respectful.

Principles of Giving Feedback

Non-judgmental

First, feedback must not be judgmental, and must not impose your values on the other person. Even when you are reacting to a description of behaviour that was unacceptable, you would not use feedback to morally criticize and evaluate the person.

One extremely useful practice is to not use the words “good” or “bad”, or “right” or “wrong”, but replace them with “works/worked” and “doesn’t/didn’t work”. Similarly, instead of “should” and “shouldn’t”, it is useful to use “could work” and “might not work”. Hearing the words “bad” or “wrong” almost automatically incites the person to defend themselves, because these words imply a direct attack on their morals and their value as a person.

Objective and factual

Second, feedback must include factual, neutral and objective descriptions of what was said and done. This is far more difficult than it might seem. Whenever we observe anything happening, or we do something ourselves, we do two separate things in our minds: we become aware of the actual events, and we create a story about those events. Then we typically fail to recognize the difference between the two, and we mistake the story for the actuality.

To understand this, consider a simple example that has probably happened to all of us: A person we know says something to us in a loud voice. We hear it, and faster than we can think about it, our mind tells us that they are angry. We then react to the “anger”, often with anger of our own. An argument results, until eventually we find out that the other had never been angry in the first place, and spoke loudly for a totally unrelated reason.

In order to give objective feedback, we must learn how to separate the stories created by our minds from the actual events, and then describe the events only. Our description must not include inferences about what the other person’s intention is, or what they are thinking or feeling (e.g., the inference that someone is angry because they talked loudly). This takes a lot of thought and practice.

Not reactive

Third, feedback often consists of describing the person’s behaviour and words, and then clearly and factually identifying the feelings or interpretations that arose in others as a result. Understanding the effects of their actions may give the person a convincing reason to change, without any need for moralizing or saying “You should...”.

This kind of feedback must describe the feelings and perceptions that you or others experience, rather than being driven by them. For example, saying that you feel angry after hearing something the person said may be part of your feedback, but actually being angry and talking angrily is not. We are responsible for our feelings, not the person who said whatever we are reacting to. Therefore, we have the duty and ability to manage them.

As you gain experience, you may find that many of your reactions are based less on the actual behaviours and words of others than on some of your own feelings (e.g., irritation, insecurity, or fear).

Helpful to the hearer

Finally, do not give feedback unless it is likely to be helpful to the person at this time. To be received as “helpful” the information should be offered, not forced, upon the other person – ask if they want to hear it. For example: “I’d like to give you some feedback about what just happened with Joan. Would you like to hear it? Is this an OK time?”

Tips for Effective Feedback

- Give feedback as soon as possible after the observation or reaction. This way the other person can relate it to the facts and emotions of the situation and make better use of the information.
- Feedback should comment only on the immediate event; do not add “baggage” from the past.
- Do not give more information than the other can use. If we overload the other person with information, the feedback will be unhelpful. Giving more than the person can use probably satisfies our needs, not theirs.

Examples of Feedback

Feedback that could be useful	Feedback that doesn’t work
You were very quiet tonight, Mark.	You are not interested in our discussion, are you? (inference about his feelings)
You suddenly went quiet when we talked about life planning.	You are probably afraid to think ten years ahead. (inference about his feelings, and implied judgment)
When John talked about his commitment to his family, you went to the doorway and looked away from us.	You’re trying to avoid talking about commitments. (inference about his motivation)

Self-Disclosure

Self-disclosure means the sharing of relevant personal information by the facilitator. This technique must be used infrequently and carefully, because it can turn into giving advice or even self-indulgence. Proper self-disclosure is not a story about yourself. It is a description of some experience that is relevant to what the other person is talking about, and that happens to be an experience of yours.

Self-disclosure must be related to the information that the other group member is sharing, and must be likely to be useful. By describing his or her own experience, the facilitator may be able to present the person with additional options to consider.

When disclosing, use words such as: “Here’s something that worked for me, I don’t know if it will work for you but here’s what I did/here’s what I have heard others say/do”. Avoid phrases such as “You should ...” “If I were you, I’d...” “You need to ...” or “What needs to happen is ...”

If the information that you want to disclose is sensitive, painful or potentially triggering, do not disclose it unless you are fully prepared to provide emotional support and help in processing the information, as needed.

Facilitators must not use self-disclosure as a way of:

- unburdening their own unresolved issues on to the group;
- “showing off” or aggrandizing themselves; or
- giving disguised advice, by implying that the person should do what the facilitator did.

Expressing Yourself Effectively

What Assertiveness Means

The word “assertive” is often interpreted as meeting dominant, authoritative or aggressive. In the context of a support group, it means something quite different. Assertive expression means stating your own needs, requests, values, ideas and feelings as information and facts, while respecting the needs, requests, values, ideas and feelings of others. It does not mean giving orders or instructions.

Taking responsibility

When we express ourselves assertively, we take full personal responsibility for what we say, what we ask for, and how we feel. We do not claim to be right while others are wrong; judge the words and actions of others; or demand that they agree with or conform to our ideas and beliefs.

Taking responsibility means not saying things like “He/she made me angry” or “They made me feel like a failure” – in effect, blaming the other person for what we are feeling. In reality, no one forces us to feel anything. Someone else’s words may be the *stimulus* for our reaction, but it is really our choices about how to receive and interpret their words that determine our emotions. As Eleanor Roosevelt put it, “No one can make you feel inferior without your consent.”

Benefits of assertive communication

Communicating assertively (by this definition) enables you to maintain self-respect and personal space, while at the same time supporting the self-respect and personal space of others. Each person in the group, including the facilitator, has the right to personal expression, but no one has permission to denigrate, insult, humiliate or violate others with their words.

When we are explicit with each other about what we *need, expect, value* and *desire* we can more easily meet everyone’s needs. Clearly understanding each others’ needs also helps us to find the direction that we want to go, and enables things to run more smoothly. The reason that things often go awry is because one person is not getting what they need and are reacting to that, which in turn, affects others around.

Using “I” Statements

Effective and assertive communication usually means making “I” statements rather than “you” statements. An “I” statement describes what you yourself are thinking and feeling, while a “you” statement is usually a claim or interpretation about what the other person is

doing or feeling. Obviously, you can be fairly sure of the truth of an “I” statement, because you know how you feel. But “you” statements about the other person’s feelings or purposes are guesses, and are often wrong.

The information in “I” statements can help people understand each other and improve their relationship. “You” statements are very likely to be critical or coercive.

As noted in the [Effective Feedback](#) section, we must describe or name our feelings, rather than allowing those feelings to control and take over our verbal and non-verbal response. If our response actually consists of our feelings rather than a description of them, we are usually imposing a negative judgment and a demand for change. This leads to conflict, and to people feeling unsafe.

Words Make a Difference

While expressing ourselves assertively, we must also know how to express our reactions, needs and expectations in a way that is not condemning or hurtful . Our choice of words matters a great deal.

Many of us are not fully aware of the words we choose to describe how we are feeling. We may not realize how hurtful they can be to someone else or even ourselves. Marshall Rosenberg is the creator of Nonviolent Communication (NVC), sometimes called Compassionate Communication. We are using some of his ideas in this manual.

Rosenberg points out that the words we use can either connect us or distance us from someone. If we use hurtful and critical words, then the other person will not be able to hear what it is we want to express. They will be too busy trying to deal with our hurtful words.

In contrast, when we use compassionate language to express what we need without criticizing or attacking, people tend to draw towards us. They feel compassion and connection, and are more able to hear what we have to say.

Words such as “You jerk!”, “You are so stupid!”, “You have a big mouth!”, “You never care about anyone but yourself.”, hurt the person who hears them, even though there is no physical attack. This is true not only if we say such words to other people, but also when we say them to ourselves – which happens all too often.

Some ways of talking that are hurtful are:

- judgment and criticism
- finger pointing words
- sarcasm
- defending our need to be right
- refusing to listen
- anger and frustration,
- name-calling,
- demands,
- coercion and intimidation

Preventing and Reducing Conflict

Reducing Conflict Using Nonviolent Communication

Rosenberg's nonviolent communication system provides a valuable technique for resolving situations in which one person is unhappy with the actions of another. These situations very often cause conflict if they are not handled well.

The technique consists of the following four steps, to be used in order:

1. Observation: Describe the event or action that is making me unhappy.
2. Feelings: Describe how that action makes me feel.
3. Need: State what is important to me, and what I need in order to not have a problem.
4. Request: Ask the other person to do something that will meet the need.

Let's understand this technique using an example.

Ted and Alice

Ted and Alice take turns managing the sharing process in their weekly support group. The person who is not running the sharing is expected to take care of name tags, the sign-in sheet, the Welcome Packages and the Group Agreements. When Ted runs the group sharing, Alice does the other tasks. But when Alice runs the group sharing, Ted does not.

Instead of saying anything, Alice does the other tasks as well. However, her resentment towards Ted is growing. She is getting angrier and angrier. Once Alice realizes and acknowledges that she is angry, which means that something needs to change for her, she can then decide how to approach Ted.

If she says: "Ted, you are lazy. You don't pull your weight around here! I have to do everything myself.", Ted will almost certainly try to defend himself, and say something like "I do stuff! I facilitate every week. You don't always do everything either. Quit picking on me." Alice has managed to distance Ted rather than connect with him.

Instead, Alice could say: "Ted, when I led the group last week and three weeks ago, you didn't hand out name tags and make sure that everyone signed in. If I remember right, we agreed that whoever was not leading would do those things. I feel angry then because I think that it's not fair. I value understanding and acting on our agreements, and I need us to do what we agreed on."

In this second scenario, Alice followed Rosenberg's model:

- **OBSERVATION:** She first described specific incidents – which tasks Ted did not do, and when. She did not criticize or condemn the action; there may be a reason that the two of them can identify and deal with.
- **FEELINGS** – She then expressed how she felt as a result of those events: "I feel angry then because I think it's not fair." Notice Alice has taken responsibility for her anger, recognizing that Ted's actions are the stimulus that leads her to thoughts which trigger anger. She acknowledges the thought that *really* made her angry – the idea that it wasn't fair. She doesn't blame Ted for her anger.
- **NEED** – she then expressed what she values "understanding and acting on agreements" and what she needs "I need us to do what we agreed on." Ted now understands better what matters to her. This may enable them to identify shared values.

- REQUEST – she then made a request of Ted “Can you do these other tasks?” Now Ted knows what Alice is asking for. He can answer “yes” or “no”, and he can use the same model to express his own needs.

Resolving Conflict Using Constructive Openness

Constructive openness builds on the concepts of effective feedback and assertive communication. The basic concept is that people can build relationships and overcome conflict when they share their reactions and feelings in both directions, without judging or trying to “win” an argument.

Your openness is intended to inform the other person about how you perceived their actions, and how you felt. Your purpose must not be get the other person to change, to win an argument, or to obtain higher status. You must be willing to receive the same kind of openness in return, meaning that you must be prepared to hear how the other felt about your actions.

The attitude should not be “Who’s wrong and who’s right?” but, “What can each of us learn from this discussion that will make our working together more productive?” Each person should use the information as they see fit; this may mean changing behaviour, or it may not.

It is difficult be open in this way – for example, to let someone know that we feel irritated by his behaviour, or that her comments sound insulting to us. We tend to avoid such discussions because they mean taking a risk. You and the other person could hurt each other’s feelings, feel angry, or be misunderstood. Each of us could hear something about our behaviour and how it affects others that may be painful and difficult to think about, even when it is information that we need to understand.

When open communication is handled effectively, however, the benefits are worth the trouble. Without openness, others often continue to be unaware of our reactions to their behaviour. Similarly, we can remain ignorant how our own behaviours are perceived, and what reactions can result. If both of you are willing to hear and speak without judgment, and to remain open to new understandings, you will create a learning situation. Each of you will likely have a better understanding of the effects of your own actions and of the other’s intentions.

Techniques of constructive openness

- When attempting open sharing with another, make it clear that you are doing it because you value your relationship.
- Ask permission before you start this type of openness. Sometimes, the other person may not be ready or able to have this type of discussion.
- Deal with a negative reaction soon after an incident happens, rather than collecting many negative feelings and then “dumping” them all at once.
- Before describing a negative reaction, separate judgment from your reaction, and discard the judgment.
- As discussed in the [Effective Feedback](#) section, describe facts, not interpretations or evaluations. For example, you might say “You turned away and sighed while I was asking a question”, not “You treated me like you think I’m an idiot”. The first is a

description of actual events, while the second is an interpretation of what you think is in the other person's head.

- Describe events and your reactions specifically, not generally.
- Do not make absolute statements that tend to force the other person to defend themselves. For example, you might say "It appeared to me that you were criticizing me like everybody did when I was 10", not "You treat me like I'm 10 years old!".
- If you think a behaviour change would be useful, express it as a suggestion to consider, not as an order.
- Do not indulge in name-calling, labelling, accusations, or critical generalizations.

Non-Verbal Communication

We often transmit more with our facial expressions, gestures, eye contact, posture and volume and tone of voice than with our words – sometimes together with our words, sometimes without speaking.

Nonverbal cues can play different roles:

- Repetition, complement, or emphasis: Body language can repeat, complement or emphasize what the person is saying so we get an even clearer message.
- Adding emotional content: As listeners, we pay attention not only to the literal meaning of the words, but also to the feelings and issues that accompany those words. Non-verbal elements often express these feelings.
- Contradiction: Non-verbal cues may contradict, rather than confirm, what the person is saying.
- Substitution: A non-verbal message can replace a verbal message. For example, we ask someone how they are doing, and they simply heave a big sigh and shake their head. We can clearly see this person is tired and frustrated with something, possibly even feeling hopeless about things.

Aspects of Non-Verbal Communication

- Voice: It's not just what you say, but *how* you say it as well. Timing and pace, how loud we speak, our tone and inflection, or sounds such as "ahh" and "uh-huh" that convey understanding all communicate a great deal. Feelings such as sarcasm, anger, affection or confidence can all be expressed by a person's tone of voice.
- Facial expressions: Some expressions are universally understood, such as happiness, anger, sadness, surprise, fear and disgust.
- Eye contact: an especially important kind of nonverbal communication. The way someone looks at us can communicate interest, affection, hostility or indifference. Eye contact is also useful in maintaining the flow of conversation and gauging the other person's response. *Note:* Be aware that some Indigenous people will not make eye contact. This can be one of the effects of intergenerational trauma, including residential schools or the "Sixties Scoop".

- Body movements and posture: The way a person sits, walks, stands up or holds their head can tell us a lot, and books have been published about this. Be careful, however: we sometimes apply our own erroneous interpretations to the movements we see.
- Gestures: Many people use their hands to express opinions or feelings along with our words. Again, be careful when interpreting these cues. The meaning of gestures can be very different across cultures.
- Touch: The way someone touches us – through a warm bear hug, a little tap on our shoulder, or a reassuring slap on the back – also tells us something about the message they are sending.
 - **Important:** Facilitators must not touch or hug group members unless that person has explicitly stated that it's okay. Because of past trauma, some group members are particularly sensitive to touch. For these people, touching is usually a violation of their boundaries.
- Space – we all need some physical space to ourselves. People use physical space to communicate many different messages including intimacy, affection, aggression or dominance. The meaning of space, however, can differ significantly depending on the culture, the situation and the closeness of the relationship.

Techniques for Reading Nonverbal Cues

- Look at the nonverbal signals as a group. Try not to read too much in one single gesture or nonverbal cue. Consider all of the signals you are receiving together, along with the verbal message and the context.
- Pay attention to inconsistencies.
 - If you have the feeling that something isn't adding up, it could be because the person is saying one thing and their body language is saying something else. If you can describe the inconsistency objectively, it may be useful to comment on it: "Even though you are telling me that you are not feeling upset, your expression looks worried." **Be careful, however, not to pressure a person to reveal more than they are able to at that point.**
- Remember that non-verbal systems can easily be misinterpreted.
 - Are their arms crossed because they are angry, because they are cold, or because they are listening intently?
 - Is eye contact a sign of respect or disrespect? Are their eyes downcast because they are bored or because they are thinking? Is my eye contact coming across as aggressive?
 - It is sometimes useful to ask the person whether your understanding of their body language is correct, in the same way you would confirm your understanding of words. (See the [Paraphrasing](#) section.)

Conclusion

Facilitating self-help support groups is not easy. There is a great deal to understand in this manual, and a real-life support group has more complexity and bigger challenges than we can do justice to on the printed page. You are to be congratulated for your willingness to consider taking on this work.

If you do become a facilitator or a member of a facilitation team, you will be part of a growing and extremely important service. Millions of people live with mental illnesses, and with the problems caused by the illnesses themselves, the limitations in medical knowledge about them, and the widespread misunderstandings and negative reactions of society. Self-help support groups are unique and irreplaceable resource that can help build coping skills and strengths in ways that other interventions cannot.

Welcome to the profession of facilitating! Join us in making a difference.

Appendix A: Crisis Resources

***Please note:** The content of any website listed in this section is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or mental health professional with any questions you may have; website content may not be evidence-based. Never disregard professional medical advice or delay seeking treatment because of something you have read on a website.*

In an Emergency or Crisis

Call **911**, go to the nearest emergency room or follow the emergency instructions provided by your doctor, mental health professional or care team. If your community has a mental health car, you can call 911 to request it.

1-800-SUICIDE

Call 1-800-SUICIDE (**1-800-784-2433**) to get help right away, any time of day or night. It's a free call.

Your Local Crisis Line

If you are in distress, call **310-6789** (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

Kids Help Phone

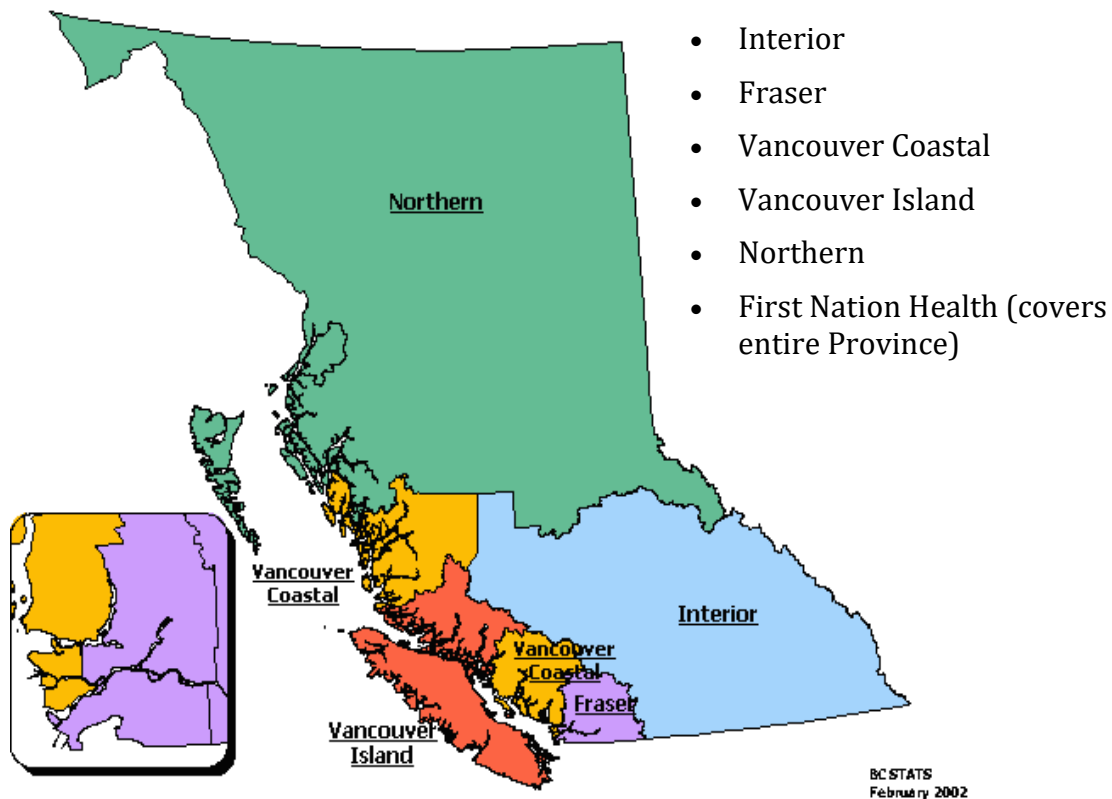
For children and youth aged 5 to 20. Call 1-800-668-6868 to speak to a professional counsellor, 24 hours a day. It's confidential, anonymous, free, and available across Canada. They can also refer you to local services and resources. Kids Help Phone is available in English and French.

Appendix B: Non-Crisis Resources

***Please note:** The content of any website listed in this section is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or mental health professional with any questions you may have; website content may not be evidence-based. Never disregard professional medical advice or delay seeking treatment because of something you have read on a website.*

BC Regional Health Authorities

In BC there are six health regions, which are listed below. These regional offices can provide non-crisis information and referrals. Contact information follows.



More specific information for your city or town is available from your health region.

Northern Health

600 - 299 Victoria Street,
Prince George BC V2L 5B8
www.northernhealth.ca
Phone: 250.565.2649

Interior Health

220 - 1815 Kirschner Road,
Kelowna BC V1Y 4N7

www.interiorhealth.ca

Phone: 250.862.4200

Vancouver Coastal Health

520 West 6th Ave

Vancouver BC V5Z 1A1

www.vch.ca

Phone: 604.736.2033

Fraser Health

#400 – 13450 – 102 Ave

Surrey BC V3T 5X3

www.fraserhealth.ca

Phone: 604.587.4600

Vancouver Island Health Authority

1952 Bay Street,

Victoria BC V8R 1J8

www.viha.ca

Phone: 250.370.8699

First Nations Health Authority

100 Park Royal S,

West Vancouver, BC V7T 1A2

www.fnha.ca

Toll free: 1.866.913.0033

Other Government Services

HealthLink BC

Call **811** or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or a pharmacist about medication questions.

BC Alcohol and Drug Information and Referral Service

Call 1-800-663-1441 (or 604-660-9382 in Greater Vancouver) to talk to someone about substance use. They can also connect you with local substance use resources. It's available 24 hours a day.

Plan G - The No-Charge Psychiatric Medication Program

For more information on this plan, contact your local mental health service centre, listed in the telephone directory's blue pages under "Health Authorities" or your regional health authority. Physicians' offices can download the *Application for Psychiatric Medication Coverage* or request pre-printed copies from the local mental health services centre.

www.health.gov.bc.ca/pharmacare/plans/

1.800.663.7867

Non-Government Organizations and Non-Profit Agencies

The following organizations can provide advocacy, information and support. Ask about services in your area.

- **PovNet – Database of advocates around the province**
www.povnet.org
- **BC Coalition of People with Disabilities**
Phone: 604.875.0188
Advocacy Access Line: 604.872.1278; 1.800.663.1278 (toll free)
www.bccpd.bc.ca/s/Home.asp
- **MPA (Motivation Power and Achievement) Society**
Phone: 604.482.3700 Fax: 604.738.4132
Email: mheap@mpa-society.org
www.mpa-society.org
- **Nelson Advocacy Centre**
Phone: 1.877.352.5777
<http://advocacycentre.com>
- **Counselling and Wellness Centre at MDABC**
480-789 West Pender Street,
Vancouver, BC
Phone: 604.873.0103
Fax: 604.873.3095
Email: info@mdabc.net
- **BC Mental Health Distress & Referral Line (Mood Disorders Society of Canada)**
Phone: 310.6789
- **BC Partners for Mental Health and Addictions**
Visit www.heretohelp.bc.ca for mental health toolkits, fact sheets and personal stories about mental health concerns. The Toolkits can provide information, including templates for creating a mental health action plan and tips for avoiding crisis and emergencies.
- **Internet Mental Health (Dr. Phillip W. Long, UBC)**
www.mentalhealth.com
- **Pacific Post Partum Support Society**
Phone: 604.255.7999
www.postpartum.org
- **Families for Depression Awareness**
www.familyaware.org
- **Seasonal Affective Disorder (SAD)**
www.UBCsad.ca

- **NAMI: National Alliance on Mental Illness**

An American, non-profit, grassroots, self-help, support and advocacy organization of consumers, families, and friends.

www.nami.org

Child and Youth Mental Health Information and Support

- **YOUTHLINK**

Web-based hotline for youth needing help or someone to talk to

www.youthinbc.com

- **Reality Check**

www.realitycheck.net.au

- **Child and Adolescent Bipolar Foundation**

www.bpkids.org

- **Kelty Mental Health Resource Centre**

Phone: 604.875.2084; 1.800.665.1822 (toll free)

keltymentalhealth.ca

Money, Debt Management, Housing, and Personal Planning

- **Credit Counseling Society**

www.nomoredebts.org

1.888.527.8999

info@nomoredebts.org

- **Ministry of Social Development**

The Service BC Info Line can direct you to the nearest ministry office to apply for income assistance or disability support:

Victoria: 250.387.6121

Vancouver: 604.660.2421

Elsewhere in BC: 1.800.663.7867

- **Housing**

If you live in British Columbia, there are a range of housing and support options that may be available to you through BC Housing.

www.bchousing.org/Find

- **Personal Planning - Representation Agreements, Enduring Powers of Attorney**

Nidus Personal Resource Centre and Registry

www.nidus.ca

- **Public Guardian & Trustee of BC**

www.trustee.bc.ca

Appendix C: Wellness Recovery Action Plan Template

Good things in My Life (Gratitude List)

Self-Care Tools and Methods I Use Now (Things I Do That Work)

1. What are the tools and methods I use to maintain my mental health?

2. Who are my go-to people when I'm feeling down? (People To Reach Out To)

3. Who are my go-to people when I'm feeling really symptomatic? (More People To Reach Out To)

4. How does facilitating a support group help me feel better? (Reasons To Go To The Meeting)

Identifying Triggers and Early Warning Signs

1. What triggers my symptoms? (Things To Be Watchful For)
- a. General life triggers (E.g. fight with my spouse or kids, trouble at work)

- b. Facilitation triggers (E.g. dealing with conflict in group, going overtime, low attendance, etc.)

2. What are the early warning signs my symptoms are recurring?

Plan to Manage Symptoms

1. What tools can I use when my symptoms recur?

2. What factors help me determine whether or not I can facilitate a group when I am symptomatic?

- a. If I am unable to lead the group here's what to do:
 - i. Call the co-facilitator as soon as possible and ask them to lead the group.
 - ii. If co-facilitator unable to lead group, call a member of your group that can facilitate in your absence for that meeting.

- iii. If no other person is able to facilitate call a previous facilitator, if able, and ask that person if they could facilitate the group for that meeting.
- iv. If unable to attain a substitute facilitator contact members of the group, if able, and cancel that session of the group.
- v. If group is cancelled for that meeting please, if able, call the facility where the group meets and ask if they could post a message on door that meeting is cancelled.

It is important that you attempt to have a back-up plan for last minute cancellations of the group.

3. When I am symptomatic how do I maintain my health while facilitating the group?

4. When do I tell group members I'm symptomatic?

5. What communication do I want to have with group members about how I'm feeling?

My Daily Plan

1. What will I do every day to maintain my health?

2. When will I do the above activity?

Identifying When I Need More Help to Manage Symptoms

1. What signs are there when things have progressed to the point that I need professional mental health help?

2. Who can I keep informed about my progression of symptoms?

-
-
3. What can others help me with when my symptoms are progressing?

Crisis Planning

1. What is considered a crisis for me? (This Is When I Need Help)

-
-
-
-
-
-
-
2. Who should I inform when I'm in crisis? (The Practicalities)

-
-
3. What are five things I can do to care for myself when I'm in crisis? (My Self Care To Get Through This)

4. Who can I reach out to for emotional support when I'm in crisis? (My Support People)

5. How can people I reach out to help me when I'm in crisis? (How My Supporters Can Help Me)

6. What should my group be told when I'm in crisis? (What To Tell My Group Members)

Post Crisis Planning - Coming back as a Facilitator

1. How do I know I'm ready to return as a Facilitator? (Am I Ready To Return To Volunteering)

2. How should I get re-involved as a support group Facilitator? (Plan To Return To Facilitating)
