

Helping Others to Help Themselves

A Blue Cross Guide to Addiction Self-help Groups



2013

Acknowledgements

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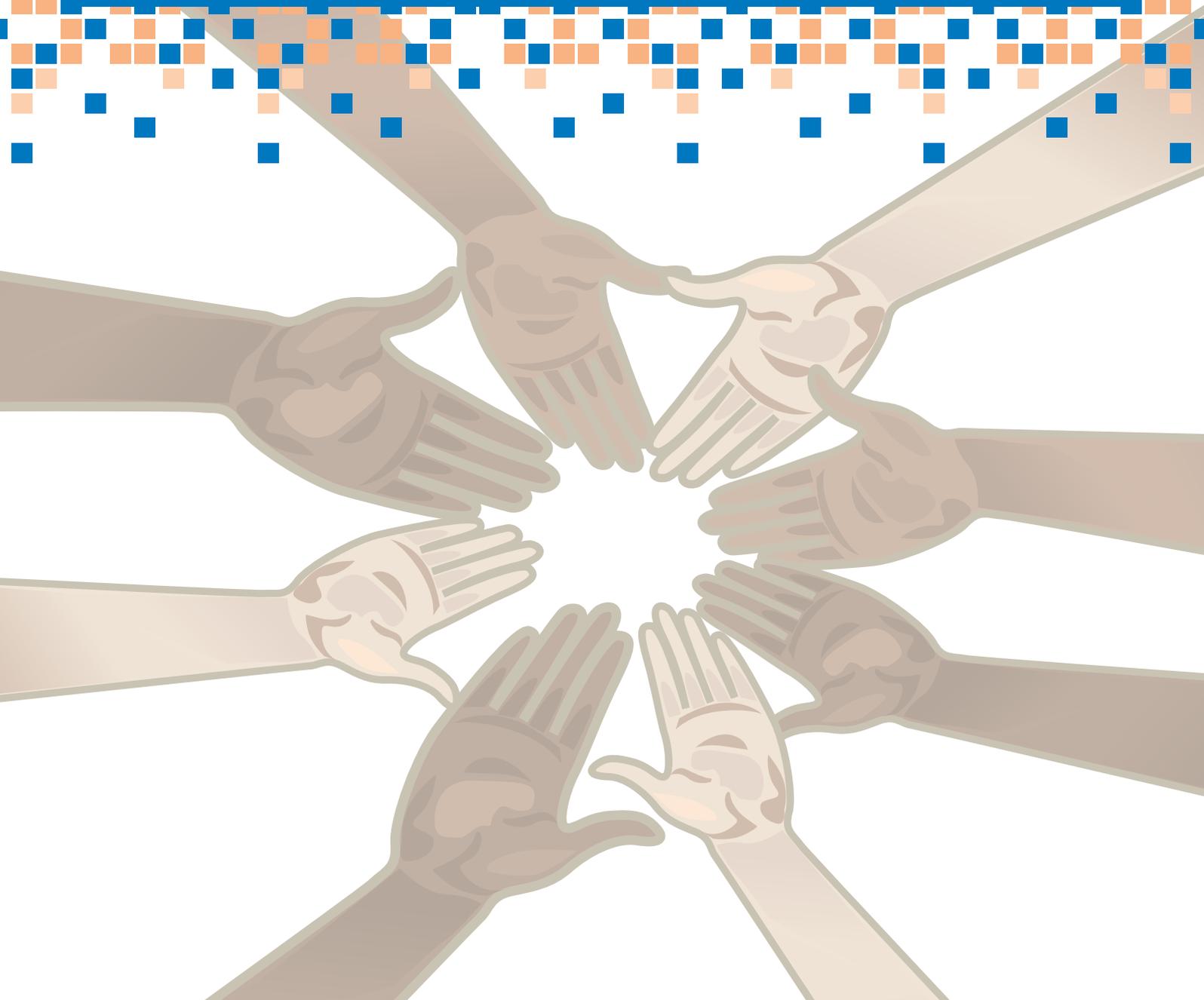
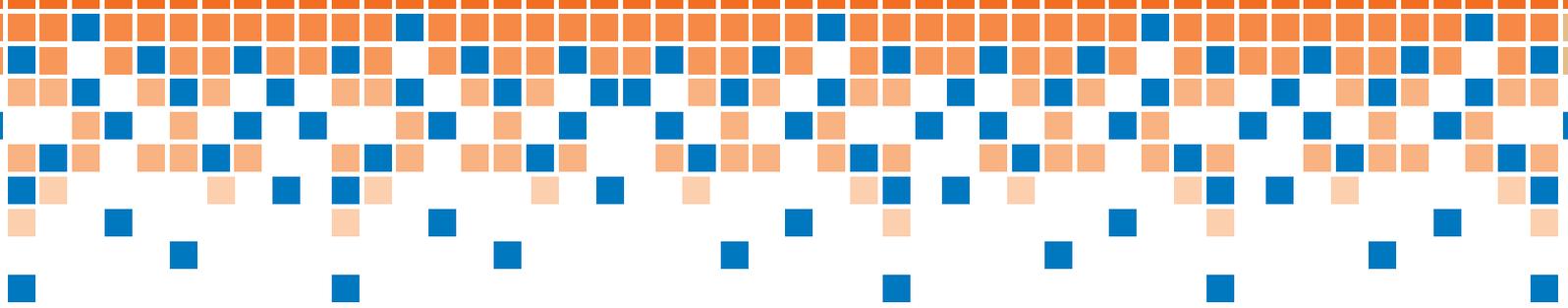


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Introduction

Alcohol and drug addiction has reached epidemic proportions in the world today. Some facts and figures from the World Health Organization¹ show:

- at least 15.3million people have drug use disorders,
- the harmful use of alcohol results in 2.5 million deaths each year,
- 320,000 young people between the age of 15 and 29 die from alcohol-related causes, resulting in 9% of all deaths in that age group.

The extent of harm caused by alcohol and drug use has brought about a great need for prevention, treatment and aftercare interventions in the field of substance dependence.

Recovering from addiction is a multi-dimensional and challenging journey, one that can only be attempted with a support system. The concept of self-help forms part of the recovery and support system and self-help groups are recognised interventions that play an essential role in overcoming addiction. Self-help means that a person can help him/herself by receiving mutual support from other people who have experienced similar issues. Other terms used to describe Self-help are mutual support and mutual aid. It is important to differentiate Self-help groups in the context of this guide from income generating or livelihoods groups which are also called self-help groups in some cases.

In this guide you will be introduced to the concept of self-help groups and be provided with enough information to get you started in mobilising these groups in your country. We encourage you to use this guide creatively and customise the implementation according to the context in your country and culture.



Self-Help Groups

What are Self-help Groups?

People recovering from alcohol and drug dependency, can easily feel isolated and overwhelmed, making the recovery process so much harder. People affected by addiction problems as well as their families are faced with many negative reactions from their environment. Often they are misunderstood, rejected, treated with intolerance and impatience and excluded. Affected persons have to deal with their own dependent behaviour, as well as with negative reactions. Not only do they need a support network, but a **safe and non-judgemental environment** to share with and get strength from people challenged by similar situations. Self-help groups, also known as support or mutual help groups, provide such an environment. These are groups for substance dependent people or their families that provide **mutual support** to take the steps necessary to make positive changes in their lives.

In a self-help group the members share a **common challenge**, namely **addiction**. These groups **meet on a regular basis** with the **mutual goal** of working towards **overcoming addiction or dealing with the effects of addiction**. For the members it's about sharing their personal experiences and connecting with people who understand and who they can relate to. It differs from a therapy group in that it is run by the members themselves and not by a therapist with therapeutic input.

It can be **facilitated by laypersons, volunteers and/or former substance dependents** and operated on an informal, non-profit basis with **minimal resources**- making it a cost effective and sustainable method of providing services to those affected by addiction.

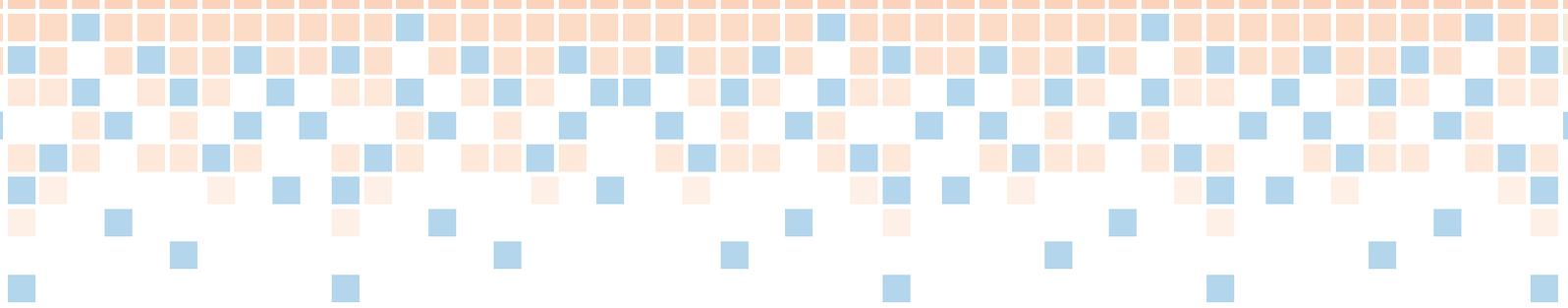
Importance of Self-help Groups

Why are these groups important?

- Dependent persons are engaged in drug addiction treatment programmes for a limited period. These groups offer a 'step down' **recovery support after discharge**.
- Professional interventions are not enough when a person is in the process of recovery or change, so mutual support is vital as it is **sustainable in the long term**.
- These groups have become an essential component in the recovery process and have proven to be a valuable resource for **self-empowerment** and helping dependent people to reach their full potential.
- Research has shown that active participation in a self-help group can significantly **increase** the dependent person's chances of **staying clean and preventing relapse**ⁱⁱ.
- There are often inadequate or limited health and social services in developing countries. Support groups can be a **refuge** where community members affected by substance abuse can get help, support and educational information.

Why are these groups important for Blue Cross?

Empowering people to help themselves creates a sustainable way of dealing with addiction at the grassroots level. As these groups make use of volunteers and lay persons and can be implemented with fairly limited funding, it provides Blue Cross with the opportunity to increase service delivery to individuals and families affected by addiction.



Characteristics of Self-help Groups

- Members have similar **life situations and challenges in common**
- Groups are **run for and by** their members
- Every group is **autonomous** and organises itself
- **Members determine** what they need and how best **their needs** can be met
- To **exchange experiences** and provide **mutual support** is the main focus
- A small group of people **meet on a regular basis**
- Only **directly affected persons** or their **families** participate in a self-help group
- **All members are equal and responsible** for the group
- Members show **mutual respect and appreciation**
- **Confidentiality** is vital. Anything discussed in the group is confidential
- Self-help is not a therapy, but has **therapeutic effects**
- The groups are run from the perspective that:
 - Everybody has the **potential** to create **problem-solving** strategies
 - Each person is **unique** and an **expert on his/her own life**
- The group is a **safe and non-judgemental** environment

Benefits

The benefits of self-help groups to their members include:

- Members don't feel so alone in their challenge and problems, **reducing** their sense of **isolation**.
- A problem shared is a **problem halved**.
- A **sense of belonging**, being part of and needed in the group.
- Learning to **understand** and make sense of the **addiction**.
- Realising their own difficult life situation **can be overcome** easier in a group.
- Finding **reassurance and support** from others challenged by similar life experiences. Receiving and giving **empathy**.
- For those reluctant to seek professional help, participating in a self-help group **gives** them the **courage** to take that step.
- The opportunity to be **helpful to others**.
- **Self-confidence** is **strengthened** and they feel **empowered** to cope with challenges.
- **Feeling accepted** with all their experiences, feelings and needs.
- Actively developing **new contacts**.
- **Learning different solutions** from others.
- Hearing the life experiences and different solutions of others, gives **hope** and builds confidence that the crisis can be overcome.
- A chance to be in a **different surrounding**, away from the daily burdens and pre-occupation with the addiction or temptations.
- Learning to give and receive **feedback** (facing a mirror).
- The opportunity to practice **honesty and openness** in a protective environment.
- Over time they **learn to distance** themselves from their problems and **see it with new eyes**, even with some humour.

Basic Values and Guiding Principles

- All parties recognise dependency as a disease. All addictions need a process of recovery and the members take it seriously.
- The members of the group aspire to abstinence (or modest drinking if possible!). How they do it is their choice e.g. in-patient treatment, out-patient treatment, self-will or through support groups. Those who suffer a relapse from time to time, but still have an honest intention to pursue abstinence, are welcome.
- The success of the process depends on the individual. Self-determination is needed.
- Human being's spiritual dimension is taken into consideration and personal faith is acknowledged as a strong aid in the recovery process.
- All people are equal: each group member will be treated with the same appreciation regardless of the degree of his/her problems, age, gender, nationality, religion or status.
- Each person contributes to the group process with whatever he/she has to give.
- Everybody takes responsibility for the group-process and feels accountable for a good climate in the group.
- Every person has the right to participate in the group activities, whatever his/her mood.
- All forms of violence are prohibited (non-violent communication is sought).
- Members don't attend meetings when intoxicated. People who are drunk are asked to leave the group. They are reminded that they are welcome when they are sober.

Outcomes of self-help

- Promotes good social behaviour and attitude changes
- Improves conflict resolution (or reduces conflict behaviour)
- Develops communication skills
- Leads to self-acceptance
- Strengthens self-esteem and self-confidence
- Learns to express feelings better and be more sensitive to the feelings of others
- Learns to carry responsibility instead of delegating it to others
- Develops personal insights, strategies for confronting problems and personal growth
- Limitations of Self-help groups
- They cannot be considered as a replacement for professional therapy



It is one of the beautiful compensations of this life that no one can sincerely try to help another without helping themselves"

Charles Dudley Warner (1873)

Key Concepts

When dealing with dependent people and their families, there are some key concepts to take note of namely, people's patterns of drinking differ; changing behaviour happens over time; and those around the dependent person are also affected.

Alcohol Addiction

Addiction happens gradually. The transition from enjoyment, to abuse, to habit to dependency is variable. The danger point of mental and physical dependency and harm will depend on the individual.

Alcohol dependency has many causes and impacts. Various factors play a role such as the interaction of the physical and mental disposition of the person, his life story, environment, life circumstances, daily situations and stresses, social relationships and frequency and amount of use of the drug itself.

Members in the group may have different patterns of drinking. There are 4 main typesⁱⁱⁱ, namely,

1. Heavy drinking

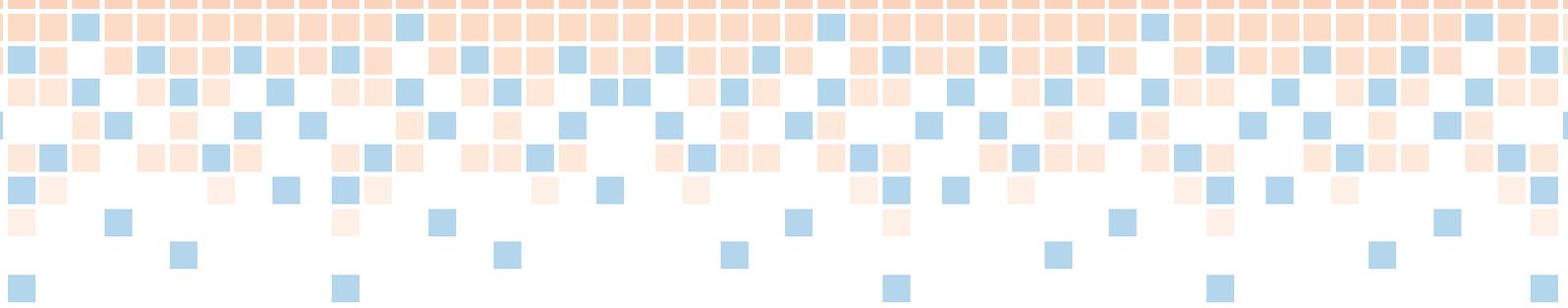
- Consumption is spread over the course of the day
- A certain level of alcohol concentration is maintained in the bloodstream/body
- Physical and psychological withdrawal symptoms appear when the level is not maintained
- Probably a degree of drinking in secret takes place
- Outwardly their behaviour & consumption may appear normal e.g. at social gatherings they don't drink heavy and get drunk
- They are rarely intoxicated (drunk)
- Drinking is continuous with no abstinent days

2. Binge drinking

- Drinking a big amount at one time, e.g. drinking heavily every weekend
- Despite the best intentions, it is not possible for them to drink just a little bit
- Their drinking usually ends in a highly intoxicated state
- They can display flashy and uncontrolled behaviour
- There is a strong loss of control in their drinking
- They have periods or days where they are abstinent

3. Conflict drinking

- They reach out for drugs in certain situations, e.g. in conflict or stressful times
- They have no other solution or coping strategies
- Without drugs, they feel helpless and can't cope
- This is more common in women than in men

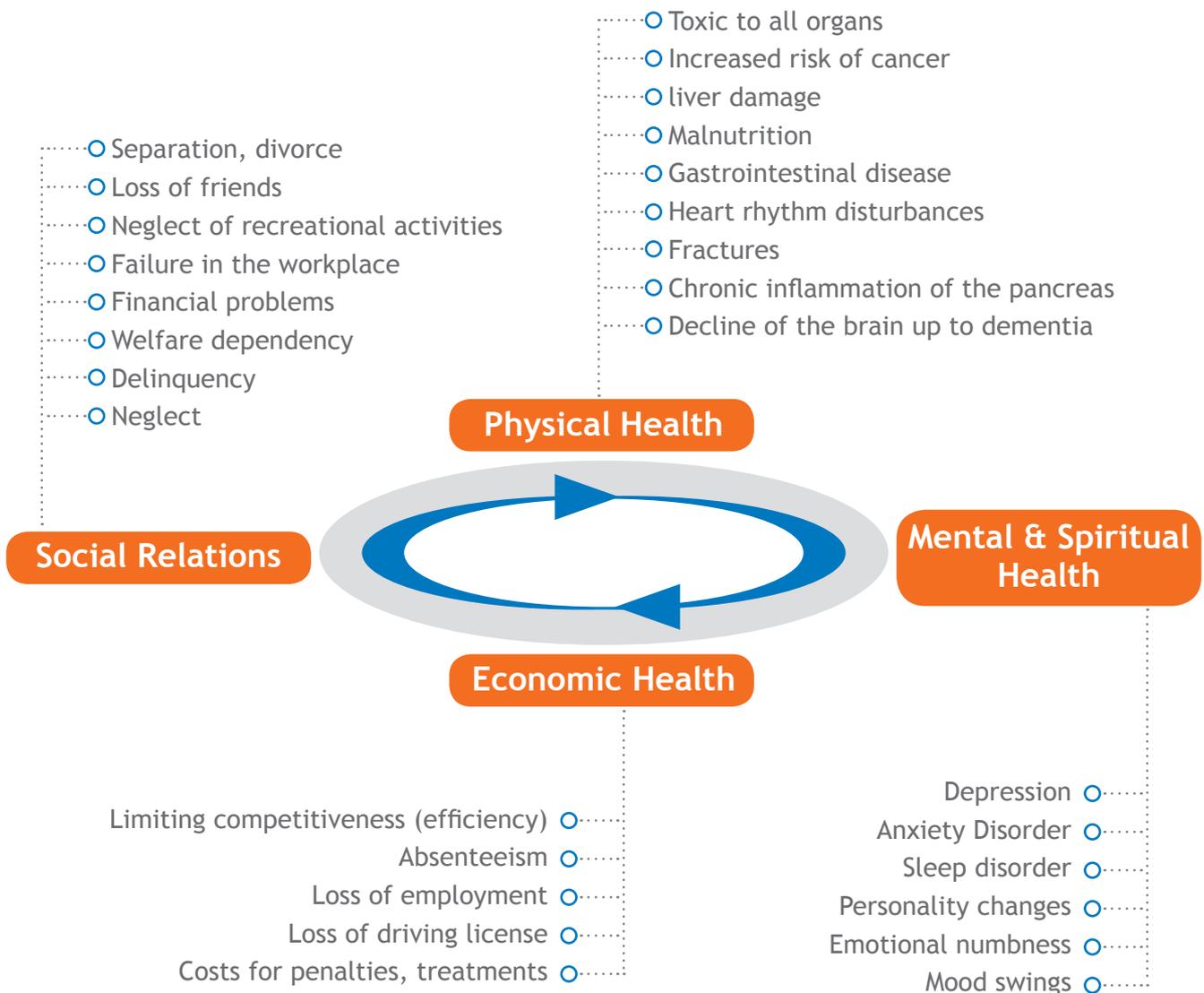


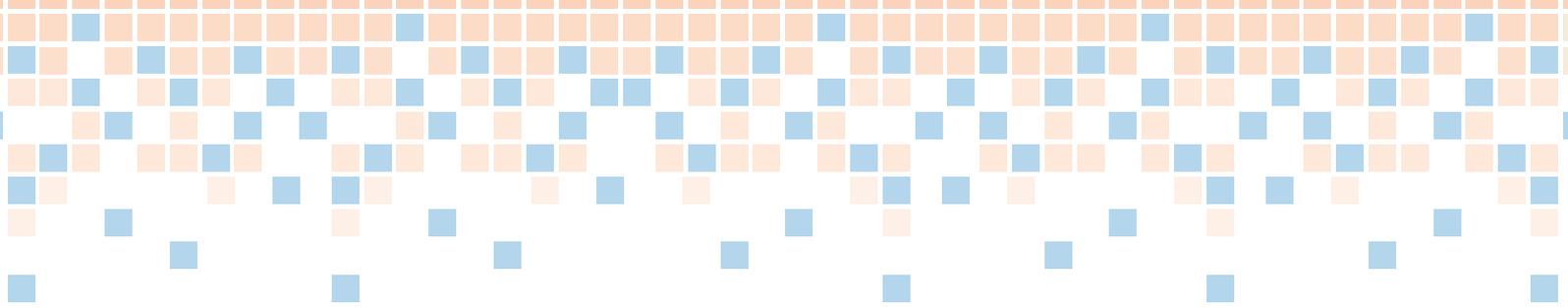
4. Cyclical drinking

- Phases of abstinence alternated with phases of violent and uncontrolled consumption, e.g. uncontrolled drinking for 3 months, then abstinent for 6 months
- Triggers are often unknown
- Severe withdrawal symptoms occur
- Due to the successful pauses in drinking (abstinent periods), the affected person believes they are not dependent

All four types are characterised by lack of the ability to control the consumption, which in time leads to addiction.

Alcohol and drug dependence affects people in their entirety:





Stages of Change

To change behaviour takes time. For most people it happens gradually. They would go through different stages sometimes repeating through stages several times before the changes becomes more permanent.

The Stages of Change model^{iv}:

- *Pre-contemplation* - don't see any need for or not interested in making a change. At this stage the person is unlikely to want to go for treatment or join a self-help group.
- *Contemplation* - considering a change; a phase of ambivalence. The person starts to think of the pros and cons of going for treatment. With some motivational interviewing the person may consider to go for treatment or join a self-help group.
- *Preparation* - planning for a change, i.e. exploring options for counselling, treatment, support groups.
- *Action* - determined action is taken and new habits are formed, i.e. going for therapy, joining a support group.
- *Maintenance*- maintaining the behaviour change and being able to successfully avoid any temptations to return to the bad habit. Self-help group supports the person especially well at this stage.

The new behaviour is established over time and the person may exit the cycle.

Relapses may occur. It often forms part of the process of working towards life-long change. Person can start the cycle from the beginning as many times as required. Each time the recovery process is usually faster although when this happens the person feels discouraged and ashamed and may halt the change process. The support and encouragement of a self-help group will be important.

Co-Dependency

Partners, family members and friends (co-dependents) are also negatively affected by the dependent person's behaviour and the addiction. In some instances they can even become ill. In turn, the co-dependent's behaviour may again be affecting the dependent person. Co-dependents may behave in a way that enables the dependent to continue his/her behaviour without having to change it. The behaviour of those around the dependent contributes in a sense to their addiction.

Phases of co-dependency^v:

- **Protection and explanation phase.** Co-dependents take responsibility and protect the dependent person from the consequences of his behaviour. They are likely to shield themselves and their families from the outside and create strict rules.
- **Control phase.** The amount of consumption is controlled. The dependent person is put under pressure to change his behaviour for example by giving him an ultimatum. He responds to this by having brief periods of abstinence but then the cycle repeats itself. The co-dependents experience feelings like fear, anger, shame and sadness.
- **Prosecution phase.** The co-dependent is exhausted and may become increasingly aggressive. She/he may even become physically sick. They feel discouraged and that all their efforts have been in vain.

Features of co-dependency:

- Low self-esteem and feel they are worthwhile only in relation to someone else. How they feel about themselves doesn't depend on themselves (internally), but on others (externally).
- They feel responsible for the needs of others; their own needs are subordinate or not taken seriously.
- Lack of boundaries. They take on other people's emotions and actions and let it determine how they feel and what they do.
- Fear of intimacy and separation.
- They may experience symptoms such as nervousness, allergies, rashes, headaches, depression, fatigue, non-specific diseases, tobacco and drug dependencies and even suicidal thoughts.

A fact sheet on co-dependency from the Florida Alcohol & Drug Abuse Association, can be found in *Appendix 1*.



Self-Help Group Framework

Types of Self-help Groups

Groups for Substance Dependent persons

Self-help groups provide a safe and empathetic path for **substance dependent people** who have the desire to stop using drugs or alcohol. There is great therapeutic value in voicing personal stories and challenges to people who share the same situation. The meetings are normally closed and only accessible to dependent persons.

Usually group therapy already forms part of the treatment programme. Persons in the early stages of recovery will meet with other recovering substance users at an outpatient treatment centre or an inpatient rehabilitation facility. Upon completing the treatment programme, the person can continue this support by attending self-help group meetings in their community.

These groups can also be attended by persons who have not gone for treatment as yet or are in the process of treatment through an out-patient facility for example. Group members may therefore be in different stages of recovery.

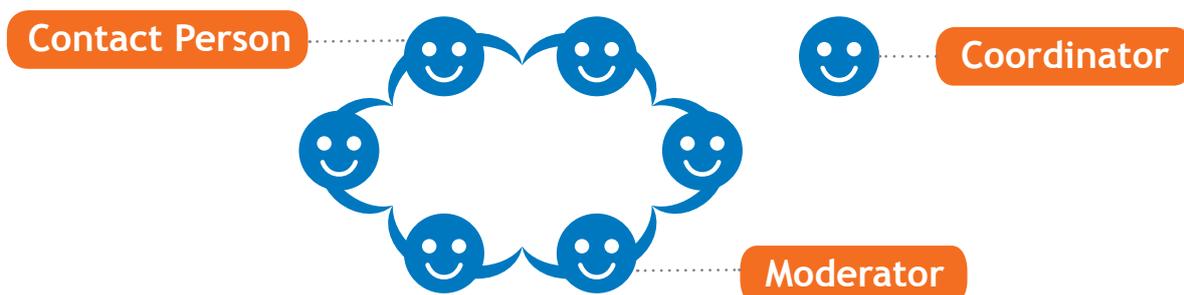
Groups for people around the dependent person

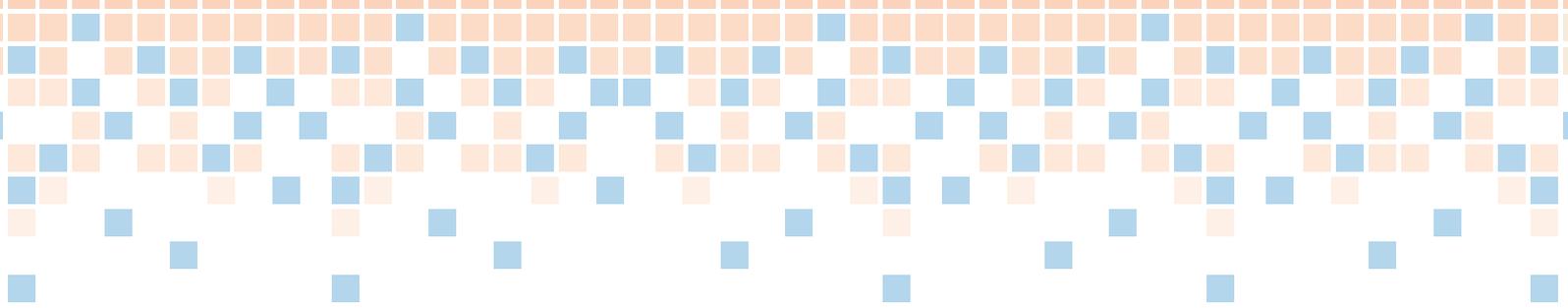
Substance dependence can have devastating effects on the lives of the people around the dependent person. Family members, partners and friends need an outlet where they can relate to others, gain strength, understanding, hope and coping skills and deal with co-dependency issues. These are normally open meetings and accessible to family members, partners and friends.

Structure of the group

The group consists of a limited number of members. Within the group specific members fulfil the roles of contact person and moderator. Contact persons and other group members who take on certain tasks in the group, do so as a service (contribution) to the group. What they put into the group shouldn't be more than the benefit they get from the group.

Coordinators have the role of overseeing the groups. They are not members of the group, but link with the group.





Members

Depending on the type of group, the members will consist of substance dependent people (addicts) or of partners, relatives or friends of a dependent person.

To benefit effectively from a self-help group, the members should:

- Be willing to deal with people in different life situations
- Be tolerant
- Be willing to open up to speak about his/her situation (actively participate)
- Be honest with themselves and others
- Use discretion and be considerate towards other group members
- Be committed to attend the group
- Have a strong desire to stop using alcohol or drugs

Contact person

The contact person serves as the contact between the group and the coordinator. He/she is chosen by the group or the coordinator, depending on the situation. It should be a person who is a relatively stable abstainer and he/she should at least have some organisational skills.

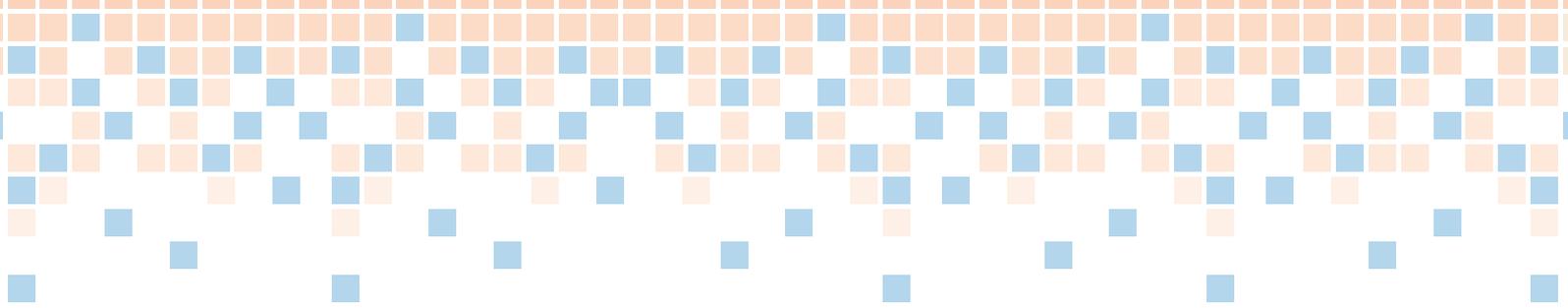
- The contact person should not be the leader of the group nor take on all of the duties or responsibilities. She/he is a regular member of the group. During the starting process of a new group it might be necessary that he/she provides more input than others. Over time however this should decrease and the input they provide should not be more than the benefit they get from the group.
- He/she is a role model in demonstrating the values and the rules of self-help work.

Duties in the group:

- Making contact with new group members and welcoming them
- Providing new members with all necessary information (e.g. group agreement, meeting times)
- Obtaining and conveying information (Agreement of self-help group, information from coordinator to the group and from the group to the coordinator)
- Keeping record of group members that leave the group
- Reporting to the coordinator on newcomers and those who resign from the group
- Taking questions or other information from group members
- Organizing the venue (key, materials, money, etc)
- Contacting the coordinator when difficulties arise

Further duties of the contact person, which can also be passed to other group members:

- Receiving the resignations of members
- Planning the schedule of the meetings or other activities
- Management of addresses or telephone numbers
- Planning the rotation of moderators



Crisis intervention

The contact person should ask for support from the coordinator (as a neutral person) in case of conflicts, aggressive acts, enduring stagnation or obstacles in the group.

Coordinators

Coordinators are members of the Blue Cross who are trained in the basics of self-help work.

Their functions are:

- **Initial support for launching new groups**

The coordinator explores where new groups could be established and who could provide help. He arranges contact and networking with organisations to inform them about the self-help group, in order for them to refer people. This may include -advertising, and organising information sessions for those interested.

The coordinator supports the group during the first sessions in the form of information on self-help-concept and the basic values. He facilitates drafting the framework of the group, finding a suitable venue, providing study materials, and money if necessary.

- **Bringing people together - placing people into the different groups**

The coordinator clarifies the situation with the interested person via telephone, mail or personally. He considers whether self-help would be the right thing, whether the person or the relatives need something else in addition (e.g. medical help).

Then he gives relevant information about the self-help concept and the group work. He brings the interested person in contact with the contact person of the chosen group and follows-up if the intake happened.

Once the groups are well established, new participants can self refer directly to the group, without having to go through the coordinator. The coordinator's role will then be to provide information on the different groups that exist.

- **Coaching**

The coordinator offers coaching to facilitate the group process, to clarify difficulties which may come up. He answers questions and gives thematic inputs, if requested.

He keeps contact with the group and visits the group from time to time (1-2 times a year, or more if necessary).

- **Continued education for members of self-help groups**

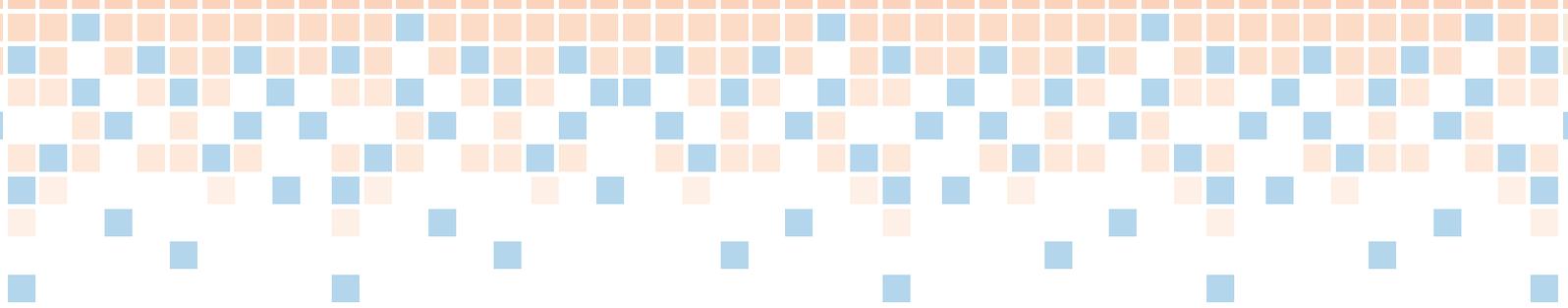
To enhance the quality of the group work, the coordinator organises training for interested group members (e.g. in basic knowledge of addiction, communication skills, moderation skills, as well as deepening knowledge in coping with conflicts or crises). The special issues (topics) coming from the different groups should be considered.

- **Monitor groups**

Keep track of development in groups, e.g. resignations, new members, progress of the group, challenges, and obstacles.

- **Exchange between the groups**

The coordinator provides platforms for exchange between the groups, e.g. via mail or internet if desired and arranges a minimum of two meetings/events a year between groups.



Group Size

Self-help groups should not be too big, at most 12 people. A small group ensures every member participates and receives personal support. It is also more conducive for bonding. If groups are too big it tends to lose a personal touch and some members, especially the quiet ones, might fade into the crowd.

Meetings

How frequent the group meet will be determined by the group members. Typically it could be one a week or once every second week. Meetings normally takes 1.5-2 hours.

Agreements

Every group develops the framework and basic conditions within which the group will function. This can be captured in a written agreement which is binding for all group members and is given to new members. If the needs of the group change, the basic conditions/agreement must be adapted.

An example of a self-help agreement from Netzwerk Blaubrügg, Blue Cross Bern, Switzerland, can be found in *Appendix 2*.

Basic Conditions

Cost of group meetings

Self-help groups are free. If a group asks members for contributions to cater for minor expenses such as tea/coffee, these contributions should not be mandatory. The contact person will be accountable and responsible for the safe keeping and management of the money.

Expulsion

If a person opposes the guiding principles, rules and aims of the group, the person can be excluded. The group has the right to deny admission to any person who persistently displays behaviours which are disruptive to group meetings, harasses other members, or in other ways presents a risk to group members or to the meeting process.

- Temporary expulsion: i.e. expelled for a meeting, if a member comes to a meeting drunk or as a sanction, which will give the member a second chance.
- Definite expulsion: i.e. in the case of someone systematically disturbing meetings, or if a person consistently violates the agreement.

The agreement should address disruptive behaviour and how it will be handled.

Relapse

When a member relapses, it should be talked about openly and objectively in the group. Refrain from giving sermons and unsolicited advice. Especially important is the fact that the person can talk about the relapse and that the others listen.

Resignation

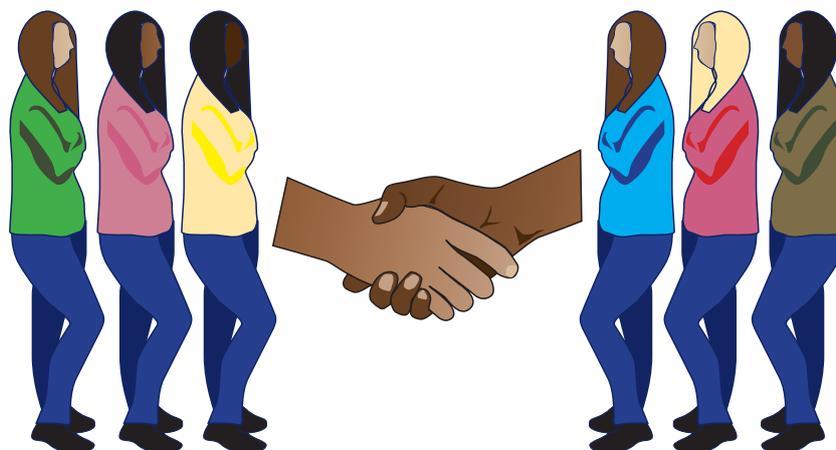
The resignation of a member of the group follows the procedure laid down in the agreement. The person resigning announces it officially at a meeting.

Disbanding

If it is necessary to disband a group, for example in the case of poor attendance over a period of time, a disbanding takes place after consultation with the coordinator. The coordinator makes contact with each member and arranges a transfer to another group if this is desired. In collaboration with the coordinator the group organises a final meeting at which what happened is jointly assessed, the process is completed and the group can then be officially dissolved.

Merger

If a group is stuck in the process due to a lack of participants, the coordinator checks whether a merger with another group might be sensible. After consultation with the groups, a joint meeting is organised and after successful talks invitations to an opening meeting of the newly (merged) group will go out.



Self-Help Group Process

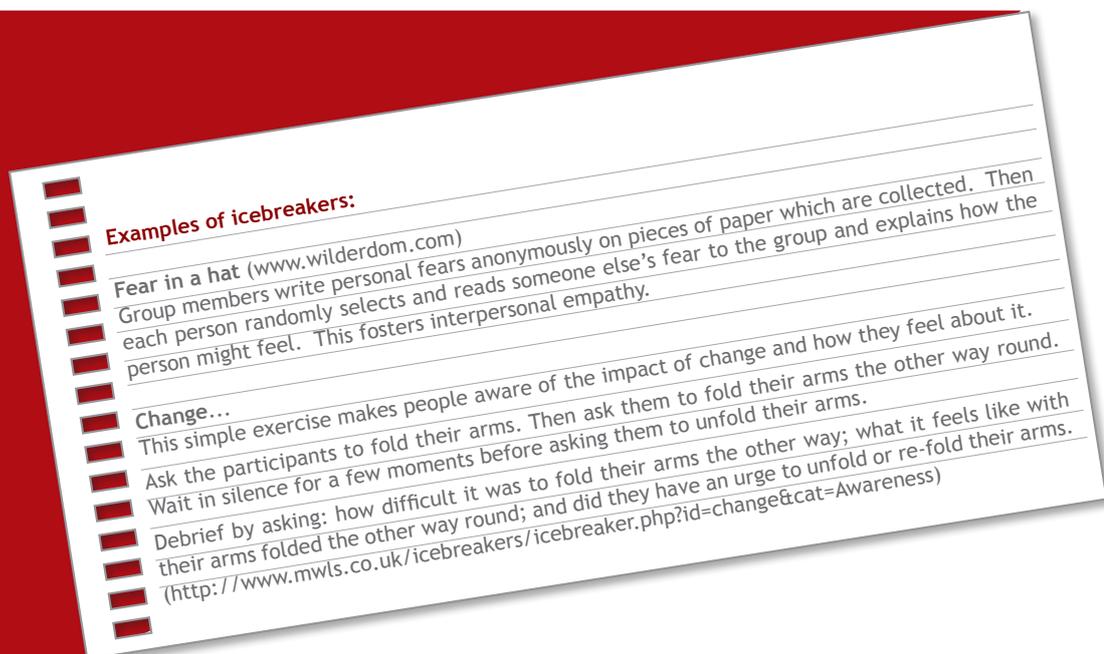
The group process relates to what happens in the group.

Course of a self-help group meeting

A member of the group takes the role of moderator for each meeting. The moderator does not lead the group, but simply presides (chair/oversee) over the course of the meeting (*see Basics of moderation p18*). The role of moderator should be alternated between group members. It is best to arrange in advance who will take the role in the next meeting.

The course of a meeting (session), “chaired” by the moderator, could be designed as follows:

- Clearly indicate the official start of the meeting, in order for everyone to realise the small-talk (casual talk) is over and the thematic exchange begins.
- Start the group with an “icebreaker” to create an atmosphere for sharing. It can be in the form of a general question which is easily answerable by everyone, e.g. “What do you think of when you hear the word: sea, or balloons, or... - Think of more questions, your imagination knows no boundaries. Other options could be to invite people to share a poem or joke or to sing a song together. It could also be possible to do a prayer or read something of a spiritual nature, but only if members share the same faith/religion or if the group is in agreement with this. Otherwise just observe a moment’s silence. Note that the “icebreaker” should not take up more than a few minutes (3-5min).



- Following the icebreaker everybody gets the opportunity to speak about their current situation, how they feel and what they experienced since the last meeting . (E.g. I am sad because....happened. / I am very happy because....happened! / I achieved to do.... / I failed in regard to.... /bothers me currently, etc.) In this way the participants give others a view into their life situation.

When somebody shares his/her experiences the other participants should not judge, assess or evaluate the personal inputs. The participants listen with the intention to understand and don’t comment or react. At times a clarifying question is helpful, but no opinions or advice is given unless especially asked for.

- Out of this exchange of experiences topics/subjects might occur which the participants consider as helpful to discuss more deeply. It could be helpful to note some of these subjects in a notebook for discussion at later meetings. The subjects may have, but do not necessarily need to have a connection to “alcohol”. E.g. the topic “relationship”, i.e. the relationship to your husband/wife, family, friends, etc might be mentioned by members. A topic for discussion is chosen. The floor is open for any member who wants to share. If someone isn’t ready to speak, do not force them. The rest of the group listens and reflects on what is being said. Don’t give advice unless advice is asked for by the person who is sharing.

Relevant themes/topics related to addiction that may come up:

- Guilt
- Loneliness
- Rejection
- Personal boundaries
- Stress management

- “Flash”: About 10-15 minutes before the end of the meeting start wrapping up by asking for personal reflection on the day’s session. The following questions are relevant: “What did I get out of (learn from) today’s session? / What was particularly valuable and helpful for me? / Is there something I decided to act on during the next week? What should I pay attention to? Each person in turn briefly states their reflections.
- Before the end of the meeting some time could be spent on logistical matters such as information on group members that are absent, organisational matters, choosing a moderator for the next meeting, etc. Logistical matters can also be discussed earlier - before or after the icebreaker.
- Clearly indicate the end of the meeting.

Basics of moderation

As mentioned, the role of moderator must be alternated between the members, giving everyone a chance to moderate.

- Moderation can be done by anyone, it just takes practice. People can grow when they dare to try.
- The moderator can use the group for learning how to moderate. He/she learns from their experiences and how others do it. It calls on them to trust that they will be able to moderate the group in their unique way.
- The moderator is a regular member of the group but for that specific meeting he/she also has a certain role to play. In order to do the role justice, they should give careful consideration to how much they can communicate on their own personal matters during that specific meeting to make sure they do not dominate.
- The moderator „takes the chair“and gives space to everybody.
- A group usually consists of very different people - some are more communicative and other less communicative. The moderator creates the conditions that even the quiet people can get involved by asking questions like: „What are your thoughts on this? “, „Have you ever experienced a similar situation? How did you react? “

- He/she is responsible for the time-structure and the course of the meeting. They clearly define the beginning and the end of the meeting. They keep an eye on the time. On the one hand they give the space to talk, on the other hand it is necessary to ensure that all participants of the group have the same amount of space to share. If a member is taking up too much time the moderator can intervene by saying: „Thank you for your sharing. Do you wish to formulate a sentence with your primary concern, before David tells his story?“
- In the agreement, the group has agreed to important discussion rules. The task of the moderator is to remind the group of the rules if they break it. Another task is to bring the group back if they deviate from the discussion topic.
- His/her attention is focused on each group member when they speak, thereby creating the positive conditions in which the process can take place. At the same time they must keep the good of the whole group in mind.
- The moderator should moderate the group with an attitude of a helper and not of a parent. Appendix 3 explains the different attitudes and the effect there of on the dependent person (*See Appendix 3 p39*). Skills such as active listening, acceptance & appreciation, empathy and authenticity are valuable in moderation. These skills are applied when listening to each member.

Responsibility lies with the group

The moderator can strive to create favourable conditions for the meeting. However, **all** of the group members are responsible for group events and the progress of the group process.

Skills in moderation:

Active listening - your full attention is with the person who is talking. You mainly listen with the intention to understand, not to react. Ask questions if something that was said is unclear or confusing. Sometimes check if you (and the group) understand correctly what the person is saying, by summarising in your own words what was said.

Appreciation & Acceptance - Appreciate the uniqueness of the person speaking. Accept what is being said as the reality/perception of the person speaking- let what is being said stand as is.

Empathy - is the ability to identify with someone else's feelings while remaining aware that the feelings of others are distinct from one's own. Understanding another person's feelings, situation and motives from their perspective. Place yourself in their shoes and feel what they are feeling.

Authenticity - the quality of being true to yourself. Remaining yourself and checking what the words of another person trigger in you.

Checklist of tasks for the moderator:

- Provide a clear signal for the beginning of the group discussion
(“So, let’s begin ...”)
- Remember the topic if the group drifts off
(“Our topic today is ...”)
- Ensure that people who are interrupted can finish talking
(“Actually, it was Z.’s turn, do you want to say something ...”)
- Ensure that people who say little, also have their say
(“Didn’t you want to say something ... What thoughts do you have?”)
- Remind them of the group rules
(“It seems to me this was a piece of advice / criticism ...”)
- Provide a clear transition into the discussion and in the final round
- Ensure that the group discussion ends within the agreed time.
- Make sure that the moderator for the next meeting is determined.

Basic behaviour in groups

- Everybody is responsible for themselves - whether he/she is talking or not talking, expressing his/her needs or not.
- Only one person speaks at a time. Side-talks shouldn’t be allowed.
- Personal disruptive issues e.g. friction among members, have preference (clear the personal space, before you go on).
- Give at least 5 times more positive feedback than negative feedback.
- Be attentive (mindful) to body signals. Body language is also a form of communication.
- Consider the wishes of others, find compromises.

Communication rules in the group

- Everything said in the group is strictly confidential. The exception is that the coordinator can be contacted in case of difficulties within the group.
- Talk mostly about your reactions to things you experienced and what’s happening inside of you.

- Each group member's voice should be heard (don't interrupt!); quiet persons should be helped by asking them questions and showing real interest. (see *Basics of moderation p18*)
- If someone goes against the group rules, bring them back in a positive way.
- Actively listen with concentration and attention, don't focus on your response. (see *Basics of moderation p18*)
- If you didn't understand, ask for clarification.
- Give advice and counselling only if you're asked, or ask if somebody is open to hear your advice.
- Don't interpret what is being said or put pressure on somebody. Allegations and probing questions are not wanted. Just listen to the energy and the feelings which arise.
- Address difficulties and taboos, and then listen to the impressions of the other group-members. This establishes relationships.
- If you want to leave the group, announce this officially at a group-meeting; express the reasons, but don't defend yourself. Finish with honouring the benefits even if they were small.

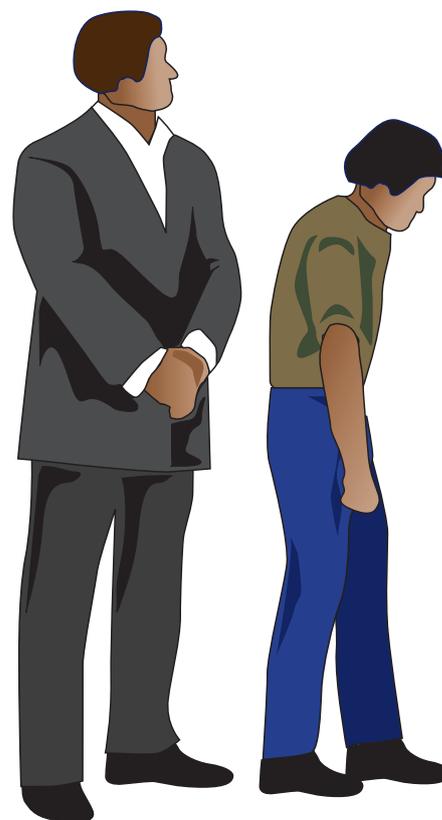
Unspoken rules and taboos in the group

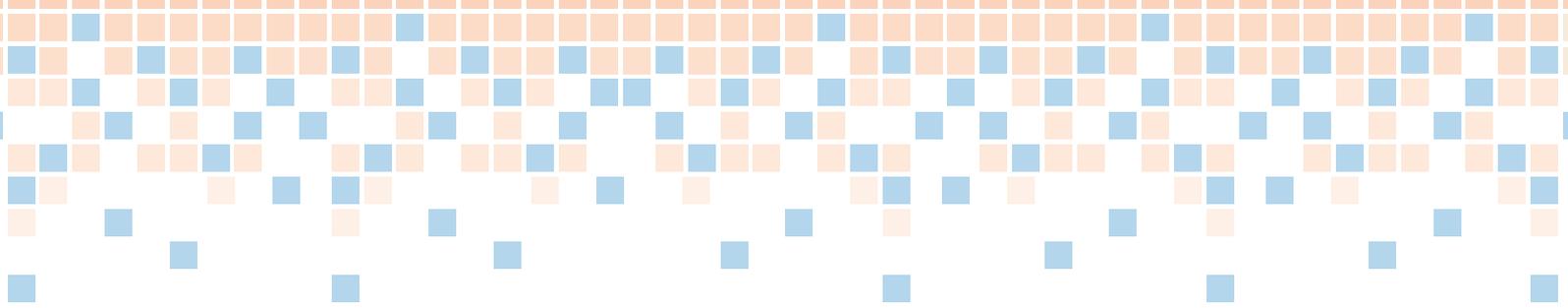
In a group there may be unwritten and unspoken rules and taboos, which are accepted by the group. These could be barriers to recovery. It affects the behaviour in the group without ever being mentioned. As members may have these rules and taboos in common, it may contribute to the 'WE' feeling. Examples of unspoken rules among addicts or families where there is alcoholism/addiction are:

- Keep it a secret. Outsiders are not allowed to know what is really going on in our family. The effect on the children is that they feel ashamed because of this family secret.
- Don't feel. It is easier to deny there is a problem if the negative, hurtful feelings about my addiction or a family member's addiction, are suppressed or denied.
- Don't trust anyone. Since I cannot trust the addicted family member, I can't trust anyone.

Some topics that are not discussed in the group (taboos) could be - *money/sexuality; the hidden leader in the group; attraction among members in the group.*

It is worthwhile for the moderator to explore if there are unspoken rules and taboos like these that could influence the sharing in the group and bring them out in the open.





Group phases

It is normal for groups to go through different phases. Sometimes even to move back and forth between phases. It is good for the moderator and coordinator to be aware of these phases and how to handle them.

1. Orientation or identification phase

- It is characterised by alienation, insecurity, fears, hopes, expectations, finding his/her role and place in the group.

Task of moderator

- Loosen up the atmosphere
- Give everyone space for expressing where they are in their lives
- Enable contact
- Provide orientation
- Clarify the motivation/reasons for coming and personal goals
- Implement the basic values (Safety, empathy)

2. Confrontation or chaos phase

- Differences become clear, problems and difficulties are visible

Task of the moderator

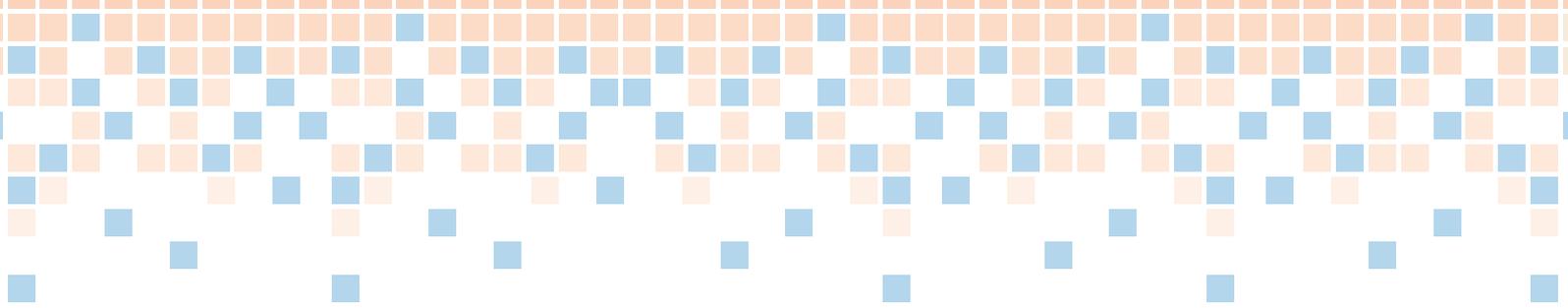
- Resolve conflicts
- Prevent exclusion
- Acknowledge everyone
- Create security
- Ensure compliance with group rules
- Ensure that issues, requests and agreements are not lost.

3. Phase of emptiness

- Get to know yourself and each other better
- Take up and acknowledge personal responsibility
- Establish and clarify relationships in the group

Task of the Moderator

- Allow everyone to speak
- Deepen your basic attitude and values
- Contribute ideas on how the discussions can be consolidated
- Important: less is more! When you are unsure if your action will be the right thing, rather don't do/say it



4. Control phase - consensus (familiarity)

- Group develops consensus on difficult issues / conflicts (willingness to compromise)
- Group becomes more independent
- Roles and positions of the members are seen and can be made more flexible
- Feeling of „WE“ grows
- Activities and group projects originate
- Group develops its own profile

Task of moderator

- Delegate and distribute tasks and responsibilities

5. Differentiation phase

- The group has reached greater stability
- Conflicts are dealt with constructively
- Individuality and “being different” are accepted and valued
- All are leaders in the group, experiencing community

Task of Moderator

- Being more in the background
- Asking deepening questions

6. Finalising or reorientation phase

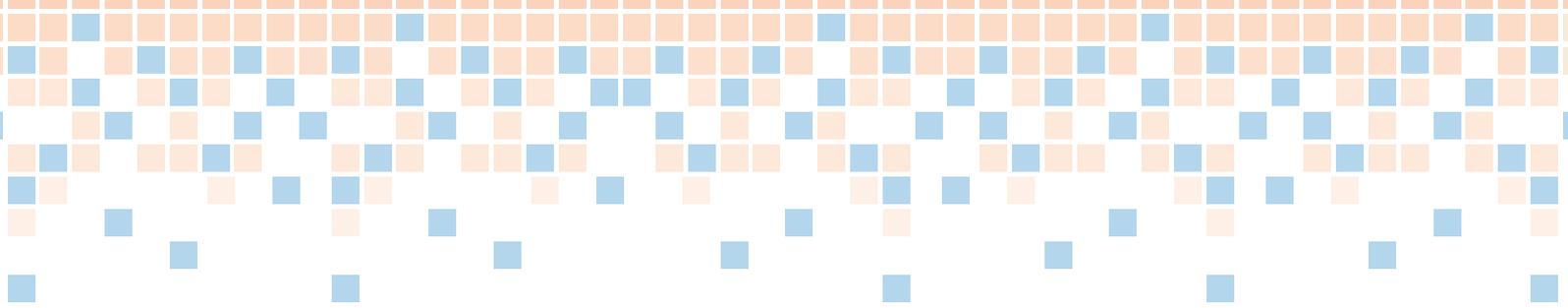
- Group members are stabilized and experience / lessons learned are transferred to other social situations (integration)
- Personal goals and group goals are achieved
- Participants begin to detach themselves from the group

Task of Moderator

- Address the question of separation and farewell in time
- Allow detachment, recognize adherence
- Balance, evaluation and respect

Therapeutic Effect of Self-help Group Process

To share life experiences with people in similar life situations has great therapeutic effect. Just saying out loud (voicing) stories, challenges and fears is already empowering for people affected by alcohol and drug dependence. As the group meetings develop, the personal journeys of the members unfold. There is no right or wrong way; the group find their own way. By giving and taking (mutual sharing) the members gain personal insights into their own situations, learn new skills and gain the confidence to make positive changes in their lives. Personal change happens through individual effort but with the support of others. It is a process and happens over time (process-orientated method).



Obstacles in the group process

On the part of the moderators it is problematic when:

- Behaving as leaders or professionals who know everything
- Giving counselling and advice/tips
- Doing everything and taking responsibility for everyone
- Wanting to be perfect
- Talking too much, putting pressure on people or confronting too much
- Creating dependency on them as moderators

In the group it is problematic when there are negative group dynamics:

- Conflict among members
- Forming groups/clicks, pairing off
- Creating dependency on the group and each other
- Over-organisation and delegation
- Creating too many structures and rules
- Calling for a leader

On the part of the coordinator it is problematic if:

- The coordinator provides input into the themes of the group with therapeutic motivation instead of facilitating the process

Setting Up Self-Help Groups

Start by talking to other people, including service providers and professionals to determine if there is a need for this type of support group. Find out if there is already an established self-help group around this issue. If so, talk to the contact person or attend a meeting. Groups involved with the same issue may have different aims and objectives.

Self-help groups work best if they are kept simple and informal. They work very well especially when they are used in conjunction with other services in the community.

Forming a self-help group

- Promoting the self-help group is normally done by the coordinating authority, such as Blue Cross Coordinators. Promotion can be done through advertising, networking with other organisations in the field, through churches, treatment centres, hospitals, clinics, etc. (*see Promoting Self-help Groups p32*).

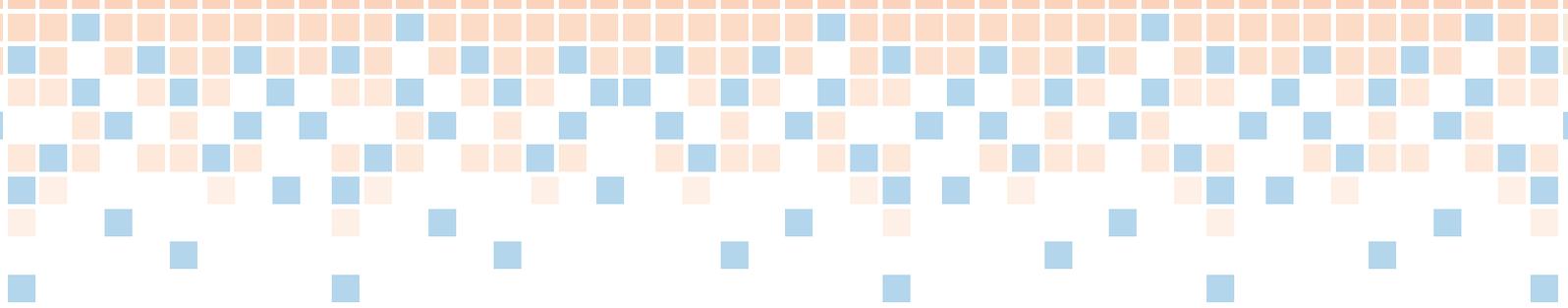
In a rural setting, standard promotion methods may not work. It may require first getting permission from traditional authorities, e.g. leaders, chiefs and building a trusting relationship with the community/villages. Reaching the dependent persons and their families might not be straight forward. In South Africa for example it is better to approach the grandmothers (gogos) and try to reach the affected people through them.

What is important is to get to know the target community to understand how best to reach affected people.

When planning to start a group, there are a few considerations to take into account (*see Setting up a network p31*).

- Start small, with one or 2 groups. First gain appropriate experience before expanding to more groups. Bear in mind that establishing a group in a city might be different to establishing one in a rural setting. It will call for a different approach and will have different challenges.
- The coordinator search for a suitable venue where the group can meet. The venue should be accessible to the target community. Look for an affordable venue. Through networking with organisations it might be possible to obtain the venue for free.

Consider the location of the meeting. If having the meeting at a church it is important to make a written agreement with the church about meeting arrangements. This agreement needs to clarify that this is self-help groups for addiction and no evangelism or spiritual pressure is put on the groups or individuals. All faiths and religions are welcome. As a result of recovery process people may choose to attend church activities separately. The church would need to be sensitive about multi-faith communities and allowing each individual to express their personal spirituality. If this is not



managed well it might mean that people of a different faith would not attend. In a rural area there might be a lack of facilities and alternative options could be explored such as having it at an isolated area under a tree.

- Those who are potentially interested in being members are invited to an information meeting by the coordinator. At this meeting all the important information about the basic idea of self-help is conveyed.
- The coordinator will then send out the official invitations to the opening meeting. The contact person will be chosen at the meeting and the conditions discussed. The group may receive a folder with useful documentation from the coordinator.
- The coordinator provides training on how to moderate the group. Sometimes it is possible to already identify someone at the information session that can start off as moderator. Often this could be the contact person. Alternatively the coordinator can initially moderate the group for a few sessions as role model. It is important however that the groups should function autonomously and the role of moderator be alternated between members as soon as possible.
- The coordinator supports the group initially by attending the first few sessions and provides coaching where needed. He/she also provides information on the self-help concept, basic values and conditions and could share an example of what a group agreement could look like.
- In the first meeting the members get to know each other, agree on how the group will function, determine group rules and compile a group agreement.
- From the second meeting the group will start sharing experiences and have thematic discussions.

Once there are more than one group established, those interested in joining a group contact the coordinating authority, such as Blue Cross. Within 3 weeks a clarification by telephone (or if needed an appointment for a clarification) should take place. A trial visit in a group is organised. The coordinator, the contact person and those interested in being included in a group remain in contact to finalise joining of a group.

Costs involved

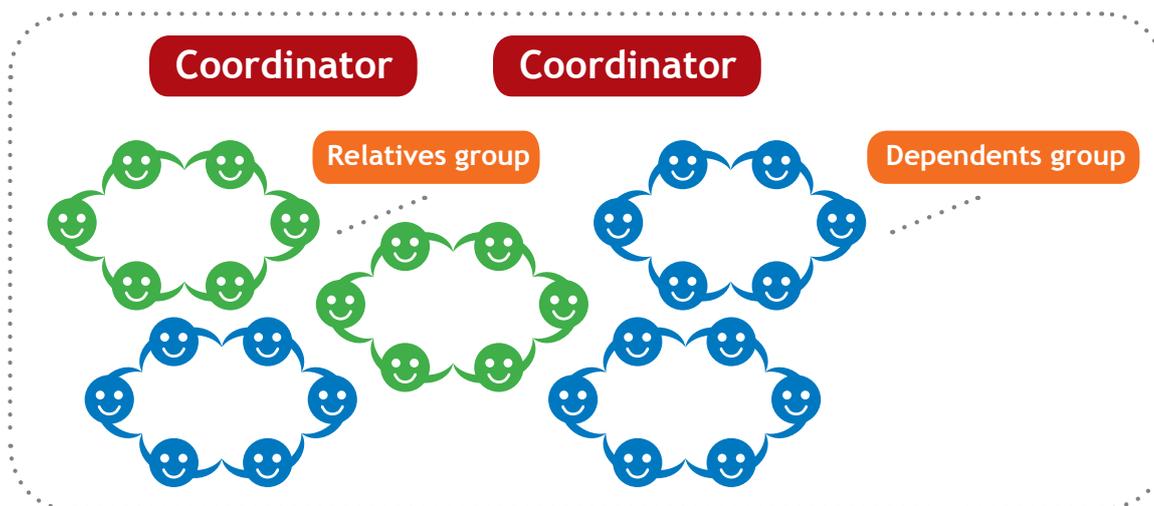
Self-help groups require minimal resources- a venue and chairs are the main requirements.

Venue: It only needs a room that can accommodate up to 12 people for 2 hours once a week, or every second week, depending on what the group decides. Search for a venue (room) to rent at a minimal or no cost. When networking with other institutions it might be possible to use one of their rooms for free. It is recommended to make a simple written agreement for the use of the room containing - the meeting place, time, frequency, opening/locking the room, refreshments and use of the kitchen, purpose of the group and clarify that only the group members can attend.

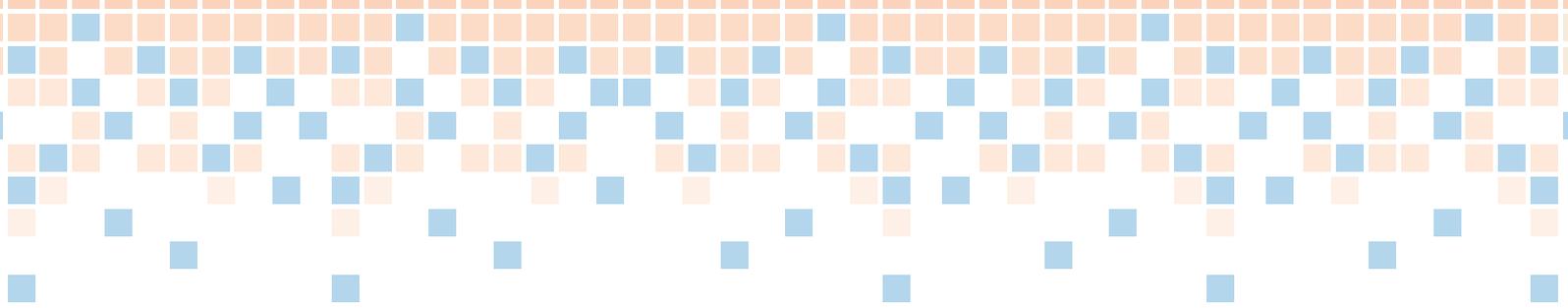
Refreshments: It is not essential to serve coffee or tea, but it is normally welcomed by the members to have a coffee before the meeting. A small contribution can be paid by every member to cover the cost. Alternatively members can take turns to provide refreshments for the meeting. These contributions however should be discussed in the group and should not be mandatory. There may be persons in the group who are not in a position to contribute and the arrangement should not prevent them from coming to the group.

Developing a Self-help Group Network

To develop a network of groups takes time. It's advisable to start small (one or two groups) and grow from there as experience is gained and the demand from the target community increases.



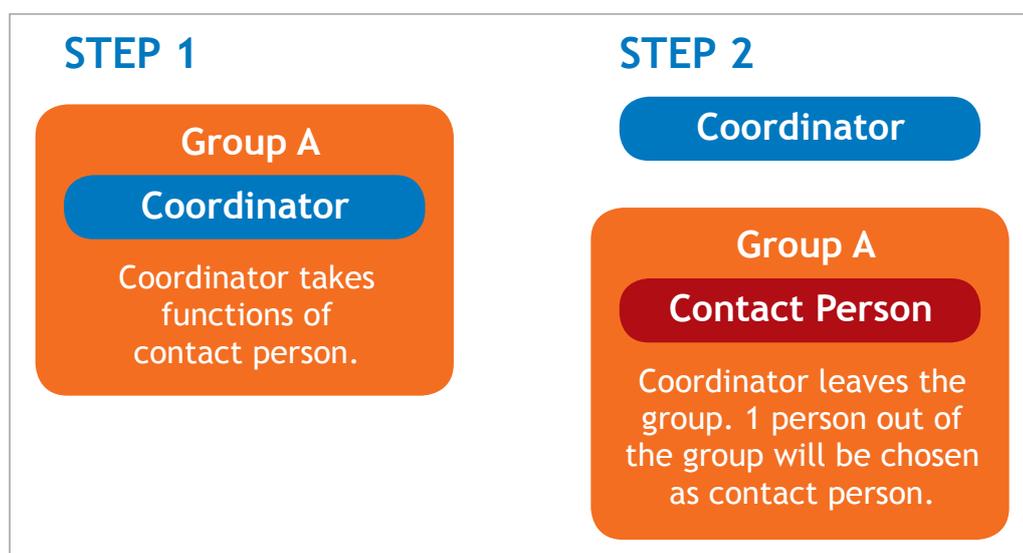
- Guiding principles, fundamental values, regulations • Group comprehensive events
- Education



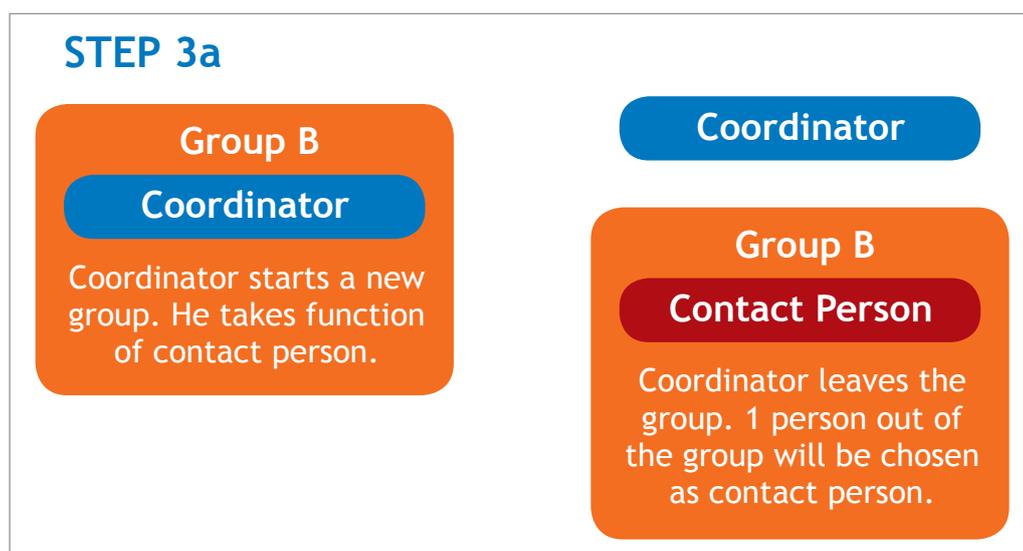
Initiation

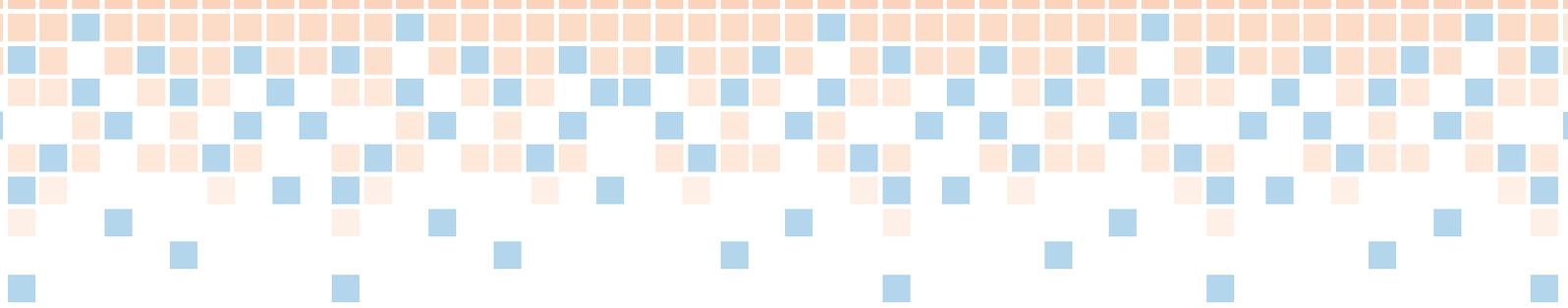
- First group. The coordinator takes the function of the contact person. After a period of time, the coordinator leaves the group and one person from the group gets chosen as the contact person.
- Second group. The coordinator starts a new group and acts as contact person initially. A person from the group takes over from the coordinator as contact person.

Start with one group:



Start one by one:

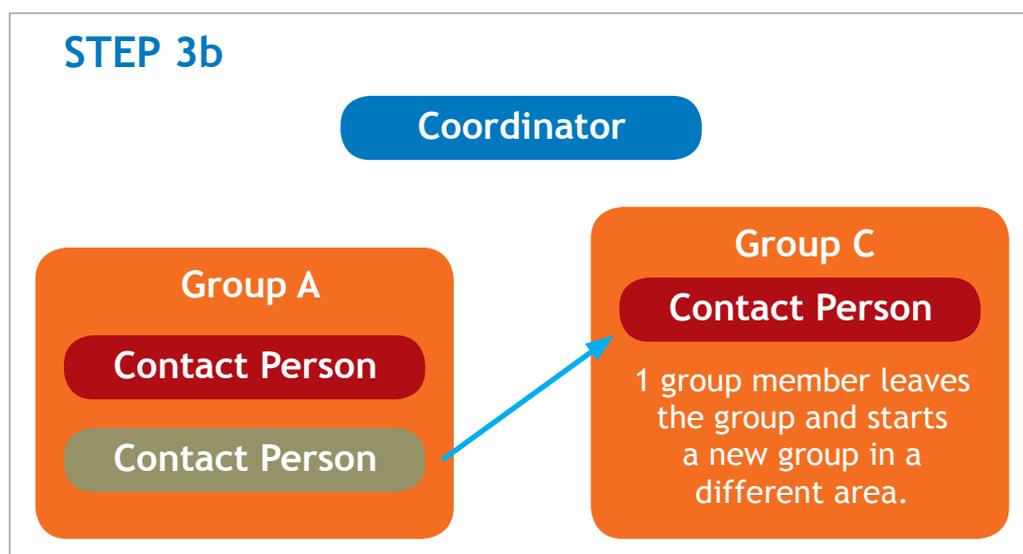




Multiplication

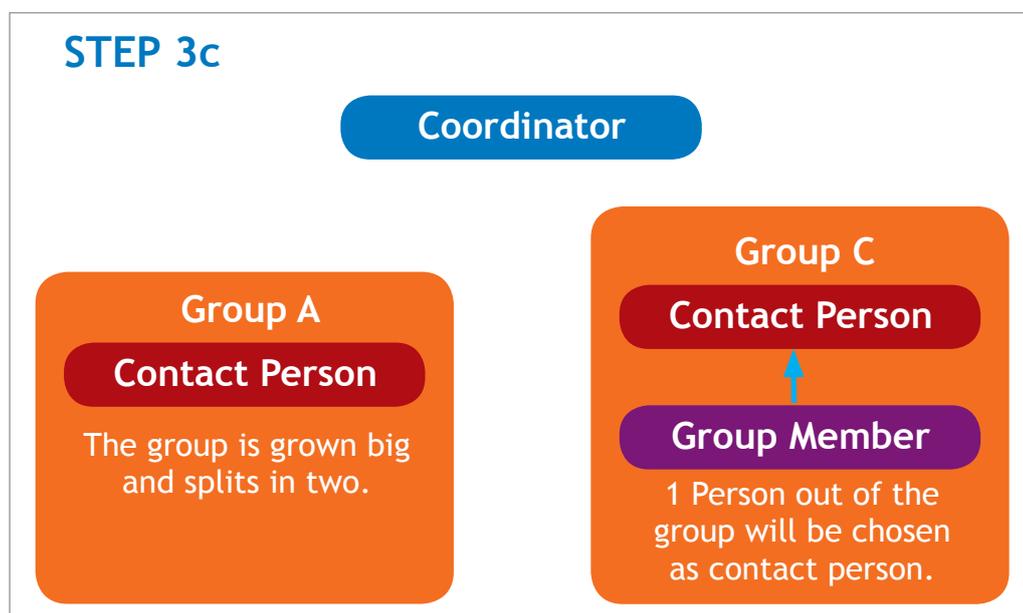
Groups can be multiplied by

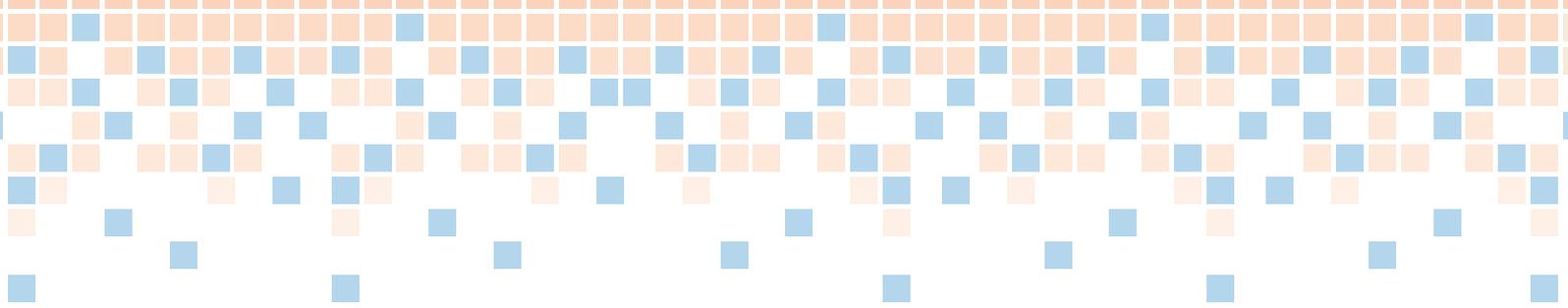
- continuing the process as described in initiation,
- or by a member of an established group leaving the group and starting a new group as the contact person in a different area.



Splitting

- When a group has grown to big, it can be split into two groups and a person out of the group will be chosen as the contact person for the new group.

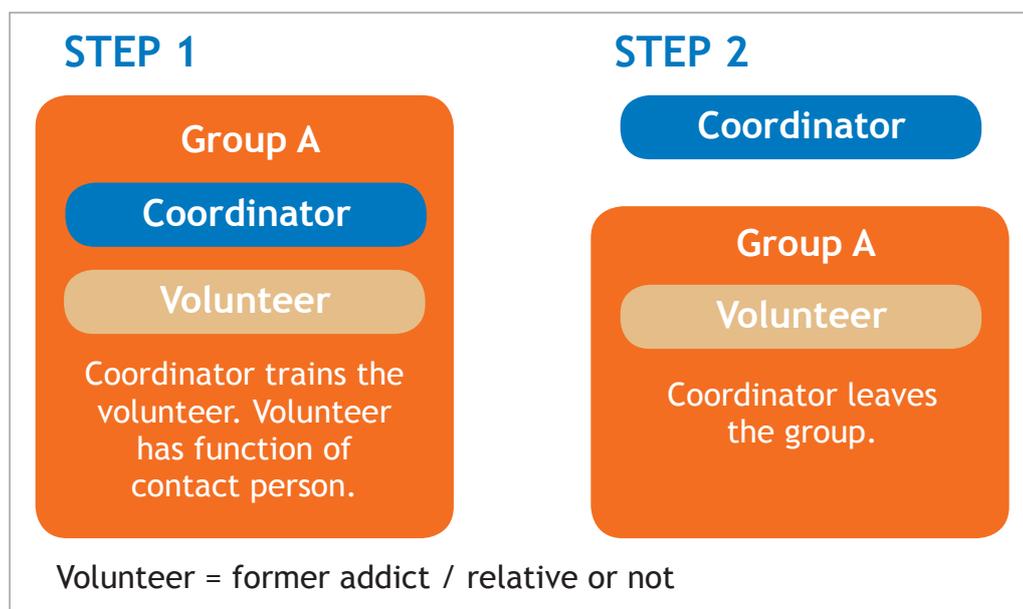


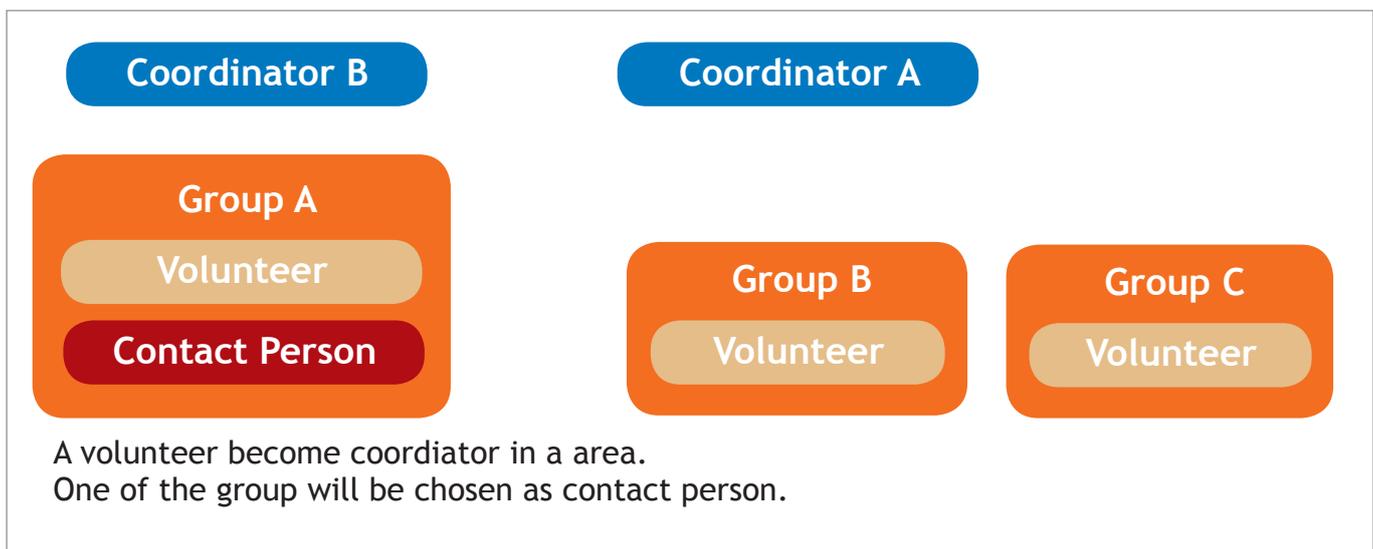
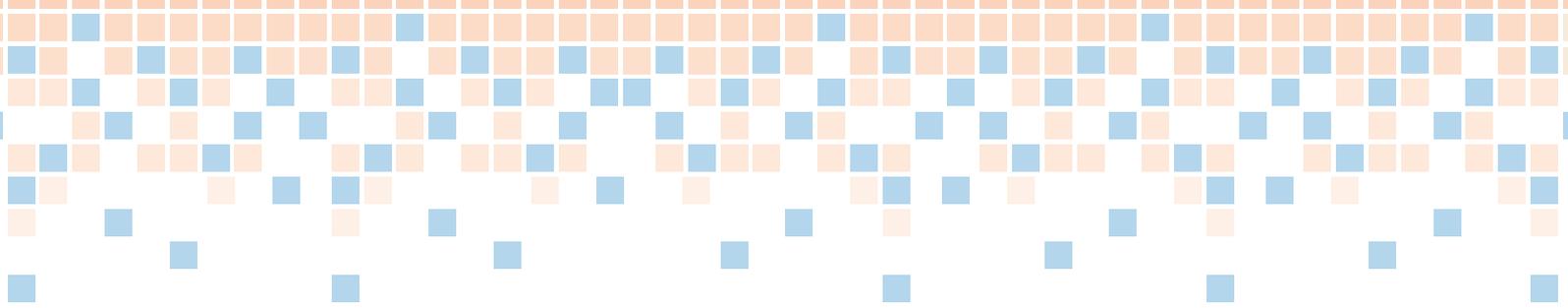


Utilising volunteers

The volunteers should preferably be former dependents who are stable or people who have experience in addiction issues, such as a relative or partner. A person who doesn't fit either description can also be used, but they would preferably have some knowledge of or experience in the addiction field.

- The coordinator, while part of the group, trains the volunteer. The volunteer takes over the function of contact person and the coordinator leaves the group. Or,
- The coordinator trains multiple volunteers in a workshop on how to start a group.
 - Each volunteer starts one or several groups. The coordinator coordinates the groups.
 - After sufficient experience, a volunteer from a group can become a coordinator in a specific area. A person from the group will be chosen as the new contact person.



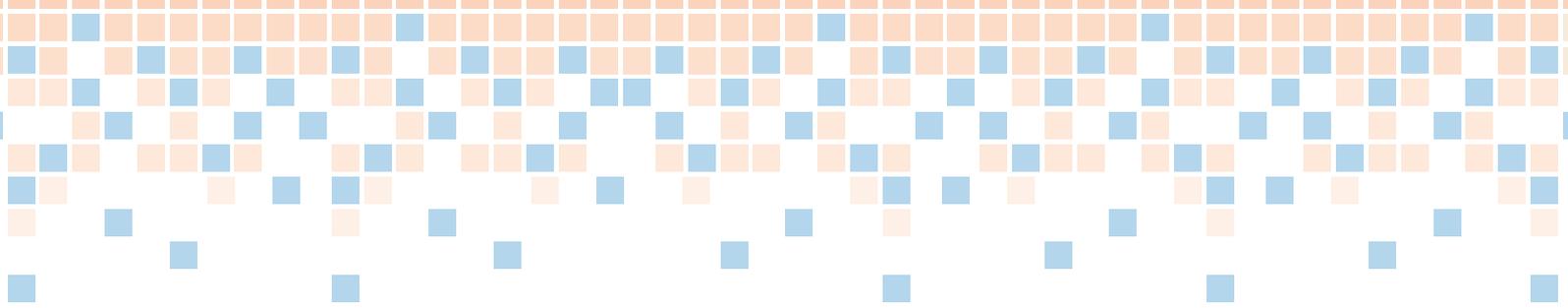


Considerations in setting up a network of groups

When starting self-help groups there are a few aspects that need consideration in terms of the target area(s):

Geography (geographical setting)

- *Accessibility.* Where should the group be established to be accessible to people who need it? For people living in rural areas, transportation could be a problem if the group is held in the town/city. It could be too costly or too time consuming for them to get to the group. Consider establishing a group in the rural area.
- *Technology and communication systems.* What technology and communication systems are available in the target area? If there is a lack of communication systems alternative means of communication should be considered.
- *Resources and structures.* Are there resources and structures available that can serve as potential venues for groups, places where groups can be promoted or where members can be sourced, e.g. treatment centres, clinics, churches, social welfare organisations, schools, etc.



Diversity

- *Language.* What possible language barriers could there be?
- *Race.* Is there racial diversity that should be considered? Are there different tribes with different customs? Perhaps tribes in conflict?
- *Culture.* What taboos, unspoken/unwritten norms exist in the culture? In cultures where drinking is part of traditions, it might be more difficult to recruit members for the groups and awareness creation will need to be done first.
- *Religion and different expressions of faith.* Are there different religions in the area? What religious beliefs are there? Consider how drinking or drug use is viewed by the different religions and whether it will impact on starting a group. Also consider diversity in religion when choosing a church for a self-help group venue for example, it could determine whether someone joins a group or avoids it.
- *Gender.* Consider the difference in gender roles. If it is frowned upon if women drink for instance, those who do drink might do so in secret, making them harder to identify and reach. To reach the men that drink, one might have to approach the women or the older women (grandmothers) first.

Social and Economic Development

- *Consider the social and economical status of the area.* An area that lacks resources will call for creativity, for example having a group under a tree could be a viable option if acceptable to everyone.
- *Stigmatisation.* Some people might be reluctant to join a group due to being stigmatised. Consider starting a general self-help group which anyone can join to talk about life challenges in general. Should there be a few people affected by addiction, in time they could be split into a separate self-help group focusing on addiction.

Political

- Government and traditional leadership support and buy-in will be essential.
- Are there authorities that need to grant permission or approval for operating in the area? e.g. villages chiefs
- What legislation or policies need to be considered?

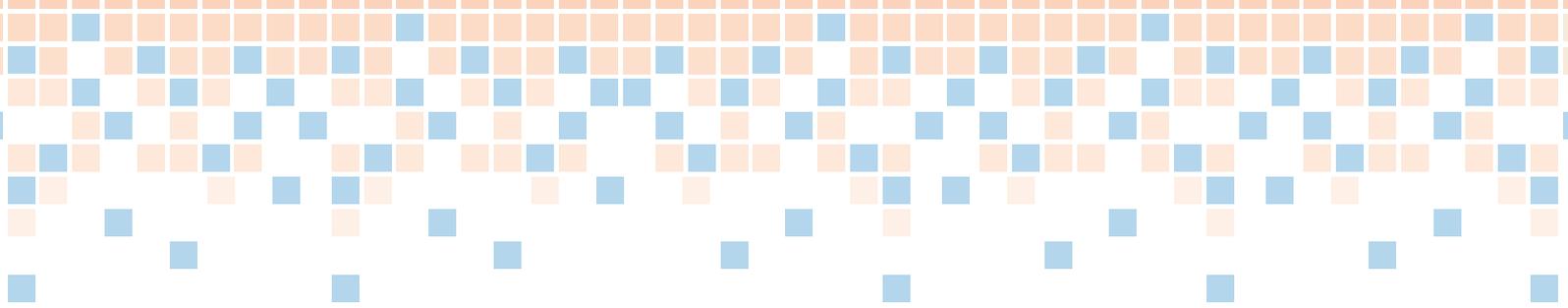
Psychological and Physical

- How easily will the group(s) be accepted by the community? In which ways can trust be built with the target group? What values play a role in the area?

These considerations apply to urban, semi urban, rural and semi rural areas.

Promoting Self-help Groups

The coordinating authority and coordinator is normally responsible for promoting the self-help groups. Below are some examples of what can be done in public relations and networking.



Public Relations work

Advertising in local bulletins of the community; organising information events in communities, schools, hospitals, treatment centres, clinics, churches; placing articles in journals; running awareness campaigns; media talks; information desks at events; marketing through technology - e.g. website

Networking

Identify available resources; exchange information with other NGO's; build trusting relationships with communities; find influential leaderships; obtain permission and acceptance from local/traditional leaders.

Consider ways in which promotion work can be done cost effectively such as utilising existing events or campaigns organised by network partners that could provide an opportunity to promote self-help groups.

Volunteers

Volunteers are a valuable asset to especially to NGO's who already have limited resources to work with.

Guidelines on volunteers

- Volunteerism comes from within. Volunteers do what they do for the love of it and not for profit or gain. However, they should be treated as real employees even though they are not paid.
- They should not be exploited - their service and level of responsibility should not be more than required.

Volunteer rights

They should have similar rights to paid staff, e.g. healthy & safe working environment, support, specific objectives, etc.

Volunteer Management and Supervision

- They follow the same management and supervision procedure as full time staff
- Orientation is provided
- They are bound by a signed contract, confidentiality agreement and code of conduct
- A job description and key performance areas are negotiated and provided
- They complete time sheets and work schedules where appropriate
- Include volunteers in staff development and in-service training where possible
- There are no monetary rewards for volunteerism, but the volunteer gain work exposure and in-service learning opportunities. Some organisations do give a small compensation just to cover essential expenses, e.g. travel expenses. Their contract should clearly spell out the monetary arrangement, even in the case of no payment.
- Ensure sufficient time to manage, support and supervise volunteers

Possible challenges in working with volunteers

- Volunteers could cost the organisation time and money
- Volunteers can be unreliable
- Paid staff not having enough time to manage volunteers
- Paid staff not knowing how to manage or supervise volunteers
- Resistance caused by volunteers
- Volunteers causing deterioration of quality service
- Abuse of resources
- Absconding
- Having their own problems and needs that they expect the organisation to deal with or fulfil

When managed, supported and supervised correctly, volunteers form an essential part of the organisation in delivering services.



Summary

The guide illustrates Self-help groups as an effective method to provide services to people affected by addiction. With fairly limited funding and resources, a Self-help group can be established. Once well established, the groups are operated in a self-sufficient way with minimal input from Blue Cross staff and therefore don't demand a great deal of human capacity from the organisation. Empowering people to help themselves has sustainable value in the long term for those affected by addiction and for the organisation.

By introducing you to the concept of self-help groups and providing sufficient information, we hope you are inspired to start self-help groups in your country. We encourage you to obtain further experience and learning by applying the knowledge in practice. Within the Blue Cross network there are resources and experts that can provide guidance. We encourage you to keep in contact with IFBC. We will support you where possible and link you with relevant resources and organisations where needed.

We wish you great success in making Self-help groups a reality in your country!

“Encourage, lift and strengthen one another. For the positive energy spread to one will be felt by us all. For we are connected, one and all.” – Deborah Day

Appendix 1

Co-dependency Fact Sheet

AN EDUCATIONAL FACT SHEET FROM THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

TREATING THE FAMILY

Traditionally, the focus in treatment for those with substance abuse problems has been on the substance abuser, not on the family members surrounding him. Treatment professionals did not realize that the substance abuser had a profound effect on family members and others who often developed problems and unhealthy behavior patterns of their own as a reaction to the substance abuser. Not until alcoholism became recognized as a disease did treatment begin to address the problems of the whole family and its individual members, not just those of the substance abuser.

Codependency's origins can be traced to assessments of how non-alcoholic family members were affected by a family member's alcoholism. The term codependency later came to include exposure to life in any dysfunctional family, not just an alcoholic family. A dysfunctional family is defined as a family that functions in abnormal and unhealthy ways. Dysfunctional families include those having other substance abuse problems such as cocaine addiction or unhealthy behavior patterns such as incest or spouse abuse.

In dysfunctional families it is natural for family members to care for and be affected by the member who has a substance abuse or serious behavior problem. As this member's problems become more serious and unresolved, the family members become more affected and react intensely. This is a reactionary process in which the family members/involved people see the substance abuser or unhealthy member destroying himself. As a result, they become compulsively "dependent" on similar destructive behavior patterns of their own, such as work addiction, eating disorders, or unhealthy relationships with one person or many people.

CHARACTERISTICS OF CODEPENDENCY

Groups who are at high risk for codependency are spouses of substance abusers, people who are recovering from substance abuse themselves, adult children of alcoholics, work addicted people and their families, and professionals who work with addicted persons. As a result of being raised in a dysfunctional family or having constant exposure to one, individuals in these high risk groups exhibit many codependent characteristics.

LOW SELF ESTEEM AND EXTERNAL REFERENCING

Codependents can be addicted to relationships in the same way alcoholics use alcohol to get a "fix" or "high". They feel they have no meaning or self-worth in and of themselves, and are worth while only in relation to someone else. Codependents may respond only to external cues, not to internal feelings or perceptions.

CLINGING RELATIONSHIPS

Each person in a codependent relationship often cannot survive without the other. Neither person functions independently. The codependent spouse (often involved with a substance abuser) finds security in this type of relationship even though it is unhealthy.

LACK OF BOUNDARIES

Codependents may not recognize themselves as separate people with separate emotions and ideas. They are so externally oriented that they "take on" other people's emotions, such as anger, as their own and do not recognize that this is happening. Codependents do not know where they "end" and others "begin."

IMPRESSION MANAGEMENT

Codependents may believe they can control others impressions of them. They constantly strive to present themselves as "good" people and always worry what others think of them.

MISTRUST OF PERCEPTIONS

Codependents dismiss their impressions of situations unless these impressions have been externally validated by someone else. Even if the codependent has very clear perceptions and ideas, another person's perception is trusted instead of their own.

CARETAKING

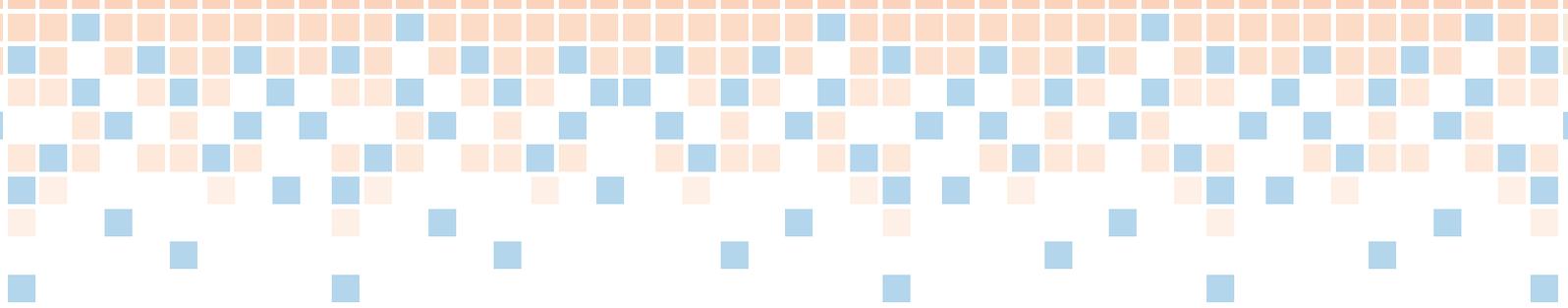
Codependents have low self-esteem and are externally oriented. As a result, they often become caretakers of others (such as substance abusers) and neglect themselves. The person being cared for is not allowed to take care of himself or meet the needs of the codependent.

ADDICTIONS

Codependents can often develop chemical dependencies themselves or become addicted to such things as food, power, or work. These nonchemical addictions provide the same type of "fix" as the one received by a substance abuser. These dependencies are destructive and need to be recognized and treated also.

FEELINGS

Codependents become so preoccupied in fulfilling the expectations of others that they lose touch with their own feelings. They allow themselves to experience only acceptable feelings, such as compassion, and to ignore negative feelings such as anger. In a chemically-dependent/dysfunctional family, feelings often become "frozen" or totally ignored because the reality of the situation becomes too painful.



STAGES OF RECOVERY

Recovery from codependence can be achieved through a successful combination of professional treatment and self care. In seeking professional treatment, codependents must be careful to choose a therapist who recognizes that the codependent is in need of therapy for his own codependent problems, not only in relation to other family members who may have substance abuse or behavior problems. There are four essential stages a codependent experiences in recovery. These closely parallel the recovery stages of a substance abuser.

- Denial Stage. The codependent denies that a substance abuse or serious behavioral problem exists in the family. Consequently, the codependent denies that he is experiencing any individual problems.
- Acceptance Stage. The codependent begins to acknowledge his own unhealthy behavior patterns and take responsibility for them. He accepts the fact that he is “codependent” and that his life has become unmanageable.
- Core Issues Stage. The codependent accepts that he is unable to control the behavior of others and that successful relationships allow each person in the relationship to be independent.
- Reintegration Stage. Codependents learn to believe that they are worthwhile in themselves and that being worthy is not something that must be “earned” through particular behavior patterns or relationships with others.

SELF CARE

In addition to seeking professional treatment and working through the recovery stages with a trained therapist, codependents can take additional self-care steps to aid their recovery:

- Detachment. Codependents can learn to separate themselves from unhealthy relationships with others in order to work on their own recovery.
- Removing the Victim Image. Codependents acknowledge that they are not victims and have the power to create positive change.
- Independence. The codependent learns to trust himself and realize that he can care for himself without help from others.
- Living Your Own Life. Codependents begin to focus on themselves and their own goals instead of focusing exclusively on others.
- Accepting Reality. The codependent acknowledges and accepts the problems in his life in order to begin solving them.
- Experiencing Feelings. In dysfunctional families, codependents learn to deny feelings in order to survive. Recovery involves getting in touch with emotions and accepting them, both negative and positive.
- Setting Goals. As codependents shift their focus from others to their own lives, they realize that they can accomplish goals and create self- fulfillment.
- Working a Twelve-Step Program. Created by Alcoholics Anonymous, twelve-step programs are designed and adapted to help anyone recovering from their own dependencies or those of others through the structure and support of a self-help group.

CODEPENDENCE WITHIN OUR CULTURE

Our culture encourages codependent behaviors by reinforcing values which are unhealthy for individuals.

Unhealthy values include:

- Materialism. Our culture focuses on external factors such as money and possessions, and relates them to a person’s worth. Individuals come to believe they are worthy because of what they have, rather than because of the type of person they are. Consequently, when a codependent person experiences problems, he may seek an external solution (such as a chemical substance or destructive behavior) to solve his internal problems.
- Perfection. Perfection is sought in all areas of our society such as work, academic performance, beauty, and most importantly, through relationships. This sets the codependent up for failure because people are imperfect and cannot excel to perfection in these areas. Consequently, codependents have difficulty accepting themselves, their achievements, and their relationships because they are “imperfect.”
- Separation of Feeling from Rational Thought. Individuals in our society are encouraged to “think” and not “feel,” as if these processes are separate and distinct and feelings don’t count. Denial of feelings is extremely harmful to codependents because they lose touch with themselves and become incapable of self-fulfillment.

INTERNAL FOCUS IS CRITICAL

To recover and become healthy, the codependent person must shift from an external focus (on other people, relationships, work, food, or power) to an internal focus (on his own feelings, needs, goals, and desires). The codependent learns that healthy behavior and self-fulfillment can be achieved by knowing, accepting, and trusting in himself as an independent person, and not by becoming dependent on something or someone else.

<http://ocw.umb.edu/counseling-and-school-psychology/substance-abuse-and-the-family/New%20Folder/codependency.pdf>

Appendix 2

Agreement self-help group Sample

A group lives of what each person brings into the group

GENERAL AGREEMENTS AND REGULATIONS

Who should the group be open to?

- For dependents / Family (Alcohol and drugs) Women / Men

From where and how do the people come to the group?

- Through personal contacts
- From the therapy stations of Münsingen (Switzerland)
- From similar therapy stations
- People who were informed about us at events.
- General PR work (flyers, website)

What do I expect in our group?

- Openness, tolerance, be able to talk and listen, no homilies, honesty to yourself and others (as important headwords)

How large should the group be?

- At the most 6 - 8 people

Venue

- Azzurro, Lindenrain 5 CH-3012 Bern - Ground floor / Self-help center / Non-alcoholic meeting point of the Blue Cross.

Frequency / day of the week

- Mondays, every 2 - 4 week / always on odd or even weeks

Time

- 6:30 p.m. - 8 p.m.

Punctuality

- Punctuality is desired - tardiness must be justified

Responsibility

- We want to teach responsibility and discipline
- If one is unable to come, the contact person must be notified

Absence and support

- During the gathering it is decided who should contact the missing person if they have missed 2 - 3 meetings
- No "pretty please", that means neither the group nor the inquiring person will take responsibility for another person.

Anonymity of the group

- Every group member and the coordinator gets the addresses and phone numbers of the self-help groups blaubrugg
- Addresses are very confidential and may not be passed on without agreement of the group.

How is information disseminated?

- At the next group meeting, by telephone or mail.

New group members

- First contacts are usually through the coordinators.
- Primary talk with the groups contact person.
- In case there is a sincere interest in the group, the interested person can attend 2 - 3 meetings to get to know one another.
- Every group member can bring suitable people who are interested to a meeting.

How are decisions made about new admittances or group expulsions?

- Majority vote or the right to veto?

Traffic light system regarding new members

- Due to (too much fluctuation, too many new members in a short time...) the group can decide to stop admitting new members. Generally however, new members are wanted. The coordinators will be notified.

Criteria for expulsion of group members

The following cases are to be differentiated:

- Temporary expulsion, i.e. for a meeting, if a member comes to a meeting inebriated or as a sanction, which will give the member a second chance.
- Definite expulsion, this could be the case if someone systematically disturbs meetings, when an elementary and reasonable discussion is not possible. Furthermore an expulsion is possible if a person does not and will not heed the conditions stipulated in this agreement.

In these cases the problem should be openly discussed at a meeting. There should be an agreement among all members that the disrupting member no longer participates in the group meetings. A vote on the exclusion of a member should only be the last resort, in order that the group can remain functional.

Confidentiality

Everything that is discussed at the meetings stays in the group. This is one of the most important elements, if not the decisive one, to ensure a good foundation of trust in the group.

Aims and concerns regarding the drug

Only those who show they have really credible aims to become abstinent, or to stay sober, can join. Those who pursue a credible intention of abstinence, but suffer a relapse from time to time, are welcome.

Dealing with relapse

Relapses can always occur. They are part of our life. It is expected that relapses are talked about openly and objectively in the group when they have happened, no sermons, no unsolicited advice etc. Especially important is the fact that the person can talk about the relapse and that the others listen.

Contact person, also responsible for the key to the premises!
The Group determines the person and his deputy and informs the coordination office of any changes.

SCHEDULE OF THE MEETINGS

Who leads the groups?

- Basically, all participants can take turns heading the meetings.
- On each group evening - if possible - it is agreed at the beginning who will take the chair at the next meeting. All group members and in particular the contact person is to ensure that this item of the agenda is not forgotten.

How should the individual sessions be run?

The leader takes responsibility to ensure that all parts of the agreed upon agenda are executed.

- Welcome and apologies
- Agreement, who will head the next group evening
- Tasks and mandates to be distributed
- Group discussion on everyone's state of mental health (mood of the evening round)
- Break
- Discussion of one or more subjects. The subjects usually arise from the above mentioned discussions or were kept as open subject from an earlier meeting.
- Impulses, ideas, plans for upcoming regular or extraordinary group meetings
- Round of feedback. This final round of discussion should help say their goodbyes. Good things and difficult questions should be cleared now. Not to pick up on the previous discussion again. That will be done at a next meeting.
- If possible, close the meetings on time.
- How should group evenings be prepared?
- In general, the subject comes out of the "mood of the evening round".
- If no subject transpires from the "mood round", the chair of the evening can ask participants to choose a subject from the special sheet or booklet of "open issues"
- In order to prepare a subject and to stimulate a discussion, the leader formulates (with the help of the other participants) an understandable and appealing question or an input with text or an image.

What rules should be set up for the discussions?

- Anything discussed in the group is very confidential.
- It is preferred to use the personal form "I" instead of the general "one" as the personal feelings are wanted.
- Everyone should be able to contribute. The speaking times of each individual are to be monitored so these are equal.
- We carefully comment it if someone hogs the floor too long or talks too much.
- We listen attentively in order to understand each other, not to preach.
- Advice and tips are only given, if they are explicitly requested.
- Interpreting the spoken word, allegations and probing questions are not wanted.
- Problems in the group should be discussed openly. Each member has the right to declare his discomfort and to ask the other group members to describe their feelings.
- Someone who wants to get out of a group, officially announces this at a group meeting.

Appendix 3

Attitude of Parenting

THE HELPER'S APPROACH	THIS RESULTS IN THE FOLLOWING (FOR THE ALCOHOL ADDICT)
The helper is concerned about the alcohol addict.	The alcohol addict remains passive.
The helper takes responsibility away from the alcohol addict or pushes him/her towards certain decisions (e.G. A withdrawal treatment)	The alcohol addict does not feel responsible, because he does not make his/her own free decisions. If something goes wrong he/she blames the helper.
The helper tries to solve the problems (e.G. At work/ in family / etc.) Of the alcohol addict.	The problematic attitude of an alcohol addict who thinks already "i can not cope with my own problems, i need someone else who does it for me" gets even encouraged. Therefore, if something gets better, it is not considered as personal success but as success of the helper.
The helper acts like a father or mother, figuratively speaking, taking the alcohol addict by the hand and leading him/her on the way to abstinence.	The alcohol addict remains dependent like a child - though maybe not any longer alcohol dependent but helper dependent. Therefore he/she does not reach independency and maturity.
The helper pushes the alcohol addict towards abstinence and controls the commitment to abstinence.	The alcohol addict renounces alcohol just out of kindness towards the helper. Therefore the helper is always expected to be "kind", else the alcohol addict starts drinking again.

Attitude of Partnership

THE HELPER'S APPROACH	THIS RESULTS IN THE FOLLOWING (FOR THE ALCOHOL ADDICT)
The helper waits for the alcohol addict to take the first step.	The alcohol addict has to get active him-/herself
The helper encourages the alcohol addict to make decisions on his/her own even when they do not match the opinion of the helper.	The alcohol addict decides independently and therefore is responsible for the consequences of his/her decision.
The helper does not solve the problems of the alcohol addict. But the helper triggers and encourages the alcohol addict's conviction that he/she is able to tackle his/her problems.	The alcohol addict gains self-confidence. It is his/her success if a positive change happens. Therefore the self-esteem increases.
The helper accompanies the alcohol addict as equal partner on his/her way and shows him/her that he/she is able to take responsibility for his/her life.	The alcohol addict remains independent of the helper. Step by step he/she experiences that he/she is up to the requirements of life and gains inward maturity.
The helper has the courage to wait until the alcohol addict develops an inner motivation to achieve abstinence.	Because it is the own will of the alcohol addict to live abstinely, his/her abstinence is more stable.

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