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“It is one of the most beautiful compensations of this life that no [person] can seriously help another without helping [themselves].”

—Charles Dudley Warner, 1873
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Introduction: Overview and Rationale

Self-help groups bring together people who share a common life experience for support, education, and mutual aid.
There are over 15 million people in more than 500,000 self-help groups throughout the United States. These groups bring together people who share a common life experience for support, education, and mutual aid. Members of self-help groups share a belief that positive personal change happens through individual efforts with the support of others. The benefits of self-help groups to their members include:

- Learning new information and strategies for confronting problems.
- Finding reassurance and support from others with similar life experiences.
- Developing personal insights and achieving personal growth.
- The opportunity to be helpful to others.
- Feeling less isolated.
- Learning to express feelings better and to be more sensitive to the feelings of others.
- Feeling empowered and more self-confident in coping with challenges.
- Developing a connection to a community and personal identification with a social group.

Self-help groups are critical to program delivery in the National Multiple Sclerosis Society (NMSS). They are one of the seven required nationwide programs for all NMSS chapters. There are nearly 2,000 NMSS-affiliated self-help groups across the United States representing some 35,000 people with MS, family members, and friends. The Society recognizes the valuable role self-help groups can play in addressing the informational, emotional, and social support needs of our members and in achieving the benefits described above.

In 1998 the National MS Society convened the NMSS Self-Help Group Task Force. The charge to the task force was to develop guidelines and recommendations that would strengthen affiliations between self-help groups and NMSS chapters and maximize the efficacy of the groups. The outcome of their work was the development of National MS Society Self-Help Group Standards, Self-Help Group Leader training materials, and a 3-part tele-training program that was
implemented in 1999, 2000 and 2001. These video training materials and booklets are available to group leaders for loan from their local chapters. These outcomes underscore the importance the Society places on the role of self-help groups and on the need to nurture positive relationships between groups and NMSS chapters.

The implementation of the NMSS Self-Help Group Standards, training recommendations and practices described in this manual will minimize the potential problems, maximize the many benefits of NMSS self-help groups, and strengthen the relationships between groups and chapter staff.
Self-Help Groups in the National MS Society

National MS Society self-help groups have different purposes and goals. Groups may focus on support, advocacy, education, or recreation.
There are a wide variety of group programs associated with the National MS Society. NMSS groups across the country have varying structures, membership, and purposes. However, most NMSS groups fall into one of two general categories: (1) professionally led counseling groups, or (2) peer-led self-help groups (the terms self-help groups and support groups are used interchangeably in the National MS Society).

In a professionally led counseling group, the leader is a mental health professional (usually paid) who is viewed as the expert. The professional uses his/her expertise to assist and guide the members in making personal change and/or cope with life issues. Professionally led counseling groups are usually time-limited and are closed to additional participants after the group starts.

In peer-led self-help groups (or support groups), the peer leader(s) and the group members determine the group’s purpose, agenda, discussion topics, and speakers jointly. All members of the self-help group participate by sharing responsibility for administrative tasks and recruiting speakers, sharing their personal stories, listening to other members, and offering support and encouragement. No one person has final authority in the group. The leader works closely with the NMSS chapter to manage the group.

While professionals don’t usually lead self-help groups, they may participate in a variety of ways. Licensed social workers or counselors are good choices to train, supervise, and support self-help group leaders. Mental health professionals are great speakers at group meetings. Sometimes professionals start a time-limited counseling group and at the end of the group help the group members transition to a peer-led self-help group.

Occasionally, when a group is unable to identify a leader, professionals or community volunteers who do not have MS can facilitate a self-help group. Professionally facilitated self-help groups are unusual in the NMSS, but there are a few (e.g., groups in nursing homes, telephone self-help groups for people who have difficulty leaving their home). The professional or community volunteer does not direct the group or participate as member. Group members set the agenda, topics, and goals of the group. The professional or community volunteer facilitator can help with the administrative functions of the group (e.g., advertising, connecting with the chapter, getting speakers, etc.), but does not act as the “expert.” The members of the self-help group are the experts on living with multiple sclerosis.
National MS Society self-help groups have different purposes and goals. Groups may focus on support, advocacy, education, or recreation. Most groups choose to have a combination of these, but usually identify one as their main purpose. Groups with any of these purposes are supported and encouraged by the National MS Society.

In addition to having different purposes, some groups serve a specific target population (men, women, gays, lesbians, parents, well-spouse, specific religions, etc.). These groups are offered in addition to the general self-help groups offered by the chapter and are not the only groups available in a market area. Even when offering targeted programs like these, the chapter must comply with the non-discrimination policy outlined in the NMSS Self-Help Group Guidelines. Your chapter will help guide people to the self-help group that is most appropriate for them. When you talk to a potential member about your group, be sure to share information about your group’s purpose and focus, topics usually discussed, and general information about members (including disability level). This will give the potential member enough information to decide if your group might meet his/her needs.

Occasionally, self-help groups will want to focus on invisible symptoms or newly diagnosed issues. These targeted groups are very necessary and appropriate, but need to be organized on a time-limited basis. For example, a group decides to form to discuss newly diagnosed issues. The chapter, leaders, and members agree to meet for six months and then will decide to disband or continue as a regular self-help group—open to people with all levels of disability. This prevents the very difficult situation of having to ask people to leave the group when they are no longer newly diagnosed or when their symptoms are no longer invisible.
NMSS Standards for Self-Help Groups

The following standards for self-help groups are based upon established principles and practices from both within the NMSS and from outside the organization. Chapter staff, group facilitators, and group members themselves share responsibility for upholding these standards.

1. Individuals who serve as self-help group facilitators possess skills to effectively organize and lead a self-help group.

These basic skills, characteristics, and attributes include:

a. The ability to organize—individuals, groups, and meetings.
b. The ability to empathize.
c. Effective verbal communication skills.
d. A desire to help others in similar situations.
e. Willingness to work collaboratively with the NMSS chapter.

Group facilitators/leaders are most often persons with multiple sclerosis or their family members. Some groups are led by a professional (e.g., a social worker or nurse). Whether leaders are volunteers with MS or paid professionals, they engage participants in developing the group focus and planning meetings.

2. Chapters provide job descriptions for self-help group facilitators, and facilitators work within the parameters of the description.

It is critical that self-help group facilitators understand what the chapter expects of them. Job descriptions include tasks the facilitators are expected to perform (responsibility), the parameters within which they work (authority), goals oriented toward results (accountability), and how the facilitator will know if he/she has achieved the results (measurement).

Chapters provide each facilitator copies of the NMSS Code of Conduct, the Confidentiality Policy (to be read and signed by the volunteer), and the Self-Help Group Standards document.

Chapters may develop “cooperative agreements” to be used with group leaders and members that specify the rights, duties, and responsibilities of each party
(chapter and group chapter and facilitator). Such agreements are most effective when they support these basic standards and are developed in collaboration with group leaders themselves.

3. **Chapters offer structured orientation and training for new self-help group facilitators and ongoing training for veteran facilitators.**

Training for all facilitators is essential to maximizing the positive benefits of self-help group operation.

a. *Basic training for new facilitators.* Prior to an individual assuming responsibility for facilitating a self-help group, the chapter provides basic training that includes:
   - Overview of MS.
   - Overview of the NMSS, including relevant policies, and the volunteer structure of the chapter.
   - NMSS definitions, roles, rights, and responsibilities of chapters and groups, and standards for self-help groups.
   - Organizing and conducting meetings—covering such areas as active listening skills, meeting topics, handling difficult situations, etc.

b. *Ongoing training for veteran facilitators.* Chapters provide regular in-service training for facilitators, using whatever mode the chapter deems appropriate and effective (e.g., quarterly conference calls, monthly reading matter mailed to facilitators, annual group training, etc.).

4. **Self-help groups operate in accordance with NMSS policies.**

a. *Self-help group facilitators and participants maintain confidentiality according to NMSS policies.*

Confidentiality limits the disclosure of personal identification and/or information revealed in any self-help group meeting or activity.

Each chapter staff member/volunteer must safeguard confidentiality and cannot disclose, in an individually identifiable way, information, photographs, or videos about a particular person without that person’s written authorization. This includes safeguarding the participant’s right to
anonymity. Self-help group participants are not obligated to have their names included on group lists. If attendance sheets are passed, facilitators indicate that signing them is voluntary. If membership lists are created and given to members, all agree that these lists are not distributed outside the group or chapter. This requirement is waived in matters of life and death (i.e., if a group leader believes a participant is suicidal or in danger of hurting themselves or others, this information must be shared with an NMSS staff member or in the case of an emergency, with the police or other health care personnel).

Chapters are responsible for providing each staff/volunteer with the NMSS Confidentiality Policy and obtaining his/her signature, acknowledging having read and understood such policy and indicating willingness to comply. Self-help group facilitators inform all group members at all meetings of the confidentiality requirements. The policy may be found in the NMSS Managing Chapter Programs manual.

b. **Self-help groups meet in accessible places of public accommodation.**

It is an NMSS standard to conduct official functions only in public accommodations that meet ADA accessibility standards. In addition to accessibility concerns, conducting meetings in public places that carry liability insurance minimizes liability to the group, the facilitator, and the NMSS. In general, because of both liability and accessibility concerns, private homes are not appropriate locations for group meetings. Accessibility requirements may be found in the NMSS Accessibility manual.

c. **Self-help groups abide by the non-discrimination policies of the Society, and in most circumstances, are open to new members.**

Self-help groups accept new members into their groups on an ongoing basis, providing the individual is appropriate for the group. Individuals from for-profit companies whose intent is to derive financial or secondary benefits from group participation are not appropriate for regular group leadership or membership.

Chapters may sponsor groups with a special focus (e.g., a group for working women, a caregivers group, a group for people “mildly affected”). However, groups must uphold the non-discrimination policy of the NMSS. A group may not, for example, have a “no wheelchairs allowed” policy, even
if their focus is dealing with invisible symptoms. Chapter staff may help special interest groups to maintain their focus by providing guidance to individuals, helping them to find groups appropriate to their circumstances and interests.

At the discretion of the chapter, there are certain circumstances where a time-limited, “closed” group is appropriate. For example, participants in a program for the newly diagnosed may choose to continue to meet at the conclusion of the series for a specified time period.

d. **Self-help group leaders do not give medical advice, regardless of their personal or professional qualifications.**

In their role with the chapter, group facilitators do not offer medical advice even if they are health professionals by trade. Facilitators and members may share information on personal experiences, treatments, etc., but refrain from giving personal interpretations, giving advice, or offering recommendations. In order to help ensure that advice is not given, facilitators share “ground rules” at all meetings, monitor discussions, and guide the group.

e. **Self-help groups support NMSS policies affirming life.**

If any group facilitator becomes aware of a situation in which an individual within the group has the clear or imminent potential of doing harm to self or others, action is required. The NMSS policies affirm life. If life is threatened, group facilitators will alert chapter staff, other appropriate social service agencies, or law enforcement, as urgency dictates. Chapter staff members are responsible for providing self-help groups with the established NMSS positions on suicide and assisted-suicide, and abuse and neglect.

f. **Self-help groups comply with NMSS fiscal policies.**

In the budget preparation process, chapters (with input from self-help groups as appropriate) will determine funds to be allocated to groups, and the amount per group, if any.

The ideal model for disbursement of funds to self-help groups is for the chapter to reimburse groups or individual members for approved expenses after vouchers or receipts are submitted. Funds are disbursed by the group
only in accordance with guidelines agreed upon by the chapter and group, and within the amount budgeted.

As an alternative, chapters may provide funds to groups to deposit in a petty cash account, providing the group submits receipts or vouchers on all monies expended. If a chapter adopts this model, the monies deposited into the petty cash account should be kept to an operational minimum.

Groups do not seek underwriting for group activities or initiate fund raising efforts in the name of the Society without the prior knowledge and approval of the chapter. Any donations received from fund raising conducted in the name of the Society go directly to the chapter.

If a donor wants to restrict a contribution to support a particular self-help group, this intent must be in writing and monies directed to the chapter office. The chapter is under no obligation to accept such a donation, but honors the donor’s wishes if they do.

5. **Self-help groups are free.**

If a self-help group asks members for contributions to defray minor expenses, these contributions shall not be mandatory. A group may, if members agree, have meetings in conjunction with a meal or activity in which each member covers his/her own expenses. A chapter may offer to cover expenses of a lunch or recreational group for members who otherwise might not be able to attend, particularly in areas in which no alternative group is offered. However, there is no obligation to do so.

6. **The chapter and a self-help group may deny participation to individuals whose behavior is disruptive to the group process.**

The chapter and self-help group have the right to deny admittance to any person who persistently exhibits behaviors which are disruptive to group meetings, who harasses other members, or in other ways presents a risk to group members or to the meeting process. Ideally, this difficult decision and subsequent plan of action will be made through a joint collaboration of the facilitator, chapter staff, and other parties who have an interest and responsibility in the matter (e.g., group member, Board member). Chapter staff will seek appropriate alternative chapter programs or community services for the individual.
7. **Self-help groups have the right to choose discussion topics and speakers for meetings, and the responsibility to minimize risk to group members and to the chapter.**

Chapter staff and program committee members develop the curriculum and agenda for nearly all chapter programs. Self-help groups are an exception, as the group participants plan meetings and choose speakers and discussion topics. In chapters with large numbers of groups, it is often impractical (or impossible) for staff to be aware of all of the information disseminated at group meetings.

During the research process of the NMSS Self-Help Group Task Force, NMSS self-help group participants were emphatic in their desire to control the agenda of their groups, and to not be “protected” by the Society from information that might be “bad for them.” At the same time, staff expressed concerns about the implied sanction that is given to any topic of discussion at a group that is supported by the National MS Society.

With the understanding that information disseminated at self-help groups is not always consistent with information provided by the Society and its chapters, the NMSS Self-Help Group Task Force has developed a disclaimer to be read at group meetings. Just like the Society uses a disclaimer in newsletters and information packets, the volunteers and members of a self-help group can minimize risk to themselves and the chapter through the use of this disclaimer. It is particularly appropriate for a meeting in which the topic focuses on medical information, treatment, or therapy, whether or not the speaker espouses mainstream medicine or an alternative or complementary therapy, product, or service.

**SELF-HELP GROUP MEETING DISCLAIMER.** The National MS Society respects the rights of people with MS to obtain any and all information they want related to MS, including information on wellness, medical treatments or complementary therapies, and products and services. The information presented at this meeting does not necessarily reflect the views or official position of the Society, nor carry the endorsement or support of the NMSS. For specific medical advice, contact your physician. For the opinion of the Medical Advisory Board of the National MS Society on any therapy, treatment or product, please contact your local chapter at ______________, call 1-800-FIGHT-MS, or visit our web site at www.nationalmssociety.org.
8. In accordance with the NMSS Code of Conduct, no staff person or volunteer shall utilize a NMSS self-help group for personal gain.

This includes marketing products or services by a group member, staff member, or volunteer speaker. Chapters reinforce this by sharing the guidelines on working with for-profit organizations in facilitator training, and helping groups to utilize these in making decisions about speakers and topics.

In the event that the agendas of a particular self-help group regularly and persistently demonstrate conflict with the mission and/or policies of the Society, and attempts at resolution have failed, the NMSS chapter has the option to dissolve the formal relationship with the group. This disassociation in no way affects the rights of individual group members to access other Society programs.

9. Chapters and self-help groups share responsibility to ensure that group affiliations with other organizations are beneficial to the Society and in accordance with NMSS policies.

The NMSS recognizes that many different resources exist in communities that may benefit people with MS. We support groups utilizing these resources through formal or informal affiliations, provided attention has been given to the focus and integrity of the other organization and the outcomes that will be achieved through the association. For example, people in a rural area may want to collaborate with other local health organizations to form a cross-disability self-help group as there are not enough people with MS to have a disease specific one.

Sometimes NMSS self-help groups are approached by other organizations, including other MS organizations. Some groups have been offered money in exchange for another organization claiming to provide services in a particular geographic area. When considering the pros and cons of affiliating with another organization, self-help group facilitators and chapter staff collaborate to investigate the mission, reputation, credibility, and activities of that organization. Before an affiliation is forged, both chapter staff and the group members need to be certain that there is no intent on the part of the other organization to exploit the Society or its members. Finally, affiliations are forged only when doing so will strengthen, not interfere with, the fulfillment of our mission. If an association has the potential to create or contribute to confusion between the Society and another MS organization, it is not likely to be advantageous.
**NMSS Self-Help Group Leader**

**Sample Job Description**

**Title:** NMSS Self-Help Group Leader or Co-Leader

**Staff Contact:** ______________________________________________

**Location:** __________________________________________________

**Position Summary**

Self-help groups in the NMSS bring people together who share a common life experience (living with MS) for support, education, and mutual aid. They share a belief that positive personal change can happen through individual effort with the support of others. Leaders of chapter-affiliated self-help groups are valuable volunteers for the National MS Society and perform an integral role in facilitating this process. Each self-help group functions best as a result of a collaborative partnership between the group and the chapter.

Self-help group leaders and co-leaders, with the assistance and participation of group members, manage the organizational and logistical aspects of group facilitation, by negotiating and dividing tasks among co-leaders and members.

**Responsibilities/Duties**

(These duties are shared with a co-leader(s):)

- Serve as liaison to the chapter
- Ensure that the group meets in accessible, appropriate meeting space (your chapter can assist in this process)
- Develop meeting times and schedules with group members
- Ensure that meetings are publicized
- Together with group members, plan and implement meeting agenda including inviting guest speakers, using disclaimer appropriately, planning special programs, organizing activities, procuring videos, tapes, hand-out materials, etc.
• Ensure that follow-up to meetings is provided as needed (e.g., thank you notes)
• Together with group members, open and facilitate group discussion, encourage participation, monitor discussion
• Ensure that new members are welcomed
• Arrange or have another group member arrange for refreshments (if the group chooses to have refreshments)
• Develop and implement a plan to ensure communication with group members between meetings as necessary
• Ensure that the group complies with the NMSS Self-Help Group Standards

Qualifications
• Ability to organize individuals, groups, and meetings
• Ability to empathize
• Effective verbal communication skills
• A desire to help others in a similar situation
• Willingness to collaborate with the National Multiple Sclerosis Society

Training/Orientation Provided
National MS Society chapters provide orientation, annual training, and on-going support and supervision to self-help group leaders. A mutually convenient schedule of phone calls, mailings, and/or in-person meetings will be scheduled to provide you with the tools and support you need to manage your group. In addition, self-help group leaders receive a copy of the National MS Society Self-Help Group Leader Manual and a subscription to the quarterly national newsletter for self-help group leaders, COPE.

Performance Evaluation
Regular evaluation is provided and is based on the accomplishment of the agreed upon objectives and overall job performance. Self-help group leaders will also have the opportunity to give feedback about their own performance, the group’s functioning, and the support of the chapter.
Time Commitment

- Facilitate monthly 2-hour meetings
- Planning: 1–2 hours/month
- Other logistics, communicating with group members: 1–3 hours/month
- Minimum 1-year commitment

Time required will vary if there is shared leadership. Leaders are encouraged to set realistic limits on the time they spend during the month communicating with group members. Shared leadership is highly recommended.

I have read and understand this position description and agree to work to accomplish the responsibilities outlined above. I also agree to work with a team spirit to support the National Multiple Sclerosis Society in accomplishing its mission to end the devastating effects of multiple sclerosis.

Volunteer Signature: ________________________________________________________

Date: ______________________________________________________________________
Getting Started

Place notices on key posting areas. Speak to anyone who might be willing to spread the word.
Introduction

The idea to start a new self-help group may be generated by the NMSS chapter or by an individual or group of individuals who would like to see a group offered in their area. Work closely with the chapter programs director (or other NMSS staff member) to start your group. He/she will have ideas and resources to help you recruit members, find space, locate speakers, and will provide training and support to you and your co-leaders. It’s much easier to start a group if the work is shared, so try to identify a “core group” of people who are willing to work together to start the group. If several people are involved in the initial work, they will also model for newcomers to the group what your group is all about—a group effort shared by many people working together. When many people are involved from the beginning, it will be easier to recruit volunteers later.

Recruiting Group Members

Before implementing any of the strategies below, talk to the chapter program director or other designated staff about your plan to recruit group members. The chapter may be able to place an item in their newsletter or do a targeted mailing of announcements to a particular geographic area. Also, be sure to run all written materials by the chapter before mailing or submitting for publication and/or distribution. This will ensure that information is consistent, accurate and complies with the NMSS Self-Help Group Standards.

- Place notices on key posting areas: churches, schools, organizations, clubs, shops, hospitals, nursing homes, community bulletin boards, libraries, post offices, etc.
- Print and distribute a flyer describing your group.
- Speak to clergy, doctors, administrators, agency directors, social workers, media personnel, nurses (i.e., anyone who might be willing to spread the word).
- Contact your local hospital social services department, community health education department, neurologists, and other doctors who treat people with MS.
- Talk to people who have started NMSS self-help groups and ask what methods they used to recruit group members.
• Talk to public relations staff at local industries/businesses about getting ads in their periodicals or newsletters.
• Call your local information and referral helpline/hotlines—make sure they know of your group’s existence.
• Determine which agency/organizations print community or social service directories, contact them and request your group be included.
• Write a brief notice and ask that it be placed in the church bulletin/newsletter. Consider other newsletters (e.g., YMCA).
• Write a “letter to the editor” explaining the group’s purpose (it is likely to be printed if you comment in response to a current article or editorial).
• Write a brief radio spot and send it to local radio stations requesting they air it as a public service announcement.
• Advertise the group on local/cable TV.

Adapted from: “Suggested Techniques for Recruiting Group Members”; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.
Handling Group Contact Telephone Calls

After you and your chapter publicize your group, you (or a designated group member) will begin receiving telephone calls from people who are interested in your group. As a contact person, you serve as the essential link between someone in need, your self-help group, and your chapter. When a prospective member finally gets the courage to call, your response can determine whether or not that person will come to a meeting. You are also a crucial link to the public at large; your phone number and name probably appear on your group’s flyers and media announcements and/or in the chapter’s newsletter. Your responsibilities can sometimes seem overwhelming unless you have some support and share the load.

First, know yourself. One group leader described the ideal contact person as “patient, compassionate, understanding.” Another advised that contact people must be “sensitive to other people’s needs, but not so overly sensitive that you
take their problems home with you.” Other groups look for “a good listener;” “someone who knows when to share the load with others in the group;” and “someone able to give full attention to a person in crisis.” Chances are, if you volunteered for this rewarding type of work, or if the group has asked you to be a contact person, you already have many of these qualities.

Whenever possible, it is advisable that contact people be veterans who have had a good deal of experience living with MS. That experience places them in a much better position to be of help and hope to others. Keep in mind, it is not your role to be a therapist or counselor to the caller. Refer callers who need this type of help to the chapter. Also, if your chapter provides a peer support program, you can refer the caller to the chapter for a peer volunteer referral.

Before you become a contact person, consider your situation carefully. If you have other family members, how will they react to a lot of calls? Will they be able to take messages correctly, or will your teens always be on the phone making it impossible for prospective members to call? Are you out of town a lot? How will this impact your personal life? If, after doing some soul searching, you feel that you know yourself and the needs of your group, and are willing and able to be a contact person, here are some tips:

- Leave a message pad and pen near each phone.
- Keep a set of directions to your group’s meeting location near the phone (and possibly a local area map).
- Train family members to take accurate messages when you are not available (i.e., caller’s name, number, best time to call, etc.). Be sure to instruct family members regarding maintaining confidentiality.
- Keep a list of alternate contact persons to be given out when you are unable to take the call yourself (i.e. you’re not at home and a family member takes the call, etc.)
- All of this information can be put in a manila folder and kept near the phone.

As always, the best advice is don’t try to do it alone! Is there a way to rotate coverage of the phones? Can your flyers or newsletter item list two or more phone numbers?
Tips for Successful Contact Calls

- **Note the courage of the caller.** As a self-help group contact person you are often the first person the caller has reached out to and asked for help. Many people find it exceedingly difficult to admit they need help dealing with their MS. To go one step further and ask a stranger for help is clearly a courageous act. To support a caller, who may be extremely anxious during this initial contact, compliment the person on having called.

- **Frequently use the caller’s name.** If the caller has given you a first name, jot it down and use it frequently during the telephone conversation. This helps to communicate a sense of caring about the caller and gives the conversation a friendly tone.

- **Be an active listener.** Don’t interrupt with your story or advice.

- **Clarify the person’s problem or need.** During the course of the conversation, clarify the caller’s issues and expectations. If your group is not likely to meet the caller’s expectations, let the person know and, if possible, refer him/her to a more appropriate resource.

- **Share some of your experience.** While sharing experiences is fundamental to self-help, during this initial contact, talk about your own MS only as it relates to the caller’s experiences. Refrain from overwhelming callers with the burden of your issues as well as his/her own.

- **Be clear about your limitations.** Rather than present yourself as an “authority” on MS or a therapist, be yourself—another person who lives with MS—and focus on sharing what has worked for you. Refer callers to the chapter for information and referrals.

- **Follow through on promises.** The credibility of your group is at stake. If you make any promises (e.g., returning the call, sending literature, etc.), follow through as soon as possible. If you do not have the time, ask for some assistance from other group members.

- **Be as accurate as possible.** As a contact person, you need to explain the purpose of your group and what it does and does not offer. Although you may be very enthusiastic about your group, too much enthusiasm during this initial contact, particularly regarding your group’s philosophy or beliefs, can turn people away. Beware of overwhelming your caller.
• *Try to offer “cautious optimism.”* Often a caller believes that you and your group can “make it all better.” You can’t make their issues or concerns disappear, but you can offer something positive, however, such as saying, “now you know that a support group exists, and we are here for you.” Callers will need factual information, such as the date, time, and meeting place of your group. Since people often get nervous at the prospect of attending a meeting with a group of strangers, your job as contact person is to lessen some of that anxiety to make it possible for them to take that next step. Some useful strategies include:

  – *Acknowledging the caller’s concerns.* Letting a person know that most people feel nervous about coming to a first meeting can be reassuring to a caller. Offer to meet prospective members at the door a few minutes before the meeting begins to help them get acquainted. Just knowing that a somewhat familiar person will greet him or her can help a person feel more comfortable.

  – *Describing a typical group meeting.* People tend to be more willing to approach new situations if they know what to expect. In describing a typical meeting, include general information and a description of how a meeting works. Reassure the caller that the group respects a person’s decision to not participate in group discussions. This is particularly important for people who are anxious about talking in front of groups.

  – *Respecting a caller’s decision to not attend a meeting.* Let callers decide if and when they are ready to come to a meeting, and respect that decision. People who are initially hesitant sometimes need to give their situation a little more thought before they’re ready to take that next step.

  – *Setting limits on your availability to listen.* Since a group helps in ways that extend far beyond a phone call, keep in mind that your job is to help people take their next step toward helping themselves—joining a NMSS self-help group. If the caller gets all of his/her needs met on the phone, he/she may not come to any meetings.

• *Lengthy phone calls.* If a caller starts to repeat previous statements or begins bringing up new information not relevant to support group issues, it’s time to end the call. A useful technique for this situation is to let the caller know that you think what they are saying is important, so important that it should be saved for the whole group to hear. Another
approach is to let the caller know that while you cannot stay on the phone any longer, you will be happy to pick up this discussion at the next group meeting.

- **Getting calls at inconvenient times.** If you do not use an answering machine, you may be plagued by inquiries at times when you are least able to focus attention on the caller. One way of dealing with this situation is to gently say, “I only have a few minutes to talk right now. I’d be happy to call you back at a later time.” If the caller is upset, refer them to your back-up contact person. Acknowledge the caller’s feelings and needs and offer them the alternative (e.g. “You sound upset and I understand your need to talk right now. Unfortunately, I was just leaving but let me give you a number of another person who may be able to talk with you now.”)

Always let a caller know that you are sorry that you cannot talk with him/her at the moment, but that you would be very happy to talk when you have the time to really listen. Be careful not to sound as if you do not care or won’t make the time to listen or you may lose a prospective member. On the other hand, don’t berate yourself for not being able to be available all the time. Refer callers to the chapter.

- **A person in crisis.** For most contact people, veterans and newcomers alike, the most difficult caller you may encounter is a person who is suicidal or experiencing an emotional crisis. The call is difficult for a number of reasons, not the least of which is the contact person’s concern for “doing the right thing.” Keep in mind that as a contact person, it is not your job to provide crisis intervention. Your major goal is to try to calm the caller down so that you can refer them to an appropriate resource or collect enough information (e.g., name and location) to get a local emergency team to the caller. Always contact the chapter if you have had to deal with a crisis call. (See Section “Handling Challenging Situations in the Group” for further suggestions on handling crisis situations.)
• Referring callers to other resources. As noted above, it is vital to have a list of local resources near the phone when dealing with someone in crisis. Refer calls to the chapter for information about other resources.

• Dealing with the media. Refer calls from radio, TV and newspapers to the chapter, unless they are calling to clarify your meeting times and dates.

Sometimes being a group contact person can feel like it is taking all of your time and energy. Burnout is a serious problem with no easy solutions. However, you can work to organize your group so that no one is unduly stressed. Suggested strategies to prevent burnout include:

• Have more than one contact person and rotate the name of the first person listed on any publicity material. This will provide a more even distribution of calls among your contact people with no one serving as the “one and only.”

• Limit the contact person’s length of service. If your group receives many phone calls, it can help to know that you will be rotated off duty after a certain amount of time. Just anticipating the “foreverness” of the duty can accelerate burnout.

• Share with your group. As a final point, please keep in sight the fact that you are a member of a support group . . . people helping people. If you feel overburdened, or if you are concerned about a particular call, share your feelings with the other members of your group. That’s what it’s all about.


**Locating Meeting Space**

A key standard for all NMSS programs is that meetings are held in a fully accessible location. This should be your number one priority in looking for meeting space for your group. Your chapter can give you a copy of the accessibility checklist to assist you in evaluating the accessibility of a particular location. In addition to full accessibility, try to find space that:

• is conveniently located and easy to find.
• has plenty of parking.
• is well-lit and safe.
• is air-conditioned/appropriately heated.
• is clean.
• is cheerful and welcoming.
• has comfortable seating.
• has a flexible room set-up.
• has a kitchen or place to serve refreshments.
• has a public telephone available.
• has liability insurance.

Here are some suggestions for locating meeting space:

• Private homes are not appropriate meeting locations. Most homes do not meet the requirements of the Americans with Disabilities Act. In addition, the homeowner and his or her insurance company will be responsible for any injuries that occur in the home.

• Ask your chapter to recommend accessible sites in your area. They can also provide accessibility expertise and can help you negotiate with facilities if necessary.

• Churches and synagogues are a common public meeting place for self-help groups. They are usually cooperative in providing space. You and members of your core group can contact your local pastor or rabbi and request a room for your meeting. The personal connection is the best, and could mean no charge initially or a minimal charge or donation.

• Community organizations or agencies such as community mental health centers, Red Cross, Salvation Army, Rotary, Lions, Kiwanis Clubs, or senior citizens centers will sometimes provide space free of charge for self-help group meetings. Again, does anyone in your group personally know a staff member or officer? Your local library or daycare centers and
schools, banks, municipal town hall or community college are other facilities where self-help groups hold meetings.

- Hospitals are another option. Contact the community relations department or the social services department to request a meeting place.
- Your local YMCA/YWCA also may provide meeting space for self-help groups. Contact the community relations staff person at the “Y”.
- When inquiring about a meeting place for your group be sure to communicate that your group is affiliated with a voluntary non-profit organization that provides a service to the public free of charge. Be clear on the specific nights/days that you would like your meetings to take place, how long they will be, and who will be responsible for opening and closing the facility. Such attention to detail will serve you and your group well!

Adapted from: “Suggestions for Locating a Meeting Space”; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.

**Tips for Your First Meeting**

At the first meeting, describe to members the relationship between the chapter and the group. Underscore the fact that the group is a self-help group that is affiliated with the NMSS. Invite your chapter liaison to attend the first meeting and perhaps say a few words about the Society and the local chapter. Here are some additional tips for the first meeting:

- Before your first public meeting, be sure the leadership group has had an opportunity to discuss and reach a consensus on what the general purpose, goals, and membership of the group might be so they may present those ideas at this meeting.
- Create a friendly atmosphere from the beginning. Consider having a member of your core group to serve as a greeter to welcome and introduce newcomers when they arrive.
- At the first meeting, the group leader(s) should state the group’s possible purpose and goals to the new members for their comments and feedback. Review the NMSS Self-Help Group Standards. Stress the importance of complying with these standards. They serve to create a welcoming and safe environment, as well as strengthen the group’s relationship
to the NMSS. Also, the group leader(s) can take the opportunity to share their experiences that led to their interest in the formation of the group. This can encourage others to share their own experiences.

- 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 the first meeting. It may take several meetings before some people feel comfortable enough to participate and share openly. Also, don’t require nametags or introductions that require the individual to reveal personal information. Allow members to remain anonymous if they choose.

- Discussing a name for the group is an interesting agenda item. A name provides an identity and uniqueness for the group. Allowing the members to suggest a name for the group can be an interesting activity for this first meeting (e.g., an appropriate phrase, acronym, etc.).

- Dealing with organizational issues such as elections of leaders may be too burdensome for the first meeting and might be more easily taken up at subsequent meetings.

- Start and finish your meeting on time. Have an agenda and activities or discussion questions 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 may be provided before and/or after the meeting. This provides an informal atmosphere and allows members to more easily socialize, discuss problems, get to know one another, and contribute to the group if members share the responsibility. Some groups may choose not to provide refreshments.

- There are different models of structure and leadership used by groups ranging from highly organized groups with elected officers, to loosely structured groups using an informal shared leadership model. Whatever style of leadership your group chooses, remember, the purpose of leadership in a National MS Society self-help group is to initiate and facilitate the mutual aid process that occurs when members share their own insights and skills in living with MS.
Before adjourning the meeting, decide on the time and place of your next meeting or announce this information if it is already determined.

Adapted from: “Helpful Hints for a Successful First Meeting”; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.

**Keeping Up the Momentum**

After the first meeting, it is important to keep up the momentum and energy generated. Here are some tips to do so:

- **Circulate a list of selected members’ phone numbers** after they give permission. Members can call one another in between meetings for conversation, information and support. A few groups set a time limit to individual calls (e.g., that a phone call shouldn’t go longer than 5 or 15 minutes).
• **Encourage networking.** Introduce a new member to a group member with similar symptoms and suggest they talk. Greeters at group meetings can do this task.

• **Try a buddy system.** A new member is matched with another group member who can partner with that person and assist him or her as needed. It can be time-limited.

• **Establish a telephone tree.** This technique is often used to alert members to a pressing, time-sensitive or action-needed issue (e.g., legislative alert, or to cancel meetings because of bad weather). It requires a coordinator and volunteers. When needed, the telephone tree coordinator phones the
telephone tree volunteers with the information. Each volunteer has a pre-assigned section of the list of members’ phone numbers. Be sure to obtain permission to list members’ names and phone numbers on the tree.

- **Establish a correspondence network.** Interested members join a correspondence circle, wherein one member starts it by writing a letter telling their experience, indicating what they have learned about coping with the problems, and what they seek to learn. The letter goes to the next member in the circle (circles are often 6 to 8 members), who adds his or her own experience and insights to the letter, and then can also comment on the earlier letter(s). Letters are kept in a folder and move on, circulating a second or sometimes third time around as an added set(s) of letters is developed. The national Well Spouse Foundation uses this system (they call it “Round Robin”) for their regular group members who are interested, and also to link more isolated members.

- **Send a meeting reminder** and/or keep your chapter informed about your group’s schedule and topics so it can be included in the chapter newsletter.

- **Engage in advocacy activities.** Members work together for legal or social change or to reform specific government or agency procedures. They can do this in different ways (e.g., demonstrations, letter writing, speaking at hearings, developing and distributing flyers, participating in a coalition, or by working on advisory councils or boards). Work with the chapter to find out how you can be an advocate.

- **Plan social activities:** potlucks, holiday parties, picnics, or go out for entertainment together.

- **Participate in on-line computer exchanges.** Increasingly, members of local face-to-face groups can and do participate in on-line mutual help groups through message boards, e-mail discussion groups, newsgroups, and issue-specific chat rooms that are, for the most part, available 24 hours a day. The National MS Society website can be reached at www.nationalmssociety.org.

Shared Leadership

Think shared leadership from the outset.
Understanding Mutual Responsibility

In a self-help group, the role of facilitation or leadership of group discussion is not the sole responsibility of one person but is the duty of the entire group. Members of self-help groups that use a shared leadership model of organization will find themselves involved in determining the direction of the group. Members will develop a strong sense of ownership in the group when they help plan discussion topics that help them adjust to having MS in their lives, recruit speakers that help them manage MS, publicize the group, take turns facilitating group discussions, and help manage the group process.

To create shared leadership, all members must be aware of their obligations. Perhaps one way to accomplish this is to create a verbal (or written) agreement with all members. By creating an agreement among members, ownership of the group is shared and group responsibility among members is clearly understood. This agreement could include the following:

- Help members feel comfortable and become acquainted.
- Listen attentively when another member is speaking and discourage side conversations.
- Promote positive comments and new viewpoints, trying to keep the conversation upbeat.
- Notice silent people in the group and gently encourage them to contribute. However, participants should not feel pressured to contribute.
- Participate in the discussion.
- Suggest alternate resources when a member’s problem is beyond the group’s ability to help.
- Allow members to express negative or angry feelings but do not allow the group to dwell in negativity.
- Maintain confidentiality within the group to promote honest expression.
- Make a commitment to the group, contributing whatever talents, skills, resources, or information necessary to ensure the group’s success and survival.

Adapted from: “Responsibility of Group Members to Each Other”; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.
How to Build Shared Leadership

Here are some suggestions to consider for distributing the sense of ownership and responsibility for leadership throughout the whole group, easing the burden on any one individual and ensuring 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 become the expert, and the “best person to do it” at the cost of mutual aid and shared ownership. In addition, since multiple sclerosis is a variable and unpredictable disease, co-leadership creates a natural back-up system.

- 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 the meetings, arranges speakers, sets up refreshments, etc. For example, a co-leader can help the leader during the first week or two of the designated period, and then take primary responsibility, “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, and over time, it can engender a sense of continuity.

- Vary meeting times occasionally. While regularity of time (and place) is obviously 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 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 many interested people can have a chance to attend.

- Adjust seating arrangements to facilitate sharing, while allowing room for people using wheelchairs or scooters. When the seating is arranged with people in rows facing the front of a room, facing group leaders, 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 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 yourselves. Similarly, share the history and knowledge of the group by making available to newcomers prior meeting minutes or summaries, and if appropriate, current members’ names and telephone numbers. Call the newcomer sometime after the meeting to follow up and review their experience. 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 of shared leadership moves people toward the 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 individuals to help you or other leaders with specific tasks and projects you suspect they might find interesting. 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.
  - 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 both tasks and leadership and makes them more feasible for your members.
  - Have fun and enjoy the group. People want to be involved in endeavors that 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!

Adapted from: “How to Build Shared Leadership”; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.

Here are some additional ways to share the work load:

- Identify and name the jobs that need to be done. Consider “brainstorming” at one of your meetings. Come up with a list of the jobs and be as clear as possible as to what will be involved. Circulate a Sign-up Sheet at meetings (see example, or create a chart that meets your need).

- Ask potential volunteers one-on-one in private. Be sure to indicate how you will support them if they have a problem.

- Ask members to serve in a specific job but allow them to volunteer for something else.

- Always specify how long the volunteer will be expected to serve (e.g., 3 months, 6 months, etc.). Consider a fixed term of office for some jobs (e.g., 1 year, 2 years).

- Nurture and grow volunteers. Find small helper jobs (e.g., hand out brochures, do photocopying) and be sure to thank them. They might be willing to try on a more difficult task next time.

- If you encounter problems in finding one individual to do a specific job, ask for two people
to volunteer to share the responsibility of that job. More people will accept if they know it won’t be all on their shoulders.

- Be sure to continuously acknowledge people publicly for the jobs/tasks accomplished. This can be done through newsletters, as well as at meetings.
- Circulate or hand out Skills/Resources Sheets. Every member fills out a sheet with their name and skills description, type of personal contacts (e.g., journalist in the family, uncle is a caterer, etc.), phone number.

<table>
<thead>
<tr>
<th>Name</th>
<th>Skills</th>
<th>Helpful Contacts</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Doe</td>
<td>typing</td>
<td>friend is a lawyer</td>
<td>555-5555</td>
</tr>
</tbody>
</table>

Eventually you will have a list of names, skills and resources, to match up with your jobs. It may be a helpful list to check for a fill-in person if someone suddenly leaves or resigns from the group. The skills category may provide new and exciting positions; for example, if someone just writes “give great parties,” sign them up for the holiday party chairperson!

The Responsibility Sign-up Sheet on the next page shows examples of some jobs, duties, times and terms. Revise or add to them as you see fit, in order to meet your group’s specific needs.

## RESPONSIBILITY SIGN-UP SHEET

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Description</th>
<th>Hours/ month</th>
<th>Term length</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>President or Chairperson</td>
<td>Organize, coordinate with other members, might facilitate</td>
<td>5–10</td>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td>Vice-president or Co-chair</td>
<td>Assists above</td>
<td>2–5</td>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td>Secretary (if app.), type letters, etc.</td>
<td>Take minutes</td>
<td>2–5</td>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td>Program/speaker contact</td>
<td>Contact speakers as directed by members, recruit them, introduce and thank</td>
<td>4–5</td>
<td>3–6 months or 1 year</td>
<td></td>
</tr>
<tr>
<td>Publicity</td>
<td>Arrange press releases, newspaper and TV ads</td>
<td>4–5</td>
<td>6 months or 1 year</td>
<td></td>
</tr>
<tr>
<td>Newsletter</td>
<td>Help compile, find articles or help with the writing, organize the printing and mailing w/others</td>
<td>5</td>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td>Librarian</td>
<td>Maintain, bring to meeting</td>
<td>1–2</td>
<td>6 months or 1 year</td>
<td></td>
</tr>
<tr>
<td>Hospitality</td>
<td>Arrange for refreshments at monthly meetings, provide coffeepot and supplies</td>
<td>2–3</td>
<td>3–6 months</td>
<td></td>
</tr>
<tr>
<td>Greeter</td>
<td>Greet new members at door, introduce them to members—especially those with similar experiences</td>
<td>1–4</td>
<td>3–6 months</td>
<td></td>
</tr>
<tr>
<td>Contact person(s)</td>
<td>Receive calls for group information from ads, etc.; give info on location, time, etc.</td>
<td>4–10</td>
<td>6 months or 1 year</td>
<td></td>
</tr>
<tr>
<td>Liaison person(s)</td>
<td>Maintain contact with the NMSS</td>
<td>1–6</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>
Conducting a Meeting

The group can be a valuable and enriching resource for problem-solving.
**Rules for Group Discussion**

No matter how informal your group, there are unspoken rules of communication. Your group may want to define what you consider to be acceptable behavior in the group. In addition, rules help everyone take responsibility for the success of your group.

Rules are best when used to liberate your group and make your meetings effective. Guidelines help to identify productive and unproductive behavior. Therefore, a person’s behavior, not the person, is the target of correction.

A few specific examples follow. Many groups read their guidelines at the beginning of each meeting to help set the tone for the meeting, to introduce the guidelines to new members to the group, and to remind members of expected behavior.

- The order in which people speak and the amount of time each person is permitted to speak can be predetermined. No one should monopolize the group, and everyone who wants to speak should have the opportunity. “Round Robin” means people take their turn to speak in seating order. “Random” means that people speak when they want to, allowing everyone a chance to speak.

- Some groups have an outline for people to follow when they first speak. The following combines several outlines: Your first name; what brought you to the group; on a scale of 1–10, rate your week; tell about one good thing that happened over the past week (which helps set an optimistic tone); how you are feeling right now; and one positive thing that you would like to do over the next week. An “outline” for participation helps keep people on track when they speak.

The format can also include using a predetermined question or topic meant to trigger discussion or a predetermined person may tell his/her story. People can either respond to the topic of the meeting or not when they take their turn to speak. Response to the subject should always be voluntary.

- Treat all members with respect. Establishing respectful behavior in your group creates an environment of trust and safety. Respectful behavior includes allowing one person at a time to speak, using appropriate lan-
guage and tone of voice, accepting differences, and treating each other with kindness.

- **“I Statements.”** Most groups today request that each person use “I statements” when speaking during a meeting. This means that people always speak in the first person about their own experience. “I statements” are a way of enacting a “withhold judgment” rule (see below). For example, a participant may say, “I am sad about . . . ,” “I feel very angry because . . . ,” or “I felt happy when. . . .”

- The following examples are not “I” statements and usually are not helpful: “You should . . . ,” “You ought . . . ,” “You are . . . ” and “I think you are being. . . .” You may offer your own experience and what worked for you in solving a problem, but do not give advice as to what someone else should do.

- Withhold judgments. Many groups expressly prohibit making judgments. It is easy for all of us to make judgments without realizing it and with the best of intentions. No judgments means do not use the words “should” or “ought”. No judgments also means no advice, criticisms, accusations, or attacks, especially when discussing MS treatments or doctors. Whether written or not this rule is basic for all group participants to feel supported.

- Problem solving only with permission. When someone raises a personal problem, avoid premature problem solving. The person will not feel heard and there may be circumstances that you do not fully understand. The group can be a valuable and enriching resource for problem-solving, but only when the person with the problem asks for this kind of help and is ready to hear it. Many times people just want to ventilate their frustrations, fears, or anger.

- Respect other members’ perspectives/perceptions. There should be no second guessing, e.g., if a speaker says she is angry, it is inappropriate to respond with, “You don’t look angry.” “If you are angry, why are you smiling?” or “I wasn’t angry when that happened to me.” In other words, it is important that people feel that they are being listened to, respected, and heard. If group members are unsure what another member is saying, they may want to restate what the speaker has said. This is to ensure what is being heard is what is being said.
• One person at a time speaks. This means no side conversations and interruptions. Attention is focused on the person speaking.
• Use caution when discussing potential “hot topic” issues such as politics and religion. Your group may decide that it doesn’t want to discuss issues that have the potential to damage the group.
• Allow silences. Everyone has the right to listen silently. If you are concerned that someone is silent because their needs are not being met, you may approach them after a meeting to check this out.
• Punctuality. In order to start and end on time, most groups must make punctuality a conscious effort or rule. Many people believe it is a show of respect to arrive on time and to begin the meeting on time. It is helpful to many people to adhere to a predictable schedule for the beginning and ending of meetings. Informal socializing and networking can take place before and after the meeting. Whether your group wants to be casual or structured about time, make it a conscious group decision.

Your group can decide how to maximize its effectiveness. A group is most effective when the atmosphere, communication style, and attitude of those attending are positive, encouraging, and respectful. People should be welcoming and feel welcomed. One of the most beneficial aspects of a self-help group is when people can speak candidly about their feelings and thoughts about MS and still experience acceptance. For some people a self-help group is the only place where this happens in their life.

*Make punctuality a conscious effort.*
Some rules may seem awkward at first but think about the kind of group that you want for yourself and for others. Each group consciously or unconsciously develops its own “culture” which usually differs from most social situations in the “outside” world. That is why it is a valuable place, sometimes a haven, for group participants. Bear in mind that no one person is more important than the group in any discussion about group rules.

Establishing Group Rules/Guidelines

National Multiple Sclerosis Society self-help groups follow the standards outlined at the beginning of this manual. Those standards address the global behaviors expected of self-help group leaders and members (like confidentiality and fiscal responsibility), but your group may find it needs specific guidelines to help it function efficiently. Group rules work best when the group members agree on them, when members are reminded of the rules, when new members are informed of the rules, and when the rules are reviewed and revised as necessary.

- Set aside at least one hour during a group meeting to discuss establishing rules. (This need only be done initially and re-visited when necessary to reinforce or modify the rules or inform new members.)
- Explain the benefits of group rules and give some examples of how they may have helped resolve a problem.
- Ask members to list possible group rules (don’t rule any of them out at this point).
- Discuss each possible rule and determine by consensus (everyone agrees) whether or not the rule will be beneficial to your group.
- Review the remaining rules and determine by consensus if these are the rules your group would like to adopt. If not, repeat step 4 and then step 5 until members reach consensus.
- Agree on a trial period to try out the rules and then schedule a meeting to review and revise the rules.
- Read (or post) the rules at each meeting, especially if a new member is attending.
- Review the rules annually.
Sample Group “Rules”

Here is an example of the group rules from FAIR (Family And Individual Reliance, a program of the Texas Mental Health Association) in facing or having dealt with mental illness:

- We are a group of people with a common bond sharing our troubles, understanding and wisdom.
- We listen, explore options, and express our feelings. We do not prescribe, diagnose, judge, or give advice . . . we suggest.
- We know what we share is confidential and that we have the right to remain anonymous if we choose.
- We have the right to take part in any discussion or not. It is important that we actively listen when someone is talking and avoid having side conversations.
- We encourage “I” statements, so that everyone speaks in the first person.
- We request speakers occasionally for information we want as a group.
- Having benefited from the help of others, we recognize the need for offering our help to others in support groups.

Here is another example from the WE CARE (divorced and separated) group of the Wilder Foundation in St. Paul, Minnesota:

- We are here to share our own feelings and experiences. Respect and maintain the confidentiality of the group.
- Our goal is to accept people and to avoid making judgments.
- Avoid interrupting. If we do break in, return the conversation to the person who was speaking.
- Side conversations are not allowed.
- We each share the responsibility for making the group work.
- We each have the opportunity for equal airtime or the right to remain silent.
- We try not to discuss persons who are not present.
- We try not to give or take advice.
- We have the right to ask questions and the right to refuse to answer.
To these lists we would suggest one more possible guideline, to help keep the discussion “upbeat.”

- We encourage members to share their strengths, skills, insights, successes (however small), and their hopes.

Adapted from: “Suggested Guidelines for Communicating During Meetings” by Gwen Roe; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.

Ways to Keep Your Meetings Upbeat

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

- Read your meeting guidelines at the start of each meeting. One of those guidelines should explain that an important purpose of your group meetings is to help all members to recognize and share their strengths, successes and hopes, not just their problems.

- Help your members share their good experiences by reminding them to contribute their insights, quotes, information on helpful resources or literature they have used, or any practical coping techniques that work for them. For example, you could build this into the structure of your meetings by regularly starting your meetings with introductions and brief “go-round” that permits each member to briefly answer a question that draws out a positive experience (e.g., “Describe the best things that you’ve done [or have happened to you] since the last meeting [or over the last month].” Or a similar question could be developed that helps people to share their successes, joys, for what they are thankful, etc.).

- Share good news gathered from outside the group related to multiple sclerosis (e.g., new research results, helpful magazine articles, news from other organizations and agencies that address disability issues, etc.).
• Make members more aware of the real health benefits of helping others. “One of the best ways to take your mind off your own issues is to help others with theirs” (e.g., helping members to recognize how helpful it is to give other members feedback, whether it be to summarize the progress of others and the group or to give a helpful “nod of understanding” when a member is sharing).

Adapted from: “Ya Gotta Accentuate the Positive . . . Ways to Keep Your Self-Help Group Meetings Upbeat”; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.

Ways to Structure Your Group Meetings

Meeting formats for National MS Society self-help groups range from loosely structured discussion groups to more formally structured meetings. The following activities are common to many self-help group meetings and can be used as a guide for structuring your meeting. It is not necessary to incorporate every activity mentioned here in each meeting agenda.

• **Greeting of new members.** It is a practice of many self-help groups that a volunteer member greets and welcomes new members at the door when they arrive, introducing them to other members.

• **Formal opening of meeting.** At the agreed upon time, the meeting should be called to order by the leader or member responsible for the meeting. Some groups open their meetings with a formal statement of the group’s purpose or welcoming statements.

• **Introduction of members.** Going around the room, each member can introduce himself/herself and may state their reasons for coming to the group. This is especially appropriate for new groups forming to help members get to know one another and learn about common concerns. Offer members the option to “pass,” if they would rather not introduce themselves.

• **Discussion, education, and information sharing.** For newly formed groups, it is helpful to regularly ask members for suggestions on discussion topics that are of interest to them. Groups can also invite guest speakers to address topics. Tapes, books or articles can be reviewed and discussed. Time is allotted for sharing of personal experiences and helping each other. Here are some ways to structure the discussion.
– **Round.** Ask a question or ask participants to complete a statement and go around the group as each person responds, giving everyone a chance.

– **Brainstorming.** Ideas are shared in a spontaneous way. Creative thinking is encouraged by not judging any particular idea.

– **Change exercise.** Describe a current situation, describe what you want it to be in the future, list the things that hold you back, things that could help you move forward, what would be affected by the change, and the steps needed to bring about the change. This can be used to discuss an individual’s personal dilemma or a generic situation.

– **Role-playing.** Acting out a situation (e.g., how to communicate effectively with your doctor) can be helpful and fun. Some participants enact the role-play while others observe and can react or comment.

• **Business section.** This time is set aside for any business the group wishes to take up, such as planning projects or activities, arranging for future meetings (choosing discussion topics/guest speakers, etc.), making announcements, etc.

• **Formal closing.** It is important that some signal be given to indicate that the meeting is formally closed. Members are reminded of time and place of next meeting.

• **Refreshments.** Serving refreshments after the meetings provides a time for informal meeting and conversation.


**Guest Speakers, Meeting Ideas, Topics, and Discussion Questions**

**Finding Guest Speakers**

National MS Society self-help groups are an excellent source of information about multiple sclerosis. Self-help group members receive accurate information about the disease by sharing tools and tips about living with the disease, providing National MS Society information and literature, and inviting a variety of speakers.
Follow NMSS self-help group standards regarding minimizing risk to group members and the chapter when selecting speakers and program topics. Use the NMSS Self-Help Group Disclaimer and make every effort to offer unbiased, well-rounded programs. Your chapter liaison will have many ideas for potential speakers and group programs and will know if a presenter you are considering has worked with the National MS Society previously and if the speaker meets the NMSS Guidelines for Working with For-Profits.

- Professional speaker suggestions:
  - Neurologists
  - Physiatrists
  - Urologists
  - Nurses
  - Physical therapists
  - Occupational therapists
  - Speech therapists
  - Licensed clinical social workers
  - Recreational therapists
  - Music therapists
  - Exercise therapists

- Tap the experience and contacts of your group members because a member’s personal knowledge of a speaker is usually a good reference. Also, a potential speaker may be more likely to respond to someone he or she knows personally. Does someone in your group know of a local professional (e.g., a physician, therapist, lawyer, or another) who is knowledgeable and can be approached?

- Local social service and government agencies and hospitals—sometimes they already have lists/brochures of possible speakers; contact the public/community relations department. If you know what you want, start at the top by writing a letter to the Director or C.E.O.

- Local colleges and universities—write/call the chairperson of a specific department related to your group’s interest. For example, contact the Psychology Department for speakers to address stress, the Nursing Department for self-care instruction, etc.
• Government agencies—Social Security Administration, Division of Vocational Rehabilitation, etc.
• Lawyers—especially those specializing in discrimination law, financial planning, insurance, and disability law.
• Professional associations (of psychologists, social workers, nurses, doctors, county medical society, others)—for local speakers on subjects such as stress management, a specific type of therapy, medications, choosing a good therapist/doctor, etc.
• Alternative health providers—on herbal medicine, meditation, yoga, or another. Be sure to follow NMSS Self-Help Group Guidelines regarding minimizing risk to group members when exploring this option. Do not have an alternative practitioner demonstrate on a group member (e.g., having a bee sting, a chiropractic manipulation, etc.).
• Pharmaceutical company representatives or a local pharmacist—on drug interactions and taking medicines wisely. A panel with several pharmaceutical company representatives will offer a more well-rounded presentation than a single individual. Avoid having a pharmaceutical rep talk only about his or her own company’s products without providing information on other options.
• Representatives from another NMSS self-help group that meets at a distance—to speak about their group’s best meetings, discussions, speakers, and other successful activities they have had.
• Consider using a pre-recorded or “canned” speaker (e.g., tape of a radio interview show (25 minutes long or less), conference presentation, portion of a TV program, etc.). Or start a tape library of your own, by asking some of your “live” guests if you may tape their presentation for your group’s lending library collection.

Adapted from: “Finding Guest Speakers for Your Group”; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.

**Working with Speakers from For-Profit Companies**

The National Multiple Sclerosis Society’s Guidelines for Self-Help Groups state that self-help groups have the right to choose discussion topics and speakers for meetings, and the responsibility to minimize risk to group members and to the
One of the methods of minimizing risk is to use the Self-Help Group Meeting Disclaimer at every meeting. (A copy of this disclaimer follows these guidelines.)

In addition to the disclaimer, the National Multiple Sclerosis Society has developed Guidelines for Working with For-Profit Companies that help to ensure that the information we provide is accurate and unbiased. Self-help groups follow those policies. To help you understand these policies, here is a summary of the guidelines that pertain to self-help groups. If you have additional questions, your chapter can give you additional information and guidance about this policy.

- In accordance with the National MS Society Code of Conduct, no staff person, volunteer, speaker, self-help group leader, or member shall utilize a self-help group for personal gain.
- Give product information from a pharmaceutical company only as a supplement to National MS Society materials. Prior to your meeting, ask your chapter to send you current literature about the topic.
- Lists of self-help group members are kept confidential and are not provided to speakers. Participants may choose to sign a company’s mailing list, if it is made clear in advance that it is not required and is not associated with the National MS Society.
- Self-help groups need to provide balanced, accurate information to its members. Self-help groups invite a variety of speakers to their groups. To ensure that information given in your self-help group is accurate and balanced, provide National MS Society literature about all topics, invite speakers with differing opinions to attend your group, ask for input from your chapter about a speaker, and encourage self-help group members to ask questions of all speakers.

Self-help groups that have been meeting for a while may find that their members want to expand their discussions to include topics that are not medically focused. You can use the following meeting ideas, topics, and discussion questions to explore other aspects of living with MS.
Meeting Ideas

**Information Exchange**
- Have group members research a topic of concern to the group and share the information.
- Pick a topic for each group member to write or think about for 10 minutes and discuss.
- Discuss a book you have all agreed to read.
- Have a professional demonstrate equipment or adaptive devices.

**Team Building**
- Make collages about something important (e.g., “What MS Looks Like to Me” using pictures, words, and phrases that have special meaning), and then discuss the collages in the group.
- Celebrate birthdays and personal triumphs of members.

*Have group members research a topic of concern to the group and share the information.*
- Have different members sign up to arrange programs and facilitate meetings.
- Discuss group successes and/or concerns.
- Use the *Encyclopedia of Icebreakers* by Sue Forbess-Greene, which contains structured activities that can warm up, acquaint, and energize the group.

**Fun**
- Work on a craft project together.
- Give away donated door prizes.
- Play a board game, like Pictionary.
- Show a video, film, or slide show.

**Personal Expression and Exploration**
- Practice communication techniques through role-playing.
- Adopt a closing for meetings (e.g., a song, reading, reflection etc.). Close meetings on a positive note.
- Utilize art materials in meetings to express thoughts and feelings.
- Share personal writings (e.g., stories, poetry, etc.).
- Invite a mental health professional to speak on active listening, conflict management, or child rearing.
- Have each member read a workbook from the “Living Well” series, complete the exercises prior to the meetings, then discuss the workbook together. (These workbooks, *Working with MS*, *Coping with Change, MS & Wellness*, and *Considering Assistive Devices*, are available through your chapter.)
- Have a special meeting for families.
Physical Health/Stress Relief

- Exercise together.
- Do a relaxation exercise.
- Ask a physical therapist or occupational therapist to discuss aids for daily living.
- Invite a music therapist.
- Bring an exercise therapist in to demonstrate Tai Chi, Pilates, Feldenkrais, seated aerobics, or other exercises appropriate for people with MS.

Spending time together outside of meetings can be as important to the development of the group as the meetings themselves. Members can form close, caring relationships when they share time together, and it will help them focus on a broader range of issues. (Make sure to check the accessibility of all meeting locations.)

Social Activities

- Go on a picnic.
- Go out for lunch or dinner as a group.
- Spend an afternoon in the park.
- Attend an athletic event.

Cultural/Educational Opportunities

- Get theater tickets at a group rate.
- Plan a retreat or take a field trip to a history museum, art center, etc.
- Visit another self-help group.
- Attend a NMSS educational program together.

Community Involvement

- Volunteer together for your chapter or in your community.
- Form a team for the MS Walk.
• Take valentines to a nursing home.
• Write letters to your congressional representative or local officials together.
• Write to local business about accessibility.

Recreational

• Attend an aquatics program.
• Invite a Parks and Recreation, Forest Service, or Parks Department staff member to speak about their programs for people with disabilities.

• Go horseback riding at a therapeutic riding center.
• Go bowling.
• Have a holiday gift exchange.
• Hold a potluck dinner.

Remember that it’s very important to include the ideas and suggestions of group members in the program planning. When members take part in the planning, they will develop more of an investment in the group.

Discussion Topics and Questions

It is sometimes easier to approach the task of “running” a meeting if you are prepared with some questions and topics that can stimulate discussion among group members. Remember that the purpose of asking these questions or discussing these topics is to help individuals think about and share their differing experiences and concerns. Group members’ thoughts and comments are not right or wrong; they reflect individual beliefs, coping methods, and circumstances.
Relationships with Family and Friends

1. Who has been most/least supportive to me in helping me deal with my MS? What have they done or said that has helped or not helped me? When someone is not supportive or helpful, how have I managed?

2. What were my family and friends’ reactions to the news that I had MS? How did it differ from what I expected, from what I wanted? Have I been able to shape people’s reactions to me? How?

3. How do I maintain my relationship with my spouse when I need to give or receive physical care?

4. Dealing with family and friends who hear about a therapy or treatment and want me to take it.

5. Who is the easiest person to talk to about MS? Why? Who is the hardest person to talk to about MS? Why?

6. How do people react to me when they learn that I have MS?

7. What do children need to know about MS?

8. Dealing with my feelings of inadequacy or guilt as a parent with physical limitations.

9. Dealing with family and friends who don’t understand my fluctuating fatigue.

10. Maintaining a social relationship with my friends when I have physical limitations.

11. Dealing with family and friend’s expectations when I don’t look “sick.”

12. Has MS affected my family’s communication?

13. Communicating my feelings and needs.

14. Helping my friends and family to understand.

Taking Care of Yourself

15. Asking for help.

16. Saying “no” without guilt.

17. How do I maintain my independence?

18. Dealing with bowel and bladder difficulties.
19. What challenges related specifically to MS have I faced and overcome? What challenges have I not handled as well and why not?
20. MS and sexuality.
21. Handling exacerbations. Dealing with the unpredictability of MS.
22. How do I promote “wellness” in all areas of my life?

**Personal Feelings**
23. What did I used to think about people who had a disability or chronic illness?
25. How did I feel when I was first told that I (or another family member) had MS?
26. How do I deal with any stigma I have experienced due to my illness?
27. How do I deal with any fear I have as a result of my illness?

**Managing Life Changes**
28. Generally, how has my life changed? What new values and priorities do I have now that I did not have before?
29. To what degree have I learned to accept or come to terms with the illness, and what has helped me to do this?
30. Vacationing with MS.
31. Aids or little tricks that I have found helpful in my everyday life.
33. Dealing with “invisible disability.”

**Sharing Experience**
34. What would I say in a note or a letter to someone (or their spouse) who was facing what I have faced?
35. What is the worst problem that a person and his/her family might face as a result of MS?
36. Have I learned anything special about life or human nature as a result of my having MS?
37. What positive experiences have occurred as a result of having MS?
**Physician/Professional Relationships**

38. Do I get angry with my doctor? About what? Do I say or do anything about that?

39. What are my relationships with my doctor, neurologists, and other medical professionals?

40. What could I tell my doctor in order for him/her to better treat me? What do I want him or her to know about me in general?

41. How has my doctor made me feel especially good or bad?

**Employment**

42. How has MS changed my work situation?

43. Should I disclose my MS at work?

44. Asking for reasonable accommodations at work.

45. Working around fatigue.


**Advocacy Activities: Creating Change**

Your group may choose to work together as advocates for change. Your group can work towards improving conditions in our society particularly as they relate to access to and quality of health care, long-term care, and disability rights. Public policy advocacy involves efforts to influence legislation and regulations in these areas at the federal, state and local levels to benefit people with MS and other chronic illnesses and disabilities.

Grass-roots advocacy is at the crux of the self-help group involvement in public policy advocacy. Grass-roots advocacy attempts to address the concerns of large numbers of people by identifying broad issues and problems, finding ways to address those issues and problems, influencing decision-makers (elected officials, government employees, business leaders and other community leaders), and mobilizing large numbers of people in support of proposed solutions.
Why become grass-roots advocates? Participation allows individuals to take some control in their lives in an effort to improve their situation, and, at the same time, help other individuals who live with MS and other disabilities. Activity can actually change government laws and regulations to improve public policy. “The squeaky wheel gets the grease” is an old saying, but true nonetheless. Government responds to those who voice their concerns.

One important grassroots advocacy strategy is writing letters to state or national legislators or local officials, depending on the issue. Your group can engage in letter writing as an activity at one of your meetings. Here are some tips:

- Contact your chapter to receive information about current issues that impact people with MS and their families. Your chapter’s Government Relations Committee can give you specific issues to focus on.
- Become a member of your chapter’s Action Alert program. You will receive information about current legislative issues affecting people with MS and will be asked to respond to your government representatives.
- Elected officials and other decision-makers pay attention to their mail. Responding to concerned citizens is good politics and crucial to survival. Each letter counts, but a personal letter is more effective than a form letter or petition.
- Work with Independent Living Centers and other Disability and Health organizations to further your common causes.
- Most state legislators say that five letters on a single headline issue will get their attention. To a part-time legislator, three or four dozen letters can seem like an avalanche. The same is true for city officials, county commissioners, and mayors.
• Your letters don’t need to be on fancy stationary or written in technical, legal language. Any letter is always better than no letter at all.
  – Use the proper salutation.
  – Refer to specific bill and number or regulation—one issue per letter.
  – Present your arguments logically.
  – Be concise—try to keep it to one page.
  – Use your own words! Personalize the letter—say when possible, how the bill affects you.
  – Do not use abbreviations without having spelled them out first.
  – Explain how the bill affects the legislative district, the state, and the nation.
  – End letters with a thank you for their consideration of your point of view, and tell them you would like to know their stand, and the outcome of the vote, etc.
  – Be sure you are nonpolitical—our issues are nonpartisan. Do not deal with issues in terms of party or figurehead. It is our job to educate our legislators.
  – Do not say you voted for them. They do not care how you voted before; they want your vote in the future, so they will respond if only for that reason.
  – Call the local office of your legislator after you feel your letter has been received and read. On urgent matters, this follow-up call could be very important. If you do call, ask to speak with the representative. Generally you will be routed to a staff member handling this issue. Do not insist on speaking with the representative only. Always be courteous, keep to the point, and explain again how this affects you.
Avoid harsh confrontations.
The never-ending challenge to self-help groups is to help members through the worst of times without undermining the group or endangering a life. This is no simple task. Although there are no absolutes, groups have found some effective strategies for assisting members when they are in distress, or even in a suicidal crisis.

**Active Listening**

A key feature of the helping relationship is *active listening*. Active listening implies that an individual is actively attending to and thinking about what is being said by another person. While it may sound simple, it is a difficult skill to master. However, it is a skill that can be learned and improved upon by most of us.

There are many ways that self-help group members help each other including sharing information and personal experiences, offering emotional support, socializing, and problem solving. Effective, active listening helps to make each of these activities a more meaningful experience for all involved.

Here are some techniques for active listening:

- **Restating.** Repeating what a person says using the same or slightly different words. This is a very concrete way of indicating you have heard what the person said.

- **Questioning.** Asking gentle, probing questions to clarify or obtain more information conveys active listening. Be careful not to appear to be cross-examining or questioning the truth of the statements.

- **Summarizing.** Stepping back and looking at the big picture (i.e., putting the current conversation in context and reviewing all that has been said). This helps the speaker gain perspective and perhaps re-focus.

- **Reflecting and validating feelings.** Identifying what you perceive to be the feelings underlying what is being said (e.g., “It sounds like you were
scared at that moment. . . ”). This helps the speaker identify his/her own feelings and helps him/her feel ok about having a particular feeling. It indicates you understand why he/she might feel that way—even if you might have felt differently.

Practices of a good listener include:

- Be ready to listen, observe, and understand. Don’t be quick to reply, contradict, refute, or argue.
- Note non-verbal communication (e.g., body language, tone of voice, facial expression).
- Don’t jump to conclusions.
- Be empathic. Try to put yourself in the speaker’s shoes, seeing the world as he/she sees it, whether you would see it that way or not.
- Put aside your own opinions for the time being. You cannot listen actively at the same time you are forming your opinion or reply.
- Be patient. The average person speaks at about 125 words per minute but can listen to about 400 words per minute (and some people with MS may speak more slowly). Give the speaker time and don’t jump ahead of him/her. What the speaker says next may not be what you expected. Don’t finish the speaker’s sentences.
- Show interest and alertness. Use your own facial expression and body language to indicate you are fully engaged and present in the moment. Establish comfortable eye contact without staring.
- Don’t interrupt.
- Don’t be a selective listener (e.g., hearing only what you want to hear, or making value judgments).
- Convey an attitude of acceptance.
- Try not to use the term “should” very often. It implies judgment.
- Don’t be distracting by cleaning your fingernails, fidgeting, fiddling with a pen, or be distracted by the clock or other things happening in the room.

Some material modified from: “Practices of a Good Listener”; Northeast Ohio Chapter.
How to Minimize Distress in Your Group

- Have ground rules that spell out what is expected behavior for your group. Remind the group at the beginning of each meeting by having a member read them.

- Make sure that your meeting place feels safe. Check out with your group whether the location provides a calm and non-threatening environment.

- Utilize individual members’ strengths and resourcefulness. Allow people to take responsibility for providing specific kinds of assistance. For example, some people are one-to-one support people, others can keep the group calm, others know how to access community resources. Don’t force a person into doing a job that is overwhelming or uncomfortable.

- Use your chapter liaison as an advisor to the group. They can provide insights, support, technical information, problem-solving, and access to resources that might otherwise not be available to the group.

- Deal with priorities. At the beginning of each meeting, when persons introduce themselves, allow each person the opportunity to bring up any specific issues that they would like to discuss at the meeting. These issues can be recorded (for example) on a flip chart, and may then be adopted as the meeting’s agenda. It will alert the group to any serious problems or issues that require attention, as well as provide some assurance that the group is meeting the real needs of its members.

- Avoid falling into the advice-giving trap of assuming that, because you also have MS, you fully understand what another person is going through. Listen and ask questions.

- Don’t feel compelled to “have the answer” or to “fix” a person’s problem. The reality is that what people find truly helpful is someone listening with their full attention, someone who is interested in understanding how they feel, and someone who respects a person’s right to feel the way they do, whether or not they agree. Rely on questioning, clarifying, and constructive feedback as problem-solving tools.

- Develop coping strategies that minimize disruption without degrading a person. For example, one group passes around a floor tile. Whoever is speaking holds the tile until he/she is done speaking and then passes it on to the next person. If someone interrupts, the group reminds him/her that the speaker has the floor.
• Avoid harsh confrontations that make people angry, defensive and hurt, and more than likely, cause a person not to return to the group. One group leader, who was very frustrated by members who monopolized the meetings, took them aside and thanked them for their contributions to the group. The leader then asked the monopolizing member if they would help “bring out” the more quiet members. From that point on, they focused their attention on getting other people to share and ceased monopolizing group discussions—mission accomplished without hard feelings and without losing a valued group member.

• “Don’t leave tonight with more pain than you brought with you,” is how one group leader opens the meeting. At the end of the meeting there is a ten-minute “check in” with people to give them the opportunity to share any burning issues. At this point, members can “leave” their unresolved problem or pain at the meeting, or identify persons available for one-to-one support in between meetings.

• Build trust. If you are concerned about someone, express it to him or her through phone calls between meetings, or by inviting them out for a cup of coffee after a rough meeting.

• Be reasonable. Some more established groups have found it helpful to work with chapter staff and leadership volunteers to negotiate problem situations that arise within the group or to resolve grievances such as suspension of a member who comes to meetings under the influence of drugs or alcohol.

Adapted from: “Strategies for How to Cope with Distress and Manage a Crisis in Your Group” by Margaret Duthie; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565; and “Collaborative Leadership: Linking National MS Society Self-Help Group Leaders Nationwide”; National Multiple Sclerosis Society, Client Programs Department; January 1999.

**Group Problem-Solving**

This approach is best used when a problem or situation is concrete and needs new ideas or approaches for its solution. It works well in a small group of 10–15 people, on problems that are narrow rather than broad or are specific parts of a larger problem. The leader who conducts these sessions must know and observe the ground rules. The process can take about 35–40 minutes.
Define the problem. Make sure it’s solvable or posed as a solvable problem. If the problem is too large, keep re-stating it until you narrow it down to something small you can deal with, perhaps a part of the original problem.

Propose solutions. Ground rules for this process:

- Suspend judgment. Don’t criticize or reject any ideas yet.
- Freewheel. Express all ideas, no matter how wild.
- Quantity. Generate a large number of ideas.
- Cross-fertilize. Pick up on one another’s ideas; improve on them.

Evaluate solutions and weed out. This is the time to be more critical and realistic, but be on the lookout for any new ideas that come up at this point.

Rank order the remaining ideas. Decide which one should come first, second, etc.

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

This brainstorming technique can help the group reach consensus on how to deal with a problem or situation in the group.

Adapted from: “Group Maintenance Strategies: Ways to Strengthen Your Group When Problems Arise” by Anne Douglas; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565.

**People Who Disrupt the Group**

If you feel uncomfortable with something that is being said or done in your group, chances are other members also feel ill at ease. Sometimes an individual member’s behavior creates discomfort in a group, for example, monopolizing the discussion, remaining silent, or breaking confidentiality.

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

- **Talkative member who monopolizes meeting**
  - Remember that some behaviors may be due to a person’s MS. Sometimes MS slows the cognitive process, making it difficult for a person to complete their thought in a short amount of time. Speech impairments can make communication taxing, both for the speaker and listener. Make sure everyone is given enough time to communicate effectively.
  - Have a “round robin” at the beginning of the meeting, giving members an opportunity to talk about anything that is a pressing issue for them at the moment. This can alert leaders and members to individual needs that may require some meeting time in which to be addressed.
  - If time is a problem for your group and you find that a few people consistently monopolize the discussion, there are ways to handle it. The group can have a facilitator/time keeper. A graphic and symbolic way to handle it is to use an egg timer. The person speaking holds the egg timer and can talk as long as sand is running through the egg timer. When the sand has run through, the egg timer gets passed on to the next person whose turn it is to speak.
  - The leader, or a group member, can pick up on something the person has just said, use it for the beginning of the next topic and ask a question of the group or another member with whom they have made eye contact: “That’s a good point, Bill. (Turns to Mary) Mary, have you ever...”
  - It may be necessary to interrupt: “Joan, I know this is something that is really important to you, but several others have thoughts they want to share. Bob, what are your feelings about this topic?”
  - The leader or a group member can say: “I’m concerned that John didn’t have an opportunity to speak. Let’s get back to his concern.”
• **Distracting side discussions**  
  – The leader or a member can address a question to one of the conversationalists, or ask them to share their comments with the group.  
  – Remind the talkers of group rules about respectful behavior and/or only one person speaking at a time.

• **Authoritarian advice-giver**  
  – For the one who knows everything, one strategy is to use this person’s assertions for a springboard. “John, many of us used to think as you do, but our experience with _______ (or a book, or an article) helped us change our thinking a little.”  
  – Remind everyone that self-help group members don’t judge treatments, because everyone’s MS is different.

• **Silent member**  
  – Silence is not necessarily a deficit. New members may not feel comfortable at first expressing feelings or ideas in front of people whom they have just met and may need a few meetings before they feel free to talk. However, when this breaking-in phase seems to become prolonged, the leader or other member can invite participation, for example: “Joel, can you tell us about your reactions to an experience similar to Julie’s?”

• **Aggressive member**  
  – Attacking behavior is disruptive to a group and can be a deterrent to participation and even attendance. The group as a whole has a responsibility to hold such behavior in check and use the energy of attack in more constructive ways. The aggressive or attacking behavior may prompt from others either retreat or an equal force of energy,
attacking back. Responses that are calm may be the most helpful way to neutralize attacking behavior.

– Remind members of your rule regarding respectful behavior. If the behavior continues, contact your chapter for guidance.

• *Passive-aggressive member*

  – Sometimes, someone acts passive, but is really aggressive. The behavior—verbal and/or non-verbal—is often biting or snide. Possible motivations are:
    - Person is annoyed with one or more group members or with leader
    - Person feels personal needs are not being met
    - Person seems or is preoccupied with an issue outside the meeting scope
    - Person has a hidden agenda
    - Person wants to be the center of attention
  – Ask if the member has a particular issue he or she would like to discuss.
  – Talk to the person outside of the meeting (see suggestions below).

In general, to prevent disruptive behaviors, structure the meeting so everyone focuses on agenda items rather than personalities and allow group members to express personal goals for group and/or the meeting.

Other techniques the leader might use include:

- Ask directly if the individual wishes to discuss a particular issue.
- Ignore the situation if it does not negatively affect the group.
- Use humor that encourages yet does not embarrass the individual.

Encouraging Expected Behavior

If a particular member’s behavior is regularly disrupting the group, this tool can help you bring the behavior to his/her attention and ask for a change.

During a private meeting, let the member know of your concerns and expectations and together, generate a mutually agreeable solution. Use this recipe for “BEER” to give corrective feedback:

- **Behavior.** Describe the behavior that is not working.
- **Effect.** Describe the effect it is having on the group.
- **Expectation.** Outline the behavior you want to see.
- **Result.** Describe the results of the new behavior on the group and its members. Also describe what will happen if the behavior doesn’t change.

Recognizing and Managing Personal Issues

There are some challenges associated with being a self-help group leader that might occasionally interfere with your effectiveness in the leadership role.

- Even support group leaders can have a bad day. There may be times, for example, when you are feeling so fatigued or otherwise uncomfortable from your own MS that you have little to give to others in the group. Your wish and need to be on the receiving end of everyone else’s help and support may temporarily overwhelm your ability to lead.
- Issues or concerns raised by other group members may cause you distress. You might, for example, become anxious when someone in the group talks about marital or financial problems that are similar to your own. Or, a person may discuss a symptom such as sexual changes or cognitive problems, which are particularly frightening or difficult for you to talk about.
- You may find yourself feeling very uncomfortable with the emotions expressed by another group member—as, for example, when someone becomes very tearful or angry. It is sometimes difficult to know how to respond to a person in distress, particularly if the feelings being expressed are either very similar to, or very different from, you own. When your feelings are similar, you may worry about your ability to respond
effectively without getting caught up in your own issues. When your own feelings are very different, you may find yourself feeling impatient or even resentful, without the ability to empathize.

- There may be a group member whom you find particularly frustrating or annoying. This can occur, for example, with a very needy person who monopolizes group time looking for everyone else to solve his or her problems, and rarely has the energy to give to anyone else.

- Occasionally, you may find yourself in a conflict with a chapter staff member or volunteer or you may disagree with a decision made by chapter leadership. It may be tempting to bring these issues to other group members, but that may unfairly damage those group members’ relationships with the chapter. Discuss any conflicts and disagreements with your chapter liaison, the chapter programs director, or a volunteer member of the Programs Committee or Board of Trustees and continue to work toward resolution.

Your role as a support group leader should not take the place of, or even take precedence over, your role as a group member. Your ability to give effectively to the group will depend, in large part, on the degree to which your own needs are being met within the group setting. Therefore, paying attention to your own feelings and needs, even while you support the efforts of others to deal with theirs, will enhance your personal well-being and increase your effectiveness as a self-help group leader.

We strongly recommend that every self-help group have co-leaders. Co-leaders can provide invaluable support for one another in a variety of situations:

- You and your co-leader can share the ongoing tasks and responsibilities so that neither one of you feels over-burdened.

- You can back each other up in the event that one of you is having an exacerbation or feels too exhausted to attend a meeting.
• You might ask your co-leader to assume the primary leadership role if you were having a difficult time emotionally and need to be able to talk about it over the course of one or more meetings without having to be concerned about leadership responsibilities.

• Co-leaders can work cooperatively to handle a difficult group member who is disruptive or tends to monopolize the discussion. Although the entire group shares the responsibility for supporting the group rules, this enables leaders to share the burden of enforcement and reduces one-on-one confrontation.

There are also resources outside the group that can help in the event that you begin to feel overwhelmed. You should feel free to contact chapter program staff for support and guidance if the leadership role becomes too distressing. They can help you deal with problem situations within the group or with concerns you don’t feel comfortable addressing directly to the group. In the event that you find yourself confronted with feelings or issues that you don’t feel comfortable sharing in the group or with chapter staff, you might consider discussing them with a professional counselor. It is not at all unusual for group leaders to find themselves wanting time and space to sort out some personal issues so that they can be more effective in their leadership role.

Keep in mind, as well, that your participation in the group is a voluntary one. The essential motivation for your participation needs to be that you find it a positive experience. As a result of your participation in a self-help group, you should feel good about yourself and empowered to confront the challenges posed by your MS. If the leadership role begins to interfere with the benefits and satisfaction you derive from the group, you may want to consider stepping out of that role. You may even decide that you need to take time away from the group altogether. Always feel free to discuss any or all of these issues with your chapter program staff.

**Dealing with Anger in the Group**

When trying to understand people’s anger in self-help groups, it might be useful to think of two different kinds: situational and underlying. Situational anger is in response to something that happens to someone, such as a loss, a diagnosis of multiple sclerosis, a broken promise, or a perceived threat. As such, it has an identifiable cause, and a focus, or object—who or what the person is angry
at. Underlying anger, on the other hand, can be thought of as a long-term and generalized state of hostility towards the world or a major part of it (towards doctors, for example). It usually stems from a lifelong set of experiences that, occurring individually, might have produced situational angers in the person, but over time has built up a deep and stubborn rage that “unfairly” targets people or situations that have little to do with it. Underlying anger is sometimes called characterological anger by professional therapists, and it strongly resists efforts to diffuse it by lay people and professionals alike.

**Situational Anger**

By far the more common type (and a normal phase of adapting to multiple sclerosis), situational anger is easier to deal with, and in most support groups should be an expected and workable part of the self-help process. Although it is usually directed at people, it is almost always about events or situations, either outside or within the group.

**Anger About Something Outside the Group**

A group member may react angrily to comments someone has made or to a discussion topic, but in reality their anger may stem from a situation outside of the group. Consider the example of a group member who is angry because her family does not understand fatigue caused by MS.

Usually, the best response to this kind of anger expressed within a support group is to let her have her anger. In the present example, don’t try to convince the member that she is not angry, or that she shouldn’t be angry. Acknowledge the emotional reality of the anger, and if possible, validate it by indicating that you, too, would be angry if you were in her situation. In a self-help group for multiple sclerosis, the chances are good that you have been in a fellow group member’s situation. (You might share this fact, but not at a time that will shift the focus of attention too much from them to you.)

Once a group member realizes that he or she doesn’t have to be arguing with you about the fact of their anger, or their right to be angry, then the “real” object or focus of this anger can get the attention that it deserves. Details can be discussed, and strategies planned for how the group member might deal with the person or situation. Other group members can share their similar experiences and insights.
In some cases, what begins as anger gives way to a different emotion that the group member was not initially aware. A frequent one is fear, for example, of what might or might not happen in the near or distant future. Others may include guilt over something in the past, or deep sadness over a realization or a loss that is difficult to accept. Thus, by being allowed to “have” their anger, people can often get “past” it to other feelings that may be difficult but important to deal with directly.

**Displaced Anger**

Sometimes, although the group member is in fact angry about something happening outside the group, this anger gets displaced onto another person in the group who somehow triggers the anger and thus becomes its target. The classic example of this is the man who feels unfairly treated by his boss at work, and consequently goes home, yells at his wife, hits his children, and kicks the dog.

In the earlier example of the person angry with her family, she might have generalized that anger to feeling angry with all spouses these days, and could lash out at an “innocent” spouse in her group who has been trying to be very supportive to his/her partner! Sometimes, the innocent group member unwittingly plays into the situation by having some of his or her own life situation evoked, and “taking personally” what the angry one is saying. The spouse may be having a difficult time meeting the needs of his/her partner and may be feeling guilty or angry. He or she may respond in a less than objective way and any discussion between the two members can easily become an angry argument in which each is using the other to express feelings that really belong elsewhere.

The best strategy for dealing with this kind of mutually misplaced anger is to (1) step in as an observer who cares for both parties, and (2) try to point out what you think is going on. Using what each person has said about themselves in prior group meetings, your goal is to convey that you don’t blame them for feeling the way they do, but that it’s not really each other that they’re angry at! On the other hand, be extremely careful not to accuse someone of displacing anger when in fact the person is genuinely angry with someone in the group for something that has gone on in the group.
**Anger About Something Inside the Group**

Sometimes, especially in groups whose members get to know each other well over time or through contact outside the group, anger comes up that is genuinely between members of the group. This can occur when members of the group have a disagreement over group business and it can occur when someone in the group takes a strong disliking to the way someone else in the group is acting or being dealt with.

If you decide that the problem is group business (as opposed to something that shouldn’t be addressed in the group), then you have the difficult but rewarding task of trying to help people hear and acknowledge each other’s angry messages and opposing viewpoints . . . in other words, helping them to “fight fairly.” Here are some suggestions for accomplishing this:

- **Clarify the issue.** What exactly is each person angry about? Can each person state clearly his or her own viewpoint and how it differs from the
other person’s? Sometimes a simple misinterpretation is at the root of the problem.

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

- **Encourage “I” statements.** When I’m talking about how I feel or what my experience is (even when in response to something you said or did), you are less likely to be further angered than if I make statements about you and your behavior, passing judgment on you.

- **Allow people to finish statements.** People should be able to complete their thoughts and not be interrupted by each other or by other group members.

- **Keep discussion focused.** Don’t allow side issues to be brought in unnecessarily and thereby complicate matters. Try to keep people talking about one issue at a time.

- **Encourage and model active listening.** Occasionally restate what each party is saying, or ask them to do it, to make sure people are hearing each other’s messages.

- **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 stretch, or a coffee break. This can give everyone a cool down period.

- **Invite others to help out.** Sometimes, especially when things feel like they’re at an impasse, it is helpful to get the feedback of others in the group who are not directly involved. Watch out for scapegoating, however, or for extremely uneven side taking. If this occurs, make sure someone speaks up for the underdog, or at least touches base with him or her. Example: “Well, it seems like a lot of people agree with John . . . [to Mary] does that make you feel kind of alone?”

- **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.
Underlying Anger

How can you tell when anger is not just situational, but underlying? One clue would be its persistence. If someone seems to be angry all the time, meeting after meeting, and seems unable to accept repeated efforts on the part of other group members to help, that could be one sign. Another would be its intensity. When a person’s angry responses consistently seem way out of proportion to what the situation is, it could be that the person is not really reacting to the immediate situation, but rather to a long history of circumstances that are simply beyond the reach of the group’s help (e.g., unresolved anger about having MS). An important factor not to be overlooked is people’s reactions to the person in question. If several group members share with you a concern about this individual, saying in essence that he or she seems “frightening,” “out of touch with reality,” or in some other way “not reachable” in his or her anger, you have a good indication that the person’s anger is threatening the group and you should do something.

An initial approach might be to have one person from the group speak to the “angry” person privately and see if direct contact helps. How does the person react to that? Does the angry behavior in the group change afterward? Does the person come forth with an explanation that makes it seem to be worth continued efforts to help him or her? Sometimes a referral to a counselor is warranted as an adjunct to continued group membership. Consult with your chapter liaison about the situation.

Obviously, if none of this works, then the serious question of continued attendance in the group arises. Underlying anger can be extremely destructive in self-help groups, hurting both individuals and the group as a whole. It can frighten some members away, cause others to feel like an “emotional punching bag,” and it can immobilize people to the point where they can’t accomplish normal group business and goals. Similarly, a person who has this kind of deep and unrelenting rage has probably been perceived that way by others and has had major difficulties in other areas of his or her life. As much as people in the group might want to help such an unhappy individual, it just may be that this person will not be able to benefit from continued involvement in the group at this time and should be asked to leave. As hard as that is to do, one must consider the needs of the group as a whole against the needs of a deeply angry person who appears unlikely to benefit from the group.
If you decide that the angry member’s needs are greater than your self-help group can provide, work with your chapter to find resources that will better meet the person’s needs. You and your chapter liaison will need to decide who will ask the person to leave the group and offer the other resources (you as the leader, the chapter staff person, or an appropriate leadership volunteer). The request to leave should be made privately and should provide ample reasons for the decision. This situation doesn’t happen often, and it rarely feels like a good solution. Unfortunately, denying participation is sometimes the only way to deal with this kind of anger while keeping your group intact.


Handling a Crisis Situation

A crisis can come in at any time. A person with MS may come to share a physical or emotional abusive situation, an eviction from his or her residence, or even the wish to end his or her life or someone else’s. Or, the entire community may be facing a crisis of some kind. Although a self-help group is not designed to be a crisis center or an emergency service, it may be the only place a person with MS feels he or she has to talk about the problem. If this is the case, it becomes the role of the group leader to help the person connect to a more appropriate resource.

Assessing an Emotional Crisis

A group member who is feeling frightened or overwhelmed may become very emotional in the course of a conversation that starts out very calmly. Sometimes this response is simply a reaction to being in a friendly, supportive environment with people who understand. Having come to share a concern, the member may be so relieved to be understood, that he or she wants to continue talking. The member may begin to cry and feel very embarrassed about this loss of emotional control. In this situation, the appropriate response is to remain calm and ask, in a matter-of-fact manner, if there are other issues or questions he or she would like to share. Tears are normal, and not necessarily a sign of depression or crisis.
If the member seems to respond to this question, and is able to regain control, you can listen quietly until you have a sense of the problems needing to be addressed. The group's calm and caring presence will often be enough to help the member get into the problem-solving mode. As a group, you may be able to identify a needed resource or referral, or answer questions that have been causing the person a great deal of upset. Most people will respond well to this kind of interaction and be ready to take action, knowing that a helpful connection has been established.

Occasionally, however, you may find that the group member either cannot calm down, or begins to talk about a problem that seems to require emergency intervention. The group member may even talk about feeling quite desperate or ready to give up. At this point, you will need to decide whether the member seems to be in immediate, life-threatening danger, or in danger of hurting someone else.

Preparing Yourself to Respond to a Group Member Expressing Suicidal Thoughts or Feelings

Undoubtedly the most frightening and challenging type of crisis situation involves the person who sounds very depressed or is expressing suicidal thoughts or feelings. This type of group member makes us feel that the person’s life is in our hands, and that the outcome is totally dependent on what is said or done. We worry that we won’t know what to say, or that we will say the wrong thing. We are afraid to question the person about suicidal thoughts or feelings lest we plant a new idea or inadvertently cause the person to act in a self-destructive way. The important thing to remember is that by communicating our willingness to listen, we are providing a lifeline to someone in distress. Our most useful tool is our genuine concern. It can enable a person to reconnect with life when he or she had given up all hope of that being possible. In order to feel prepared to respond to this type of stressful call, it helps to:

- Understand the most common reactions experienced by people living with chronic illness.
- Recognize some of the emotional changes caused by the disease process itself.
- Be able to distinguish them from signs and symptoms of a serious depression.
MS and the Emotions [adapted from Knowledge Is Power—Vol. 2 and Multiple Sclerosis: The Questions You Have—The Answers You Need, Ch. 11]

Common Emotional Reactions to the Disease

- **Initial reactions.** Initial reactions to being diagnosed with MS usually include some combination of disbelief, shock, fear, and possibly even relief. Some people simply do not believe the diagnosis and continue to search for an explanation for their symptoms that is less difficult to accept. Others may feel shocked into numbness so that they find it difficult to feel anything at all. For those people who have heard only about the most disabling cases of MS, the initial reaction may be fear. Anyone who has lived for months or years with unexplained symptoms, or has been told that the problems are all emotional or psychological, may actually feel relieved to finally have an answer. Others may be relieved that their illness isn’t a brain tumor or some other fatal disease.

- **Longer-term reactions.** Other reactions to the MS gradually emerge as the realities of the illness begin to make themselves known. These reactions tend to be determined by the kinds of symptoms the person is having and the degree to which those symptoms interfere with the person’s life. Thus, for someone who works as a store manager or loves to dance, problems with walking might be the most distressing. For an author or teacher, ambulation problems might seem less frightening than cognitive changes involving memory or problem-solving. In general, however, there are some feelings that everyone with MS tends to experience at one time or another—namely anxiety, sadness or grief, anger, and guilt. The important thing to remember is that there is no particular order or progression to these feelings. They are likely to come and go as the disease ebbs and flows.

  - **Anxiety.** One of the hallmarks of MS is its unpredictability. People tend to feel anxious or nervous when they do not know what is going to happen next. Feeling out of control also makes people feel anxious. Neurologic changes that affect vision, bladder and bowel control, and ability to walk can feel threatening to any person’s sense of control and autonomy.

  - **Sadness and grief.** Being diagnosed with a chronic illness requires a person to think a bit differently about him- or herself. Almost like a lifetime jigsaw puzzle, one gradually pieces together a self-image. MS
is a new piece that somehow needs to be inserted into the puzzle. This kind of change makes people feel sad, and grieving over the lost sense of self is a necessary and important part of building a new self-image that includes MS. Any time a symptom interferes with a person’s ability to do something that is important to him or her, some of this normal grieving will take place.

- Anger and resentment. Anger and resentment are also common reactions to a chronic, unpredictable disease. People resent the intrusion into their lives of something over which they have so little control. Some wonder what they could have done to deserve this; others find themselves angry at the doctor, or even at God for letting it happen to them. They may feel anger at those around them whom they perceive as healthy and free of problems. They may also feel angry at themselves when they cannot do something that they used to be able to do so easily.

- Guilt. If and when MS interferes with a person’s ability to fulfill various work or family responsibilities, he or she may also experience guilt. No one wants to let down or disappoint family members or colleagues. One of the ongoing challenges for a person living with MS is how to find a comfortable balance between caring for him- or herself and meeting the needs and demands of others.

**Emotional Changes Caused by the Disease**

- Mood swings. MS can cause structural changes in the brain that increase the risk of abrupt changes in mood and emotional expression. This type of mood swing is often referred to as “emotional lability.” Some mood swings may also be caused by medications, especially high-dose steroids. Many people also use the term to refer to the anger and frustration
experienced by people who have had their lives turned upside down by MS. Regardless of the cause, abrupt changes in mood can make family life stressful and unpleasant for all concerned. People experiencing these uncomfortable mood swings can be treated very effectively with a combination of psychotherapy and medication.

- **Affective release (pseudobulbar affect).** Affective release, a condition in which brief episodes of laughing and crying can occur without any obvious precipitating event, seems to be associated with lesions in the limbic system, a group of brain structures involved in emotional feeling and expression. Unlike the mood swings described above, the laughing and crying displayed by someone with affective release may have nothing to do with how the person is feeling at the time. The laughing or crying may start for no particular reason, and then be very difficult to stop. Affective release can sometimes be helped with certain types of antidepressant medication.

**Clinical Depression—A Reaction to the Disease and/or Part of the Disease**

In addition to these emotional reactions and changes, individuals with MS can experience significant episodes of depression. In fact, clinical depression is more commonly seen in MS than in the general population or in other chronic disease groups. The evidence suggests that depression in MS can occur as a reaction to the persistent stresses and losses associated with the disease, as well as being a direct result of MS-related changes in the brain. In other words, depression can be a response to, or a symptom of, multiple sclerosis. Regardless of the origins of the symptoms, however, depression can usually be treated effectively with some combination of antidepressant medication and psychotherapy.

Unfortunately, too many individuals with MS do not receive timely or adequate treatment for depression. This may be because they fail to recognize the feelings
they are experiencing as depression, or because they are reluctant to seek help for emotional problems.

A clinical depression, also known as a major depressive episode, typically includes at least five of the following symptoms, occurring together for the same 2-week period:

- A depressed mood for most of the day every day
- Diminished interest or pleasure in any or all activities
- Significant weight loss or weight gain (more than 5% in a month)
- Significant change in sleeping habits, including much less or much more than usual
- Recurrent thoughts of death or suicide, sometimes including a specific plan for ending one’s life, or an actual attempt to do so
- A slowing or speeding up of motor function (e.g., psychomotor retardation or agitation)
- Fatigue or loss of energy nearly every day
- Diminished ability to think or concentrate
- Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about having an illness)

A review of this list reveals that several of the symptoms of a major depressive episode are relatively common in MS (e.g., motor slowing, fatigue, diminished ability to think or concentrate, sleep disturbance, and feelings of worthlessness or guilt). This overlapping of symptoms can make it difficult for people, including family members, professionals, and clients themselves, to recognize the presence of a severe depression. As a result, the person with MS may reach a point of crisis before receiving the necessary help for his or her depressive symptoms. It is at this point of crisis that the person may reach out to the National MS Society.

A depressed mood and loss of interest or pleasure in everyday activities are the hallmarks of depression. Suicidal thoughts or feelings may also be present, but are not always so. And the presence of suicidal thoughts or feelings does not necessarily mean that a person is going to act on them. People with a chronic, progressive disease can contemplate the difficulty of their lives, and wish for the struggle to be over, without having any intention of harming themselves or
ending their lives. Nevertheless, we cannot ignore the risk of suicide in a seri-
ously depressed person and need to be alert to the verbal and non-verbal cues
that are given to us.

Assessing a Group Member’s Risk of Suicide

The following guidelines will help you in the event you need to make a suicide
assessment and intervention. Although you may go through your entire career
as a volunteer of the National Multiple Sclerosis Society without having to deal
with a suicidal situation, it is important for you to review these guidelines peri-
odically so that you will feel at least somewhat prepared.

In your group or individual dialog with an individual, you may find yourself hav-
ing to determine if an individual is experiencing a life-threatening crisis that
requires immediate attention. As you are talking to the person, here are some
particular things to look for:

• Change in behavior. The person may report losing interest in people or
activities that he or she previously enjoyed. Formerly outgoing and soci-
able, the person may have gradually stopped visiting with friends, attend-
ing meetings, or talking on the phone. The person may report emotional
exhaustion (e.g., “I just don’t have the energy to be with people any
more”).

• Change in personality. The person may report feeling irritable, anxious, or
sad, while at the same time sounding apathetic about life and the future.
He or she may describe a preoccupation with memories of life before
MS, and express a hopelessness about life ever being “normal” again.

• Change in eating/sleeping habits. Sleep disturbances, including early-
morning awakening, insomnia, and excessive sleeping, are very common
in depression. Since sleep disturbance is also very common in MS, it is
important to listen for indications of overall changes in sleep patterns
that seem unrelated to physical symptoms such as frequent urination or
painful spasms. Depression can cause eating disturbances as well, includ-
ing compulsive eating or decreased appetite leading to significant weight
loss.

• Change in speech patterns. A depressed person may talk more slowly than
usual, as if the energy to keep up speed is gone. Since speech can also be
slowed by fatigue and other MS-related neurologic changes, it would be
important to find out whether the altered speech pattern had been acknowledged by the treating physician as a symptom of the disease.

- **Feelings of despair or isolation.** Feelings of despair and isolation are apparent in the following comments: “No one can possibly understand how I feel. . . . I will never feel any differently. . . . The world would be better off without me. . . . I’m no good to anybody any more. . . . I feel like a drag on my whole family.”

- **Drug or alcohol use.** The use of substances impairs a person’s impulse control, including the impulse to commit suicide. The individual who is using substances is at far greater risk of harming him- or herself than the person who uses no substances.

- **Sudden lifting of severe depression.** Paradoxically, the risk of suicidal behavior may be greatest at the point when a severe depression begins to lift. A person who has been severely depressed may not have had the emotional or physical energy required to act on the suicidal feelings. With the lifting of the depression, more energy is available to carry out the act. In addition, some people experience a lifting of severe depression once they have made the decision to end their lives. Therefore, it is important to listen for clues indicative of relief over a decision that has finally been made.

### How to Prepare for Crisis Situations

- Together with your chapter, develop an action plan for dealing with a distressing situation or crisis before it happens. Have it available and follow it. (Your chapter may have specific procedures for you to follow.

- Keep a list of phone numbers for appropriate resources in the community such as: helplines/hotlines; hospital emergency room; psychiatric emergency services; screening centers; counselors who specialize in the issues your group addresses; ambulance; community mental health centers; police, etc. Bring it to your meetings and keep a copy next to the phone, and make copies available to the rest of the group.

- Invite your chapter liaison or other trained professional to speak to your group about strategies for handling distressing/crisis situations.
• Know your limits. Some problems do require other forms of intervention.
• Referring member to other resources is not a failure on the part of the group; it is responsible decision-making.

After the Intervention

You must not underestimate the toll this experience can have on you. Helping someone through a suicidal time arouses many feelings in the helper—anxiety, sadness, fear, even a touch of despair. Even the most seasoned professionals are shaken when faced with this. These feelings are normal and to be expected. If you find yourself feeling numb, you are defending yourself from your reaction. It is extremely important to talk about the experience with your chapter staff and sort through how you feel. Carrying those feelings around will pull you down and get in the way of helping someone else.

We must also prepare for the inevitable time when a suicide occurs despite our best intervention. There are times when no matter what was done, the outcome could not have been changed. It is natural to struggle with guilt over not being able to help and feelings of inadequacy and frustration.

Should you experience a suicide in your group, please do not go through it alone. As the family needs help,
so do we. Please call your chapter staff so they can help you work through this difficult experience.

Adapted from: “Strategies for How to Cope with Distress and Manage a Crisis in Your Group” by Margaret Duthie; American Self-Help Clearinghouse, Denville, NJ; 973/625-9565; and “Collaborative Leadership: Linking National MS Society Self-Help Group Leaders Nationwide”; National Multiple Sclerosis Society, Client Programs Department; January 1999.

**Abuse and Neglect**

Your chapter has a copy of the 1994 NMSS Chapter Guidelines for Addressing Abuse and Neglect. This document provides information on the definitions of abuse and neglect, the role of the chapter in abuse and neglect, legislative and reporting issues, assessment and intervention strategies, and the emotional impact of abuse and neglect on staff and volunteers who are trying to help clients. For a copy of these guidelines, call your chapter.

Stress and frustration may lead to abuse and neglect in even the most loving of families. Verbal and physical abuse (by a spouse or partner, by children or parents), as well as neglect, can and do occur regardless of a family’s ethnic or socioeconomic background. A study recently conducted by Abt Associates (Cambridge, Massachusetts) suggests that abuse by caregivers of people disabled by MS is more widespread than previously suspected. The study was initiated after caseworkers from the Adult Protective Service Program noticed that more of the alleged victims of abuse had multiple sclerosis than any other condition. Investigation into 59 substantiated reports of abuse over a 28-month period revealed that over 83% had been abused by a family caregiver (often a spouse), and 20% by a paid caregiver. Eighty percent of those experienced abuse in the form of neglect, 61% in the form of verbal and emotional abuse, and 41% in the form of physical abuse.

These data show that this problem is not uncommon in our MS community. The issue may come up in your group meetings or in on-to-one conversations with members of your group. Listen for indicators of abuse or neglect (use 1994 Chapter Guidelines for Addressing Abuse and Neglect as a resource and contact your chapter for help in addressing these challenging situations).
Evaluation and Outcome Measurements

Regular visits by staff and/or key volunteers help promote open, two-way communication.
Self-Help Group Outcome Measurement

Program outcome measurement is vital to the maintenance and improvement of quality for all chapter programs. Assessing the quality and effectiveness of your self-help group is a collaborative process between you, your chapter, and group members. Effective measurement of your group’s ability to meet the needs of its members requires the ability and willingness to observe, listen, and communicate with all of the people involved in the self-help group. To assess the quality of your self-help group (and the overall self-help group program), you, chapter staff, and leadership volunteers will periodically measure the effectiveness of each of these components:

- The chapter’s overall self-help group program
- Each individual group
  - By the chapter
  - By the leader
  - By the members
- Each leader’s performance

Understanding Outcome Measurement

In order to effectively assess your self-help group and chapter’s self-help group program, it is necessary to have clear specific, measurable objectives. The National Multiple Sclerosis Society has adopted the United Way of America system that makes a distinction between outputs and outcomes when looking at the effectiveness of any program. It is important to go beyond measuring outputs alone or telling what activity occurred. Outputs include (but are not limited to):

- Number of self-help groups available
- Number of meetings held
- Number of participants served

To determine whether the self-help group program’s components are beneficial, we also measure outcomes. Outcomes tell us about the differences a program did or does make in people’s lives:
• New knowledge
• Changed attitudes or values
• Modified behavior

Outcomes express the expected impact of the program. They elicit both the successes and the opportunities for growth and change. Outcome indicators are observable and measurable. Examples of methods that your chapter may use to measure outcomes are:

• Pre- and post-surveys of knowledge gained
• Pre- and post-surveys that measure attitudes, feelings, self-confidence
• Written program surveys (e.g., questions in which participants would indicate the degree to which they agree with the statements in relation to their participation in their group)
• Focus groups
• Regularly scheduled visits by staff and/or key volunteers with the goal of creating open, two-way communication

Self-Help Group Outcome Measures

These are the expected outcomes for self-help group leaders and members. A measurement tool is being piloted and will be available in FY2002.

As a result of being self-help group leaders, people:

• Feel helpful to members
• Recognize limits of skill to deal with problems faced by SHG members
• Ask for assistance in working with SHG members
• Receive help in working with SHG members
• Learn skills to be more effective leaders

As a result of participating in a self-help group, members:

• Know how other people deal with their MS
• Get support from and give support to other group members
Know MS symptoms, research, treatment
Know how MS can affect self, family, and friends
See the SHG as relevant and useful to self
Know adaptive strategies for managing MS symptoms
Use new adaptive strategy
Know education and service programs available from chapter
See chapter programs as relevant and useful
Participate in other chapter programs
Know community resources
Use community resources learned about in SHG

Strategies to Measure the Effectiveness of the Group

By Your Chapter

While your self-help group manifests its unique personality, you and your members comply with NMSS standards while working at your goal of providing mutual support. Measurement of effectiveness should include ways to elicit information about what is working well, what opportunities exist to better address the members’ needs, and what you and your chapter can do to maintain and improve communication with your group. Suggested ways to help your chapter gather information about your group’s effectiveness include:

- Invite chapter staff to meet with your group and you and your co-leaders
- Share information about your group in scheduled calls with chapter staff
- Discuss the results of any surveys/meetings with chapter staff

By the Leader and Members

Most leaders welcome the opportunity to maximize the effectiveness of their group. Leaders can become aware of the group’s needs and areas in which to seek new direction through the measurement process. Group leaders and members can use the following suggestions to gather information about their group’s status:
• Complete the outcome measurement tools (available in FY2002) and talk about the results as a group.
• Use the “Is My Group Healthy?” questionnaire (see next page).
• Schedule a specific group meeting to talk about how the group is meeting the needs of members and any changes that may need to be made.
• Inform members that chapter staff, volunteers, and self-help group leaders are available and open to direct communication about any aspect of the group.
• Use the following evaluation process as suggested in “The Sharing Network” by the Multiple Sclerosis Society of Canada (1997):
  – **Observe.** Look and listen while the meetings are in session.
  – **Ask questions** of group members.
  – **Discuss.** Involve the whole group in brainstorming ways to make the group more effective.
  – Decide to **try a new idea** to see if it works and then re-evaluate to see if it accomplished what you had hoped.

**Assessing Your Performance as a Leader**

On a regular basis, you and your chapter liaison will review your work with the self-help group. Your supervisor will remind you of your successes with the group and help you with any challenges you are having. You will have the opportunity to give feedback to your supervisor and ask for help if you need it. Together, you and your liaison will set goals for your role as a group leader and develop a plan to meet those goals.

**Is My Group Healthy?**

As you look over the statements in the chart on the next page, think about your group as it functions now, and decide if the statement is something your group is currently doing or if it is something you would like your group to be doing.

The questions on page 99 can help you further clarify the health of your group.
## IS MY GROUP HEALTHY?

<table>
<thead>
<tr>
<th>Description</th>
<th>Our group does this pretty well</th>
<th>Our group could use some improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in our group are comfortable talking about themselves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group members talk about how they feel emotionally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members give each other positive feedback.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members listen to each other well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People learn ways to deal with feelings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People are encouraged to help themselves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group members are non-judgmental and welcome new members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group meetings include humor and laughter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People feel more informed and empowered when they leave our group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope is generated within our group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our group functions the way I, as a leader/member, would like.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I leave our group feeling good about it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel comfortable in my role as a group leader/facilitator/member.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each person talks or participates in some way.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our group is positive, yet able to deal with problems.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. How does your group handle disruptive behavior or conflict?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. What would you like to see changed in the group?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. How can group leadership opportunities and responsibilities be shared?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

4. How can the group’s communication and relationship with the National MS Society be improved?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

5. Additional comments:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Appendix

NMSS Self-Help Group Training and Resource Materials
