

Support Group Leadership Training Resource Manual



**Produced By:
Joining People With Diabetes**

Acknowledgments

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This Guide is a revision of the original "Support Group Leader Training Resource Guide" first used on 11/15/2000. As with the original, the new Guide is intended to be a supplement to the Joining People with Diabetes (JPD) Support Group Leader Training. While copies may be shared, the Guide is not a substitute for the training and use of the Guide in conjunction with the training is recommended.



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Table of Contents

Part I – What Support/Self-Help Groups Are: How They Help

	<u>Pages</u>
1. Training Outline	6
2. A Self-Help Group Is...	7
3. Self-Help Vs. Professional Help	8
4. How To Start A Support Group – Key Decisions	9 – 10
5. Ideas and Considerations for Starting a Self-Help Mutual Aid Group	11 – 12
6. Starting a Self-Help Mutual Support Group	13 – 14
7. Helpful Hints for a Successful First Meeting	15
8. Suggestions For Meeting Locations	16
9. Professionals as Consultants in Self-Help Groups	17

Part II. – Building A Support/ Self-Help Group

10. Promoting Your Self-Help Group	19 - 20
11. Suggested Techniques For Recruiting Group Members	21
12. Some Support Group Ground Rules	22
13. Confidentiality	23
14. Advice: If It Feels So Good To Give, How Could It Be Bad	24 - 25
15. Some Conditions For Effective Self-Help Groups	26
16. Events To Promote Your Organization	27
17. Encouraging and Building Group Empowerment	28
18. How Professionals Can Interact With Community Support Groups	29 - 30

Part III. – How To Identify And Plan For Key Leadership Issues

19. Responsibility of Group Members To Each Other	32 - 33
20. Ideas For Group Meeting Agendas	34 - 35
21. Addressing Religious Issues In Your Self-Help Groups	36

	<u>Pages</u>
22. Helping The Helpers: The Effective Self-Help Group Leader And Facilitator	37 - 38
23. Facilitating For Success	39
24. How To Build Shared Leadership	40 - 42
25. How Leaders Can Help Their Self-Help Group Fail	43

Appendix

26. Training Evaluation	45
27. Vision Statement	46
28. MDON Website	47
29. DON's Network List	48
30. Joining People With Diabetes Member List	49 – 54
31. National Diabetes Resource Diabetes List and Links	55 - 56
32. Michigan Diabetes Resource List and Links	57 - 59

Samples and Examples

33. Announcement Example	61
34. Group Philosophy Example	62
35. Agenda Example	63-64
36. Survey Example	65
37. Press Release Example	66
38. Sample Group Guidelines	67
39. Sample Public Service Announcement	68
40. Sample News Release	69
41. Publicizing Your Self-Help Group	70 - 71
42. Group Meeting Flyer	72
43. How To List Your Diabetes Support Group	73
44. Support Group Information Form	74

Joining People with Diabetes Diabetes Support Group Leader Training



Training Outline

Training Goals: 1) To understand what a support group is; 2) To know the steps to starting a support group; 3) To identify and plan for key support group leadership issues.

Introduction to diabetes and support groups (Include current support group leaders)

A. What is a support/self-help group?

1. Definition (group exercise)
2. Different group structures and formats

B. Why have diabetes support groups?

1. What they provide
2. Is there a danger?
3. Follow-up plan (prearranged time and location with sign-up available all day)

C. How to start a diabetes support group.

1. The steps
2. Panel discussion (lay and professional support group leaders)
3. Planning practice (group exercise)
4. Pitfalls for professionals

D. Leadership Issues

1. Types of leadership (group exercise)
2. Characteristics of leadership (group exercise)
3. Inspiring leadership
4. Leadership practice (group exercise)
5. Persisting and preventing burn-out

E. Summary & Follow-up

1. Follow-up planning survey
2. Next steps
3. Training evaluation

A Self-Help Group Is...

The following is a working definition of self-help. It defines the basic parameters and principles of the self-help mutual support group and is not an attempt to describe the self-help process. Among the many independently operating self-help groups that meet around the world, not all fit neatly within these parameters.

- Self- help or mutual support is a voluntary gathering of people who share common experiences, situations or problems and offer each other emotional and practical support based on the unique perspective only available to those who have shared these experiences.
- Self-help groups are run by and for group members. Professional providers may participate in the self-help process at the request and sanction of the group.
- Self-help groups include discussion, sharing of information and experiences and other activities that promote mutual support and empowerment.
- Self-help groups are open to people who have experienced the common concern.
- Self-help requires no charge for participation although a nominal donation or dues may be requested to cover expenses.

The Self-Help Spirit

The spirit of self-help is a belief in:

- A grassroots, collective focus.
- An emphasis on the indigenous – people who have the problem know a lot about it from the “inside”.
- Do what you can do, one day at a time. You can’t solve everything at once.
- Shared, open, circulated leadership or management.
- Being helped through helping.
- Helping is a free and generous act.
- An accent on empowerment – control over one’s own life.
- A strong optimism regarding the ability to change.
- Small may not necessarily be beautiful, but it is the place to begin and the unit to build from.

Adapted from materials by National Network For Mutual Help Centers, the Michigan Protection & Advocacy Service & Ontario Self-help Network Program

Self-Help vs. Professional Help

How does Self-Help/ Mutual Aid Differ From Professional Service?

Mutual aid and the formal service system work in very different ways. For this reason, many people find that, when professional interventions do not effectively address their problem, mutual aid does. For these people, the self-help group is the only kind of help they need. On the other hand, a great many people use both mutual aid and the formal service system to address difficult situations (Silverman, 1980). A comparison of the two kinds of help reveals some of their differences and complementarity.

Philosophy

There are fundamental philosophical differences between the formal service system model and the mutual aid model. Within the hierarchical formal service system, the seeker of help is a passive recipient of professional service; within the egalitarian mutual aid system, the seeker of help is an active participant as well as a helper in the helping process.

Source of Expertise

Following from the philosophy is a difference in the source of knowledge or expertise. For professional service, the source of knowledge is credentials and expertise, and the knowledge base rests with a select few. In mutual aid, the knowledge considered valuable is experiential knowledge, or the knowledge derived from having personally experienced the situation; the expertise is shared among the members. For example, in the case of the death of a child, a professional bereavement counselor is the expert who bases the therapy on psychology principles learned in books and courses; in mutual aid, the experts are other parents who have also lost a child and have felt the same pain.

Social Distance

A professional service provider is objectively detached for the client, and usually functions as a healthy role model. The self-help group member, on the other hand, is both the person helped and the helper within a close, personal network in which all members experience difficulties in some areas, and strengths in other areas.

Style

To receive formal services, a client normally makes an appointment, pays a fee, and continues the service for a set, limited time. In contrast, mutual aid is often available around the clock; a member can call his or her buddy for practical assistance any time the need arises. It is also typically more long-term than professional services, and, of course, it is free.

How to Start a Support Group: Key Decisions

By: Dan Diepenhorst, Joining People with Diabetes

With Core Group: The Leaders

1. Define the Purpose:

- Why start the group? Why are you here?
- What do you want to do?
- Goals: Where are you going?
Who do you want to impact?
How should we end up?
Whose goals?

2. Membership:

- Who's in? Who's out?
- How many (size)?
- Include the person with the concern + the caregiver?
- Will there be levels of membership? For example, voting vs. non-voting members?

3. Recruiting/Publicity:

(See Contents of Part II)

With the Full Group: All the Members

4. Logistics:

- Name?
- Location? What part of town? What kind of place? Comfort?
Public vs. private?
- Time? Day?
- Frequency?
- Hospitality?
- Financial support? Fees?

5. Leadership and Affiliation:

- Advantages of: Shared leadership? Rotating leadership? Single leader?
- Lay vs. professional?
- Individual vs. shared?
- Professional affiliation (e.g., with a hospital) vs. independent?
- Training/Backup?
- Role of professionals?
- Plan to develop members into leaders?

6. Meeting Format and Guidelines? (ENSURE MAXIMUM PARTICIPATION)

- Education vs. support?
- Typical meeting: Open? Closed? Discussion? Sharing? Speaker?
- Time: Limits for individuals? For the meeting? Who “keeps time?”
- Who facilitates the meeting?
- Meeting guidelines (SIMPLICITY):
 - Confidentiality?
 - “Right to pass?”
 - Philosophy? Written statement?
 - Climate/culture? How do you want the meeting to “feel?” Formal vs. informal?
 - Conflict or confrontation: Allowed? How much? How stopped? By whom? Conflict resolution plan? (Guideline Example - “no putdowns”)
 - No advice?

7. Maintaining, Evaluating and Changing:

- Getting group feedback?
- Verbal?
- Written?
- Current members?
- Past members?
- Making changes:
 - Purpose?
 - Membership?
 - Leadership?
 - Format/Guidelines?

Ideas and Considerations for Starting a Self-Help Mutual Aid Group

Edward J. Madara, New Jersey Self-Help Clearinghouse

Self-help groups offer people who face a common problem the opportunity to meet with others and share their experiences, knowledge, strengthens and hopes. Run by and for their members, self-help groups can better be describes as *Mutual Help groups*. Hundreds of these groups are started each week across the nation by ordinary people with a little bit of courage, a fair sense of commitment, and a heavy amount of caring.

While there is no one recipe for starting a group, we have listed a few general considerations you may find helpful.

Don't re-invent the wheel.

If you are interested in starting a group around a particular concern or problem, find out who is doing it now or has done it before. Invest in an evening call, out-of-state, if need be. Ask for sample materials they have used – flyers, press releases, etc. If you're trailblazing and developing a new self-help, consider attending meetings of other self-help groups to get a feel for how they operate – then borrow what you consider their best techniques to use in your own group.

Think mutual help from the start.

Find a few others who share your interest in starting (not simply joining) a self-help group. Put out flyers or letters that specifically cite this. Your core group or steering committee can help prevent you from burning out. But perhaps more importantly, if several people are involved in the planning and initial tasks (refreshments, publicity, name tags, greeters, etc.), they will model for others at the time of the first public meeting what self-help mutual aid is all about – not one person doing it all, but a group effort.

Find a suitable meeting place and time.

Try to obtain free meeting space at a local church, synagogue, library, community center, hospital or social service agency. If you anticipate a small group and feel comfortable with the idea, consider initial meetings in members' homes. Would evening or day meetings be better for members? Most prefer weeknights. It is also easier for people to remember the meeting time if it's a regular day of the week or month, like the second Thursday of the month, etc.

Publicizing and running your first public meeting.

Reaching potential members is never easy. Depending upon the problem area, consider where potential members go. Would they be seen by particular doctors or agencies? Contacting physicians, clergy or other professionals can be one approach to try. Flyers in post offices, community centers, hospitals, and libraries is another. Free announcements in the community calendar sections of local newspapers can be especially fruitful.

The first meeting should be arranged so that there will be ample time for you to describe your interest and work, while allowing others the opportunity to share their feelings and concerns. Do those attending agree that such a group is needed? Will they attend another meeting, helping out as needed? What needs do they have in common that the group could address? Based on group consensus, make plans for your next meeting.

Future Meetings.

Other considerations for future meetings may be the following:

- Define the purpose(s) of the group. Are they clear?
- Membership. Who can attend meetings and who cannot? Do you want regular membership limited to those with the problem and an associate membership for spouses and families?
- Meeting format. What choice or combination of discussion time, education, business meeting, service planning, socializing, etc. suits your group best? What guidelines might you use to assure that discussions be nonjudgmental, confidential and informative? Topics can be selected or guest speakers invited. A good discussion group size is 7 to 15. So as your meeting grows larger, consider breaking down into smaller groups for discussion.
- Phone network. Self-help groups should provide an atmosphere of caring, sharing and support when needed. Many groups encourage the exchange of telephone numbers to provide help over the phone whenever it is needed.
- Use of professionals. After you're underway, consider using professionals as speakers, advisors, consultants to your groups and sources of continued referrals.
- Projects. Always begin with small projects. Rejoice and pat yourselves on the back when you succeed with these first projects. Then work your way up to the more difficult tasks.
- Lastly, expect your group to experience up's and down's in terms of attendees and enthusiasm. It's natural and to be expected.

Starting A Self-Help Mutual Support Group

Sue Kollmeyer, Michigan Self-Help Clearinghouse, Michigan Protection & Advocacy Service

Determine whether there is a need for this group in your community.

Find out if there is a similar group in your county, in the state, or nationwide. If, after doing an informal survey to determine interest and need, you have decided to proceed in organizing a new group. If you have organizations which already have a newsletter, group guidelines, research information, etc., you may want to affiliate or you may establish a local, independent group.

Know the benefits of self-help.

Discovering you are not alone is the most common reason for participating in self-help groups. People seek social support to deal with a crisis of life transition. In the supportive atmosphere of group meetings, members can regain a sense of hope and optimism, learn ways of coping with their problems and grow in confidence and self-worth. With genuine caring and sharing, people gain the satisfaction of helping themselves and others.

Know the limitations of self-help.

Each group member is responsible for his own well-being and, if desired, must pursue his own therapy or medical care. Self-help groups are clearly not intended to substitute; however they may supplement each other. Mutual support activities are part of a continuum which range from phone or pen-pal networks, computer on-line services, self-help group meetings to other forms of support, informational and therapeutic groups.

Know the rewards and pitfalls of starting a group.

With time, your efforts may evolve into a thriving, caring self-help group and you will have the reward of knowing you have made a valuable contribution to your community. Beware of expecting too much too soon as it takes time for a group to develop to a level where the members feel comfortable and are willing to participate. Invite the members to take on responsibilities and refrain from doing all the work yourself. Attendance probably will fluctuate and even if the group remains small, there are some people who are benefiting from the meetings. There are many factors that influence the development of a group and your good intentions are an important factor.

Decide whether the group should have rules and guidelines.

When a group is in its formative stage, members may offer suggestions for guidelines which will foster a sense of commitment to the group. Often the rules and guidelines are subject to change and are determined by the needs of the members. Keep guidelines short and simple. It is a good idea to have them written down and read aloud at the beginning of every meeting, after the welcome or introductions. Confidentiality is an issue of great importance for all self-help groups since trust among members is the foundation for much of the group's effectiveness. Ideally, any information which might identify a group member is not released outside of the group. Names, addresses, or phone numbers of group members should not be given to anyone outside of the group. All discussions of a personal nature (divorce, unemployment, emotional problems, etc.) should never be repeated. If photographs are taken or media people attend a meeting, members should be advised beforehand so they can decide the extent of their participation.

Consider the advantages and disadvantages of working with professionals.

The majority of support groups are peer-led and are fully functioning groups. Within any group is a wealth of talents, skills and experiences and the members are very capable of successfully running meetings. There are also groups where there are cooperative working relationships between human service professionals and group leaders. Professionals may help spread the word about the group, help locate meeting space or guest speakers, and suggest discussion topics. Naturally, group members may also help with these same activities. In deciding whether and how to involve the professionals, the group members should consider the pros and cons carefully and make a thoughtful decision. Whatever is decided, it is essential that the group members remain in charge of the group.

Decide whether to charge fees and dues.

Most self-help groups operate with minimal or no funds. Group leaders are volunteers and should not request compensation. Groups should seek free meeting space and ask guest speakers to volunteer their time to the group. Some groups pass a basket for free will donations and use the money for refreshments, literature, postage or a special event. There may also be optional annual dues for people who wish to become members of a national organization.

Helpful Hints For A Successful First Meeting

Charles Adams, New Jersey Self-Help Clearinghouse

- Before calling together your first public meeting, be sure the core group has a clear idea of what they expect the purpose, goals, and membership of the group to be. This should be done at a previous planning meeting.
- Create a friendly atmosphere from the beginning by assigning a member of your core group to welcome and introduce newcomers when they arrive.
- Be sure new members are given an opportunity to introduce themselves and briefly tell their personal story, if they wish. Do not pressure them to tell all at their first meeting. It may take several meetings before some people feel comfortable enough to participate and share openly.
- At the first meeting the group leader(s) should state the group's purpose and goals (as agreed upon by the core group) to the new members. Also, the group leader(s) should take the opportunity to share their experiences which led to the formation of the group. This will encourage others to share their own experiences.
- Deciding on a name for the group is an important item. It provides an identity and uniqueness to the group. Allowing the members to suggest a name for the group can be an interesting activity for the first meeting (e.g. an appropriate phrase or acronym).
- Dealing with organizational issues such as leadership the group, election of officers, sponsorship, affiliation or incorporation may be too burdensome for the first meeting and can be taken up at subsequent meetings.
- Start and finish your meeting on time. Have an agenda prepared that you intend to follow. Be flexible, however, and allow members to speak freely. The group leader(s) can always ask the group if they want to extend the time of the meeting.
- Refreshments (coffee/cake etc.) should be provided before or after the meeting. This serves to provide for an informal atmosphere and allows members to more easily socialize.
- Before adjourning the meeting, decide on the time and place for the next meeting.
- Regarding group structure and leaders there are different models used by groups ranging from highly organized groups with elected officers, to loosely structured groups using a shared leadership model. Whatever form of leadership your group chooses, remember, the purpose of leadership in self-help is to initiate and encourage the self-help mutual aid process that occurs when members share their own insights and skills in helping each other. Leadership and facilitation in the mutual help group must promote this process.

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Suggestions For Meeting Locations

Sue Kollmeyer, Michigan Self-Help Clearinghouse, Michigan Protection & Advocacy Service

There is a wide variety of suitable meeting places for self-help groups. Some possibilities include:

- Church/ synagogue
- Public library/ school library
- Large book store
- Private room in a restaurant
- Social service agency
- Hospital/ clinic
- Health club/ wellness center
- Neighborhood community center
- Bank/ credit union meeting room
- Community room at a mall
- Child or adult day care center
- Retirement center/ nursing home
- YMCA/ YWCA
- Red Cross/ emergency shelter

There are many organizations that have community meeting rooms or conference rooms, including banks, malls and municipal governmental buildings. **Be sure to mention that your voluntary, non-profit, self-help group is providing a free-service to the community.**

You may be fortunate to obtain free meeting space, especially if you or a group member have a personal connection with someone at the facility. It is also possible there will be a nominal charge to offset the cost of utilities or maintenance.

In selecting a site, keep in mind:

- Is there a sink and/ or refrigerator available?
- Are bathrooms conveniently located?
- Is the building handicap accessible?
- Is public transportation near the site?
- Is the parking area safe and well lit?

Other ideas for locating a meeting space include looking at newspaper listings of the Community Calendar and noticing where meetings are held. Also, check out United Way directories and other social service directories at the public library for ideas. The phone book may also provide possibilities. Some small groups hold meetings in the members' homes but this option has some limitations. Finding the right location may be difficult, but certainly not impossible.

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Professionals As Consultants In Self-Help Groups

Toni A. Young, MSW, ACSW

- The Consultant role demands the highest level of involvement and thus has more risk and challenge.
- Our view of “Consultant” is based on the assumption that professionals will be working with people who have the concern from the very start. We refer to this as the “core group,” a few people who want to attend and be members of the group.
- A Consultant is a – coach, guide, mentor and advisor.

Think of yourself similar to an organizational consultant; a person with particular expertise, outside the group or system, who coaches, guides, mentors and advises to accomplish getting the group off the ground. You can come back to advise periodically, even on the phone, or assume another role, such as advisory member, speaker or trainer.

- In the beginning, make an agreement with the core group that you expect them to take the lead role and you will follow their lead because they know best what people in their situation need and it is their group.
- Find the leaders FAST as soon as people start doing things or offering this initial activity to do them; take as a sign of leadership emerging. Be alert to people who will energize the group and get them involved. Your job is to work at doing less and less.
- If you can avoid going to the meetings, it will be easier to disengage later on. It will also allow you to work with a few core people who can then conduct meetings. Whether you attend or not, make it totally clear that your presence is temporary, perhaps even giving a time line. If people are not invested or taking the lead, ask yourself, “Who wants this group to exist? Me? My agency? Or the people with the concern?”
- Don’t do anything for the group that members can do, even if you think you can do it better and more efficiently!

Building A Support/Self-help Group



Part Two

(For samples and examples of group promotion see pages 53-66)

Promoting Your Self-Help Group

Renee Skower, Michigan Protection and Advocacy Service

If promoting your self-help group seems like an overwhelming job which your group will not be able to handle – think again!! Promoting your self-help group is an easy, inexpensive, and effective way to increase membership. It also educates the general public about your group and its concerns.

Before promotional efforts can begin, decide if your group can handle a member increase. Promotional efforts will likely bring more people to your meetings. If the group would like to stay small, promoting would not be a wise investment. More members may mean additional demands such as establishing new meeting times or additional meetings with a need for more leaders for these sessions.

If a decision has been made to broaden your group's horizon, start promoting!!!

- Defining your target audience makes promoting easier and more effective. Decide who your group serves – the actual people with the concern, their families, or any interested person.
- Determine where people with your group's concern congregate. Physician's offices could reach people with an illness, physical or mental problem. Therapists' offices or recovery centers assist people with addictions. Inform these centers or therapists about your group and what it does. Ask them to pass on this information. Most professionals will be glad to know the group exists.
- Some audiences will be easy to find. Others may have a hard time reaching their constituency or may want to inform the general public about their group. Here are a few tips for hard to reach audiences:
 - Word of mouth is the least expensive way to spread the news. Have all group members tell everyone they know about your group and its benefits. Arrange to give presentations about your group to various clubs or organizations in your area. Be enthusiastic and positive about your group. Remember, the more people who know about your group, the better the chance of contacting a potential member.
 - Take advantage of free advertising. Church bulletins, public radio, cable television stations, and local newspapers often print this type of information free of charge.
 - Design a flyer for your group. It should be simple, easy to read and contain information such as the time, place and date your group meets. A phone number should be included on the flyer. Most people will spend only 10-15 seconds looking at the flyer so it should be eye-catching and easy to read. Most libraries, churches, chambers of commerce, and community bulletin boards will let your group display the flyers free of charge.

- Inform all related agencies and organizations about your group. These types of places are great for making referrals so interested people will call.

If all this information seems confusing at first – don't panic!! A media plan will keep your efforts organized.

Sit down with a few group members to begin designing your plan. Decide your target audience, how to reach them, where to advertise, how it will be funded, and who will be your contact person. Ask different group members to be responsible for each task. An important responsibility often overlooked is who will have their number on the flyer and be the contact person. Some groups may choose to have more than one contact person.

How does your group know if their efforts are working? Ask all those who call or attend your meetings how they found out about your group. If one method of promotion produces results, stay with it!! If another method isn't working, discontinue it.

It may take many failed attempts before your audience is reached. Don't give up. Many people have not yet heard of the benefits of participating in self-help groups. What they already know is how helpful it is to share concerns with other people who have had similar experiences!

Suggested Techniques For Recruiting Group Members

Charles Adams, New Jersey Self-Help Clearinghouse

- List your group in the Joining People with Diabetes “Diabetes Support Groups in Michigan Guide”. (See Appendix for listing information)
- Place notices in key posting areas: churches, schools, organizations, clubs, shops, hospitals, nursing homes, community bulletin boards, libraries, and post offices.
- Print and distribute one-page flyers on your self-help group.
- Write a brief notice and ask that it be placed in church bulletins/ newsletters.
- Arrange to give a formal presentation about your group to appropriate organizations: church, community, civic, private and business.
- Speak to clergy, doctors, administrators, agency directors, social workers, media personnel, nurses or anyone who might be sympathetic to your need.
- If health-related, contact your local hospital social services department and community health education department.
- Talk to persons who have started self-help groups and ask what methods they used in recruiting members.
- Contact local offices, associations and foundations that address your area of concern, (e.g. diabetes education program, office on aging, Cancer Society, March of Dimes, mental health association, disability organization, etc.).
- Write a brief radio spot and send it to the local radio stations requesting they air it as a public service announcement.
- Write a letter-to-the-editor explaining your group’s purpose (it is especially likely to be printed if your comment is in response to a current article or editorial).
- Call the local crisis center or information/ referral helpline to make sure they know of your group’s existence.
- Form a professional advisory committee, invite key resource persons to serve and enlist their ideas and help in publicizing the group.
- Design a brochure that explains your group’s purpose, activities and services.
- Talk to the public relations staff at local industries and businesses about getting announcements in their periodicals or newsletters.
- Determine which agencies/ organizations print community or social service directories. Contact them and request your group be included.

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Some Support Group Ground Rules

A priority for any mutual support group is to create an atmosphere of safety, comfort and support. Using the ground rules below and learning the skills involved will help create this atmosphere of mutual trust. It takes time to perfect the skills of cooperation, so be patient with yourself and each other as you learn.

1. Express your feelings in a non-judgmental way. Make “**I statements**” such as “I feel sad,” rather than “**You statements**” such as “You make me feel sad”.
2. Be honest. For example, if you’re not ready to talk, say so.
3. Give feedback or advice only with the other person’s permission.
4. Be specific and brief when working on any issue. Get to the heart of the matter as efficiently as possible. LESS IS BETTER!
5. Be specific about what you want: nurturing, support, feedback, etc. Don’t accept help that isn’t exactly what you want.
6. When asking for time from the group, stay within the time limits you’ve agreed to. Negotiate for more time if you need it. Don’t give up your time unless you really want to.
7. If you have feelings left over from the previous group, express them at the start of the next meeting.
8. Express your fears and validate the fear of other people with diabetes at the start of the meeting in a safe, structured way. The purpose of expressing our fears is to find out what is real about them and to take care of them.
9. Express appreciation to each other, to facilitators or to the whole group during the meeting and during wind- up. We all need to hear that our actions and energy are appreciated.

Confidentiality



Important to the establishment of a trusting, open, and sharing group environment, the level of confidentiality must be determined in the first meeting. A feeling of trust between members will not develop if a group participant feels that painful, embarrassing, or personal disclosure might reach the ears of people outside the group.

Confidentiality is generally interpreted to mean: “What is heard in the group, remains in the group.” Do not, however, assume this means the same thing to every group member. The group must take the time to discuss and decide the level of confidentiality with which they are comfortable. Take adequate time for this discussion.

Advice: If It Feels So Good To Give, How Could It Be Bad?

Bonnie Burstein, California Self-Help Center

Mutual support group members often find healing and inspiration in the advice of others. Inspiration is built into some of the most successful mutual support groups. Most of the 12-step anonymous groups often start with a “pitch” from a member who addresses the group with a personal anecdote about overcoming obstacles. Some groups thrive mainly because they know when and how to give advice. But some groups whose members repeatedly give inappropriate advice can be heading for trouble. Unfortunately, advice abuse is the more common state of affairs, as we recently found when we surveyed 300 groups listed with our referral service.

Here are some of the things group members say about receiving ill-timed or careless advice from otherwise well-meaning fellow members: “When I hear someone say, “It’s all going to work out.” I know that person doesn’t understand. I freeze inside, and want to scream at them, “How would you know? You’re not going through what I’m going through!” A woman who had joined a group for recent widows wrote of her shock upon hearing a member say, “You should keep busy doing volunteer work.” She told this advisor, “I am keeping busy holding myself together. I couldn’t envision doing more than I am right now.” Obviously, these are extreme examples of insensitive advice – easy to give but even easier to reject. Rejection of bad advice is not the exception, it’s the rule when the matter is critical and the situation is emotionally charged. The rare kind of advice that’s rich in experience, information and caring, and delivered at a time when it’s really wanted, rarely gets rejected. Here are some hints on how to make the advice you give serve your best intentions.

Four things to consider before offering advice:

- **Willingness:** First, is there a strong need for your advice? And if there is, how ready, how WILLING is the other person to receive it? When someone is disclosing a problem, it’s common for others to think that they’re looking for advice. Sometimes though, they just want to unburden themselves and be listened to. The more complicated a person’s problem, the more likely it is that, if a simple suggestion for some change was really the answer; they would have done it already.

The next three elements depend on the advisor:

- **Be informed:** Do you know the full story? Do you have all the facts? It’s easy in a support group where everyone shares a common concern to assume that one person’s experience of the problem is the same as yours. It often is, and that’s one of the greatest strengths of support groups. But when it’s not and you don’t fully understand the problem, the advice can be half-baked. So take the time to be informed before trying to help.

- **Success:** Are you seen as knowledgeable, competent or experienced in the matter? If the person needing advice knows that you've learned about dealing with a specific problem by living through it or picking up practical wisdom from others, that's usually all the success needed for your advice to be well received.
- **Empathy:** Exchanging personal advice in a group is a lot easier when people feel deeply understood. Even if a member is receptive to advice and a helper is well informed and successful, the advice can be rejected if it's offered mechanically or without a show of empathic understanding.

Some Conditions For Effective Self-Help Groups

- Groups that are constantly expanding thus allowing for the older members to model and play the leader role.
- Groups that are developing many leaders and groups with considerable shared leaderships.
- Groups that are able to provide many pay-offs or extra gains such as media attention.
- Groups that are developing or have developed strong ideologies or missions whether social or curative.
- Groups with resources: meeting place, newsletters and funds.
- Groups that have developed strong traditions.
- Groups that have varied activities.
- Groups that have a strong background of knowledge based on the experience of members.

From Helping You Help Me, by Karen Hill, Canadian Council on Social Development, 1987.

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Events To Promote Your Organization

The following is a list of possible events that could be used to promote your organization. When choosing events, keep in mind your audience's interests and budget. Some of these ideas are more newsworthy than others and only some may apply to your type of group, but all are opportunities to attract attention to your cause.

Picnic	Grand opening celebration
Parade	Conference
Concert or recital	Decision to stage an event
Special week	Appointment(s) of key people
Dinner	Profiles of key people
Rally	Description of planned physical set-up
Exhibition	Typical day of preparation
Competitions	Survey of public opinion
Visit by celebrity	Play
Presentation of petition	Tour of homes, historical site
Fair	Study of situation
Bazaar	Meeting
Experiment	Luncheon
Hearing	Walk-a-thon
Beach party	Passage of a resolution
Dance	Open house
Formation of committee	Giving of a large of unusual gift
Lecture, speech	Showing of film on subject
Panel discussion	Naming of general chairperson
Block party	Story of background of event
Coffee hour	Progress reports
Premiere of film	Stories on any developments
Historical or patriotic celebration	Services provided

Encouraging & Building Group Empowerment

By Richard A. Trice, Community Facilitator – REACH Detroit Partnership



- In the course of starting and building a diabetes support group, it is imperative that the organizer keep an “eye on the prize”. The final goal of organizing a diabetes support group is the culmination of a process that encourages group empowerment and participant “ownership” of the group. In our role as professionals, organizers, and facilitators, the line between directing a group vs. assisting the group in their own self-development is a thin one. We must always remember that our role is best served when we encourage an environment that assists the group in defining themselves, not defining its organizational or program goals. Here are some tips for facilitators to remember:
- In recruiting potential participants, ask what kind of a support group would best assist them in their day to day struggle in managing their diabetes. An organizer’s most important ability is to listen to what people need. If the group builds itself on what people truly need, and not what the organizer thinks is best for them, their ability to sustain themselves is greatly enhanced.
- The first meeting of the support group should be a planning meeting, i.e. determining what they want to achieve as a support group, how often they want to meet, what kind of format they want, how long the meetings will last, who will supply refreshments, etc. These are group decisions that, if made by the group, will encourage ownership of the process and the group by its participants.
- Over the course of the several meetings, the organizer should keep an eye out for participants that display potential leadership skills and abilities. It is all right to facilitate the initial meetings over the first few months, but the eventual goal should be for the group to take itself over. Look at the chemistry of the group and its participants. Look at how people respond to potential leaders and their interactions during the support group. Between meetings, have conversations with potential leaders and find out if they are interested in receiving further training.
- Let group participants have a primary and active role in recruiting additional participants. Flyers, advertisements, and other publicity of the group are not as effective as word of mouth and the sharing of personal benefits that participants have found for themselves. This also supports the building of relationships among support group members.
- Let the participants develop the “ground rules” of the support group. With each individual group, the myriad of personalities produces a unique chemistry. While the organizer can provide examples of different rules that the group can use to govern and guide themselves, always assure that the group wants and needs the rules that you put forth.

The “Organizers Creed” states the following: Go to the People. Live among Them. Learn from Them. Start with what They know. Build on what They have. But with the best of leaders, when the task is accomplished, and their work is done, the People will remark, “WE HAVE DONE IT OURSELVES!”

How Professionals Can Interact With Community Support Groups

Roger T. Williams, University of Wisconsin – Madison

The relationship between professionals and community support groups is a very tenuous one. Some professionals, because of their specialized knowledge and tendency to take charge, often jump in and try to control what goes on within community support groups. The result is predictable – the group will either become dependent and fail to develop the necessary internal leadership or it will oust the professional in a rather dramatic way. More than one confused professional has been overheard mumbling, “What went wrong? All I wanted to do was help!”

Other professionals, sensitive to the issues of group autonomy and internal leadership, stand on the sidelines and hope for the best. They desperately want to see the group get off the ground, but they don’t know how to contribute without wrestling control from the group. In some of these cases, the group materializes and flourishes because the requisite internal leadership evolves on its own. In other cases, the group fails to materialize and the professional finds himself/ herself agonizing over the question, “What could I have done to make it happen?”

The issue of professional involvement is, indeed, a thorny one. The effective professional recognizes that the experimental knowledge of the group is much more important than his/ her professional knowledge and thus, resists imposing this knowledge on the group. He/ she also recognizes that the group is not likely to be totally rational or objective - there may be a great deal of emotional involvement including personal stories, tears, angry outbursts, hugs, and apologies for “acting so stupid.” Finally, the effective professional realizes that leadership must emerge from within the group and he/ she accepts the fact that this is not always going to happen.

The most appropriate role might be viewed as that of *midwife*. A midwife assists in bringing a new baby into the world and then helps to nurture it in the first hours of its life. But the midwife doesn’t take the extra step of mothering or parenting the child. The goal is to get the natural mother or parents to take on this role as soon after birth as possible.

What other roles or functions are appropriate for professionals? The roles vary according to the developmental phase of the group.

The Pre-Formation Phase

The critical issue at this stage is to help people see the need for a support group. The professional can serve an extremely valuable role as a *visionary* and *advocate*, openly talking about and publicizing the need for such a group within the community. Other important roles include *stimulator*, *catalyst*, and *prodder*.

The Formation Phase

Here the key issue is helping to identify, encourage, and support potential leaders for the group. It's important to help people so that they do have leadership capabilities, to help them hone their leadership skills, and to help them get comfortable in a leadership role. Some of the roles a professional can take are guide, enabler, teacher, facilitator, and coordinator. The goal is to provide support without assuming the actual leadership function of the group. In the early formative phase of a group, professionals can serve an invaluable function of the group. In the early logistics: setting up meeting times and places, arranging for facilities, convening meetings, lining up refreshments, providing child care, and so on. However, it's important the group begin to assume responsibilities for these tasks at the earliest possible moment.

The Post-Formation Phase

Groups vary a great deal in the amount of on-going support they will need from professionals. Some will be autonomous and not seek on-going support; some will seek occasional advice, consultation, or support in specific areas; and some will want to maintain on-going relationships with professionals. Their key roles might be those of consultant and supporter. Professionals can help in a variety of other ways: serving on an advisory board, referring potential participants to the group, helping the group evaluate its progress, assisting in publishing the group's newsletters, or linking the group up with similar groups in other parts of the county or area.

Reprinted with permission from Roger T. Williams, Ph.D., Professor and Chairman of the Health and Human Issues Department at the University of Wisconsin-Madison.

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How To Identify and Plan For Key Leadership Issues



Part Three

Responsibility Of Group Members To Each Other

New Jersey Self-Help Clearinghouse

One of the primary purposes of a self-help group is to provide an environment whereby people with common problems or similar stressful life situations can meet with one another and help each other cope with their problems in a supportive, caring, and non-judgmental atmosphere.

In a self-help group, the role of facilitating or leading a group discussion is not the sole responsibility of one person, but is the responsibility of the entire group. Thus, all members must be aware of their responsibility.

- Help members feel comfortable and get to know each other.
- Be sure the speaker has finished describing his/ her problem before offering suggestions.
- Listen attentively when another member is speaking and discourage side conversations.
- Promote positive comments and new viewpoints (keeping the discussions upbeat lest the discussion deteriorate into a gripe session).
- Notice silent people in the group and encourage them to contribute.
- Participate in the discussion – sharing problems and offering ideas and suggestions.
- Recognize when a member’s problem is beyond the group’s ability to help and be willing to suggest alternative resources outside the group.
- Allow a member to vent negative or angry feelings; often this must be done before positive ideas can be given and received.
- Assure fellow members that whatever is said in the group stays there (maintain confidentiality). This is more important in some groups than in others, depending on the sensitivity of the issues discussed.
- Make a commitment to the group, contributing the talents, skills, resources or information that is necessary to assure the group’s success and survival.
- Express your feelings in a non-judgmental way. Make “I statements” such as “I feel sad,” rather than “You statements” such as “You make me feel sad”.
- Be honest. For example if someone asks for support and you don’t feel supportive, say so in a sensitive way.
- Give feedback or advice only with the other person’s permission.
- Be specific and brief when working on any issue. Get to the heart of the matter as efficiently as possible. Less is better.

- Be specific about what you want: nurturing, support, feedback, etc. Don't accept help that isn't exactly what you want.
- When asking for time from the group, stay within the time limits you've agreed to. Negotiate for more time if you need it. Don't give up your time unless you really want to.
- If you have feelings left over from the previous group, express them at the start of the meeting.
- Express your fears and validate the fear of others at the start of the meeting in a safe, structured way. The purpose of expressing our fears is to find out what is real about them and to take care of them.
- Express appreciation to each other, to facilitators or to the whole group during the meeting and during wind-up. We all need to hear that our actions and energy are appreciated.

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Adapted from materials by Ontario Self-help Network Program/Changing places: From Facilitator to Mutual Support (1989). L. Lawyer, S. MacDonald – Lawson, L. Timmons, Y.W.C.A

Ideas For Group Meeting Agendas

An agenda is a list of topics that will be covered during a meeting. It is a guide for both the facilitator and members. Most self-help meetings last two hours. Here are some typical agenda items.

- **Check-in and Icebreakers (suggested time, 5-15 minutes)**

Each member says briefly how each is feeling before the group starts. New members may be introduced at this time. The idea is to begin the meeting on a positive note. Each member responds to a particular question and speaks in turn. No one comments or interrupts. Always give permission to pass. Group members can rank how they feel on a scale of 1-10, with 10 being feeling great, and 0 being no energy.

Groups sometimes ask an open-minded question here, such as, “How did your week go”, and most of the meeting then gets taken up by hearing from every member with no limits on airtime. We suggest that if you use the check-in, you restrict airtime to 2-3 minutes so as not to use all of the meeting time. Check-in time can also be used to go over the group’s guidelines. Here are some other examples:

- Do check-ins in a round.
- Group members share how their week went.
- Group members share how they felt at the end of the last session.
- Group members share something good or exciting that has happened to them since the last time they were together.
- Group members state one feeling word that describes their emotions at the moment.
- Each person acts out non-verbally, the mood they are in. The group gives feedback on what they think their body is saying.
- Group members describe something that they saw on the way to the group meeting that represents how they feel. For example: ” I feel like the new baby calf I saw, light and rompy. “
- Group members share a statement or quote that has meaning for them at this time. For example: “ I don’t fear tomorrow because I’ve lived though yesterday and I love today”; “Today is the first day of the rest of your life”; “ We don’t get any dress rehearsals!”

- **Light and Livelies (Suggested time, 5 minutes)**

These are short, energetic games that revitalize the group. You can use yoga, dancing (the e.g., Macarena), charades, etc. These can be used at the beginning of the meeting, or just after a break to perk members up.

- **Business (Suggested time, 30 minutes)**

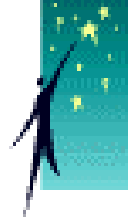
Who is facilitating, time keeping? Update on last meeting? Unfinished business? Go over today's agenda – any changes? Additions?

- **Today's program (Suggested, 30 minutes)**

Groups use a variety of tools or a combination at each meeting. Some examples are: discussions, study groups, visiting speakers, videos, activities that inform members and help build their confidence, one-to-one encouragement at and between meetings, advocacy activities, public education, education of the membership through attendance at workshops and conferences, socializing, fundraising, problem – solving sessions to share and/ or develop coping strategies, fun night, etc.

Addressing Religious Issues in Your Self-Help Group

By Giancarlo Guzman, Community Facilitator – Detroit REACH Partnership



Addressing issues of religion in a self-help group can be a delicate topic and should be handled as such. One should not make the assumption that everyone in the support group adheres to the same religious beliefs.

If you are starting a support group with members of different faiths one should choose a location that is neutral for members of different beliefs such as a Neighborhood City Hall, YMCA, recreation center a facility with a “community room.” If a local church is the best site available, it is important to use the “community room” as opposed to the “congregation room.” References from support group leaders regarding specific faiths should be avoided so as not to diminish members who have different beliefs. Also, the support group leader must make a conscious effort not to impose their faith or lack thereof upon other support group members. For example, instead of prayer, use a moment of silence for people to reflect/meditate/pray in their own personal way.

If you are starting a support group for members of a specific church congregation then using prayer and other forms of meditation can be a benefit to the involved members. In this instance starting a prayer circle can be beneficial. A prayer circle takes place when members of the support group each pick one or more individuals that they agree to pray for. All members are then encouraged to share praise reports. Praise reports are positive outcomes that a person has obtained since receiving prayer.

Helping The Helpers: The Effective Support Group Leader And Facilitator

David Gleason, Self-Help Network of Kansas

How is it that some support group leaders and facilitators make running the group look easy? What's their secret? Their secret is that there is no secret, just a willingness to learn and practice what they learn. Effective support leaders and facilitators:

Are knowledgeable of group behaviors.

They tend to have familiarity with or past experience as a group leader. It is very useful to understand how people behave in groups and the helpful things one can do in group settings.

Possess a basic commitment to the self-help process.

Leading an effective self-help group begins with a commitment to three basic assumptions: (1) that each member can make a contribution, (2) that each member is the ultimate authority on their needs and what will work for them, and (3) that communications must be open and honest to promote a positive group experience.

Are capable of distinguishing and controlling personal views.

Effective leaders or facilitators are able to separate their personal needs from those of the group. Those having their own agenda or "ax to grind" often end up promoting their own views and opinions rather than the group's.

Are willing to work toward the group's goals.

Effective leaders or facilitators are enthusiastic about the goals of the group and are quite willing to work for their accomplishment. They see themselves as part of a team and are emotionally and physically committed to the team's success. Also, they actively and creatively look for ways to give members the opportunity to participate in the process of setting and carrying out the group goals.

Have the ability to initiate activity.

Ideally, every leader or facilitator seeks to develop shared responsibility and leadership for the group. There will be occasions, however, when no one else is capable, ready or willing to do what needs to be done. In these instances the leaders or facilitators must be prepared to get the ball rolling. This must always be balanced against the need to generate member participation and the need to protect the leaders or facilitators from burnout.

Are comfortable with the expression of emotion, tension and conflict.

There is no escaping the fact that emotion, tension, and conflict is likely to arise in a support group. It's important to be comfortable with this, as it occurs both in others and in yourself. You need to expect that conflict within the group will appear and that criticism will be directed toward the leaders and facilitators. Learn to look at criticism objectively and try to avoid taking it personally.

Are committed to the welfare of the group and all its members.

The commitment of effective leaders or facilitators lies with the group. This will sometimes require a willingness to look for the forest and not be blinded by the trees. Good leaders or facilitators will focus upon building a sense of community, group cohesiveness, and consensus decision-making within the group.

Value and respect every member as an individual.

Although the primary focus of the leaders or facilitators is upon the group, they do not lose sight of the individual. Members are seen as unique, as equals deserving mutual respect and consideration for the values they hold. Members are viewed as potential teachers who have a reservoir of knowledge and experience from which others may benefit.

Emphasize the positive aspects of the support group.

Unfortunately, it's too easy to focus on the negatives in a support group. Effective leaders or facilitators will put a greater emphasis on the positives of the group: educating members, learning successful coping strategies, and receiving the support of others who really understand. This is not to say that problems are avoided; only that effective leaders and facilitators do not allow negativity to dominate group attitudes and behaviors.

Encourage members to identify/ evaluate alternatives for themselves.

The effective leaders or facilitators do not decide what is right for the members. Each member is encouraged to examine problem-solving strategies and potential solutions for themselves. Leaders and facilitators provide a process by which members may explore options and alternatives while offering support to members to carry out their own choices.

Facilitating For Success

Greater Dayton Self-Help Clearinghouse

Support group leaders are responsible for doing everything from securing meeting places to keeping the meeting on track and making sure that it is meaningful for all the participants. Your job is not easy and often it is thankless, and yet, it is indispensable for the thousands of people who seek self-help as a means to overcoming problems. The following are some general guidelines for facilitating a group which may make your job easier.

- Keep eye contact with all participants. By simply looking at someone and smiling, you help the person feel part of the discussion, even if they haven't said anything for awhile.
- Address people by their names. This helps everyone to learn each other's names and provide a way to let support group participants know that you care what happens to them.
- Notice who talks and who doesn't. Don't press newcomers to talk. If someone who has been quiet talks, encourage more discussion at that point.
- Be aware of group energy and individual reactions. Glance around the room frequently, checking expressions and body language. You may want to include people who appear bored in the discussion.
- Let one person talk at a time. If someone does not get to finish a point, go back to that person. If someone tries to contribute but can't get into the conversation, give that person the floor.
- Keep discussions on a personal and feeling level. Challenge generalizations such as "all men/women are..." by asking those present if the statement just made pertains to them. Encourage "I" statements along the way. You may feel that you need to share some of your own experiences to pave the way.
- Listen so that you can give positive feedback, extend support, and call attention to similar or conflicting points of view.
- Let members speak first and throw questions directed at you back to the group. For instance, ask "What do all of you think?"
- Stick to the agenda, yet be flexible. Notice when the discussion gets off track and pull it back by saying so, unless there is good energy or there is an issue of overriding importance, then let it flow until it gets too far afield or seems to be a way of avoiding the topic at hand.
- Be intuitive and enjoy yourself. You are not an expert with all the answers. The group had the answers and you are simply guiding the discussion. Feel free to participate and to ask your own questions.

*Reprinted, by permission and adapted from "Facilitating For Success", Self-Help Line, May 1991.
Greater Dayton Self-Help Clearinghouse, Dayton, OH*

National Network For Mutual Help Centers and the Michigan Protection & Advocacy Service

How To Build Shared Leadership

Andy Bernstein, New Jersey Self-Help Clearinghouse

While most people agree that shared leadership is an important goal to strive for in self-help groups, there is little in the way of written guidelines and suggestions for how to achieve this elusive ideal. With an initial reminder that every group (and every person) is different and that with every advantage there is some disadvantage or trade-off in group process, the following ideas might be considered promote the sense of ownership and responsibility for leadership throughout the whole group. These ideas ease the burden on any one individual and ensure both openness and continuity for the group.

Think *Shared Leadership* from the Outset

While the group is still in its earliest stages of formation, set the precedent of sharing tasks and resources, so that at the very least there are two people taking responsibility for what has to get done and no one person does it all. In the short run it may seem easier to do things completely by yourself, but such a pattern is very easily set and quite hard to break: you then become the expert, and the “best person to do it” at the cost of mutual aid and joint ownership.

Rotate Leadership and Other Tasks

Once the group is up and meeting, change in a planned way (i.e. weekly, monthly, quarterly, or annually) the person who runs meetings, arranges speakers, sets up refreshments, etc. In the Twelve Traditions of Alcoholics Anonymous., it is stated that “anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.” One way that the anonymous groups have operationalized this is by having not just one group leader, but many, with a regular weekly meeting change in who fulfills this group function. The principle of leadership is thus placed before the personality of any particular “leader.”

Another way of handling this is for people to change roles bi-weekly or monthly. A co-leader can serve to help the leader during the first week or two of the designated period, and then take primary responsibility him or herself, for “breaking in” the next co-leader at the same time. This strategy is applicable to many tasks and functions and, in addition to promoting a nice flow of participation among the group; it can engender a sense of continuity over time.

Change Locations or Try to Meet in a Power-Neutral Place

Physical environments play a major role in how comfortable or secure people feel both from an aesthetic standpoint as well as from the standpoint of political and territorial dynamics. Always meeting in one particular person’s home, for example, may “stack the deck” against certain group members in taking leadership roles, based on their relationships with the host or hostess. Consequently, it’s a good idea to rotate among different people’s homes. Even in neutral space, such as a church or a hospital, it is likely that some people’s experiences there (or feeling about the institution) will adversely affect their ability to participate. While no place is perfect for everyone, shared leadership can well be served by keeping in mind how a particular space makes different group members feel.

Occasionally Vary Meeting Times

While regularity of time (and place) is helpful in developing group stability, there are some people who may systematically be excluded from attendance if the group only meets, for example, on Tuesday evenings, Saturday mornings, or the third Wednesday of every month. Therefore, it may be a good idea to have at least the first few meetings at different times during the week, so that as many interested people as possible can have a chance to attend.

Adjust Seating Arrangements to Facilitate Sharing

When the seating arrangement is such that people are in rows facing the front of a room, where group leaders sit with everyone facing only them, the group's tendency is to deal only through the leader(s), rather than through a mutual exchange process. Less dependence on a leader will develop when all group members face each other in a circle or around a table.

Integrate New Group Members by Words and Actions

In addition to verbally welcoming verbally new people to the group, try to be aware of how the group is experienced by a newcomer and seat yourselves accordingly: distribute old-timers among the newer or less-known group members rather than clustering among you. Similarly, share the history and knowledge of the group by making available prior meeting minutes or summaries and, if appropriate, current members' names and telephone numbers to newcomers. These strategies can help ease feelings of "newness" and further increase a sense of belonging.

Broaden the Base of Active Group Members While Identifying and Preparing Future Leaders

If one thinks of leadership as occupying one end of a continuum, the other end of which is non-involvement and ultimately non-attendance, then a general strategy for increasing shared leadership becomes moving people toward that high-involvement end of the continuum. Several ways to do this are:

- Based on comments made in the meetings, quietly and perhaps outside of the group, ask individual people to help you or other leaders with specific tasks and projects in which you suspect they might be interested. This gives them experience without too much responsibility, and links people who may not know each other.
- Build on already existing friendships in the group by asking pairs or trios of people to take on projects together.
- When looking for officers, suggest that two people become co-secretaries or co-chairs of some committee and jointly take responsibility.
- Publicly acknowledge and express appreciation for work done by others. This not only pleases people (usually), but also helps others to realize just how much work is getting done.

- Tell stories and elicit stories about how a particular task was accomplished, and when appropriate, relate your own mistakes and lessons learned. This de-mystifies and makes more approachable both tasks and leadership.
- Have fun and enjoy the group. People want to be involved and central in endeavors which are upbeat and make them feel good.
- Make room for others by being sensitive to people's messages and signals. Know when to step back or down and let others do the work. Be available for advice and support, but let others work!

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The National Network For Mutual Help Centers and the Michigan Protection & Advocacy Service

How Leaders Can Help Their Self-Help Group Fail

- 1. Make sure leaders are perfect.** Leaders that never make mistakes serve as good role models. These leaders can let ordinary people in the group know their places as “lesser members.”
- 2. Never rotate leadership.** This hastens leader burnout. It also helps the group fall apart if the leader moves away or quits.
- 3. Avoid members in an advanced stage of recovery.** It is helpful to recruit only people who are emotionally unavailable and who want to be rescued. This makes sure that these people never become responsible for themselves.
- 4. Be the all-knowing expert and disagree.** By forcing your ideas and interpretations of events upon others, you help them become dependent on you and even encourage them to feel stupid.
- 5. Withhold information about your group.** Telling them about your meetings and activities is only likely to help them decide whether or not your group is appropriate for them.
- 6. Phone members who miss a meeting; berate them and make them feel bad.** After all, telling people in a non-judgmental way that they were missed might encourage them to attend a future meeting and would let them know that you really care.
- 7. Keep one leader in charge of everything.** This helps members avoid developing any sense of ownership or responsibility to help the group.
- 8. Help members avoid real issues.** By avoiding important issues such as feeling, old group members can stay confused and new members will not want to return.
- 9. Talk more than you listen.** Listening to people will only give them the message that you empathize with them. It’s more fun to talk about yourself. Try a line such as, “You think you have problems. Let me tell you about what happened to me last year...”
- 10. Be judgmental.** Ask others what they did to cause their problems. Use every opportunity to make them - feel guilty.
- 11. Be unfriendly and distant.** This will chase away people who are looking for warmth and understanding.

*(Adapted from material by Joal Fischer and Raymond Lemberg)
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Appendix



Part Four

Joining People with Diabetes Support Group Leader Training

TRAINING EVALUATION

City of Training _____ Date _____

	Low		Average		High		
	1	2	3	4	5	6	7
1. The training was worthwhile Comments:							
2. The trainer was open, spontaneous Humorous and energetic Comments:							
3. The trainer encouraged group participation Comments:							
4. The trainer was knowledgeable Comments:							

Please comment on each section of the training as to its value and usefulness to you:

Part I - Overview of Self-Help

Part II - Starting and Maintaining Groups

Part III - Group Leadership

Please complete each sentence:

As a result of this training I will...

The most valuable information I received was...

The least valuable information I received was...

To improve this training, I'd...

Would you be willing to participate in future trainings as a lay leader or trainer? If so, please give your name and phone number to today's host for follow-up contact.

If there are future network meetings of support group leaders, would you attend?



Joining People with Diabetes Planning Group Vision Statement

Background

Joining People with Diabetes (JPD) recognizes that:

- Diabetes is a life-long disease that can lead to serious, multiple medical complications.
- 17 million Americans, over 700,000 in Michigan, have diabetes.
- Annual diabetes costs in the U.S. are more than 4134 billion, over \$6.4 billion in Michigan, and include 25% of Medicare dollars and 12% of all U.S. health care expenditures.
- *95% of the total care of diabetes is self-care.*
- The involvement of people with diabetes in care planning and management significantly enhances care, heightens public awareness, and promotes social and political advocacy.

Purpose

Enhance the self-care and long-term supports of people with diabetes and their significant others through an active use of their personal strengths and experiences.

Goals

- Promote awareness among people with diabetes, care providers and the public about the serious nature of diabetes and its toll on individuals, families and societies.
- Increase the recognition and appreciation of the person with diabetes as the most important part of the diabetes care team.
- Establish and promote an effective, consumer-minded statewide network.

Objectives

- Provide a statewide directory of diabetes self-help/ support groups.
- Design, implement and update a diabetes self-help/ support group leadership resource manual and other support materials for group leaders/ members.
- Provide statewide trainings for diabetes self-help/ support group leaders.
- Plan, support and participate in diabetes public awareness events.

Methods

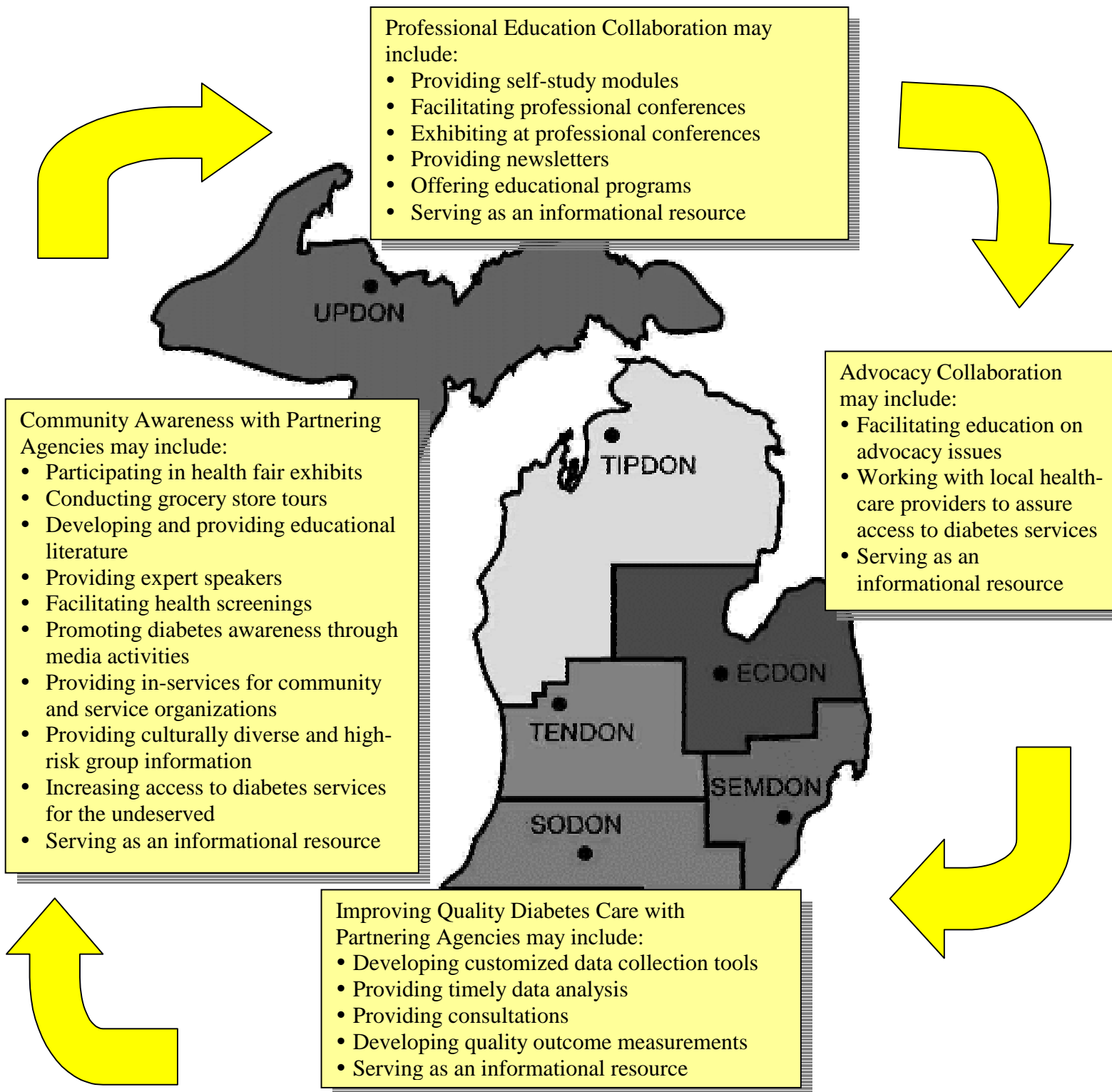
- Meet on a regular basis to share information and coordinate the group's activities.
- Facilitate work groups and identify resources sufficient to carry out the group's objectives.
-
- Promote, encourage and advise other groups and individuals with interest in advancing activities focused on people with diabetes.
- Identify and distribute material instructive of the importance of consumer-driven activities.
- Recruit people with diabetes, their significant others and consumer advocates.

Michigan Diabetes Outreach Network (MDON)



www.diabetes-midon.org/

Our mission is “to create innovative partnerships to strengthen diabetes prevention, detection and treatment throughout Michigan.”



DON'S NETWORK LIST

Revised July 24, 2003

<i>NETWORK</i>	<i>ADDRESS</i>	<i>PHONE/800/FAX</i>	<i>CONTRACT AGENCY</i>
<p style="text-align: center;">UPDON-</p> <p>Upper Peninsula Diabetes Outreach Network Ann Constance, Project Director Susanna Council, Office Manager Lorraine Petersen, Data Manager/Web Master Paula Ackerman, Diabetes Educator Marli Carlson, Diabetes Educator</p> <p>Diabetes Section Consultant: Bernadette Sweeney</p>	<p>2803 US 41 West Marquette, MI 49855</p>	<p>Phone: (906) 228-9203 (800)369-9522 (UP only) Fax: (906) 228-4421 ann@diabetesinmichigan.org susanna@diabetesinmichigan.org lorraine@diabetesinmichigan.org Paula: yooperfive@hotmail.com Marli: Mcarlson@cs.com Website:www.diabetesinmichigan.org</p>	<p>Bay De Noc Community College 2001 N. Lincoln Rd Escanaba, MI 49829 Dr. Michael Allkins, Ed D President (906) 786-5802</p>
<p style="text-align: center;">TIPDON</p> <p>Northern Michigan Diabetes Outreach Network Julie Shippy, Project Director Gaye Alexander, Office Support Robin Williams, Diabetes Educator Aileen Marriott, Office Manager</p> <p>Joyce Billingsley, Diabetes Educator</p> <p>Diane Peters, Subcontract (Strategic Plan)</p> <p>Diabetes Section Consultant: Jean Chickering</p>	<p>616 Petoskey St. Suite 300 Petoskey, MI 49770</p> <p>1440 N. Luce White Cloud, MI 49349</p> <p>2480 Adams Rd. East Jordan, MI 49727</p>	<p>Phone: (231) 348-8596 (800) 847-3665 Fax: (231) 348-0065 E-mail: tipdon@racc2000.com julies@racc2000.com robinw@racc2000.com gayea@racc2000.com</p> <p>crowsnest@ncats.net (231) 689-6156</p> <p>(231) 537-3245 (Diane doesn't have e-mail-send to basic TIPDON email)</p>	<p>Munson Medical Center 1105 Sixth Street Traverse City, MI 49684-2386 David McGreaham, MD Chief Medical Officer & Vice- President of Medical Affairs</p>
<p style="text-align: center;">ECDON</p> <p>East Central Diabetes Outreach Network Kelly Crawford, Project Director Michele Bernreuter, Diabetes Educator Judy Smith, Office Manager Louise Weiler, Diabetes Educator</p> <p>Diabetes Section Consultant: Jean Chickering</p>	<p>3085 Bay Rd. Suite 9 Saginaw, Michigan 48603</p>	<p>Phone: (989) 249-0170 (800) 323-6614 Fax: (989) 249-0067 E-mail: ecdon@cris.com</p>	<p>Covenant HealthCare 1447 N. Harrison Saginaw, MI 48602 Spencer Maidlow President and CEO</p>
<p style="text-align: center;">TENDON</p> <p>Ten Counties in Central & Western Michigan Diabetes Outreach Network Sandra Parker, Project Director Joannie Koets, Office Manager Julia Walters, Diabetes Educator Sharon Woodman, Diabetes Educator Dave Wollerman, Data Analyst</p> <p>Diabetes Section Consultant: Bernadette Sweeney</p>	<p>3950 Lake Michigan Dr. N.W. Grand Rapids, MI 49544</p>	<p>Phone: (616) 735-1118 (800) 472-3175 Fax: (616) 735-1262 E-Mail: tendon@trinity-health.org parkersa@trinity-health.org walterjk@trinity-health.org woodmans@trinity-health.org wollermd@trinity-health.org koetsj@trinity-health.org</p>	<p>St. Mary's Mercy Medical Center 200 Jefferson SE Grand Rapids, MI 49503 Philip McCorkel, CEO</p>
<p style="text-align: center;">SODON</p> <p>Southern Michigan Diabetes Outreach Network Jean Hare, Project Director Karen Carrion, Office Manager Nancy Davis, Diabetes Educator</p> <p>Diabetes Section Consultant: Dan Diepenhorst</p>	<p>658 E. Chicago Rd. Coldwater, MI 49036</p>	<p>Phone: (517) 279-2267 (800) 795-7800 Fax: (517) 279-2268 Karen: sodon@charter.net Jean: hareja@charter.net Nancy: davisnj@charter.net</p>	<p>Branch-Hillsdale-St. Joseph Community Health Agency 570 N Marshall Road Coldwater, MI 49036 Jennie Sholley, Division Director, Prevention Health Services</p>
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Fax: 734-971-5655

National Diabetes Resource List and Links

Diabetes Dictionaries

National Diabetes Information
Clearinghouse Diabetes Dictionary
<http://www.niddk.nih.gov/health/diabetes/pubs/dmdict.htm>

Take Charge of Your Diabetes Dictionary
<http://www.cdc.gov/diabetes/pubs/tcyd>

Federal Government Resources

CDC's Diabetes Public Health Resource
<http://www.cdc.gov/diabetes/>

Diabetes and Cardiovascular Disease Fact
Sheet
<http://www.ndep.nih.gov/control/CVD.htm>

Healthfinder
<http://www.healthfinder.gov/>

Indian Health Services
<http://www.ihs.gov>

Medicare Web site
<http://www.medicare.gov>
*Provides information about diabetes and
new Medicare benefits*

MEDLINEplus tutorials
Health condition and disease modules:
Take about 10 minutes to review, use
animated graphics and explain
a condition or procedure in easy-to-read
language. Information on diabetes is
available in Spanish
<http://www.nlm.nih.gov/medlineplus/tutorials.html>

National Diabetes Education Program
NDEP-CDC
*Federally funded initiative involving public
and private partners to address diabetes*
<http://www.cdc.gov/team-ndep/>

NDEP-National Institutes of Health (NIH)

<http://www.ndep.nih.gov/>
National Institute of Diabetes and
Digestive and Kidney Disease (NIDDK)
<http://www.niddk.nih.gov/>

National Eye Institute – NIH
<http://www.nei.nih.gov/>

Office of Minority Health Resources Center
<http://www.omchrc.gov/>

Native American Web site Directory
<http://www.nlm.nlm.nih.gov/pnr/samplers/natamer.html>

State Diabetes Control Programs
<http://www.cdc.gov/diabetes/states/>

State by State Table of Diabetes
<http://ndep.nih.gov/control/diagnosed-diabetes.htm>

Professional Associations/ Organizations

American Diabetes Association (ADA)
800-342-2383
<http://www.diabetes.org/>

American Dietetic Association (ADA)
800-877-1600
<http://www.eatright.org>

American Foundation for the Blind (AFB)
800-232-5463
www.afb.org/default.asp

The National Kidney Foundation
<http://www.kidney.org>

American Association of Diabetes Educators
(AADE)
<http://www.aadenet.org>

American Medical Association
<http://www.ama-assn.org>

Canadian Diabetes Association
<http://www.diabetes.ca/index.htm>

Employment-related Links

www.Diabeteswork.org

Web site that provides useful resources for helping businesses bring diabetes education and awareness into the workplace.

National Business Coalition on Health
<http://nbch.org/>

Washington Business Group on Health
<http://wbgh.org/>

Community Resources

Guide to Community Preventative Services
Provides evaluation of community, Population and health care system strategies that address diabetes.

<http://www.thecommunityguide.org/diabetes>

Diabetes Directories

Rick Mendosa Diabetes Directory
<http://www.mendosa.com/diabetes.htm>

Research/Educational Resources

Diabetes in America, 2nd addition
A 733-page compilation of diabetes statistics
That can be downloaded chapter by chapter or ordered online.
<http://diabetes-inamerica.s-3.com/>

The Joslin Diabetes Center
An institution affiliated with Harvard Medical School,
Which is an international leader in Diabetes treatment and research .
<http://www.joslin.org/jboston/index.htm>

The Mayo Clinic
<http://www.mayohealth.org/mayo/library/htm/tocdiabe.htm>

Juvenile Diabetes Foundation International,
The Diabetes Research Foundation
<http://www.jdrf.org>

Michigan Diabetes Resources and Links

American Diabetes Association, Michigan Affiliates

1-800-525-9292 or 1-800-433-3830

www.diabetes.org

American Heart Association, Michigan Affiliates

248-557-9500

www.american.heart.org

Governor's Council on Physical Fitness, Health and Sports

Provides information on exercise including ACES and "Get Michigan Moving"

<http://www.michiganfitness.org>

Joining People With Diabetes

A diabetes consumer/advocacy group dedicated to enhancing the self-care and long-term support of people with diabetes and their significant others through active use of their personal strengths and experiences.

517-335-8445

Lions Club of Michigan/ Lions of Michigan Service Foundation

Charitable organization that assists in the betterment of the quality of life of people in Michigan having unmet needs, especially related to preventing and treating diabetic eye disease.

517-887-6440

www.lionsofmi.com

Michigan Association of Health Plans (MAHP)

Sponsor of "Taking on Diabetes in Michigan" (TODIM) initiative.

517-371-3181

<http://www.ma hp.org/MAHP%20foundation/todim/diabetes.htm> or <http://www.ma hp.org>

Michigan Diabetes Self-Management Training Certification Program

State certification is available to eligible diabetes self-management training programs. Web page (available by link from Michigan Diabetes Prevention and Control Program) provides information about the certification process.

517-335-8445

<http://www.michigan.gov/mdch> (Click on Physical, and then click on DSMEP link)

Michigan Department of Career Development: Michigan Rehabilitation Services

Provides assistance to individuals who have health-related disabilities to obtain and/or maintain employment.

<http://www.state.mi.us/career> (under MDCH Services found on the left)

Michigan Diabetes Prevention and Control Program (MDPCP)

Web site provides helpful information and data about diabetes and a list of Certified Diabetes Self-Management Training Programs. The MDPCP provides leadership to diabetes prevention and control programs throughout the state. It also serves as the coordinating body for the six regional diabetes outreach networks. (See next page)

517-335-8445 or 517-335-9955

Michigan Diabetes Outreach Networks

Michigan has six regional Diabetes Outreach Networks. Their purpose is to create innovative partnerships to strengthen diabetes prevention, detection and treatment throughout all areas of Michigan. Their three main areas of focus include: 1) improving the quality of diabetes care, 2) providing diabetes professional education, and 3) raising public awareness of diabetes.

www.diabetes-midon.org or www.diabetesinmichigan.org

Upper Michigan Diabetes Outreach Network (UPDON)

906-228-4421 or 1-800-847-3665

Northern Michigan Diabetes Outreach Network (TIPDON)

231-348-8596 or 1-800-847-3665

East Central Diabetes Outreach Network (ECDON)

989-249-0170 or 1-800-323-6614

Ten Counties in Central and Western Michigan Diabetes Outreach Network (TENDON)

616-735-1118 or 1-800-472-3175

Southern Michigan Diabetes Outreach Network (SODON)

517-279-2267 or 1-800-795-7800

South East Michigan Diabetes Outreach Network (SEMDON)

313-965-2351

Michigan Diabetes Training and Research Center (MDRTC)

734-783-5730

www.med.umich.edu/mdrtc

Michigan Organization of Diabetes Educators (MODE)

1-888-DIABETES (342-2383) ext.6638

www.modeonline.org

Michigan Protection and Advocacy Service, Inc. (MPAS)

800-288-5923

www.mpas.org

National Kidney Foundation of Michigan, Inc.

1-800-482-1455

www.nfkm.org

Racial and Ethnic Approaches to Community Health:

REACH Detroit Partnership

A program aimed at preventing diabetes and diabetes complications as well as improving quality of life in African American and Hispanic communities in eastside and southwest Detroit.

313-758-0624

www.REACHDetroit.org

Examples And Samples



Part Five

Announcement Example

Diabetic Support Group At Catherine's Care Center

Knowledge and understanding are important tools in managing one's diabetes. To help people with diabetes learn more about diabetes and to help promote the public awareness of it, literature on various aspects of the disease is available to the community through Catherine's Care Center.

Also, a support group for diabetics is available at Catherine's Care Center. If you, a friend or relative are interested in participating in the support group, please contact Steve or Diane at 784-7629 (or steve_diane@usexchange.net). The goal of the support group will be to provide people with diabetes the opportunity to share their concerns, experiences and problems with others in the group. It is believed that by sharing with one another, each will gain a sense of encouragement and reassurance.

It is hoped that this program will help play a positive role in the health and lives of people with diabetes in our community. Interest in this program and any financial support of the programs at Catherine's Care Center are greatly appreciated.

Group Philosophy Example

Philosophy Of The Diabetic Support Group

1. The purpose of the diabetic support group is to help diabetics realize that they are not alone. We believe that this goal may be achieved by offering everyone the opportunity to share their concerns, experiences and problems with others in the group. Whatever is disclosed is kept confidential.
2. Everyone is urged to offer their hope and understanding to others in the group. We believe that helping one another is an important step in helping ourselves.
3. Although new ideas and techniques regarding diabetes management may be discussed in the group, we do not suggest that anyone make changes in their own medical programs without first consulting with their physicians.
4. To insure that the support group does not become too large or impersonal, we will try to keep the group small and informal.
5. We hope this support group will play a positive role in the health and lives of people with diabetes in the community.

If you have any questions, ideas or comments, please contact Steve or Diane (784-7629).

May God Bless!

Agenda Example

Diabetic Support Group Catherine's Care Center

August 7, 2000

When it comes to the management of diabetes,
The ten most powerful two letter words are:
"If it is to be, it is up to me."

*** Meeting Agenda ***

1. Greetings and Introductions of new people (if any).
2. A review/ forum of our health and diabetes management.
3. New and Available Literature about Diabetes.
4. A brief review (and recommendations, if any) of the books, video and health care notes that have been read. Are they helping?

*** Reminders and Notices ***

- * Rev. Jane Yonkman, from the Wege, Body, Mind and Spirit Center, in Grand Rapids will once again speak to us during our next support group meeting.
- * Our next support group meeting is Monday, September 11
- * On August 23rd and September 24th, Catherine's Care Center will be offering a health screening to seniors (60+). There is no charge for this Health Improvement Program. Appointments are necessary. For further information or to make an appointment, call Catherine's Care Center at 336-8800.
- * TENDON is seeking volunteers to help answer phones and to straighten literature on their shelves when needed. If interested call Sandra at 735-1118.
- * The Walk for Diabetes is scheduled for October 7th at Riverside Park in Grand Rapids. Volunteers are also needed for this event. If you are interested in volunteering or walking call the ADA at 548-9341. If you are not interested in walking or cannot walk, please encourage family and friends to participate on your behalf.
- * Although we will attempt to present more guest speakers to the group this fall, please remember that we are not a formal educational facility. The purpose of our group is to share our concerns, experiences and problems with one another and to help everyone realize that we are not alone.

Conclusion and Prayer

God is watching over you
He' always at your side.
Trust in Him to comfort you
To be your strength and guide.
God is there to help you,
To hear your every prayer.
Remember you are not alone.
God's love is always there.

Again, please remember that the purpose of our support group is to help everyone realize that they are not alone. We believe that this goal may be achieved by offering everyone the opportunity to share their concerns, experiences and problems with others in the group.

**Thanks Again For Coming
Stay Well!
May God Bless**

***** Profiles In Diabetes *****

My name is Steve and, as you know, I am a diabetic, too. I am insulin dependent and take Lente, Regular and Humalog insulins each day. Because I have had diabetes since I was a little boy, I have developed many if its complications. Consequently, each day is a challenge. Fortunately, however, because of an increased knowledge and understanding of diabetes, and a greater ability to monitor and control my blood sugar, I have been able to avoid developing some major complications. Furthermore, with the support and prayers from those around me, I now realize that I am not alone. This realization is a blessing, and it gives me, among other things, the courage to go on.

*Your Friend,
Steve*

Survey Example

Diabetic Support Group Survey

Although we realize that not all individuals will benefit the same from a support group, it is still our wish to continue to reach out and help all people with diabetes in any way possible. Consequently, please help us by letting us know what we might do to further your interest and involvement in the support group. Please put any comments or suggestions on the back and return to:

Steve Byers
3852 Snow Mass NW
Grand Rapids, MI 49544-9448

If you like, please comment on the following as well:

1. Meeting location, times or length of meetings.
2. Are there any special topics of concern to you that you would like to see emphasized or discussed more?
3. Would you like to see more health professionals (such as dietitians, nurses or psychologists) involved in group discussions?
4. Would a philosophical or spiritual discussion of health and diabetes be of interest to you?
5. What, if any, would you like to see more or less of in the group?
6. Is the support group satisfactory to you the way it is?

Thanks again for your help!

Press Release Example

Advance Newspapers
August 15, 2000
For Immediate Release
Stop Date: September 12, 2000
Contact Person: Steve Byers

Catherine's Care Center Diabetic Support Group Meeting

The Catherine's Care Center Diabetic Support Group will meet in the community room of the Carrier Crest Apartments, 205 Carrier Street, (across the street from St. Alphonsus Church) on Monday, September 11th at 7:00pm. Reverend Jane Yonkman from the Wege Medical Center will be the guest speaker. The meeting and information are free; Relatives and friends of diabetics are also invited to attend. For further information, or if you plan to attend for the first time, please contact Steve or Diane at 784-7629.

Editors Note: Please place in Community Events section under Support Groups and in news section of all editions. Thank you.

Sample Group Guidelines

Group Size: No more than 10 members. When the group reaches 10 another group may be started.

Group Times: Group will meet weekly for 1 and ½ hours for an indefinite period of time.

Mission

To foster support, friendship, confidence and self esteem in all members.

Group Guidelines

- Be courteous and respectful of one another.
- Keep confidentiality in the group to foster trust.
- Offer advice only when a member asks for it.
- When issues arise that the group does not feel they can handle for themselves, they will enlist the assistance of a professional.
- If unable to attend the support group meeting, members will call a group member.

Group Structure

The first 10 minutes of each group will allow for introductions, announcements and planning for upcoming meetings. A facilitator for the next meeting will be determined.

The facilitator for the current week will then encourage the group to start. Each group members will discuss a feeling that they are experiencing and indicate how much time they will need to talk on that day. (e.g. “I am feeling sad today and I need to talk for 10 minutes.”)

Group will end with each group member saying something positive, something they appreciate, an accomplishment or a positive feeling.

Adapted from “Tawanda Women’s Support Group”

Reprinted by permission from the National Network For Mutual Help Centers and the Michigan Protection & Advocacy Service

Sample Public Service Announcement

Start: Immediately
End: Continuous
Length: 20 seconds

Contact: Megan Goff
Telephone: (517) 324-7360

Statewide Listing Links Callers to Self-Help Groups

The Joining People With Diabetes group provides information on diabetes self-help groups all over Michigan. Consultation to existing groups, connecting people with similar concerns, and help starting new groups is also provided. Call (517) 324-7360 or your local Diabetes Outreach Network.

Sample News Release

For immediate release
October 1, 2003

Contact: Megan Goff
324-7360

First Statewide Diabetes Support Group Listing

Lansing, Mich. – The Joining People With Diabetes group has just compiled and released the first Diabetes Support Group Listing. The listing includes information Michigan diabetes self-help groups, as well as information on Joining People With Diabetes, diabetes resources and support group leadership training.

This listing is an essential reference for health and human service professionals and self-helpers who help support and locate groups for others.

To obtain a copy, call Joining People With Diabetes at: (517) 324-7360.

Publicizing Your Self-Help Group

Faye R. Morrison, Michigan Self-Help Clearinghouse Intern

Self-help groups play an important role in helping people cope with stressful problems. Getting the word out about your group not only means attracting possible new members, but also promoting self-help in general. However, getting attention is difficult because many organizations and events are competing for a limited amount of media coverage. Also, media sources are strict about what is considered newsworthy.

There are two basic methods for getting your message to the media: the press release and the public service announcement (PSA). Editors decide at a glance which press releases will be used so it is important that they are written well and in the correct form. Keep in mind press releases and PSA's are only effective when they contain information of genuine significance to the public. Do not flood editors with a constant stream of press releases or the media will begin to consider your organization a nuisance rather than a valid news source.

1. *The Press Release*

Writing a press release is fairly simple if you keep a few basic guidelines in mind:

- **Use the inverted pyramid style.** This simply means putting the most important facts first. The first sentence, or lead sentence, should contain the five W's (who, what, when, where, and why). If you can't fit all five in the first sentence, then the second sentence should include what was left out. The paragraphs should flow in order of the importance of the information. Put details in the last paragraphs.
- **Keep it simple.** Journalistic writing is a very "bare bones" style. Avoid adjectives or editorial opinions. You can make a statement and back it up with a quote if you choose. Also avoid big words. Newspapers are written for an eighth-grade reading level so remember this when choosing your words.
- **Use an active writing style.** Don't say "will be holding..." use instead "will hold..." This simplifies the writing and makes it easier to read.
- **Always proofread.** Never send copies of your press release with known errors, no matter how small. Sloppy style will reflect poorly on your organization.
- **Shorten copy wherever possible.** If there is a simpler way to say a sentence, then change it. You will be saving the editor time.
- **Keep deadlines in mind:** When sending something to your local newspaper, know their deadline so you can have the information to them in time to be included in the right edition.
- *A press release should:*
 - Be on organization letter head if you have one;

- Contain the name and number of the contact person(s) in case an editor or reporter has questions;
- Have a release date at the top. In most cases it will read”, FOR IMMEDIATE RELEASE. If, however, you need the information released on a specific date, then note that;
- Contain a short title to sum up the release;
- Be on 8 ½ x 11” paper;
- Be double spaced;
- Have 1-inch margins on the sides, but have a larger top margin to leave space for the editor’s remarks; and
- End with ###. If the release is two pages, type MORE at the bottom of the first page and type “Page 2 “as the title at the top of the second page. Do not write a release longer than two pages.

2. Public Service Announcements

PSA’s are written for the radio and are simpler than the press release. Although some are 60 seconds long, it’s best to keep them 10, 15, or 30 seconds. They are written to be read out loud. The guidelines for PSA’s are relatively simple:

- i. Use all capital letters.*
- ii. Use the phonetic spelling for any names or difficult words. This is the only part of the announcement that doesn’t have to be in capital letters. For example, “A SUPPORT GROUP FOR ADOLESCENTS WITH SCOLIOSIS (sko-le-o-s s).*
- iii. Avoid tongue twisters.*
- iv. Include a contact person’s name and phone number.*
- v. Include a start and end date for when you want the PSA read.*

Today's Special

Diabetes Support Group

Session 7

Tuesday, October 30 @ 7 pm

Speaker:

Jan W., Dietitian

“Questions and Answers about Food”

Adapting Your Recipe

Calculating the CHO of Desserts

**Bring a favorite recipe to discuss or share with
other members of the group.**

Please note: New Day-Tuesday

Marywood Center

2023 E. Fulton

Diabetes Classroom 2nd level

How To List Your Diabetes Support Group

It's Never Too Late!!

If your group is not listed in this Guide, you can make sure it is included. You can also make sure that information about your group is immediately included on the web site of the Michigan Diabetes Outreach Networks, www.diaebtes-midon.org.

By completing the attached "Support Group Information Form" and sending it in, you will assure that your group is a part of the most comprehensive guide to diabetes support groups in Michigan. And you will be added to the Joining People with Diabetes (JPD) mailing list for further communications.

Complete and send in your form today to:

**Megan Goff
2436 Woodlake Circle Dr., Ste. 300
Okemos, Michigan 48864**

FAX (517) 324-7370

If you have questions, please contact Megan at (517) 324-7360



Support Group



Information Form

Please print or type and fill out one form per group. (You may copy this form.)

Name of Group: _____

Meeting Location: _____

(Building) (County)

(Address & City) (Zip Code)

1. Meeting Info: Time _____ Day (circle) M T W TH F SA S
 Frequency (circle): Weekly Every 2 weeks Every month Other

2. General Purpose/Description of Group: _____

3. Which phrase best describes your group? (check all that apply)

- Meetings led by a member of the group.
- Meetings with a professional as the facilitator.
- Telephone support is available.
- Other specify: _____

Questions 4-7 (Circle all that apply)

4. Who attends group: People w/ Diabetes Family member/relatives Friends

5. Is group open to: Males Females Both Children/Teens

6. Is there a fee: No Yes Amount: \$ _____

7. Contact Person: Name: _____

Phone: () _____ Email/Website: _____

I give permission for the information on this form to be included in the printed support group guide and postings on the internet.

Signature: _____ Date: _____