



Depression and Bipolar  
Support Alliance

## DBSA Support Group Facilitation *\*Peer-Based Self-Help\**

To assist...

To make easier...

To *facilitate*...

Support groups hosted by DBSA chapters depend upon individuals to guide their peers through the process of a support group meeting. The support groups are not led by professionals or certified “experts.” They are led by patients and family members that are willing to serve as a *facilitator*. DBSA support group facilitators are not licensed or certified by any authority, but they do have one thing in common: a shared purpose. *To improve the lives of people living with mood disorders.*

**fa·cil·i·ta·tion** (fə-sīl'ī-tā-shən) *n.*  
The act of assisting or making easier the progress or improvement of something

**Question:** What is DBSA support group facilitation?  
**Answer:** The simple task of empathetically guiding peers in a healthy, confidential, and purposeful discussion that strives to improve the lives of people living with mood disorders.

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

**we are here to  
assist,  
encourage and  
enable each  
other in  
helping  
ourselves**

**Peer-Based, Self-Help.** These are not just nifty words or an overused slogan, but are the foundational pillars upon which we base who we are and what we do as a DBSA chapter. Let’s start with some definitions.

**Peer-Based.** Webster’s first definition of PEER is: one that is of equal standing with another.” In the DBSA context, a peer is a person with a mood disorder (a patient) or a family member of someone with a mood disorder. Another distinction of peer is that we

are not professionals — physicians and other mental health providers. Peers are not those providing treatment. If degreed or credentialed mental health professionals participate in DBSA groups, they always must do so as peers — patients or family.

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

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

- DBSA groups are not professional help. We are not degreed or credentialed professionals, and do not diagnose or provide treatment. We do not do what the professionals do.
- DBSA groups are also not peer help. We are not an alternative to professional care or a 12-step program. While there are some similarities to such programs we have no steps, program, or official guide book.
- DBSA groups are SELF-help.

Why is self-help an important distinction?

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

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

**DBSA Support Group Guidelines** (Your facilitation style is flexible. These guidelines, however, should remain consistent for every group in the country. You can add more guidelines, but it is important that every DBSA group understands and utilizes this set of guidelines)

- **Share the air**  
Everyone who wishes to share has an opportunity to do so. No one person should monopolize group time.
- **One person speaks at a time**  
Each person should be allowed to speak free from interruption and side conversations.
- **What is said here stays here**  
This is the essential principle of confidentiality, and MUST be respected by all.
- **Differences of opinion are o.k.**  
We are ALL entitled to our own point of view.
- **We are all equal**  
Accept cultural, linguistic, social and racial differences and promote their acceptance.
- **Use "I" language**  
Because we do not participate in support groups as credentialed professionals, *We do not INSTRUCT or ADVISE.* We however do share from our own personal experiences. We are unique individuals, and only we know what is best for our own health (along with our doctor's recommendations).  
Example: "In my experience, I have found..."
- **It's o.k. not to share**  
People do not have to share if they do not wish to.
- **It's everyone's responsibility to make the discussion groups a safe place to share.**  
We respect confidentiality, treat each other with respect and kindness, and show compassion.

**GUIDING ETHICS** of facilitating peer-based self-help support groups.

- As Facilitators, we are not leaders, certainly not therapists, and not even guides. We are here to aid and enable and encourage others in helping themselves, not to take the lead role in another's recovery — this is peer-based self-help.
- Facilitators do NOT diagnose, suggest a course of treatment, or instruct. We do not do what the professionals do, and peer support groups are not a substitute for qualified professional care.
- Remember we are here to *assist*. Everything we do must be from this perspective, whether it's keeping time, or handling difficult problems.
- Support group guidelines are *guides*, not *rules*, and MUST be applied with understanding and compassion.

**...to be an effective facilitator, we do not need an advanced degree, in-depth study or an extensive internship. What we need is relatively simple: to simply be helpful peers...**

**A Support group Facilitator:**

- Is any PEER and DBSA chapter member.
- Attends meetings on a fairly regular basis.
- Arrives before the meeting starts.
- Is able to respond in an unbiased and non-judgmental way.
- Is self-aware:
  - of their own situation, and how their personal disorder or the disorder of a loved one may color their responses
  - and in reasonable control of their own emotions
  - and able to know when they are having a bad day and should step aside from primary group facilitation
- Is open to peer review and suggestions from other facilitators and chapter leadership and Professional Advisor
- Is genuinely interested in aiding others.

**A Facilitator DOES:**

- Open the support group, remind participants of the basic principles, and close the discussion.
- Monitor the time, giving each person who wants to share a chance to do so in the time allotted.
- Keep the discussion on track, on an appropriate subject matter, in an appropriate tone and behavior.
- Clarify and summarize member's statements when necessary to assure general understanding.
- Model appropriate behavior for group members.
- Participate as an equal peer.

**A Facilitator Does NOT:**

- Dictate content.
- Dominate the discussion.
- Preach or lecture participants.
- Overtly inject personal opinion or values.
- Instruct any participant to try a particular course of treatment, medication, physician, or take a certain course of action.
- Attempt to run a "therapy session."
- Show surprise, hostility, or disgust to any participant.

**Facilitator Sensitivity:**

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

A facilitator needs to be aware of when someone:

- Is hurting.
- Needs more time to talk.
- Is made uncomfortable by excessive talk on a certain subject or the attitudes or actions of others in the group.
- Needs a chance to talk one on one to someone.
- Is in critical need of professional help.
- Is suicidal or in crisis.

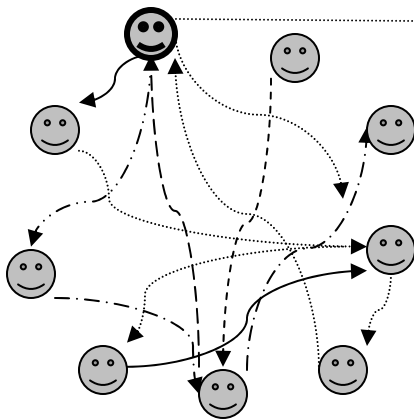
Special Thanks to DBSA Greater Omaha for significant portions of this guide.

## The Healthy Support Group Meeting

DBSA Support groups are meant to help people living with mood disorders live healthier, happier lives. Integral to this goal is creating a support group environment that is healthy and happy itself. This task can be challenging with the many personalities, backgrounds and needs that participants bring to the group. However, if your chapter has an ideal state in mind, then at least you will know what to work toward.

Managing the health of a support group begins by managing the health of the support group facilitator. As a facilitator, you should always be very aware of your own mental health. Certainly it is not expected that all support group facilitators are “mood-disorder-free,” on the contrary all facilitators are patients or family members of patients. However, if the energy it takes to facilitate a support group is detrimental to the facilitator’s health, then he/she should be prepared to hand over that responsibility to another participant. Considering co-facilitators is helpful for many DBSA groups. With co-facilitators, two people share the responsibilities of facilitating, and can work off of one another’s energy.

Following the health of the facilitator in importance, is the healthiness of the group dynamic. Many people refer to this as the “flow” of the discussion. Are all participants being heard? Is discussion shared equally among participants? Do group members feel free to interject helpful information without it being ‘their turn’? Are participants free to express their emotions in appropriate ways? Do participants respond to the other participants, or just the facilitator? These are important questions for facilitators to answer when assessing the health of their group. *What does a healthy flow of conversation look like for your group?*



**Healthy Flow:** In a healthy discussion, the facilitator starts the conversation, and makes sure it stays on track, but participants do not respond only to the facilitator. There is a natural, conversational flow to the discussion. This diagram shows several conversations that have taken place. In practice, a healthy group has many people acting as facilitators (starting & guiding conversation), even if they are not designated as the official facilitator. This provides for the future possibility of other participants serving in the facilitator role.

## **Potential Meeting agenda at a glance**

DBSA support groups are not required to operate according to a rigidly prescribed formula. The sample meeting format shown here incorporates the elements used by many of our groups and is intended to guide you. Try using this as a starting point for your group's discussion of member needs and how your group can be structured to meet those needs.

- **Gathering time**
- **Welcome**
- **Review what will happen at the meeting**
- **Review discussion guidelines**
- **Check-In**
- **Discussion**
- **Close the meeting**

### ***Detailed meeting agenda***

#### **Gathering or social time**

*Welcomes people .... breaks the ice*

Have one or more members of your start-up volunteers greet people as they arrive and thank them for coming. Encourage them to sign in on the list provided, including telephone and e-mail address, if available. This is the beginning of your group's mailing list, so try to get as many people to sign up as possible. However, if someone is uncomfortable providing information, do not require that they do so. Volunteers should offer nametags, invite guests to have refreshments if these are available, and help introduce them to others in the room. Make sure there are places for people to talk with others, and places for people to be alone or read informational materials. Be sensitive to individual needs and choices.

#### **Welcome**

*Brings people together and gets their attention ... provides a focus point*

*What you might say:*

"Hello, everyone, and thank you for coming tonight. We know that it may not have been easy for you to make the decision to attend. My name is Katie, and I'd like to welcome you. We're here tonight to start a support group for people with mood disorders like depression and bipolar disorder. This group will be affiliated with the Depression and Bipolar Support Alliance (DBSA). The mission of DBSA is to improve the lives of people living with mood disorders.

“Please sign our list so that we can let you know about future meetings. This list will be kept totally confidential and not shared with anyone else.”

Add any needed “housekeeping” announcements: where people can pick up materials, location of restrooms and water fountains, when the meeting is scheduled to end, etc.

### **Review what will happen at the meeting**

*Moves the group to the “business” part of the meeting ... everyone has the same information and knows what to expect*

*What you might say:*

“Now it’s time to review the format and schedule for the meeting. Tonight we will follow a procedure recommended by DBSA and designed to give everyone an opportunity to participate as they are comfortable. First we will check in, when each of us will have an opportunity to introduce ourselves by first name and tell us why you have come to this meeting.

“After the Check-In, we will have a talk about our mood disorders and share experiences, personal feelings, information, and strategies for living successfully with these illnesses. The discussion will last until [time] when the meeting will end.

“Before we begin to talk with each other, I’d like to review the guidelines for our discussion.”

### **State the DBSA support group guidelines**

*Everyone knows the guidelines and is responsible for following them*

You are encouraged to duplicate these guidelines for distribution to those present and perhaps display them on a flip chart or blackboard in your meeting room. Many DBSA groups find it is helpful to have someone to read the support group guidelines aloud before beginning discussion. This can be done by a group member, perhaps someone other than the facilitator.

#### **DBSA Support Group Guidelines**

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- **It’s everyone’s responsibility to make the discussion groups a safe place to share.**  
We respect confidentiality, treat each other with respect and kindness, and show compassion.

This is also the time for the facilitator to outline her/his role. “To facilitate” means “to assist or make easier.” Facilitators, therefore, assist the group by making easier the conversations and sharing that goes on at self-help meetings.

Facilitators:

- Are members of the group themselves, and have a personal experience with a mood disorder
- Are aware of and sensitive to the special needs of group members
- Promote and help foster the sharing of experiences, feelings, and ideas
- Actively listen more than talk
- Direct discussion only to keep it focused, relevant and productive
- Promote good will, mutual respect and pro-activity among group members
- Discourage unhealthy confrontation among members

*What you might say:*

“I am here as a volunteer and a person with a mood disorder who will be facilitating discussion today. This is our group, and I am not here as the person with all the answers. My role is to simply keep our discussion on track and to help maintain a productive environment. To do that, I may occasionally ask a question, make a comment, or help move discussion along.”

### **Check-In**

*A chance for each person to find out who else is at the meeting, and what their issues are .... to know that they’re not alone.*

Each person has an opportunity to introduce themselves by their first name and tell the group why they came to the meeting that day.

*What you might say/hear:*

“My name is Mary, AND ...

AND ...

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

The Facilitator briefly reacts to each person as a way of acknowledging his or her presence. Don’t start discussion of specific questions or topics at this time; keep the introductions going. It is natural for some people to want to tell their whole story now, but it is essential that the group facilitator remind each person that this is a check-in time only, and that everyone will have the opportunity to talk more soon.

*What the facilitator might say after each person has an opportunity to speak:*

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

## Open Group Discussion

### *The heart of why a DBSA support group exists*

After Check-In, the facilitator can begin discussion in several ways. Sometimes a topic of common concern has been identified during the Check-In, and the facilitator can begin discussion using this topic. For example, if several participants have expressed frustration about communicating with their psychiatrists, the facilitator might say, “It sounds as if a number of us are having challenges in working with our doctors. As we go around the circle tonight, you are all welcome to address the challenges or successes you have had in partnering with your doctor along with anything else you’d like to discuss. Perhaps we can determine a number of possible approaches for ourselves in dealing with this concern.”

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

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

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

- **Restate** – Members need to know that others have been listening. Restating what others say in other words is the simplest way to let them know you are paying attention.
- **Question** – Ask questions that seek more information or clarify what a member has said: “Maurice, can you tell us more about ... ?”
- **Redirect** – Ask other group members to respond to what has been said: “I wonder if anyone has some thoughts about what Jennifer has just shared.” This can be a good technique for drawing out quieter group members and involving them in the discussion.
- **Reflect** – Identify the feelings that underlie what is being said. This is done in an intentionally tentative way: “It sounds as though ... ”
- **Validate** – If you have experienced some of the feelings being expressed by a member, say so and tell them you understand why they feel that way. You

can do this without agreeing with someone or condoning unacceptable behavior.

- **Summarize** – Review what the conversation has been about up to the present. This puts things in perspective, refocuses discussion, and shows where discussion can go.
- **Share** – Facilitators shouldn't forget that they are also group members. They should share feelings and experiences when it is their turn.

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

The facilitator should be prepared to deal firmly but kindly with individuals who are hypomanic, hostile, antagonistic, discouraged, and depressed. Remember that everyone in the group, including you, has experienced difficulty in their lives. Strive to be patient, kind, and empathetic, but remember that the purpose of the meeting is to provide productive support for everyone. If one individual is dominating discussion, for example, it is appropriate for the facilitator to intervene and move on to another member of the group. If someone appears to be unable to participate productively in discussion, is in crisis or suicidal, be prepared to summon assistance or make sure that the individual in question gets the help they need from another resource. See the "Handling Problems" section for more.

## **Close the Meeting**

*Brings closure to the session*

*How to do it:*

- Give a 10- or 15-minute notification before discussion is scheduled to end.
- Ask members to make any final comments or summaries
- Briefly summarize what has happened at the meeting
- Ask people how they feel the group has helped them
- Announce next meeting date/time/place OR (if this is your first meeting) get commitment from attendees to meet again and determine date/time/place
- Encourage new attendees to attend 3 or 4 times before deciding whether a support group is right for them or not.
- Encourage attendees to tell others about the group, including their doctor/other mental health professional
- Ask for volunteers to help with the next meeting
- Refer to fact sheets or other information/materials that are provided to participants
- Thank everyone for coming

There is no single way to facilitate effectively, but if you follow these basic concepts and trust your own good instincts, you will do just fine. Every facilitator finds her/his own style and rhythm over time. Even if you feel anxious and

awkward at first, as you gain experience you will be pleasantly surprised at how comfortably you and other members of the group slip into this role. Although not required, many current and potential facilitators have found it helpful to attend facilitators training offered by DBSA, or to seek other training from a self-help resource center.

### **Handling Problems:**

We are people with or have family with mood disorders. We are not professional counselors. Don't expect to be able to deal effectively with every difficult situation that arises.

- If you become overwhelmed or things get out of hand, GET HELP - quietly ask another person in the group to go get one of the chapter leaders or another facilitator. Because you are a peer, and not a professional, it is responsible to ask the group to determine how to handle a situation that has gotten out of hand.
- Jot down problems and share them with other facilitators, bring them up when meeting with the Professional Advisor.
- Reference DBSA conflict management tools, crisis intervention tools, etc. for assistance with challenging situations.

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

1. Clarify the issue. What exactly is each person angry about? Can each person state 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.
2. Ensure group back-up 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, as they don't feel so alone.
3. Encourage "I" Statements. Speaking from one's own experiences and feelings is more conducive to productive conversation in a conflict situation than making statements about "you" and "your" behavior. Help the group avoid passing judgment on one another.
4. Allow people to finish statements. People should be able to complete their thoughts. Often conflicts are resolved simply by letting everyone be heard.
5. Keep Discussion Focused. Try not to allow side issues to be brought in unnecessarily, and thereby complicate matters. Try to keep people talking about one issue at a time.

6. Encourage and Model ACTIVE LISTENING. Occasionally restate what each party is saying, or ask them to do it. People, more than anything else, what to know they're being listened to.
7. Take a short break. When things feel out of control, it may be useful to ask for a moment or two of silence, or perhaps to encourage a stretch, or a coffee break. A cool-down period can be very helpful.
8. Invite others to help out. Peer-led support groups are, by definition, led by equal peers. Sometimes it can be helpful to ask another peer to step in for a while and guide the discussion. Often, this change of voice can change the group's attitude as well.
9. End the meeting with a "round-robin." Whether or not there is still anger in the air, it might be useful to give people in the group a chance to have a "last word" or two about what happened during the meeting, and about what they might want to see happen next time.

### **10 Tips for Preventing Conflict**

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

#### **1. Gossip: Just say no**

No one trusts a gossip. Gossiping is a great way to signal to your group members that you're not caring or professional, and more importantly may violate the rules of group confidentiality.

#### **2. Praise: Always in short supply**

If you use someone's idea or work product, grant them credit. Announce their contributions publicly. You'd hope for the same courtesy from them.

#### **3. Don't burn bridges**

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

#### **4. Communicate**

Be open. Be honest. Rumors feed on themselves in the absence of reliable information. Regularly communicating with co-leaders and group members about what you're working on is the key to preventing people from jumping to the wrong conclusion when, say, you need to miss a meeting.

#### **5. Forego public shame and blame**

It's amazing how many otherwise smart people think that public humiliation is a good way to force another into more productive habits. People will make mistakes and do appreciate discussing concerns in private.

### **6. Talk to everyone**

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

### **7. Include the group in group decisions**

A democratic process in DBSA chapters has proven to be an effective manner with which to govern the group's decisions. Not many things can cause more conflict than *one person* making all of the decisions for others. Sometimes it may seem as though you are being helpful by taking "responsibility" for a decision. Always make sure that all stakeholders are considered and included in the decision-making process

### **8. Give constructive feedback often**

This tip is similar to tip # 2, above, but deals more with feedback that might not be full of praise. *Constructive feedback* means more than telling someone when they've done something wrong. It means making positive suggestions that are future oriented. Stop conflicts before they start by providing constructive feedback along the way.

### **9. Intentionally seek participants outside the "inner circle"**

Most groups, including DBSA chapters, have an "inner circle" of participants that are always there, always volunteer, and everyone knows. If you are a part of this "inner circle" you may sometimes find that you never leave that small group of people in social interaction. Avoid conflict by intentionally seeking out those participants that are beyond that "inner circle" of leaders, and grow your relationships with them.

### **10. Have agreed upon policies for conflict management in place**

Every chapter should have an agreed upon policy in place for:

- A. Suspending a disruptive participant from chapter activities
- B. Suspending a member of the board/leadership of the chapter

If these policies are in place beforehand, conflicts that arise can be much easier to manage. Remember that DBSA support groups are sometimes the only connection to free/low-cost help that some people have. Suspension should only happen if absolutely necessary, and should always allow the opportunity for participation in the future.

## DBSA Support Group Facilitator Traits

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

Effective facilitators are...

Natural  
Genuine  
Interested in others  
Using personal experiences  
Clear  
Non-judgmental  
Organized  
Confident  
Encouraging  
Team players  
Time sensitive  
Aware of details  
Flexible  
Adaptable  
Focused on others  
Approachable  
Compassionate  
Trustworthy  
Inclusive  
Patient  
Open about themselves  
Equal participants  
Proactive

## **Helpful Tips for Facilitators**

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

- Keep eye contact with all participants. By simply looking at someone and smiling, you help the person feel part of the discussion, even if they haven't said anything for awhile.
- Address people by their names. This helps everyone learn each other's names and provides a way to let support group participants know that you care what happens to them.
- Notice who talks and who doesn't. Don't press newcomers to talk. If someone who has been quiet talks, encourage more discussion of the point.
- Be aware of group energy and individual relations. Glance around the room frequently, checking expression and body language. You may want to include people who appear bored in the discussion.
- Let one person talk at a time. If someone does not get to finish a point, go back to that person. If someone tries to contribute but can't get into the conversation, give that person the floor.
- Keep discussions on a personal and feeling level. Challenge generalizations such as "all men/women are..." by asking those present if the statement just made pertains to them. Encourage "I" statements along the way. You may feel that you need to share some of your own experiences to pave the way.
- Listen so that you can give positive feedback, extend support, and call attention to similar or conflicting points of view.
- Let members speak first and throw questions directed at you back to the group. For instance, ask, "What do all of you think?"

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

## **BASIC GUIDELINES FOR PEER DISCUSSION GROUPS**

### **• Share the Air**

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

### **• One person speaks at a time**

Each person should be allowed to speak free from interruption and side conversations.

### **• What is said here stays here**

This is the essential principle of confidentiality, and MUST be respected by all.

### **• Differences of opinion are OK**

We are ALL entitled to our own point of view.

### **• We are all equal**

Accept cultural, linguistic, social and racial differences and promote their acceptance.

### **• Use “I” language**

Because we do not participate in discussion groups as credentialed professionals, NO ONE CAN INSTRUCT. We however can share from our own personal experiences. As an example, we cannot say – “*you should do X.*” we should say: “*when I was faced with that problem, I...*” Always put things in the context of our own experiences.

### **• It’s OK not to share**

People do not have to share if they do not wish to. Much can be gained by just listening.

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

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

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Because we do not participate in discussion groups as credentialed professionals, NO ONE CAN INSTRUCT. We however can share from our own personal experiences. As an example, we cannot say – “*you should do X.*” we should say: “*when I was faced with that problem, I...*” Always put things in the context of our own experiences.

### **• It’s OK not to share**

People do not have to share if they do not wish to. Much can be gained by just listening.

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

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

## **BASIC GUIDELINES FOR PEER DISCUSSION GROUPS**

### **• Share the Air**

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

### **• One person speaks at a time**

Each person should be allowed to speak free from interruption and side conversations.

### **• What is said here stays here**

This is the essential principle of confidentiality, and MUST be respected by all.

### **• Differences of opinion are OK**

We are ALL entitled to our own point of view.

### **• We are all equal**

Accept cultural, linguistic, social and racial differences and promote their acceptance.

### **• Use “I” language**

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