



# Support Group Facilitation Guide

## Foreward

This training guidebook contains many tactics/principles used for in-person meeting settings, but these same techniques can be adapted to online meeting settings, too.

For those peers who are interested in starting a new local DBSA support group, thank you for your interest in starting a DBSA support group! In the past, we have found that about 90% of the people who requested a Chapter Start Up Guide were doing so to start a support group in their local area. While all DBSA Support Groups need to be connected to a chapter, a support group does not need to become a new chapter.

Unless you are located outside of the US, all volunteers who want to start a DBSA group, should start a DBSA support group.

### To Start the Process

1. Please read the “DBSA Support Group Facilitation Guide,”
2. Complete the DBSA Support Group Start-up Worksheet and return the worksheet to [chapters@dbsalliance.org](mailto:chapters@dbsalliance.org).
3. Upon receipt of the worksheet, DBSA National will contact a local chapter and arrange for the potential support group and chapter to meet and to discuss a partnership.
4. Whether you are deciding to start a group or waiting for the worksheet to get processed, please feel free to familiarize yourself with DBSA’s resources at [www.dbsalliance.org](http://www.dbsalliance.org) or the [Resources for Support Group Facilitators](#) page on the DBSA website.

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## Introduction and Overview

*Facilitation -- The act of assisting or making easier the progress or improvement of something.*

### What is DBSA support group facilitation?

Empathetically aiding, enabling and encouraging peers in a healthy, confidential, and purposeful discussion that strives to improve the lives of people living with mood disorders.

To assist...      To make easier...      To *facilitate*...

Support groups hosted by DBSA National and DBSA chapters depend upon individuals to guide peers through a support group meeting. The support groups are not led by professionals or certified experts. They are led by peers (peer groups), family and friends (family and friend groups) and parents/caregivers (parent/caregiver groups) who are willing to serve as facilitators.

Peer-Based, Self-Help - These words are the foundation upon which we base who we are and what we do. Let's start with some definitions. Peer-Based: Webster's definition of *peer* is: "one that is of equal standing with another." In the DBSA context, a peer is a person with a mood disorder, a family member/friend, or parent/caregiver of someone with a mood disorder (if the group is serving family and friends or parents/caregivers). DBSA support group facilitators are not licensed or certified by any authority, but they do have a shared purpose: to improve the lives of people living with mood disorders.

So then, peer-based simply means that everything we do, we do as a peer. Whether it's leading chapters, facilitating support groups, etc. it's all done from the perspective and within the context of a peer.

**Self-Help:** Simply defined, helping oneself. We tend to say that at our meetings we are there to help each other. To be more accurate, we are there to assist, encourage, and enable each other in helping *ourselves*. Here are some important distinctions:

1. We are not an alternative to professional care or a 12-step program.
2. While there are some similarities to such programs, we have no steps, program, or official guidebook.
3. DBSA groups are SELF-Help.

Why is self-help an important distinction? Each person's path to wellness is uniquely their own. Wellness is everyone's own personal responsibility and as peers, we cannot guide anyone else to wellness. We can, however, assist, encourage, and enable each other in our own individual pursuit of wellness, and we can choose to make the journey to wellness in the company of others.

If we were to put forth a definition of a DBSA peer-based, self-help support group it might look something like this: *A gathering of peers who assist, encourage, and enable each other in helping themselves. Each one follows his or her own unique path to wellness and chooses to make that journey in the company of others headed in a similar direction.*

**DBSA Core Beliefs – the framework for DBSA’s support group activities.** These beliefs are the foundation for how we operate support groups and how we treat each other!

1. Mood disorders, while life threatening, are highly treatable and people living with a mood disorder can and do thrive.
2. The lived experience of people should inform everything DBSA does.
3. DBSA recognizes several pathways to treatment including peer support, personal wellness strategies, therapeutic and medical interventions. All individuals have the right to direct their own treatment.
4. Peer support is a powerful wellness tool and can be beneficial to both peers and their supporters.
5. Having the peer perspective at the center of conversations about mental health results in better outcomes.
6. Wellness encompasses an individual’s whole life, including mind, body, spirit, and community.
7. DBSA provides support for all individuals living with or affected by mood disorders at all points in their wellness journey.
8. Clinicians should collaborate with peers to provide options when developing personalized treatment plans that target complete wellness, not merely improvement.
9. Researchers should work to provide treatment options that target complete wellness, not merely improvement.
10. All people should have access to quality mental health care.

#### **11. Guiding Ethics of Facilitating Peer-Based Self-Help Support Groups**

1. Facilitators are not leaders, certainly not therapists, and not even guides. They are at the table to aid.
2. It is the facilitator’s role to assess the room, keep the conversation going when necessary or assist the group to be comfortable in a quiet moment.
3. Facilitators do NOT diagnose, suggest a course of treatment, or instruct. They do not do what the professionals do, and peer support groups are not a substitute for qualified professional care.
4. Facilitators are there to *assist*. Everything must be from this perspective, whether it’s keeping time, or handling challenging issues that might arise.
5. Support group guidelines are *guides*, not *rules*, and MUST be applied with understanding and compassion.

To be an effective facilitator, one does not need an advanced degree, in-depth study, or an extensive internship. What is needed is relatively simple: the willingness to be helpful to peers.

Now that you read about the ideals behind support group facilitation and about the Depression and Bipolar Support Alliance's Core Beliefs, the chapters in this guide will provide more specific techniques and methods. The support group guidelines overview is below:

**Chapter 1** - Peer-Led Support Groups, the Role of the Facilitator and Facilitation Team Participants

**Chapter 2** - Structure/Format of a Peer-Led Support Group

**Chapter 3** - Handling Challenging Situations and Responding to Conflict or Crisis

**Chapter 4** - Keeping the Focus on Wellness

The information included in this guide is provided as a collection of suggestions based on the experience of DBSA and its constituents. There are lists, guidelines, principles, and definitions, but if a DBSA support group facilitator takes one thing away from all of this information, it should be that the spirit of helpfulness and compassion is the fuel of DBSA support services.

## Chapter 1 Peer Led Support Groups

Why Do Peers Come to a Support Group? Peers have said the following:

1. Find community/resources
2. Feel less alone
3. Suggested by psychiatrist/therapist
4. Share the ups/downs with people who get it/speak their language
5. Leave feeling better than when they got there
6. Feel supported and to support others

What do peers want or need at a support group?

1. Suspended judgement
2. Fellow peers who truly listen
3. A safe, calm space where boundaries/rules are respected and enforced
4. Feel support and be supported
5. Capable, compassionate facilitators who use their skills to ensure that these things happen

Peer Led Support Group Goals

Goal:	How:
provide hope, reassurance, and mutual encouragement to each other	focusing on self-help, mutual aid and sharing strategies, tips and experiences
help participants rediscover their strengths	providing emotional support and understanding
build self-esteem	encouraging each other to make their own informed decisions
eliminate discrimination and stigma	demonstrate that recovery and wellness are possible

DBSA Support Groups Are:

- Focused on self-help
- Peer-led “Guide on the Side” vs “Sage on the Stage”
- Safe & accepting: All are included. Multiple pathways approach for healing, treatment, and recovery
- Confidential (with exceptions based on safety)

DBSA Support Groups Are Not;

- Psychotherapy groups where diagnoses are made, or judgment is made on severity of condition
- Facilitated by a clinician or an expert giving a lecture
- Exclusive or based on requirements that peers must take medication, see a therapist, or have a diagnosis
- Fellowship Groups: AA, NA, OA where sobriety/abstinence is expected

## **The Role of the Facilitator and the Facilitation Team Participants**

### **The facilitator:**

- Is a peer who regularly attends and participates in meetings
- Doesn't react, but responds in an empathetic and non-judgmental way
- Is self-aware of their own situation, and how their mental health may color their responses
- Is in reasonable control of their own emotions
- Is aware of the need to take time off from facilitation when needed for self-care
- Is open to feedback/suggestions from other facilitators and leadership
- Is genuinely interested in supporting others

### **The Role or Job of the Facilitator includes:**

- Creating a positive environment where people feel comfortable talking about their challenges and discussing coping strategies or other mental-health-related topics
- Managing time spent on all aspects of the meeting (Check-In, Open Discussion, and Check-Out) to give everyone an opportunity to share, give and receive support from the group
- Actively listening more than talking—this includes eye contact and appropriate supportive signs of listening and is aware of and sensitive to the needs of all group participants
- Promoting and fostering peers sharing experiences, feelings and ideas as well as challenging generalizations such as “all men/women are”
- Embracing and upholding cultural, linguistic, social, racial and gender differences
- Directing discussion only to keep it focused, relevant, and productive
- Demonstrating appropriate behavior
- Defusing confrontations among participants
- Encouraging participants to learn from what is shared and make their own informed decisions

Facilitators do their best to model appropriate behavior so group participants will follow their lead and the support group guidelines.

**What a Facilitator Does Not Do** – Facilitators don't allow these behaviors from group participants; therefore, it is not acceptable behavior for facilitators to:

- Dominate or monopolize the discussion
- Act as a therapist, preach, or lecture
- Give advice or interject our personal opinion

### **Facilitator Sensitivity**

A facilitator needs to be sensitive to a variety of things concerning peer support group participants.

A facilitator needs to be aware of when someone:

- Is hurting
- Needs a chance to talk one-on-one to someone
- Seems to be in critical need of professional help
- Seems suicidal or in crisis.
- Needs more time to talk.
- Is made uncomfortable when certain subjects or attitudes



## DBSA Support Group Facilitator Traits

Effective facilitators share many qualities. Here is a list of traits to work toward:

- Natural
- Authentic
- Focused on others
- Uses personal experiences
- Clear
- Non-judgmental
- Organized
- Confident
- Encouraging
- Team player
- Time-sensitive
- Detail oriented
- Flexible
- Adaptable
- Approachable
- Compassionate
- Trustworthy
- Inclusive
- Patient
- Open about themselves
- Equal participant
- Proactive

### The Importance of Sharing

Because everyone is equal and everything DBSA does is from the perspective of being a peer, it is crucial that support group facilitators share in group just like other participants. To some degree, participants, especially newcomers, are going to look to the facilitator as the leader or some kind of expert. This is natural and human, but detrimental to the idea of being peer-based. Some new facilitators express feeling selfish sharing about what's going on in their life, and that they should instead focus on their role as a facilitator. However, this usually results in creating a barrier between the facilitator and participants. Sharing as an equal peer is vital to preserving the peer-based environment. Also remember that in addition to helping you, sharing your experience and feelings can be very helpful to your fellow peers!

### Helpful Tips for Facilitators

There are endless resources available to assist support group facilitators. There are countless tips, tactics, guidelines, principles, articles, books, videos, etc. available to help a facilitator improve facilitation skills. Below is just one short list of helpful tips for facilitators. Remember that to be a good facilitator takes a spirit of helpfulness, and the willingness to serve other peers as you make your way together toward improving the lives of people living with mood disorders. So, here are a few tips:

- 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 a while.
- Address people by their names. This helps everyone learn each other's names and provides 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 participants to talk. If someone who has been quiet talks, encourage more discussion of that peer's point.

- Be aware of group energy and individual behaviors. Glance around the room frequently, checking expression 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 participants speak first and throw questions directed at you back to the group. For instance, ask, "What do all of you think?"

**SOURCE:** Michigan Protection and Advocacy Service, [mpas.org](http://mpas.org)

### **Other Team Players:**

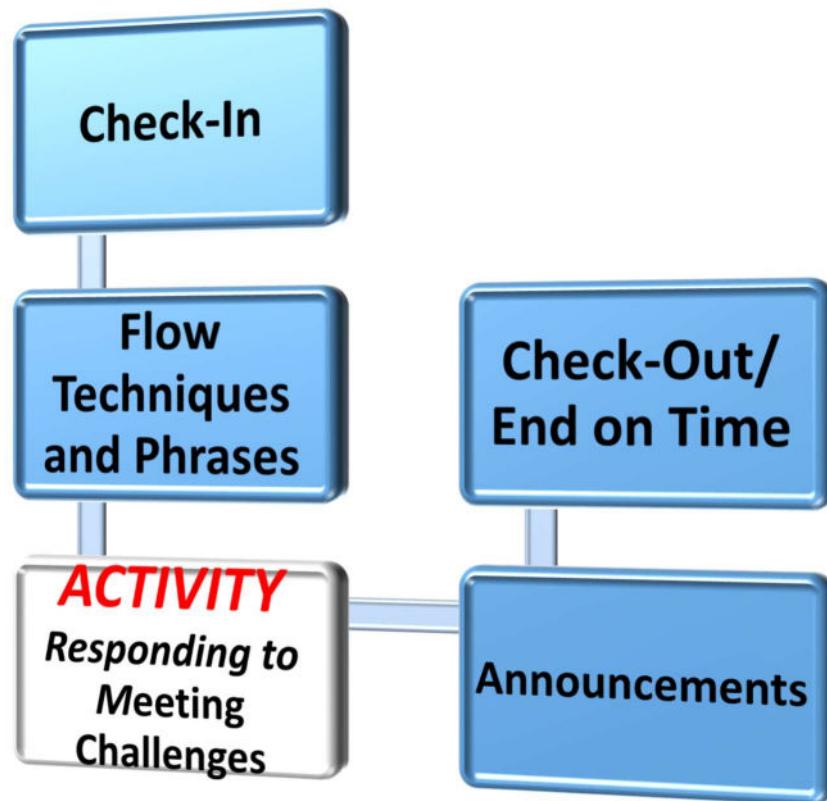
#### **Co-Facilitator**

During an in-person or online support group meeting, a co-facilitator is recommended. The co-facilitator assists participants needing 1:1 support in a breakout room or outside of the regular meeting space, allowing the facilitator to continue to lead the group. A co-facilitator role also builds volunteers' confidence levels so that they can eventually become a lead facilitator.

#### **Tech-Buddy**

The "Tech-Buddy" is a team member for online support group meetings who handles any technical issues (audio, video) with participants and may create break-out rooms as needed, run a presentation or step into the co-facilitator role as needed.

**Chapter 2 The structure/format of a peer-led support group.** (You may want to print the next two pages as a reminder for you about the time allocation of each meeting element.



The recommended time allocation for a 60- minute support group meeting can be found on the chart below

Agenda	Minutes
Welcome Statement	3
Guidelines	6
Check-in	5-10
Open Discussion	35
Announcements	1
Check-out	6

## DBSA Support Group Meeting Format

### Support Group Meeting Outline

1. Pre-meeting activities
2. Gathering time
3. Welcome
4. Read DBSA Support Group Guidelines
5. Check-in
6. Open Discussion
7. Close the meeting

**1. Pre-meeting activities** - Before any meeting can start, the facilitator must perform some pre-meeting actions that include arriving 15 minutes before the meeting times to inspect the room (for in-person meetings). Have access to :

- a. Your cell phone with the latest version of the DBSA Welcome & Guidelines downloaded (or printed copy) and the phone number to the National Suicide Hotline **(988)**
- b. Paper and pen to keep track of each participant's first name and pronouns
- c. If available, tissues in case they are needed (in-person meetings)
- d. List of community mental health resources and support groups to share if needed.

### **2. Gathering or Social time (In-person meetings)**

Facilitator welcomes people and breaks the ice. Have one or more volunteers greet people as they arrive and thank them for coming. If there is a sign-in sheet, encourage participants to sign in on the list provided. If someone is uncomfortable providing sign-in information, do not require that they do so. Volunteers should offer nametags, invite guests to have refreshments if these are available, introduce participants to others in the room. Make sure there are places for people to talk with others, and places for people to be alone or read informational materials and be sensitive to individual needs and choices.

### **3. DBSA Support Group Welcome Statement (page 17)**

Facilitator brings people together and gets their attention, providing a focus point. Reading a "welcome statement," sets the tone for the meeting. A facilitator can use their host chapter's welcome statement, or the DBSA Welcome Statement included on page 17. Please note: DBSA Cultural and Identity Focused Support Groups, DBSA Family and Friends Support Groups and Parent & Caregiver Support Groups will use a slightly different version of the DBSA Welcome Statement. Please go to the Resources for Support Group Facilitators' page on the DBSA National website to download the correct Welcome Statement for the particular support group.

### **4. Read the DBSA Support Group Guidelines (page 18)**

Although regular meeting attendees should know the guidelines and be responsible for following them, the DBSA Support Group Guidelines **should always be read.**

While each DBSA chapter develops its own personality, all chapters follow the support group format prescribed by DBSA to ensure quality and consistency. All DBSA support groups have a consistent welcome statement and support group guidelines which are found in this guide. **Read both of these**

**aloud before beginning discussion at each meeting, even if no one new is present.** The facilitator should read the welcome statement and ask volunteers to read the DBSA Support Group Guidelines.

**\*\*Although the Welcome Statement and DBSA Support Group Guidelines are on pages 17 and 18, it is highly recommended that you ensure that you are using the latest versions of these documents by going to the “Resources for Support Group Facilitators” page on the DBSA National website at: <https://www.dbsalliance.org>**

## **5. Check-In**

After the welcome statement and guidelines have been read, the facilitator begins with a participant “check-in.” This is a chance for each person to find out who else is at the meeting, and what their feelings are... to know that they are not alone. We recommend that the facilitator go first so that the facilitator actually gets an opportunity to share and demonstrates how people should be “checking-in.”

Each person has an opportunity to introduce themselves by first name and briefly tell the group why they came to the meeting that day. To maintain a person-first environment, DBSA advises against requesting that participants share their diagnoses when introducing themselves. Instead, sharing a fact about themselves, for example, something they enjoy doing, helps participants be reminded that there is more to each person than a diagnosis.

The most important thing to remember about check-in is that it’s intended to be very brief. Don’t start discussion of specific questions or topics at this time; keep the introductions going. It is natural for people to want to tell their whole story during check-in, but it is essential to remind each person that this is check-in time only, and that everyone will have the opportunity to talk more in depth, soon. To help achieve a brief check-in, have a past participant model the check-in before calling on newer people.

**\*\*please note that it is not required for participants to “check-in” and it is okay to pass.**

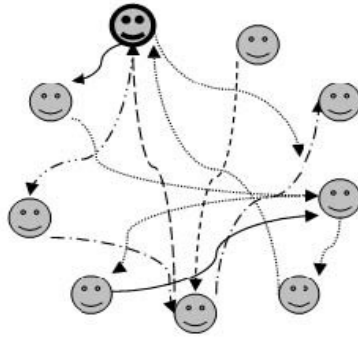
### **You might say/hear - “My name is Mary, AND ...**

- “I think I might be depressed – I’m not sure.”
- “I’m here to learn more about ...”
- “I’m just here to listen.”
- “I just spent two weeks in the hospital.”
- “I want to know how I can make my brother stay on his medication.”
- “I was just diagnosed with bipolar disorder and need more information.”
- “I just can’t go on the way I have been.”
- “My doctor told me I should come to this meeting.”
- “My medication just isn’t working.”
- [Crying]
- [Silent]
- “I prefer to pass.”

The facilitator briefly reacts to each person as a way of acknowledging his or her presence. *What the facilitator might say after each person has an opportunity to speak:*

- “Thank you, Mary.”

- “We’re glad you’re here.”
- “Thank you for sharing that.”
- “Each of us has a lot of questions. We’ll be talking about [particular subject of interest] more after we’re done checking in.”
- “It took a lot of courage for you to come here tonight – thank you.”
- “No one is required to speak. We’re glad you’re here.”



Once everyone who wanted to check-in has done so, move on to the open group discussion portion of the meeting.

**Facilitators also must note that check-in is not required and it is okay for participants to pass.**

## 6. Open Group Discussion

The heart of why a DBSA support group exists.

After Check-In, the facilitator can begin a deeper discussion of subjects that were offered during Check-in or other subjects they have pre-determined.

For example, if several participants expressed frustration about communicating with their practitioner, the facilitator might say, “It sounds as if a number of us are having challenges in working with our doctors. Let’s start by talking about any challenges or successes that we have had in partnering with our doctor along with anything else you’d like to discuss. Perhaps we can determine a number of possible approaches in addressing this concern.”

Healthy Group Discussion Flow Includes:

- Participants feel heard and contribute to the discussion equally
- Participants feel free to interject helpful information without waiting for their turn
- Group members appropriately express their emotions
- Group members respond and interact to one another, not just the facilitator

In a healthy discussion, the facilitator starts the conversation, and makes sure it stays on track. Participants should respond to one another as well as the facilitator. There is a natural, conversational flow to the discussion. This diagram shows several conversations that have taken place. In practice, a healthy group has many people acting as facilitators (initiating a new topic, even if they are not designated as the official facilitator. This provides for the future possibility of other participants serving in the facilitator role.

The facilitator can also begin discussion by asking if anyone would like to be the first to share or just ask the person to their left or right to begin. If there is a consistent group of attendees and they seem to talk about the same topics each time the group gathers, consider asking participants to share their thoughts on a particular topic when it is their turn. Again, no one dictates discussion, but introducing possible topics is a great facilitator tactic. Some potential "pocket," topics could be:

- Recognizing the signs of a mood disorder
- Talking to a therapist or doctor
- Effects of the mood disorder on family and friends
- Fears participants share
- Stigma people face
- Doing things that make you feel good

During discussion, facilitators do only what their position calls for facilitating smooth discussion. The main role of the facilitator is to be an active, supportive listener to do this:

- **Restate** – Participants need to know that others have been listening. Restating what others say in other words is the simplest way to let them know you are paying attention.
- **Question** – Ask questions that seek more information or clarify what someone has said: "Maurice, can you tell us more about ... ?"
- **Redirect** – Ask other group participants to respond to what has been said: "I wonder if anyone has some thoughts about what Jamie has just shared." This can be a good technique for drawing out quieter group participants and involving them in the discussion.
- **Reflect** – Identify the feelings that underlie what is being said. This is done in an intentionally tentative way: "It sounds as though ..."
- **Validate** – If you have experienced some of the feelings being expressed by a participant, say so and tell them you understand why they feel that way.
- **Summarize** – Review what the conversation has been to the present. This puts things in perspective.
- **Share** – Facilitators shouldn't forget that they are also group participants. They should share feelings and experiences when it is their turn.

There is nothing wrong with silence at any time during the discussion. A break in conversation allows people to reflect on what was said and collect their thoughts. Silence sometimes creates space for people who haven't shared to speak up.

The facilitator should be prepared to deal firmly, but kindly, with individuals who are hypomanic, hostile, antagonistic, discouraged, and depressed. Remember that everyone in the group, including you, is facing or has faced challenges in their lives.

Strive to be patient, kind, and empathetic, but remember that the purpose of the meeting is to provide productive support for everyone. If an individual is dominating the discussion, for example, it is appropriate for the facilitator to intervene and redirect to another person.

If someone appears to be unable to participate productively in the discussion or seems to be in crisis, be prepared to ask for assistance from a co-facilitator or make sure that the individual gets the help they need from another resource. See the “Handling Challenges” section on pg. 20 for more information.

**\*\*Ask your chapter's support group coordinator or board member for the chapter's disruptive participant policy. Know who your board of directors' contact is.**

## **7. Close the Meeting**

The facilitator brings closure to the session on time! Respect peers by respecting their time.

How to do it:

- Give a 10- or 15-minute notification before discussion is scheduled to end
- Ask people to make any final comments or summaries
- Briefly summarize what has happened at the meeting
- Make meeting announcements. Tell peers the date/time of next meeting
- Encourage new attendees to attend 3 or 4 times before deciding whether a support group feels like a good fit for them
- Encourage attendees to tell others about the group, including their doctor or other practitioners
- Ask for volunteers to help with the next meeting
- Thank everyone for coming
- Ask people how they will move toward wellness before the next meeting. Some sample questions are:
  - *What will you take away from the meeting that will help you?*
  - *What do you want to commit to doing to move forward into the week?*
  - *What new strengths will you explore? What new strengths have you discovered?*
  - *What part of your wellness plan will you work on this week?*
  - *What part of your wellness plan will you work on this week?*

There is no single way to facilitate effectively, but if one follows these basic concepts and trust their instincts, they will do just fine. Every facilitator finds their own style and rhythm over time. It can feel anxious and awkward at first, but gaining experience will pleasantly surprise you at how comfortably you and other participants of the group slip into this role.

The next page features the general DBSA Welcome Statement. This is provided as an example only. For any specific community-focused support group (Family/Friends, Parent/Caregiver or Cultural/Identity Focused), please go to the Resources for Support Group Facilitators’ page and download the appropriate version for the group.





## DBSA Welcome Statement

Welcome to DBSA [Support Group Name].

We are a support group of the DBSA **(LOCATION)** Chapter, which is an independent affiliate of the Depression and Bipolar Support Alliance.

We are not here as licensed professionals. We are led by and created for peers (individuals living with mood disorders, and their friends and/or loved ones). We've been there; we can help.

Each person follows their own path to wellness; we each choose to make that journey in the company of other supportive members.

Our mission is to provide hope, help, support, and education to improve the lives of people who live with mood disorders.

My name is \_\_\_\_\_, and I will be facilitating this meeting. My role is to simply keep our discussion going and to help maintain a supportive and productive environment.

To do that, I may occasionally ask a question or make a comment to help move along the flow of the discussion.

Our meetings are designed to give everyone an opportunity to participate as they are comfortable.

After reading the DBSA Support Group Guidelines, we will begin the meeting with a brief check-in.

After the check-in, we will have an open discussion about living with mood disorders by sharing our experiences and the strategies that improve our lives.

We often end with a closing activity to help us leave committed to action. We finish on time at [time].

Now, let's read the DBSA Support Group Guidelines to remind us that we are all responsible for following and committing to the group standards, which are in place to keep this group a safe place to share.

May we have a volunteer to read the first guideline?

Featured below is the general DBSA Support Group Guidelines. This is provided as an example only. For any specific community-focused support group (Family/Friends, Parent/Caregiver or Cultural/Identity Focused), please go to the Resources for Support Group Facilitators' page and download the appropriate version for the group.



## **DBSA Support Group Guidelines**

### **Share the air**

Everyone who wishes to share has an opportunity to do so. No one person should monopolize the group time.

### **One person speaks at a time.**

Each person should be allowed to speak without interruption or side conversations.

### **What is said here stays here.**

This is the essential principle of confidentiality; it must be respected by everyone.

### **Differences of opinion are o.k.**

We are *all* entitled to our own point of view.

### **We are all equal.**

We accept cultural, linguistic, social, racial, and all other differences and we promote their acceptance.

### **Use "I" language.**

Because we don't participate in discussion groups as credentialed professionals, we can't *instruct*. We can, however, share from our own personal experiences. For example, instead of saying "you should do X," say "when I was faced with a similar problem, I . . ." We should always frame our comments in the context of our own experiences.

### **It's o.k. not to share.**

People don't have to share if they don't want to.

### **It's everyone's responsibility to make the discussion groups a safe place to share.**

We respect confidentiality, treat each other with respect and kindness, and show compassion.

## Chapter 3 Handling Challenges and Responding to Conflict or Crisis

### What if the group is suddenly quiet?

Check your on-screen or in-person presence. Do you appear engaged? Is the group reflecting back to you what you're projecting – if yes, focus on your non-verbal feedback. Sometimes the group has discussed all the topics raised, you've used all of the topics in your pocket, and there's still time left in the meeting. The group is suddenly quiet.

Step 1. Name it. "We are a bit quiet right now. Why do we think that is?" OR "Does someone else want to share?"

Step 2. You can ask for a new topic and if no one brings up a topic, proceed to Step 3.

Step 3. You can start Announcements and Check-Out early. For Check-Out, consider using an open-ended question that might require more than a one-word response.

Facilitators are peers, not professional counselors. Don't expect to be able to deal effectively with every challenging situation that arises. If you become overwhelmed or things get out of hand, GET HELP - quietly ask another person in the group to go get one of the chapter leaders or another facilitator. Because they are a peer and not a professional, it is acceptable and responsible to ask the group to determine how to handle a situation that has gotten out of hand.

Jot down challenging situations and share them with other facilitators or bring them up when meeting with the professional advisor, if the chapter has one. To maintain confidentiality, focus on concerns and leave out personal information.

Reference DBSA conflict management tools and crisis intervention tools for assistance with challenging situations.

If you determine that a challenging situation, where personal anger is involved, one that can be or should be processed by the entire group (as opposed to something that should be addressed in a one-on-one setting), here are some suggestions to help you facilitate the discussion:

1. **Clarify the issue.** What exactly is each person angry about? Can each person state their own viewpoint clearly and see how it differs from the other person's? Sometimes a simple misinterpretation is at the root of the problem.

2. **Ensure group back-up support.** If each party in an argument feels some degree of support or understanding from people in the group, the intensity of their anger may be somewhat reduced, as they don't feel so alone.

3. **Encourage "I" statements.** Speaking from one's own experiences and feelings is more conducive to productive conversation in a conflict situation than making statements about "you" and "your" behavior. Help the group avoid judgmental statements.

4. **Allow people to finish statements.** Insure that people are able to complete their thoughts. Conflicts are often resolved simply by letting everyone be heard.

5. **Keep the discussion focused.** Try not to allow side issues to be brought in unnecessarily to complicate matters. Keep people talking about the issue at hand.

6. **Encourage and model active listening.** Occasionally restate what each party is saying or ask the group to do it. People want to know they're heard.

7. **Take a short break.** When things feel out of control, it may be useful to ask for a moment or two of silence, or perhaps to encourage a brief stretch or coffee break. A cool-down period can be very helpful.

8. **Invite others to help.** Peer-led support groups are, by definition, led by equal peers. Sometimes it can be helpful to ask another peer to temporarily step in and facilitate the discussion. Often, this change of voice can change the group's attitude as well.

9. **End the meeting with a "round-robin."** Whether or not there is still anger in the air, it might be useful to give people in the group a chance to have a "last word" or two about what happened during the meeting, and about what they might want to see happen next time.

### **How to Best Facilitate Discussions about Medications**

Discussions about medications often come up. Discourage conversations about particular meds as participants are not practitioners. Reframe topics about medications for positive discussion, *"What have others found helpful from your own personal experience?"*

- About taking medications in general
- When your meds have stopped working
- Dealing with side effects

If not brought up by the group participants present, the Facilitator can bring up the following points:

- Consult their provider before making any medication changes
- Everyone reacts differently to medications. A medication that might work for one person might not work for another.
- Medication is only one part of one's wellness program.

Responding to Crisis Topics include:

- The 10 Steps of Verbal De-escalation
- How to Respond to Predatory Behavior
- Participant Confrontation or Threatening the Safety of the Group
- Facilitating a Discussion About Suicidal Ideation
- A participant who is Suicidal with a Plan and Means
- How to Turn the Temperature Down
- Tips for Avoiding or Preventing Conflict

### **10 Principles of Verbal De-escalation of An Individual**

There are times when a support group member's behavior can escalate. Here are some principles to assist in those circumstances:

**1. Space** - Respect the personal space of the individual; do not get uncomfortably close or block exits

**2. Control** - Do not be provocative or respond in anger. Be in control and measured.

**BODY LANGUAGE**

- a. Relaxed facial expression
- b. Arms un-crossed, hands open
- c. Knees bent
- d. 2 x arm's length distance

**3. Be Calm** - Establish verbal content calmly with the individual

**4. Be Focused** - Be concise and speak in short, easy-to-understand sentences or phrases.

- a. *YOU MIGHT SAY*
- b. "No harm will come to you"
- c. "I will help you regain control"
- d. "I am here to help, not to hurt"
- e. "This is a safe place"

**5. Listen** closely to what the person is saying

**6. Their Wants/Needs** - Identify the individual's **wants and feelings** and try to accommodate reasonable requests.

**DO THEY WANT?**

- a. Something to eat or drink
- b. A quiet place to go
- c. A chance to talk about things

**7. Be agreeable** - Agree or agree to disagree with the person's concerns, while avoiding negative statements

**8. Clear Limits** - Set clear limits with expected outcomes, but do not make demands or order specific behavior

**9. Choices** - Offer choices and optimism

**10. Review** - Afterwards, review the event and look for areas of improvement

**How to Respond to Predatory Behavior**

Predatory behavior disrupts the safety of the support group and should be addressed immediately.

Examples of predatory behavior in a meeting are:

- Sexualized comments
- One participant invades the personal space of another participant
- Unwanted attention and/or unwanted side conversations

**Best Practice:** Ask the participant to talk with you privately outside or in a Breakout Room. Try to take another person with you, preferably a Chapter Board participant. Clearly identify what specific behavior

is not acceptable. “Your unwanted behavior is creating an unsafe environment for some participants.” Ask the participant to leave the support group.

### **Participant who is confrontational or Threatening the Safety of the Group**

Behaviors threatening the calm and safety of the group can be symptomatic of some mood disorders. Examples of a participant whose disregard of group guidelines can lead to confrontational or disruptive behaviors:

- repeatedly interrupting, giving advice, monopolizing discussion after being reminded of the guideline(s)
- using language disrespectful of any participant of the group
- acting out in physical or verbal aggression towards another participant or to the entire group (loud, argumentative, pounding on table)

These behaviors rarely occur, however, a Facilitator needs to be prepared to step in as gracefully as possible. The safety of the group is paramount!

**Best practice procedure:** Take a deep breath, pause for 30 seconds then ask the participant to talk with you privately outside or in a Breakout Room—take another person with you preferably a Chapter Board participant.

- Follow your Chapter’s procedure and detailed instruction on how to address the participant in the private meeting (can the participant attend the next scheduled meeting? etc.)
- *If the participant refuses to talk with you privately, call a short break. Clearly identify the unacceptable behavior. Ask them to leave the meeting, and if they refuse, follow your Chapter’s procedure for removing the participant from the meeting.*

**Facilitating a Discussion about Suicidal Ideation:** Passive thoughts and emotions about suicide can be a natural part of living with a mood disorder. However, they can be overcome with the right kind of care, treatment, and **SUPPORT\***. It is important to save space in our meetings for participants to talk about these emotions and thoughts to lessen self-stigma, embarrassment, and shame.

**Step 1.** De-stigmatize suicidal ideation by reminding participants it can be a natural part of a mood disorder\*

**Step 2.** Validate the participant’s strength and courage in bringing the topic forward

**Step 3.** Tune everyone into the subject . “When these thoughts come up for you, what are some of the things that have helped you?” Allow a **brief** group discussion. Remind group participants that they can contribute as little or as much as they wish to this discussion.

**Step 4.** Before transitioning to a new topic underline the participant’s strength and courage in bringing up the topic. Follow up with the participant when the group ends.

\*Source: DBSA Suicide Prevention and Mood Disorders Brochure

**What to do if a participant is suicidal has a plan and the means:** Facilitators **ARE NOT** trained suicide prevention professionals; however, the Facilitator and group participants **CAN** offer peer support. If you become aware that a participant is suicidal with a plan and the means, your job is to:

1. offer peer support (listen carefully, validate feelings) and

2. help them connect with a professional at a local crisis line or 988.

**Step 1.**

Validate the person's feelings and courage in being honest and vulnerable.

**Step 2.**

Invite the participant to join you outside the meeting or in a Breakout Room to provide 1:1 support.

**Step 3.**

In the private meeting, tell them you are concerned and want them to be safe. Connect them with a professional at a local crisis line or 988.

**Conflict: How to Turn the Temperature Down:**

- respect the participant's personal space
- do not be provocative or respond in anger
- be aware of your body language—relaxed facial expression, arms uncrossed
- listen to understand
- speak softly and calmly
- be concise and speak in easy-to-understand sentences
- identify what they want or need
- agree or agree to disagree with their concerns. (Avoid negative statements (Offer choices)
- discuss concerns or issues with peers privately to avoid public embarrassment or shame
- make every person feel a part of the group and welcome
- if you do or say something that you regret, apologize as soon as possible
- do not gossip or allow gossip

**10 Tips for Preventing Conflict**

The first step in successfully managing conflict is working to prevent it altogether. Here are ten tips to remember to help you prevent the challenges of conflict before they arise.

**1. Gossip: just say no:** No one trusts a gossip. Gossiping is a great way to signal to your group participants that you're not caring, and more importantly, it probably violates the rules of group confidentiality.

**2. Praise: always in short supply:** If you use someone's idea or work product, grant them credit, and announce their contributions publicly. You'd hope for the same courtesy from them.

**3. Don't burn bridges:** Everyone gets angry or occasionally says something they wish they had not. When this happens to you, go back the next day and apologize. It takes courage to apologize. Also, accept an apology when offered.

**4. Communicate:** Be open and honest. Rumors feed on themselves in the absence of reliable information. Regularly communicating with co-leaders and group participants about what you're working on is the key to preventing people from jumping to the wrong conclusion.

**5. Forego public shame and blame:** Public humiliation is not a positive way to force another person into more productive habits or behavior. People will make mistakes and appreciate it when concerns are discussed in private.

**6. Be inclusive. Talk to everyone:** Cliques form quickly. It's okay to have a select group of people you talk to most often but be careful not to close out others. Involving everyone is so important, especially in the self-help arena.

**7. Include the group in decisions:** A democratic process is an effective manner with which to govern the group's decisions - not many things can cause more conflict than one person making all the decisions for others. Always ensure that all stakeholders are considered and included in the decision-making process.

**8. Give constructive feedback often:** Constructive feedback means more than telling someone when they've done something wrong. It means making positive suggestions that are future oriented. Prevent conflicts before they start by providing constructive feedback along the way.

**9. Intentionally seek participants outside the "inner circle:"** Most groups, including DBSA chapters, have an inner circle of participants that are always there, always volunteer, and everyone knows. If you are a part of this inner circle, you may sometimes find that you only interact with people within this group. Be intentional about seeking out those participants that are beyond the inner circle of leaders and grow your relationships with them.

**10. Have agreed upon policies for conflict management in place:** Every chapter should have a policy in place for removing a disruptive participant from activities and removing a member of the board/leadership of a chapter. Having these policies in place beforehand makes conflicts that can arise much easier to manage (see "Policies that Solve Problems" in the DBSA Chapter Conflict Management Guide).

During any support group meeting, the group may encounter one of these challenging situations, so we are providing some potential response suggestions:

### **Potential Meeting Challenges and Appropriate Responses**

1. Advisor: A peer who provides direct advice to someone rather than sharing from their own experience.

*a. Response: We speak from our own experience and don't offer advice. Each person's path to wellness is uniquely their own. We're the experts on our recovery and don't presume that we know what is best for other people. "Participant A, are you speaking from your own experience? Can you reframe it, what helped me was ...."*

2. Interrupter: A peers who does not wait until it is their turn to speak

*b. Response Guideline: Remind the peer about the Guideline: One person speaks at a time until they are finished. "Participant A, please let Participant B finish what they have to say."*

3. Monopolizer : a peer who does not allow others to speak

*c. Response Guideline: Share the Air. "Participant A, I see your hand is up but let's hear from some participants who haven't spoken."*



4. Racial slur: There is no specific guideline, but this is a violation of DBSA's Core Beliefs

*d. Response Guideline: We are all equal here. We accept cultural, linguistic social, racial and gender differences and we respect one another. "You're welcome here but your comments are not"*

5. Signs of romantic relationship during meeting: No guideline.

*e. Response: "Participant A and B: we ask everyone to focus on their mental health. Your behavior may be distracting to others."*

6. Overly positive/Making Light\_of: No specific guideline unless they are not accepting where others are in their recovery journey or being dismissive.

*f. Response Guideline: "Participant A, accept and validate everyone, regardless of where they are in their recovery journey."*

7. Slurred Speech. No guideline.

**g. Responses Guideline:** *What is the cause of the slurred speech: traumatic brain injury, overly medicated, intoxicated "I didn't understand what you said. Would you repeat it?"*

8. Rambler: Guideline: Share the air.

**h. Response Guideline:** *"Participant A: we were talking about, \_\_\_\_\_, please take a minute to wrap up what you'd like to say so others can share?"*

9. In Need or Hopeless..

*i. Response Guideline: " No guideline I'm sorry I can't give you 20 minutes. (Redirect to group) Would it be helpful if the group talked about what has helped them when they've needed more support?"*

**10. "Yes, But.**

*j. Response Guideline: " No guideline hen Participant A has asked that the group share what has helped them or helpful strategies, the normal flow of group discussion is disrupted when Participant A is allowed to comment on or respond after each Participant shares " Yes, but that won't work for me »*

Final Discussion Flow Tips:

To maintain the normal flow of discussion, the facilitator can say :

1. "I see your hand, Participant A. Let me come back to you after everyone has had an opportunity to share "

2. If Participant A speaks without being called upon, interrupt Participant A, “Let me come back to you after others have shared their idea/status.”

## Chapter 4 Keeping the Focus on Wellness

### A Healthy DBSA Support Group Meeting Starts with the Facilitator

Managing the health of a support group begins by managing the health of the support group facilitator. Facilitators should always be very aware of their own mental health status. It is not expected that all support group facilitators are “mood-disorder-free.” On the contrary, all facilitators, except family and friends or parent/caregiver groups, are people who live with mood disorders. However, if the energy it takes to facilitate a support group is detrimental to the facilitator’s health, then they should be prepared to transfer that responsibility to another facilitator for the time needed to return to wellness. Using co-facilitators can be helpful. With co-facilitators, two people share the responsibilities of facilitating, and can work off of one another’s energy.

Following the health of the facilitator in importance, is the healthiness of the group dynamic. Many people refer to this as the “flow” of the discussion.

Let’s dig deeper into the atmosphere to cultivate in support group meetings. Being wellness-focused highlights the real truth that wellness is possible for individuals living with a mood disorder and keeps the group focused on creating productive and thriving lives.

What is wellness? DBSA uses the following definition: a full and meaningful life in the community. However, each person’s path to, and definition of, wellness is uniquely their own. Wellness encompasses an individual’s whole life, including mind, body, spirit, and community.

### Core Elements of a Wellness-Oriented DBSA Support Group

1. Provide **hope** in every interaction
2. **Empower** others in simple ways
3. Use **person-first** language
4. Focus on **strengths**
5. Promote personal **choice**
6. Help everyone leave committed to **action**

### Ten Tips for Creating a Wellness-Oriented Support Group

1. Start all meetings with a reminder that people can and do get better.
2. Hold a discussion around wellness-centered goals.
3. During introductions ask people to give their name and something they like to do, rather than their diagnosis.
4. Encourage participants to take on leadership or facilitator roles.
5. Dedicate time in every support group to share successes.
6. Help participants identify their strengths.
7. Avoid subjective language such as “high- or low-functioning.”

8. Focus conversations on what is within the peers' control and encourage participants to do this as well.
9. Encourage participants to take an active role in their wellness plan by helping them to determine what they want to discuss with their providers and what they want to get out of their plan.
10. Develop a regular forum for sharing all kinds of recovery stories, verbally and in print.

Use the DBSA website at ([www.dbsalliance.org](http://www.dbsalliance.org)) to download and use free resources that you can use in your support group meetings. One great tool to use is the DBSA Wellness Wheel.

The DBSA Wellness Wheel is a self-assessment tool for peers to rank their own wellness in the following areas: Physical, Financial, Environmental, Intellectual, Occupational, Social, and Spiritual. Each section then provides suggestions for peers to consider if for incorporation into their wellness plans.

**Some possible Wellness Wheel Open Discussion Questions that you could include in your support group are the following:**

- (P) What has helped you incorporate exercise/eating healthy food in your daily life?
- (O) What is an activity you do for fun?
- (E) How has being in nature been helpful to your recovery?
- (So) How have you strengthened your social support system?
- (I) What is one of your passions and what activities have you found that stimulate that passion?
- (Sp) What is something that brings meaning to your life?

[dbsalliance.org/wellness/wellness-toolbox/](http://dbsalliance.org/wellness/wellness-toolbox/)

#### Resources for Support Group Facilitators

DBSA Basic Support Group Facilitator Training - this free 8-hour online course is available to all DBSA current and potential support group facilitators. Please check the Resources for Support Group Facilitators' page for dates/times and registration information.

DBSA Facilitator Think Tank These one-hour sessions are conducted on a monthly basis and provide a safe space for facilitators to talk about challenges that are happening in their groups and find potential solutions from other facilitators.

DBSA Next Level Thinking **Sessions: subject** These one-to-two-hour classes are subject matter specific next level training (like when a group loses a member, crisis response, wellness, etc.). These sessions are scheduled quarterly.

#### DBSA National website

Go to [DBSAAlliance.org/support/facilitatorresources/](http://DBSAAlliance.org/support/facilitatorresources/)

You will find:

1. DBSA Chapter Crisis Response Guide
2. List of DBSA National *Online* Support Groups

3. How to use Zoom as DBSA Facilitator (videos)
4. In the password protected Chapter Management section of DBSA National website
5. CRISIS Response Resources
  - a. [5 Action Steps for Helping Someone in Emotional Painnimh.nih.gov/suicideprevention](https://www.painnimh.nih.gov/suicideprevention)
  - b. DBSA Suicide Prevention Brochure
  - c. [DBSAAlliance.org/brochures/suicide-prevention-and-mood-disorders](https://dbsaalliance.org/brochures/suicide-prevention-and-mood-disorders)
  - d. Chapter Crisis Response Guide
  - e. 10.Video Recordings of DBSA Facilitator Training Series: “Understanding and Managing Crisis” With Chuck Weinstein, CPS (April, May 2022)

#### Conclusion:

As stated earlier, the health of any support group begins with the health of the facilitator Take care of yourself!

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

Treatment for depression and bipolar disorder often includes four elements: talk therapy, medication, peer support, and a personal wellness plan. DBSA recognizes that there are many paths to wellness and promotes numerous treatment components that are beneficial for individual achievements of recovery. We believe that a successful approach to mental health is balanced and starts best with a knowledgeable, empowered individual.

#### Getting Well and Staying Well

Depression and bipolar disorder are mood disorders—real conditions that affect a person’s moods, thoughts, body, energy, and emotions. Both conditions, especially bipolar disorder, tend to follow a cyclical course of ups and downs. Treatment for these conditions can also have ups and downs. Wellness may not happen overnight, but it is possible.

#### The Individual Decides What Wellness Means to His/Her/Their self.

Relief of symptoms is only the first step in treating depression or bipolar disorder. Wellness is a return to a life that one cares about. Recovery happens when the individual’s condition stops getting in the way of their life. Talk to a health care provider (HCP) about what is needed to achieve recovery. An HCP can recommend treatment(s) and/or medication(s) that could work best for the individual.

It can also be helpful to work with a therapist, family member, friend, or peer supporter to help define peers’r experiences in health. The definition of a meaningful life may change over time. At times, depression and bipolar disorder might make it seem difficult to set a goal. It might feel almost impossible to think about the things that an individual hopes for or cares about. But goal setting is an important part of wellness, no matter where a peer is on the wellness journey. Peers can work on what they can when they can.

## DBSA Support Group Start-up Sheet

1. What is the City/State location for the new support group?

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2. How many days of the week will the support group be offered?

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3. What will be the interval for the support group's meetings?

\_\_\_\_\_ Weekly?      \_\_\_\_\_ Bi-weekly?      \_\_\_\_\_ Monthly?

4. Do you have a facility where meetings can be hosted for free or will the support group meet virtually?

\_\_\_\_\_ In-person at no cost      \_\_\_\_\_ Virtually

5. If applicable, please provide the address of the meeting facility:

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Street Address      City      State      Zip

6. Facilitator and Co-facilitator contact information

Facilitator 1 First and Last Name \_\_\_\_\_

Facilitator 1 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facilitator 2 First and Last Name: \_\_\_\_\_

Facilitator 2 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

7. How do you plan to market the new support group?

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8. Potential Support Group Name: \_\_\_\_\_

9. Is there any information that you do not want DBSA to use on the new support group's listing?

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10 Will the support group target any underserved population/community? (i.e. LGBTQ+, Black Community, Hispanic Community, Asian American Pacific Islander Communities, Rural Community, etc.)

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, which communities will be served?

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