



Depression and Bipolar
Support Alliance

TRANSCRIPT

DBSA Chapter Leadership Online Learning
Facilitator Orientation Series 3, Session 2
Managing Facilitation Challenges

August 17th, 2005 7:00 p.m. Central Time

Facilitated by Matt Mattson, Chapter Relations Manger – DBSA

DBSA MATT (Aug 17, 2005 8:08:05 PM)

Welcome everyone! I'm Matt Mattson, Chapter Relations Manager for DBSA, and I'll be facilitating this second session of the Online Facilitator Orientation Series! It's o.k. if you weren't here for the first session...

DBSA MATT (Aug 17, 2005 8:08:23 PM)

If you did miss the first session, be sure to visit DBSA's Chapter Management Website (www.DBSAAlliance.org/ChapMgtEntrance.html) for the TRANSCRIPT from that first session. There was GREAT discussion by nearly 20 participants.

DBSA MATT (Aug 17, 2005 8:08:47 PM)

We've got about 35 people registered for tonight! That's a lot for an online chat, so please be patient and understanding, if you would.

DBSA MATT (Aug 17, 2005 8:09:02 PM)

We'll stop the FORMAL discussion at 8:00 p.m. CT, but informal discussion can continue after that... We won't be able to discuss EVERYTHING about facilitation, for sure, but we can get a start... Also, there is one more facilitator orientation chat sessions planned for this series: September 21st – Case Study Discussions

DBSA MATT (Aug 17, 2005 8:09:27 PM)

I'll try to make sure we stay on topic, so please be understanding if I try to redirect our conversation at any point...

DBSA MATT (Aug 17, 2005 8:09:40 PM)

Tonight we'll be discussing "Managing Facilitation Challenges" – whatever that means to you! I'll pose some questions and discussion points, and you can chime in as often as you like.

DBSA MATT (Aug 17, 2005 8:09:59 PM)

Please just keep participating, and I'll try to send each of you a transcript of tonight's discussion (barring any technical glitches).

DBSA MATT (Aug 17, 2005 8:10:12 PM)

I want to remind everyone that this is a session meant for SHARING best practices among chapter leaders – don't expect too many specific instructions from me during the discussion. You all have the answers, I'm just guiding the discussion.

DBSA MATT (Aug 17, 2005 8:10:37 PM)

The chat's success depends upon your active participation... thanks for being here and for sharing your wisdom with all of us!

DBSA MATT (Aug 17, 2005 8:10:47 PM)

Everyone ready to get started?

ophelia (Aug 17, 2005 8:10:57 PM)

yes

April (Aug 17, 2005 8:11:04 PM)

yes

kates (Aug 17, 2005 8:11:07 PM)

yeppers

Judy (Aug 17, 2005 8:11:08 PM)

Yes

DBSA MATT (Aug 17, 2005 8:11:17 PM)

Where's everyone typing from?

kates (Aug 17, 2005 8:11:23 PM)

b'ham alabama

jacqueline (Aug 17, 2005 8:11:27 PM)

Southern CA

ophelia (Aug 17, 2005 8:11:30 PM)

i may have to leave early, pls don't be offended

ophelia (Aug 17, 2005 8:11:35 PM)

Texas

Judy (Aug 17, 2005 8:11:36 PM)

Yuma, AZ

April (Aug 17, 2005 8:11:37 PM)

WI

kates (Aug 17, 2005 8:11:37 PM)

(me too, ophelia)

DBSA MATT (Aug 17, 2005 8:11:46 PM)

I'm in Chicago, if you hadn't guessed already... Welcome all, from all over!

DBSA MATT (Aug 17, 2005 8:11:55 PM)

DBSA Support Groups are: A gathering of peers who assist, encourage, and enable each other in helping themselves. Each one follows his/her own unique path to wellness and chooses to make that journey in the company of others headed in the same direction.

DBSA MATT (Aug 17, 2005 8:12:16 PM)

DBSA Guidelines that every facilitator should begin EVERY Support Group meeting with: *Share the Air, *One person speaks at a time, *What is said here, stays here, *Differences of opinion are o.k., *We are all equal, *Use "I" language, *It's o.k. not to share, *It's everyone's responsibility to make the support group a safe place to share.

DBSA MATT (Aug 17, 2005 8:12:49 PM)

Getting to the topic of the evening... What are some examples of CHALLENGES you've faced (or could imagine facing) as a support group facilitator?

kates (Aug 17, 2005 8:13:07 PM)

someone monopolizing the discussin

DBSA MATT (Aug 17, 2005 8:13:17 PM)

Good one kates....

DBSA MATT (Aug 17, 2005 8:13:32 PM)

What are some others? Feel free to just "shout" them out.

ophelia (Aug 17, 2005 8:13:38 PM)

i have one

DBSA MATT (Aug 17, 2005 8:13:47 PM)

outstanding, o.

DBSA MATT (Aug 17, 2005 8:14:07 PM)

What are some challenges you've dealt with?

jacqueline (Aug 17, 2005 8:14:10 PM)

a very manic group member

ophelia (Aug 17, 2005 8:14:13 PM)

what happens when the group appears to be a dumping ground for people with all types of mental illnesses, not just bp or depression

April (Aug 17, 2005 8:14:18 PM)

How to handle crises when they happen. It doesn't necessarily have to related to suicide, but other situations.

DBSA MATT (Aug 17, 2005 8:14:20 PM)

What are some support group challenges you could imagine dealing with?

Judy (Aug 17, 2005 8:14:24 PM)

Participant brings parent to group and becomes angry with parent

DBSA MATT (Aug 17, 2005 8:14:26 PM)

good...

DBSA MATT (Aug 17, 2005 8:14:31 PM)

good question ophelia

DBSA MATT (Aug 17, 2005 8:14:47 PM)

Yes... April, all sorts of crises should be planned for.

DBSA MATT (Aug 17, 2005 8:15:17 PM)

Judy... that's an interesting one. There are a lot of unique challenges that can come up when loved ones are there with their patient/consumer family member.

DBSA MATT (Aug 17, 2005 8:15:22 PM)

What are some others all?

kates (Aug 17, 2005 8:15:46 PM)

um....

jacqueline (Aug 17, 2005 8:16:19 PM)

facilitator dominating the group

ophelia (Aug 17, 2005 8:16:22 PM)

potential members are actually being turned off from joining because of the mental illness overload other than bp and depression

DBSA MATT (Aug 17, 2005 8:16:28 PM)

Well, suicidal individuals was mentioned a little... Do others have concerns with how to handle suicidal participants?

DBSA MATT (Aug 17, 2005 8:16:37 PM)

YES... Facilitator dominating the group. good one.

April (Aug 17, 2005 8:16:38 PM)

Judy, I never thought of that, but I guess it could easily happen particularly if the parent more or less "coerced the person to attend.

kates (Aug 17, 2005 8:16:51 PM)

someone there who isn't med compliant...who is disruptive

DBSA MATT (Aug 17, 2005 8:17:09 PM)

Ophelia... sounds like that's close to home. How do you handle those that join in that are "other than" bp or dep?

DBSA MATT (Aug 17, 2005 8:17:22 PM)

April... good point.

DBSA MATT (Aug 17, 2005 8:17:33 PM)

Kates... yes, that happens a lot in a lot of groups.

Judy (Aug 17, 2005 8:17:43 PM)

A group member tries to do therapy

DBSA MATT (Aug 17, 2005 8:17:44 PM)

All great examples. Facilitating comes with its fair share of tricky tasks. Here are some challenges I thought of before the program: *Person monopolizes discussion *Argument between participants *Participant crying unstopably *Participant leaving group angry/crying *Disruptive/Interrupting participant

DBSA MATT (Aug 17, 2005 8:17:59 PM)

Some other challenges might include: *Gossiping/Violating confidentiality policy *Abuse of telephone lists *Recommending medications **Sex" as a topic (in an inappropriate way)

*Prescribing Religion or Spirituality to others *A participant is suicidal *A participant is violent toward others

DBSA MATT (Aug 17, 2005 8:18:28 PM)
Any reactions to all of those?

drheathrann (Aug 17, 2005 8:18:29 PM)
(This user has entered Chapter Leader Online Learning) (IP = 199.184.237.211)

DBSA MATT (Aug 17, 2005 8:18:34 PM)
Dr. welcome.

ophelia (Aug 17, 2005 8:18:38 PM)
really have no clue, Matt. what is the politically correct way of separating them from group

ophelia (Aug 17, 2005 8:18:46 PM)
them

drheathrann (Aug 17, 2005 8:18:48 PM)
hello --sorry had trouble logging in

DBSA MATT (Aug 17, 2005 8:18:53 PM)
Good question, ophelia... let's ask everyone.

DBSA MATT (Aug 17, 2005 8:19:40 PM)
Ophelia wants to know the best way to manage the situation when many participants come to a DBSA group, but have mental illness outside of depression/bipolar. Schizophrenia is the most common one that I hear from facilitators.

DBSA MATT (Aug 17, 2005 8:19:53 PM)
Again, YOU ALL are the experts... so, WHAT ARE SOME EFFECTIVE WAYS TO MANAGE THESE CHALLENGES? (just throw out some ideas.)

ophelia (Aug 17, 2005 8:20:06 PM)
it's ruining the chapter, guys

kates (Aug 17, 2005 8:20:08 PM)
well, people with schizophrenia face a lot of the same issues as those with bp

DBSA MATT (Aug 17, 2005 8:20:18 PM)
true kates...

kates (Aug 17, 2005 8:20:24 PM)
it seems that both might have something to gain from the other

jacqueline (Aug 17, 2005 8:20:27 PM)
Facilitators are very clear that group is only for people with bp and depression

DBSA MATT (Aug 17, 2005 8:20:30 PM)
other thoughts out there? Ophelia, can you explain the situation more?

DBSA MATT (Aug 17, 2005 8:21:02 PM)

Jacqueline, this probably isn't what you meant, but couldn't that possibly exclude people who haven't been diagnosed yet?

DBSA MATT (Aug 17, 2005 8:21:11 PM)

Just asking for the sake of discussion.

DBSA MATT (Aug 17, 2005 8:21:23 PM)

Again, YOU ALL are the experts... so, WHAT ARE SOME EFFECTIVE WAYS TO MANAGE THESE CHALLENGES? (just throw out some ideas.)

ophelia (Aug 17, 2005 8:21:52 PM)

well, it's just so obvious that these people need more help than we can provide them. they use the group for therapy even though it is said that that is not what we are here for

kates (Aug 17, 2005 8:22:01 PM)

i think in the case of other dx attending, it would depend a lot on how it effected the group

drheathrann (Aug 17, 2005 8:22:03 PM)

I like to refer people to support groups where people are dealing with the same issues. Our local NAMI has a peer support group mostly schizophrenic

ophelia (Aug 17, 2005 8:22:34 PM)

yes, but how do you approach them directly

DBSA MATT (Aug 17, 2005 8:22:39 PM)

Good.... DR. Referrals are a great technique. Perhaps having a list of local resources on hand...

drheathrann (Aug 17, 2005 8:22:44 PM)

not just saying that they can't attend dbsa but making sure that they know there are equally good alternatives for them -- after the meeting

DBSA MATT (Aug 17, 2005 8:22:47 PM)

good questions, ophelia...

drheathrann (Aug 17, 2005 8:22:50 PM)

one-on-one

ophelia (Aug 17, 2005 8:23:25 PM)

but that would seem to single them out, make them feel unwelcome

April (Aug 17, 2005 8:23:29 PM)

I recently had a member who had to respond to whatever anyone else said. It was almost impossible to interrupt the individual in order to allow others to speak. Actually everyone felt the inhibition. We all tried to do our best working together. As facilitator I repeatedly had to remind the person that others still needed to talk.

DBSA MATT (Aug 17, 2005 8:23:43 PM)

Good... Dr... I like to advise that you put the conversation in the context of "for their benefit." You just want to help as much as you can, and because our groups aren't set up to appropriately serve people with that diagnosis, it is best for everyone to maybe try a different group.

DBSA MATT (Aug 17, 2005 8:24:11 PM)
Ophelia... 1on1 is probably the best option.

kates (Aug 17, 2005 8:24:16 PM)
what if yours is the only dog and pony show in town?

DBSA MATT (Aug 17, 2005 8:24:19 PM)
April... great challenge for the group...

DBSA MATT (Aug 17, 2005 8:24:43 PM)
Kates... that's a good point, perhaps speak with your chapter's professional advisor about options... they often know.

drheathrann (Aug 17, 2005 8:24:56 PM)
yes matt that is exactly what i do. when done in a loving, caring matter with the goal of being helpful

DBSA MATT (Aug 17, 2005 8:25:08 PM)
April asks about the participant that MUST RESPOND to everyone. What do you all think?

DBSA MATT (Aug 17, 2005 8:25:16 PM)
Are there ways to manage that challenge?

DBSA MATT (Aug 17, 2005 8:25:45 PM)
These are tough ones tonight...

kates (Aug 17, 2005 8:25:52 PM)
yes, they are

DBSA MATT (Aug 17, 2005 8:26:08 PM)
Let's try something different, and come back to these challenges... o.k.?

DBSA MATT (Aug 17, 2005 8:26:14 PM)
Once these challenges happen, what CHARACTERISTICS (attitudes/demeanors) could facilitators try to have to be most effective?

kates (Aug 17, 2005 8:26:31 PM)
empathy

DBSA MATT (Aug 17, 2005 8:26:48 PM)
empathy is a good one... What does that look like in action?

kates (Aug 17, 2005 8:27:04 PM)
trying to understand how everyone is feeling

April (Aug 17, 2005 8:27:15 PM)
The person not only responded, but went on and on and at times no one really understood what the point was.

kates (Aug 17, 2005 8:27:16 PM)
if there are upset feelings, anger, etc. in the room

DBSA MATT (Aug 17, 2005 8:27:25 PM)
truly trying to "walk in their shoes."

DBSA MATT (Aug 17, 2005 8:27:30 PM)
good...

ophelia (Aug 17, 2005 8:27:46 PM)
i usually try and touch the person on the arm, indicating warmth

DBSA MATT (Aug 17, 2005 8:27:47 PM)
Other CHARACTERISTICS that facilitators should demonstrate?

ophelia (Aug 17, 2005 8:28:09 PM)
compassion

DBSA MATT (Aug 17, 2005 8:28:10 PM)
Ophelia... Yes, the human touch can be amazingly powerful if used appropriately.

kates (Aug 17, 2005 8:28:11 PM)
firmness - to be able to direct discussion when needed

DBSA MATT (Aug 17, 2005 8:28:21 PM)
Kates... that's a great one.

Judy (Aug 17, 2005 8:28:38 PM)
patience

kates (Aug 17, 2005 8:28:49 PM)
humor

DBSA MATT (Aug 17, 2005 8:28:52 PM)
yes, Judy. Patience is incredibly important.

DBSA MATT (Aug 17, 2005 8:29:01 PM)
kates, I agree... how do you use humor?

ophelia (Aug 17, 2005 8:29:01 PM)
did anyone address the "must responder"

ophelia (Aug 17, 2005 8:29:07 PM)
sorry

DBSA MATT (Aug 17, 2005 8:29:10 PM)
Ophelia... no, not yet...

drheathrann (Aug 17, 2005 8:29:22 PM)
touch could be very difficult though

drheathrann (Aug 17, 2005 8:29:37 PM)
personally i wouldn't do that -- some of us have issues about being touched (like me)

kates (Aug 17, 2005 8:29:41 PM)

it can be useful to diffuse situations...to break ice...or just understanding OTHER's humor, when something is serious and when it's a joke

DBSA MATT (Aug 17, 2005 8:29:56 PM)

Dr... that's a good point. Not everyone responds to touch in the same way.

ophelia (Aug 17, 2005 8:30:19 PM)

one can usually pick up on that pretty quickly, and apologize

drheathrann (Aug 17, 2005 8:30:21 PM)

humor works well in our group

DBSA MATT (Aug 17, 2005 8:30:27 PM)

kates... yes, sometimes understanding others' sense of humor is vital...

jacqueline (Aug 17, 2005 8:30:33 PM)

support groups are to share the good as well as bad, and a facilitator can bring that out

drheathrann (Aug 17, 2005 8:30:42 PM)

demeanor -- i would add smiling, projecting peace, calm, serenity

DBSA MATT (Aug 17, 2005 8:30:57 PM)

Ophelia, I think it is important to always act in the most empathic, compassionate way possible... that's all you can do. good.

DBSA MATT (Aug 17, 2005 8:31:10 PM)

jacqueline, how do you mean?

jacqueline (Aug 17, 2005 8:31:42 PM)

with humor, his own sharing, a facilitator can demonstrate that it's ok to share whatever

DBSA MATT (Aug 17, 2005 8:31:58 PM)

Dr. that's absolutely right. Humans mimic each other's behavior, and if the facilitator is acting calm, peaceful and helpful, then others will probably start to follow suit. the opposite is also true.

DBSA MATT (Aug 17, 2005 8:32:11 PM)

jacqueline... great point.

DBSA MATT (Aug 17, 2005 8:32:21 PM)

NEW QUESTION...

DBSA MATT (Aug 17, 2005 8:32:25 PM)

How could these challenges be AVOIDED / PREVENTED before they happen???

jacqueline (Aug 17, 2005 8:32:58 PM)

read the guidelines -- I can't tell people that enough

DBSA MATT (Aug 17, 2005 8:33:24 PM)

YES YES YES, Jacqueline... How does your group use the guidelines?

DBSA MATT (Aug 17, 2005 8:33:36 PM)
many groups use them in different ways... others?

DBSA MATT (Aug 17, 2005 8:34:16 PM)
How could these challenges be AVOIDED / PREVENTED before they happen???

drheathrann (Aug 17, 2005 8:34:21 PM)
we take turns reading them before the meeting and also

drheathrann (Aug 17, 2005 8:34:55 PM)
we have a small sharing object that we pass around to kind of symbolize staying to the three-minute sharing limit and that only the person with the object may speak at that point

DBSA MATT (Aug 17, 2005 8:35:01 PM)
good... I think it is really important to all verbally agree to them every night -- more than just reading, but really committing to all uphold them.

DBSA MATT (Aug 17, 2005 8:35:09 PM)
good, dr.

DBSA MATT (Aug 17, 2005 8:35:14 PM)
others?

drheathrann (Aug 17, 2005 8:35:17 PM)
we have open sharing with cross-talk only after we each have a chance to share

Judy (Aug 17, 2005 8:35:23 PM)
We start the meeting with the guidelines and follow them throughout the meeting. The facilitator must practice using the guidelines and the group members follow.

ophelia (Aug 17, 2005 8:35:35 PM)
great idea, dr. is it a timer?

DBSA MATT (Aug 17, 2005 8:35:37 PM)
good...

DBSA MATT (Aug 17, 2005 8:35:49 PM)
timers can add a little too much pressure, in my experience.

ophelia (Aug 17, 2005 8:35:59 PM)
true

DBSA MATT (Aug 17, 2005 8:36:07 PM)
DBSA recommends that each group develops a plan of action for each of these challenges so that the GROUP can manage the challenges together.

April (Aug 17, 2005 8:36:31 PM)
When people arrive, I try to personally and individually greet each one. Of course sometimes this isn't possible. But in the process of acknowledging their arrival I often can sense where that individual is at; sometimes they will briefly say "Oh, not too good" or "Things have been going great." I can readily give a compliment or let them know they should talk more about their difficulty during the discussion.

DBSA MATT (Aug 17, 2005 8:36:33 PM)

Have any of your groups developed a PROBLEM PREVENTION PLAN, or a CRISIS/EMERGENCY MANAGEMENT PLAN?

DBSA MATT (Aug 17, 2005 8:36:52 PM)

GREAT GREAT GREAT April.

DBSA MATT (Aug 17, 2005 8:36:58 PM)

Have any of your groups developed a PROBLEM PREVENTION PLAN, or a CRISIS/EMERGENCY MANAGEMENT PLAN?

ophelia (Aug 17, 2005 8:37:34 PM)

may i re-ask what the sharing object is?

DBSA MATT (Aug 17, 2005 8:37:46 PM)

you may

DBSA MATT (Aug 17, 2005 8:38:13 PM)

quiet group tonight... that's o.k.

DBSA MATT (Aug 17, 2005 8:38:33 PM)

I'll share some information for a minute, and then we'll see if we can get some more chatter back and forth...

DBSA MATT (Aug 17, 2005 8:38:45 PM)

DBSA Gold Coast (FL) has suggested these 9 steps to managing a crisis (such as a suicidal participant)... Here they are: 1. Stay calm. Don't over-react. 2. Always take a person seriously. Don't under-react. 3. Express concern. Be honest and descriptive. Provide the suicidal person with concrete examples of their behaviors that lead you to believe they are in danger, e.g., "You haven't been eating or sleeping." "You seem very distant and distraught." 4. Listen attentively. Maintain eye contact. Use body language such as moving closer to the person or holding his hand, if appropriate.

DBSA MATT (Aug 17, 2005 8:39:18 PM)

5. Ask direct questions. Determine how SPECIFIC, how AVAILABLE, and how LETHAL their suicide plan is. 6. Acknowledge feelings. Be empathetic, not judgmental. Do not relieve a person of responsibility for his actions. Acknowledge that they do have ultimate control over the decision to take their own life. 7. Reassure. Stress that suicide is a PERMANENT solution to TEMPORARY problems. Provide HOPE without making false promises. Remind them that there is HELP and that things WILL GET BETTER. Try to remind him of a time when things seemed hopeless and then got better.

DBSA MATT (Aug 17, 2005 8:39:58 PM)

8. Don't promise confidentiality. Don't make unrealistic promises, e.g., no hospitalization. 9. Get immediate professional help if someone else can't take over. Support Group Facilitators are not expected to be caregivers or therapists for each Group member. Do your best to listen, problem solve and be informed about community resources. 10. Don't hesitate to call 911.

DBSA MATT (Aug 17, 2005 8:40:13 PM)

As a resource, I'm going to post some information on managing suicidality. I hope you find it helpful. Here goes...

April (Aug 17, 2005 8:40:21 PM)

I asked my professional advisor to attend our next facilitator and board meeting to help us draw up a plan or policy. Each location presents different things a group can do in the event of a crisis.

DBSA MATT (Aug 17, 2005 8:40:34 PM)

That's great, april!

DBSA MATT (Aug 17, 2005 8:40:38 PM)

Recognizing Warning Signs in Others Sometimes even health care professionals have difficulty determining how close a person may be to attempting suicide. As a friend or family member, you can't know for certain either. If you sense there is a problem, ask the person direct questions and point out behavior patterns that concern you. Remind the person that you care about them and are concerned. Talking about suicide with someone will not plant the idea in his or her head. If necessary, suggest that they make appointment to see their doctor and offer to go with them if you sense they would have difficulty doing it on their own. If you believe that immediate self-harm is possible, take the person to a doctor or hospital emergency room immediately. • Feelings of despair and hopelessness Often times, people with depression talk about extreme, feelings of hopelessness, despair and self-doubt with those closest to them. The more extreme these feelings grow, and the more often they are described as "unbearable," the

DBSA MATT (Aug 17, 2005 8:41:28 PM)

• Rehearsing suicide Rehearsing suicide, or seriously discussing specific suicide methods, are also indications of a commitment to follow through. Even if the person's suicidal intention seems to come and go, such preparation makes it that much easier for the individual to give way to a momentary impulse. • Drug or alcohol abuse A person with worsening depression may abuse drugs or alcohol. These substances can worsen symptoms of depression or mania, decrease the effectiveness of medication, enhance impulsive behavior, and severely cloud judgment. • Beginning to feel better It may sound strange, but a person with depression may be most likely to attempt suicide just when he or she seems to have passed an episode's low point and be on the way to recovery.

DBSA MATT (Aug 17, 2005 8:41:54 PM)

Experts believe there is an association between early recovery and increased likelihood of suicide. As depression begins to lift, a person's energy and planning capabilities may return before the suicidal thoughts disappear, enhancing the chances of an attempt. Studies show that the period six to twelve months after hospitalization is when patients are most likely to consider or reconsider suicide.

DBSA MATT (Aug 17, 2005 8:42:20 PM)

What You Can Do to Help Someone Among the many things you can do to help a depressed person who may be considering suicide, most involve simply talking and listening. Do not take on the role of therapist. Often times we just want someone to listen. Though this may be difficult, here are some approaches that have worked for others:

DBSA MATT (Aug 17, 2005 8:42:50 PM)

• Express empathy and concern Severe depression is usually accompanied by a self-absorbed, uncommunicative, withdrawn state of mind. When you try to help, you may be met by an individual's reluctance to discuss what he or she is feeling. At such times, it is important to acknowledge the reality of the pain and hopelessness he or she is experiencing. Resist the urge to function as a therapist, which can ultimately create more feelings of rejection for the person, who doesn't want to be "told what to do." Remain a supportive friend and encourage continued treatment.

heathrann (Aug 17, 2005 8:43:22 PM)

sorry got booted off, just wanted to answer the timer question, no b/c we agree that timers are too formal / inhibiting -- it is actually a little teddy bear, and we just guesstimate the time...

ophelia (Aug 17, 2005 8:43:50 PM)

thank you

DBSA MATT (Aug 17, 2005 8:43:54 PM)

- Describe specific behaviors and events that trouble you. If you can explain particular ways a persons' behavior has changed, this may help to get communication started. Try to help him or her overcome feelings of guilt. Compounding the lack of interest in communication may be guilt or shame over having suicidal thoughts. If there has already been a suicide attempt, guilt over both the attempt and its failure can make the problem worse. It is important to reassure the individual that there is nothing shameful about what they are thinking and feeling. Keep stressing that thoughts of hopelessness, guilt, and even suicide are all symptoms of a treatable medical condition and reinforce the person's good work in keeping with their treatment plan.
- Work with professionals Never promise confidentiality if you believe someone is very close to suicide. Keep the person's doctor or therapist informed of any thoughts of suicide. If possible it is best to encourage the person to discuss it with doctors themselves, but

DBSA MATT (Aug 17, 2005 8:44:42 PM)

- Stress that the person's life is important to you and to others. Many people find it awkward to put into words how another person's life is important for their own well-being. Emphasize in specific terms the ways in which the person's suicide would be devastating to you and others. Share personal stories or pictures of past events.
- Be prepared for anger The person may express anger and feel betrayal by your attempt to prevent their suicide or get them into treatment. Be strong. Realize that these reactions are caused by the illness and should pass once the person has received the proper treatment.
- Always be supportive A person who has thought about or attempted suicide will most likely have feelings of guilt and shame. Be supportive and assure the person that their actions were caused by an illness that can be treated. Offer your continued support to help them recover.

DBSA MATT (Aug 17, 2005 8:44:52 PM)

That's a lot of information, I know... But hopefully you'll find it helpful for what is the most common concern that facilitators share with me – suicidal participants.

DBSA MATT (Aug 17, 2005 8:45:07 PM)

I'll wait a moment, and then get the conversation going again.

DBSA MATT (Aug 17, 2005 8:46:08 PM)

This topic isn't nearly as dangerous, but one of the biggest concerns I've seen facilitators have is, "HOW DO I INTERRUPT SOMEONE THAT TALKS WAY TOO MUCH?" Anyone have thoughts on this?

ophelia (Aug 17, 2005 8:47:11 PM)

yeah, how does the bear work?

DBSA MATT (Aug 17, 2005 8:47:14 PM)

This topic isn't nearly as dangerous, but one of the biggest concerns I've seen facilitators have is, "HOW DO I INTERRUPT SOMEONE THAT TALKS WAY TOO MUCH?" Anyone have thoughts on this?

jacqueline (Aug 17, 2005 8:47:30 PM)

I had a hard time with this one until I became brave -- "I'm sorry to interrupt, but others need time to share"

DBSA MATT (Aug 17, 2005 8:47:38 PM)

good connection... do you just ask for the bear when the time's up?

DBSA MATT (Aug 17, 2005 8:47:58 PM)

BRAVERY is exactly what it takes the first time... after that, it gets easier, I've found.

ophelia (Aug 17, 2005 8:48:01 PM)

true, i've done that as well. it is successful, but sometimes painful to the individual

DBSA MATT (Aug 17, 2005 8:48:02 PM)

great...

DBSA MATT (Aug 17, 2005 8:48:38 PM)

In some professions, they actually teach a skill called, "BLURTING." Blurting is easy to do in a chat room like this one, because it isn't rude to "say" something while others are talking, but in a support group, it can seem rude.

DBSA MATT (Aug 17, 2005 8:48:53 PM)

What are some safe phrases you could BLURT out to move the discussion along, and not cause too much conflict??????

DBSA MATT (Aug 17, 2005 8:49:03 PM)

Jacqueline, yours was good... Are there others?

DBSA MATT (Aug 17, 2005 8:49:14 PM)

What are some BLURTING phrases you could use?

Judy (Aug 17, 2005 8:49:43 PM)

Blurt out does anyone else have this similar problem?

DBSA MATT (Aug 17, 2005 8:50:04 PM)

good one, Judy.

DBSA MATT (Aug 17, 2005 8:50:15 PM)

Some BLURTING phrases I know include: ***"Thank you very much _____, I hate to interrupt, but we've got to SHARE THE AIR." ***"It sounds like _____, thanks for sharing." ***"May I ask if anyone else is experiencing something similar?"

DBSA MATT (Aug 17, 2005 8:50:42 PM)

this is still hard for me to do, to be honest.

DBSA MATT (Aug 17, 2005 8:50:47 PM)

Good work, all.

DBSA MATT (Aug 17, 2005 8:50:55 PM)

What are some other "Facilitator Challenges" topics you'd like to discuss with your fellow chapter leaders and facilitators tonight??? I invite you to use the rest of the time for your needs.

DBSA MATT (Aug 17, 2005 8:51:29 PM)

Also, any other general questions for others, or for me are appropriate at this time.

DBSA MATT (Aug 17, 2005 8:52:47 PM)

On September 21st we'll be using some Case Studies to learn together through this chat forum. Don't miss that!

DBSA MATT (Aug 17, 2005 8:52:58 PM)

Looking forward to chatting again on September 21st! Until then, I can be reached at MMattson@DBSAlliance.org or (800) 826-3632.

DBSA MATT (Aug 17, 2005 8:53:08 PM)

BE SURE TO VISIT DBSA's Chapter Management Website:
www.DBSAlliance.org/ChapMgtEntrance.html You can find a Chapter Leader Discussion Board there to continue this conversation.

DBSA MATT (Aug 17, 2005 8:53:22 PM)

Thanks again for participating – here ends the formal discussions for this evening, but you're welcome to continue networking with other DBSA chapter leaders.

Ocam (Aug 17, 2005 8:53:23 PM)

how do you deal with circular logic. the person will seem to make progress, then return to the statement they started with

DBSA MATT (Aug 17, 2005 8:53:50 PM)

Ocam, good question. Very hard one to deal with... Turn the question back on them.

DBSA MATT (Aug 17, 2005 8:54:13 PM)

That's my initial thought. Remember, a facilitator's most important role is to ASK... not ANSWER

April (Aug 17, 2005 8:54:24 PM)

Two things to keep in mind: Be cautious about you taking someone to ER in your car- why - what if they become manic and either turn on you or jump out of your car and get hurt? Then that responsibility. Another reminder is that if you have someone very angry, keep yourself in an "exit" position so that the person who is angry cannot pin you into a corner and attack...

DBSA MATT (Aug 17, 2005 8:54:50 PM)

April... good tips.

Ocam (Aug 17, 2005 8:55:25 PM)

is it possible to get a transcript of this discussion?

DBSA MATT (Aug 17, 2005 8:55:46 PM)

All... I'm signing off for the night. Yes, a transcript should be available on the Chapter Management Website in about 1-2 weeks.

DBSA MATT (Aug 17, 2005 8:55:59 PM)

Talk to you later... feel free to contact me for more information on any of this.

Ocam (Aug 17, 2005 8:56:04 PM)

thank you for your assistance MATT

DBSA MATT (Aug 17, 2005 8:56:06 PM)
See some of you at the conferences and CLF.

kelli (Aug 17, 2005 8:56:07 PM)
bye matt

DBSA MATT (Aug 17, 2005 8:56:09 PM)
G'night.

April (Aug 17, 2005 8:56:19 PM)
See you in Rosemount.

ophelia (Aug 17, 2005 8:56:28 PM)
gotta eat dinner guys, see you later

heathrann (Aug 17, 2005 8:58:25 PM)
thank you, goodbye