

SCHIZOPHRENIA ALLIANCE: Psychosis Support and Alliance

(SA)

**(Schizophrenics Anonymous)[®]
Formerly**

**Families For Care
(FFC)**

GROUP LEADERS' MANUAL



SARDA

**Shattering Stigma – Realizing Recovery
Schizophrenia and Related Disorders Alliance of America**



(240) 423-9432
www.sardaa.org
info@sardaa.org

Dear SA Group Leaders and Members:

Joanne Verbanic started Schizophrenics Anonymous [now Schizophrenia Alliance] to provide support for herself and others with schizophrenia-related brain illnesses, so that people could live to their highest potential. Thirty-three years later, we have in addition to local and international groups we have conference call and Facebook groups. Joanne always proclaimed that her work was a blessing! She said SA members are some of the kindest, most sensitive, loving people that she had ever met.

SA is a self-help/peer support group organized and managed by and for persons who have experienced psychosis. It is a recovery-oriented group with a six-step program. When we find mutual support and acceptance in a SA group, we are able to combat the feelings of loneliness and isolation that often come with psychosis disorders. We are all one big family in “SA/[FFC]”.

This manual is designed to help you start and lead a Schizophrenia Alliance: Psychosis Support and Acceptance meeting successfully. Through the years, our experience has contributed to and enriched this manual, so that we could bring you the most current wisdom on Group Leadership. We hope you find the manual informative and useful. Please feel free to provide suggestions for future editions to Schizophrenia and Related Disorders Alliance of America (SARDAA), which includes input from consumers in all of its efforts, including updating this manual.

We invite you to get involved in Schizophrenia Alliance, and see what the program can do for you, and what you can contribute to others’ recovery as well. Good luck on the path.

Sincerely,
SA Leadership

SA/FFC Group Leaders' Manual

Table of Contents

<u>Section</u>	<u>Content</u>	<u>Page</u>
1	Introduction & Purpose of Manual	1
2	Starting a SA/FFC Group	3
3	Schizophrenia And Related Disorders	
	Alliance of America (SARDAA)	4
	❖ History of Schizophrenia Alliance	
	❖ Group Consciousness and Steering Group Meetings	
4	SA's Purpose, Mission, & Related Information	6
	❖ Statement of Purpose	
	❖ Mission Statement	
	❖ The Six Steps of SA	
	❖ Guiding Principles	
	❖ Philosophy	
	❖ Group Guidelines	
	❖ Does SA Make Promises?	
	❖ What SA Is and What it is Not	
5	Expectations of Leaders & Others	10
	❖ Leaders	
	❖ Co-leaders	
	❖ Assistant Leaders	
	❖ Co-sponsors	
	❖ Professional (Pro) Staff Supporters	
6	Leader Roles & Responsibilities	13
	❖ Seeking Support	
	❖ Finding a Meeting Location	
	❖ Getting the Word Out	
	❖ Developing Leadership From Within: Identifying a Successor	
	❖ Communicating with SARDAA & SA Leadership	

(Continued, next page)

SA and FFC Group Leaders' Manual Table of Contents (continued)

<u>Section</u>	<u>Content</u>	<u>Page</u>
7	Elements of a Meeting <ul style="list-style-type: none"> ❖ Recommended Order of Meeting ❖ Meeting Options 	17
8	Leadership Issues <ul style="list-style-type: none"> ❖ Burn-out ❖ Leader Isolation ❖ Over-Involvement With Group Members ❖ Inappropriate Subject Matter at Meetings ❖ Dealing with Members Who Dominate Meetings ❖ Asking Someone to Leave the Meeting ❖ Emergency Procedures ❖ Closed Meetings ❖ Low Attendance ❖ Regarding Newcomers 	22
9	Technical Support; Publications <ul style="list-style-type: none"> ❖ SARDAA SA Staff Supporter ❖ Leadership Development Conferences 	29
10	Attachments <ul style="list-style-type: none"> ❖ Hints on Getting the Word Out ❖ Glossary of Terms/Index ❖ Feedback Form ❖ Schizophrenia Alliance® Facts ❖ Schizophrenia Fact Sheet ❖ Roles/Responsibilities form ❖ Publicity samples: media releases, meeting flyers ❖ Start-up packages (first-time Manuals) also include: <ul style="list-style-type: none"> ○ <i>You Are Not Alone</i> book (“The Blue Book”) (5) ○ SA, SARDAA brochures 	30

Section 1

Introduction & Purpose of Manual

Welcome to our chief source of information on how to start and lead a Schizophrenia Alliance: Psychosis Acceptance & Support (SA) and Families for Care (FFC) meeting. This Group Leaders' Manual was compiled, written and edited by persons with schizophrenia and related brain illnesses. Some thirty-four years of experience working with Group Leaders has helped put together this new edition.

There are many rewards to being a Leader. As you watch members improve the quality of their lives over time, your own sense of health can increase and it can be very therapeutic for the Leader. So read on with an open and willing mind and you too will see the fruits of your labor in the bright and smiling faces of those who will attend your SA/FFC meeting. You are a special person. If your group survives over a long period of time, you'll be aware that you have left a legacy. And if the group happens to fold, you'll know that your group members, and a Higher Power of some form or concept, know that you tried your best.



Purpose

You don't have to have a special gift to lead a SA/FFC meeting, nor a "degree" of any kind. All it takes on your part is willingness, and the energy to get things done.

In fact, willingness can be contagious. If you know one or two others affected by the disorder you can excite in them a desire to help out.

Whether you are on your own or have the help of others, our second suggestion is to read this volume once, twice, or as many times as it takes to "get" its message and become familiar with its contents.

Many of us did this through the "piecemeal" approach, taking one subject at a time and, yes, even one word at a time.

Becoming a good SA/FFC Group Leader is not a competition. In fact, the ideas and information will come to you more readily if you keep an open and relaxed state of mind. We have found the memory works better this way.

Using this manual

Getting acquainted with this manual is not something to get stressed out over, if you don't happen to understand a given subject. Call the Schizophrenia and Related Disorders Alliance of America (240) 423-9432 and the SA Staff Supporter will answer your questions and support you through the process. You can also write or email SARDAA at:

2308 Mount Vernon Ave., Suite 207
Alexandria, VA 22301-1328
info@sardaa.org



Remember the first step, "I admit I need help. I cannot do it alone." And that holds true for all of us regardless of how much time we have in the fellowship.

In sum, do what comes easiest for you. It is your own experience with this manual that will matter most. Use it. Put all that you read and learn into practice and apply it to your life. As a result, you will become like a giant

oak tree giving shade and rest to all that visit you. So read on and discover the joy of helping yourself and others to a better way of life.

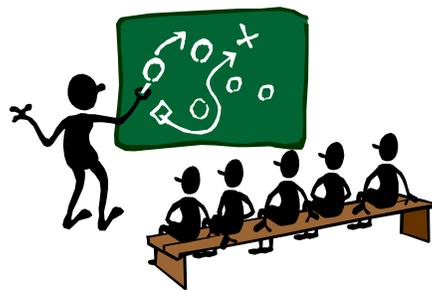
Section 2

Starting a SA/FFC Group

The process for the development of a Schizophrenia Alliance (SA) or Families For Care (FFC) group is fairly clear-cut. It begins with an inquiry about SA/FFC made to SARDAA (see address/number on front cover). Depending on the request, a package of information is sent out or a phone call or e-mail is made to follow up on the request.

Once the idea to begin a new group is formulated, a Roles/ Responsibilities form is signed, spelling out the duties of Leaders, Staff Supporter, Co-sponsors, and SARDAA. (A copy of this form is included for reference in the Attachments.) A Start-Up Package is purchased by the new group or for the group by a “Co-sponsor” organization. This being done, regular communication is established between SARDAA’s SA Staff Supporter and the new Group Leader or Staff Supporter. The start-up package has multiple copies of much of the literature needed to run a SA/FFC group effectively, and additional literature can be ordered for nominal fees. Materials can be ordered by emailing info@sardaa.org or ordering through the www.SARDAA.org store.

A new group must identify at least one Leader, find a place to meet, and publicize the meeting. These steps are discussed later in this Manual. Group Leaders and potential leaders are advised to participate in the monthly Spirit of SA/FFC conference call to learn new ideas for their group and have veteran SA/FFC Leaders provide suggestions to answer any questions about leading a group. This does not prohibit the Group Leader from calling SARDAA’s SA Staff Supporter. In fact, it is the Group Leader’s responsibility to keep in touch with SARDAA if any changes occur, such as Leader name, meeting time, location, or contact numbers. This is important so that SARDAA can maintain an up-to-date database of meetings, making referrals for people with schizophrenia-related disorders and family members as appropriate. The SARDAA SA Staff Supporter will contact each SA Leader several times a year to collect data and maintain continuity.



Section 3

Schizophrenia And Related Disorders Alliance Of America

The SA/FFC self-help support program is administered through the Schizophrenia And Related Disorders Alliance Of America (SARDAA). SARDAA promotes hope and recovery for persons with schizophrenia and related brain illnesses through support programs, education and advocacy. We believe that with treatment and support, every person who has experienced psychosis and their family has the opportunity to live a meaningful life in the community, free from discrimination.

History of Schizophrenia Alliance: Psychosis Acceptance & Support

Joanne Verbanic struggled with schizophrenia for five years before she was diagnosed in 1975. She contacted the Mental Health Association in Michigan in 1984, volunteering to help others with the illness. She founded Schizophrenics Anonymous in July of 1985 with an ad in the Detroit Free Press. The self-help groups started with the “home group” of three people in Southfield, Michigan, spreading to the Detroit metropolitan area, then statewide, and eventually to more than 150 groups in 31 states as well as several foreign countries. In 1999 the Mental Health Association in Michigan founded the National Schizophrenia Foundation (NSF) to administer the Schizophrenics Anonymous self-help network, including the “service mark” for the self-help network. In 2007, NSF ceased doing business and in May 2008 SARDAA was established and now supports the administration of SA. In June 2016, the SA Leadership, driven by peer surveys, changed the name of Schizophrenics Anonymous to Schizophrenia Alliance (SA) and in 2018, again driven by surveys the name was expanded to Schizophrenia Alliance: Psychosis Support & Acceptance. Only recognized groups that go through the development process with SARDAA are allowed to use the Schizophrenia Alliance (Schizophrenics Anonymous) title and materials for their groups. Joanne Verbanic’s vision continues to guide the program’s growth and direction along with others who care about SARDAA’s mission.

Group Consciousness and Spirit of SA Meetings

From time to time, a question arises about what a Group Consciousness Meeting is, and what purpose it serves.

Let's address the individual Group Consciousness Meetings. A SA/FFC group sets time aside for special meetings to discuss how things are going with the group, whether adjustments are necessary, or to address any personality issues that are arising. These meetings are meant to shape how the group conducts itself and to deal with any and all group-related issues. Items may include: deciding "administrative details" such as the regular meeting date, time, and location; dealing with meeting place access problems; how to enhance the meeting format, content, or direction; how the group can better promote itself to the public; scheduling speakers for the group, planning a game night or other social group function (e.g., movie, ball game, picnic, etc.). These are group issues that often need to be discussed, but shouldn't be allowed to interfere with the normal sharing time of a regular meeting. Groups often schedule them for immediately prior to or following a regular meeting – while some choose a separate day and time altogether.

Here are a few suggestions for you to keep in mind for Group Consciousness Meetings:

Group Consciousness Meetings

- ❖ Avoid discussions about sex, religion, and politics
- ❖ Everyone has the right to say what they would like the group to do and how it should be run, with cross-talk being controlled when someone speaks or expresses their opinion on how they feel.
- ❖ Everyone has one vote and decisions should be made based on the majority opinion – but every effort is to be made to make decisions by consensus/unanimously, respecting the opinion of each member.
- ❖ A Group Consciousness Meeting is to be held at least two to three times a year (although some do more frequently) even if there isn't a particular issue being raised.
- ❖ Make sure members are aware of the meeting, scheduling it a few weeks in advance, and identifying any specific items to be discussed.



Over the years, SA has blossomed from a single group, to multiple groups in metro-Detroit, then statewide, and now nationally and internationally. The original Group Consciousness Meetings also began to include SA members from other groups, and deal with issues outside of specific group issues – what would be considered “program” issues. The SA Blue Book and brochure, for instance, were created through a series of Group Consciousness Meetings.

Committees will be formed as needed to address issues such as literature development and revisions, and can also include things like planning workshops, addressing specific leadership issues raised “in the field,” promoting SA to the public, etc. Interested Leaders and other members are welcome to attend and participate. Many SA Leaders have participated together through conference call and speakerphone. Call the SARDAAs office if you would like to participate with committees.

Section 4

Purpose, Mission & Related Information

Statement of Purpose (Adaptable for FFC)

The purpose of SA is as follows:

- ❖ To help restore dignity and sense of purpose for persons who are working for recovery from schizophrenia or related brain illnesses;
- ❖ To offer fellowship, positive support, and companionship in order to achieve good health;
- ❖ To improve our own attitudes about our lives and the illness;
- ❖ To provide members with the latest information regarding schizophrenia spectrum brain illnesses; and
- ❖ To encourage members to take positive steps leading to a fulfilling life.

Mission Statement

The mission of SA/FFC is to add the element of self-help/peer support to the life process of people suffering from schizophrenia and related brain illnesses and their family. We hope this will contribute to the sense of well-being of SA/FFC members and help us cope with the challenges imposed by brain illnesses.

The Six Steps of Schizophrenia Alliance/Families For Care

I Surrender...

I admit I need help. I can't do it alone.

I Choose...

I choose to be well.

I Believe...

I now come to believe that I have been provided with great inner resources and I will try to use these resources to help others and myself.

I Forgive...

I forgive myself for all the mistakes I have made. I also forgive and release everyone who has injured or harmed me in any way.

I Understand...

I now understand that erroneous self-defeating thinking contributes to my problems, failures, unhappiness and fears. I am ready to have my belief system altered so my life can be transformed.

I Decide...

I make the decision to turn my life over to the care of a Higher Power, as I understand The Higher Power, surrendering my will and false beliefs. I ask to be changed in depth.

Guiding Principles

The only requirement for SA/FFC membership is the desire to improve my life affected by a schizophrenia-related brain illness.

There are no dues or fees for SA/FFC membership/participation, although donations may be accepted to cover group expenses or special events.

Everything said at a SA/FFC meeting is confidential.*

SA/FFC members should remain anonymous, except those who wish to work on special issues and advocacy; SA members and Leaders are to place principles before personalities in all matters relating to our program.

Each group may establish its own meeting format, subject to approval by Schizophrenia and Related Disorders Alliance of America leadership.

Decisions affecting SA/FFC as a whole are derived from the group consciousness of its members when there is a majority of SA/FFC Leadership participation; we rely on our higher power to work through this process.

***NOTE:** Regarding confidentiality, if a member of the group is suicidal or homicidal, this must be reported to a professional. If this is the case and you are not sure who to call, dial 911 and speak to the operator.

Philosophy

The previously mentioned steps recommend a set of attitudes and actions that will enhance the chances of improving your life affected by a schizophrenia-related brain illness.

The group also emphasizes the importance of adhering to the advice of neuro-psychiatric health professionals, especially psychiatrists, nurse practitioners, case managers, and therapists. For instance, group members are encouraged to take anti-psychotic medications as prescribed by their clinician, and if hospitalization is required, members are encouraged to cooperate. SA is only supplemental to professional help.

Group Guidelines

The following is a set of sample guidelines drafted through SA Group Consciousness Meetings.

- ❖ Maintain an attitude of caring, fellowship and support.
- ❖ Responses to others must be non-judgmental.
- ❖ One person should speak at a time.

- ❖ Members who are disruptive or too ill to participate in an appropriate manner will be asked to leave the meeting until they are able to participate appropriately.
- ❖ Confidentiality will be maintained – what is shared in the group, stays in the group.

Does SA Make Promises?

Schizophrenia Alliance does not promise that a member will no longer need to take antipsychotic medications or will never need to be re-hospitalized. Although members' medication dosages often decrease and hospitalizations often occur less frequently, ironically, these treatments are the mainstay of recovery in many situations.



The three areas where SA can be most helpful are: 1) fellowship; 2) increasing knowledge about brain illnesses; and 3) increasing the chances for improvement (by encouraging each member to live up to his or her potential). The term “recovery” will mean different things to different people. Levels of recovery are as individual as fingerprints! Please don’t try to measure or compare levels of recovery from one person to the next.

What SA/FFC is and What it is Not

SA/FFC are not group therapy. Discussions in SA/FFC groups revolve around the subject of recovery/improvement, using the Six Step process and the Guiding Principles.

As SA/FFC Leaders, we must remember that we are not professional therapists. We do not deal with issues outside the focused process.

If there are any questions about the scope of discussions that should occur in a SA/FFC meeting please call the SARDAA office for clarification.

Section 5

Expectations of Leaders & Others

The following are the expectations of those who choose to assist with leading a SA/FFC group. Please don't feel overwhelmed by what you read. If you feel it is too much or you don't understand what is required, call SARDA. Folks there will help you to understand and become more at ease with the process. You will find that communication between Group Leaders and the staff at SARDA by phone, as well as on the Internet, is an important component in this entire process. There is no need for you to feel you are alone in your efforts. Now let's begin the task of getting to know what will be expected of a Group Leader.

Payment of Group Leaders

This is addressed initially as it is of primary concern in issues of SA/FFC leadership. Simply put, it is the firm policy of Schizophrenia Alliance that SA members are not to be paid to run a SA/FFC group. In keeping with principles of Schizophrenia Alliance, SA Group Leadership is purely a volunteer effort, and SA groups are autonomous from Co-sponsor agencies. However, an agency staff member may act as a Staff Supporter and lead a group until a volunteer Member/Leader is identified or the SA Leader might be part of an agency staff and be paid by their employer to lead a group.

What follows are specific expectations of Leaders, Co-Leaders, Assistant Leaders, Co-sponsors and Staff Supporters.

Leaders

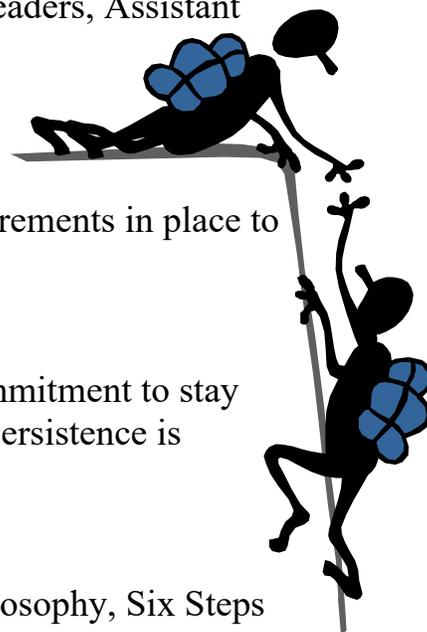
As the Leader of a SA/FFC group, there are certain requirements in place to aid in the development and function of the group.

❖ Commitment

To become a Group Leader, you must make a 1-year commitment to stay with the group. This provides continuity for the group. Persistence is helpful, and needed!

❖ Consistency

As a Group Leader, you agree to follow the SA/FFC Philosophy, Six Steps and guiding principles in both the way the group is run and in the promotion of the group. You are to show up on time, organize the meeting, provide limited guidance through knowledge of the SA/FFC Blue Book and other



SA/SARDAA/FFC literature, and listen to group members, arrange for a substitute Leader when you are unable to do so.

❖ Sincerity

To be a Group Leader you must possess a sincere wish to help others. You will find by giving of yourself you will be helped as well.

When you think about it, this is a big job. The Leader would benefit from asking members for an informal “evaluation,” perhaps in the form of an anonymous suggestion form, on at least an annual basis. It is important to know, though, that as a Leader you are not the “guru” or “role model” for recovery from our illness. A guru attempts to have all the answers to all the questions that come up, and a role model attempts to present themselves as an ideal example to others. SA/FFC members will feel more comfortable knowing the Leader is just another “ordinary person” like themselves, who just happens to be affected by a schizophrenia-related brain illness also.

Co-Leaders

A Co-Leader is someone who will help to run the group along with the Group Leader. This person should be familiar with the expectations of a Group Leader and be willing to follow these guidelines.

By identifying and training a Co-Leader, the Group Leader provides the group with an assurance of continuity. In the event the Group Leader cannot attend a meeting (or asks the Co-Leader to assume the Leader function, such as when the Leader does not feel “up to the task” or wishes to be more personally involved in the discussion at hand), the Co-Leader can take on the duty of running the meeting. Having a Co-Leader can allow the strong points of each person to shine through, and spreads the joys of leadership.

Assistant Leaders

Assistant Leaders may take on some of the duties associated with the Group Leadership function. They can be greeters, welcoming members to the meeting, be in charge of refreshments, or any other of many jobs that make the group run smoothly. This is a great way for more people to gain experience and become skilled leaders. You may find that somebody who is an Assistant Leader wants to move to being a Co-Leader and then a Group Leader, perhaps branching off to start another group if there is enough interest. (All new groups are to follow the procedures laid out in Section 3, “Starting a SA/FFC Group.”)

Co-sponsors

A SA/FFC Co-sponsor is a SARDA A State Chapter, local organization or group that makes a one-year commitment to provide support in the formation and on-going maintenance of a SA/FFC group. Each is asked to carry out or assist Group Leaders with any or all of the following primary tasks:

- * Identifying a Leader, if one has not already been selected
- * Promoting SA/FFC to the Public
- * Purchasing necessary SA/FFC materials, such as the Start-Up Package
- * Administrative Assistance: correspondence, publicity, responding to group inquiries, seeking referrals to the group from area psychiatrists and providers, etc.

In addition, local Co-sponsors may also elect to:

- ❖ Support the SARDA A activities with a direct contribution;
- ❖ Cover additional non-primary group expenses, such as meeting refreshments, social activities, and attendance of Leaders at the annual SARDA A Conference;
- ❖ Encourage/solicit contributions for local SA/FFC group expenses; and
- ❖ Promote the creation of additional SA/FFC groups as warranted (see Section 3).

Professional (Pro) Staff Supporters

In some situations, a mental health or other professional decides to foster the development of a SA/FFC group. In this case, the professional (perhaps a psychiatrist, psychologist, social worker, psychiatric nurse, or clergy person) would be called a “Staff Supporter” and would arrange for or assist with a group to be developed. This could be a representative of the SA/FFC group’s “Co-sponsor” organization, or a person from a group of local psychiatric health system representative or an individual, for instance.



The Staff Supporter attends each meeting only until and as long as it takes to identify a Leader who has experienced psychosis, schizophrenia or schizophrenia-related brain illness. The Staff Supporter observes the members, looking for those who may be able to take on a leadership role. The method of selecting a Leader could be done by ballot of the group members or, if members are uncomfortable with that role, by the judgment of the Staff Supporter. With the members' permission, the Staff Supporter assists the new Leader in running the group. Only after the new Leader is comfortable and able to handle the group functions should the Staff Supporter step aside from attending and assisting with the group. Again, with the members' permission, the Staff Supporter may want to attend occasional future meetings to assure that the Leader is heading in the proper direction.

A one-year commitment (or until a Leader comes forth) is asked of a Staff Supporter. As with other SA Leaders, the same requirements of commitment, sincerity in helping others, and consistent adherence to the SA philosophy, six steps and guidelines, apply to Staff Supporters. The Staff Supporter may also be helpful on an ongoing basis, in identifying a meeting place, helping with phone calls, networking and outreach, arranging for publicity, providing ongoing consultation to the group regarding leadership issues, and securing SA/SARDAA/FFC literature for the new group.

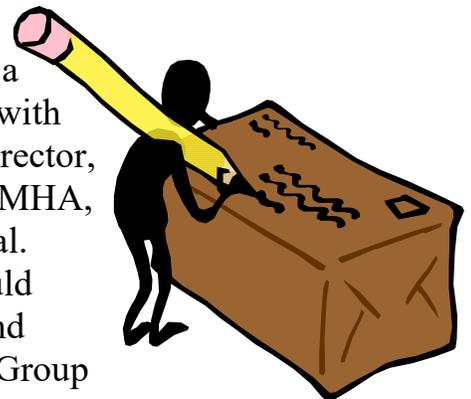
Section 6

Leader Roles & Responsibilities

Seeking Support

Leaders are not expected to finance the group's costs. But, because the demand for materials outpaces the financial resources available to SARDAA, and because members are often on fixed incomes, Leaders are strongly urged to find a local Co-sponsor or other support source. This will help cover associated group costs, such as Blue Books and other literature.

There are a number of effective methods for approaching a potential Co-sponsor. Send a letter requesting a meeting with the director (agency director, clinical director, program director, etc.) of a local community mental health agency, church, MHA, NAMI, clubhouse, outpatient clinic, or psychiatric hospital. You might want to call first to find out to whom you should address the letter. Enclose the SA/SARDAA pamphlet and other SA literature. If a meeting is granted, the potential Group



Leader might personally describe his or her hopes about helping others with psychosis by way of the SA/FFC program. Have the Roles/ Responsibilities form available and go over it so that the co-sponsor knows what they are committing to.

Or, you might just call to set up an appointment with the director of one of the facilities listed above. Present the SA/SARDAA pamphlet and literature in person. After the director has a chance to review the literature and a personal request is made by a Group Leader, permission is often granted for co-sponsorship. (You might need to leave the literature with a letter, putting your request in writing for them to decide on later.)

You might also use SARDAA videotapes, and might be asked to present these at a committee or board meeting before a decision is made to co-sponsor your group. Take a supportive person with you so you don't feel "alone." Remember, the people you talk to are human also! And they probably are very interested in helping you and other people with schizophrenia-related brain illnesses.

Sometimes it may be appropriate to recruit two co-sponsor agencies, one to help with publicity and financial assistance (say, a community mental health organization) and one to provide free meeting space (a hospital, drop in center or church). Both would need to know of this shared co-sponsorship role.

It is important to note the portion of the Roles/ Responsibilities form that discusses "ownership" of Schizophrenia Alliance: Psychosis Support & Acceptance/Families For Care. Local sources are encouraged to promote themselves as the group's local co-sponsor; for example, "A program administered by the Schizophrenia and Related Disorders Alliance of America, locally co-sponsored by (Co-sponsor Agency's Name)." SA/FFC groups do not become official programs of, or owned by, the local co-sponsor. The SA/FFC group remains autonomous (independent), but benefits from the goodwill and commitment of the local co-sponsoring organization. "Fees for service" should never be billed by the Co-sponsor or Staff Supporter to individuals or their insurance companies for SA/FFC self-help group participation.

Finding a Meeting Location

Once a Leader/Staff Supporter/Co-sponsor is identified, the next task is to find a place for regular meetings. A Co-sponsor organization can be of great help with this process.

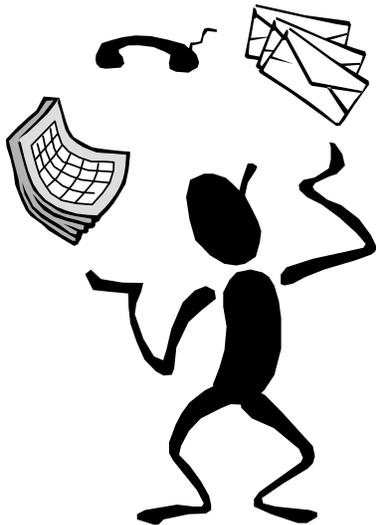
SA meetings have been held at Mental Health Association/National Alliance on Mental Health affiliate offices, churches, state psychiatric hospitals, VA hospitals, community mental health centers, drop-in centers, clubhouses, private hospitals, clinics, schools, municipal community centers, and religious retreat centers.

Also, in the early stages of SA group development, small meetings have been held at members' homes, restaurants, and even in parks. Keep in mind actual and perceived sense of safety are important factors in choosing an appropriate meeting location: will participants have enough privacy to believe that confidentiality and anonymity will be preserved? Will coming to, and leaving from, the meeting space go smoothly? Is the room available consistently? Is there enough room for "personal space" needs? Are refreshments allowed, if the group wants to have them? (Of course, serving refreshments is optional, but newcomers might feel more at ease with a cup of decaf coffee available, for example.)

Secure an institution that provides the meeting place at no charge. This works out well in that many group members are on public assistance and can't afford to rent space for the meeting.

Getting the Word Out

Unless the SA/FFC Leader has a publicity budget to work with, getting the word out about the new group might require more ingenuity than anything else.



An initial step might be to prepare a one-page flyer announcing the meeting with information about location, day, and time of the meeting. Utilize email and other social media to circulate your meeting information. The Group Leader might wish to include his or her telephone number on the flyer in case prospective members wish additional information.

Circulating this information is a great way to make your group's presence known. Flyers and posters can be posted, with permission, at any mental health center, drop-in centers, etc., in the locality. Also, copies of the flyer can be made available to various psychiatric professionals and libraries.

Meeting notices might also be entered in the community calendar section of local newspapers, usually at no charge. Perhaps a newspaper would even be willing to do a feature article on the new SA/FFC group.

When you are ready, if the crowds don't come to your group, you will need to locate the crowds. Ask yourself and your group, "Where do the folks with schizophrenia-related brain illnesses hang out." Where are the laundromats and grocery stores, fast food and pizza shops, coffee shops and ice cream restaurants in the area? Since so many of us don't have high-paying jobs, we mostly will go for entertainment and recreation where these are cheap. Where do folks with few resources go to buy discount cigarettes and soft drinks? Is there a church with "Bingo" nights that might let you put up a meeting announcement? Is there a church with a large Brain illness population or poverty outreach nearby? Is there a hospital, community mental or (low-cost) physical health center, a drop-in center, halfway house or neighborhood clinic close at hand? Where do folks go to get social services like housing, help from the government or free food? SARDAA provides poster ideas that anyone with a computer can copy and then print in a few minutes. Then you can get together on a free day to take your posters around to the "natural community supports" like the grocery stores and pharmacies to put them up. Don't forget to check back in a month to see if any need to be replaced.



What other free advertising can you find? You can look in your "Weekender" section or "Community Meetings and Special Events" listings of your local newspaper: they list non-profit and local interest groups free of charge. Be sure to tell the editor/writer of that listing that SA/FFC is a program of a non-profit and does not charge for attendance at our events. Often TV stations run "community calendars" where public service announcements are aired at no cost. Craigslist is also a good place. Also inquire about free publicity for self-help groups on university-owned radio and television stations, or public TV. Contact your local radio and TV stations to find out more. SA/FFC members who aren't afraid of being in front of an "audience" may want to grant interviews or appear on "talk shows" with local newspapers, radio and TV stations.

Developing Leadership from Within; Identifying a Successor

Once a SA/FFC group develops regular participants, the Group Leader should keep his or her eyes open for someone who could develop into a Leader at times when the primary Leader is absent or when this Leader steps down.

This process can begin by asking various members to act as greeters, read the readings at the beginning of the meeting or to lead meetings some weeks. The general will of the group membership is a crucial consideration in identifying a successor.

Communicating with SARDA and SA/FFC Leadership

Periodic contact (phone calls or correspondence) are to be made with the SARDA SA Staff Supporter to provide brief updates on your group's status (meeting place, time of meeting, contact number, etc.) or to alert program staff to changes in Group Leadership. This can be accomplished by talking with the SARDA office directly. It is important to participate in the monthly Spirit of SA conference calls to talk about your needs, questions and obtain ideas from veteran SA/FFC Leaders. The SA calls are the first Wednesday of each month. The Spirit of FFC calls are soon to be determined.



Section 7 Elements of a Meeting

Although there is a good deal of similarity in the format of present SA meetings, there are also differences depending on the setting of the group. For instance, some group meetings might last about two hours and have a large degree of cross-talk between members, while a group in a psychiatric hospital usually lasts less than an hour and has little cross-talk. The Leader needs to exercise discretion in determining which optional aspects should be used from the format listed below.

Recommended Order of Meeting

Outlined below (and in the Blue Book) is a general method for running a SA/FFC group. If your group wants to vary a little, it is okay. If you are not sure just how different you can go,



call SARDA and get some feedback on your ideas. There are some “by the book” guidelines for the meeting that cannot be changed. At our meetings, the Leader needs to protect the integrity of the SA/FFC philosophy, the six steps, and the guiding principles. If this is not done, at a certain point, the meetings can no longer be considered a meeting of Schizophrenia Alliance/Families For Care.

Seven Recommended Points of Business for a Meeting:

1. Moment of Silence: The Leader invites the members to take a short moment of silence, perhaps ten seconds. Members may use these moments to meditate silently or think anything they wish.
2. Affirmation: The Group Leader or someone else reads the day's meditation from a book of "Daily Affirmations."
3. Welcome, Announcements and Introductions. The Group Leader simply says: ***"Hello, My name is (Name) and I have (a family member who) experienced psychosis. Welcome to this meeting of Schizophrenia Alliance (Families For Care)."*** Do not use your last name in the greeting. Any SA/FFC related announcements, such as of future group events, are made at this time. Each member gives his or her first name in succession around the table.
4. Standard Readings from the Blue Book:
 - ❖ Reading of Welcome Statement to Newcomers. This is essential if you have any new participants present, or it is a newer group.
 - ❖ Reading the SA/FFC Statement of Purpose. This is a short description of SA/FFC and its purpose. Preferably, someone other than the Group Leader should read this.
 - ❖ Reading of SA/FFC Mission Statement.
 - ❖ Reading of the SA/FFC Six Steps & Guiding Principles. Someone, preferably other than the Group Leader, reads the Six Steps and Guiding Principles.
 - ❖ Optional readings: see “Meeting Options” at the end of this section.
5. “Working the Steps” and open supportive sharing of experience, strength and hope. This activity makes up the bulk of the meeting. Each member in attendance is given an opportunity to speak, to share what is on his or her mind. A copy of the six steps should be placed in front of each member. From the list, a member may choose one of the steps that best fits his or her own experience that day. There is no

specific order or progression to growth in our program, but the SA meeting is where we learn how the Steps can aid us in our ongoing recovery.

It should be mentioned that the choice to share is left with the individual; no member should be forced to talk. A member may also wish to describe how his or her week has gone, or describe plans regarding the coming week.

Many times, members will mention problems regarding their improvement. In these cases, Group Leaders should recognize that they are not trained professionals and they are not presiding over a group therapy session. Any guidance should be limited to the philosophy and steps of SA/FFC and the remainder should be left to psychiatric professionals, to whom referrals should be made in this case. (Sometimes we offer options to solving problems, but then encourage the members to acquire opinions on these options from their psychiatrist, psychiatric clinician or therapist.) Statements such as, "You should do this..." can easily be replaced by: "When I was in a similar situation I did..., and it worked for me."

Cross Talk - cross talk is the interchange of ideas across the meeting table by members during one person's turn: simply put, back-and-forth conversation. In some of our groups, cross talk is strictly limited. However, in many groups the practice has been encouraged and is beneficial for many members. When done well, it enables the infusion of new ideas applicable to the member whose turn it is -- ideas that may not have occurred to the Group Leader.

Sometimes, however, cross talk goes haywire, to the point where the Group Leader should moderate it. Below are some of the guidelines for handling cross talk:



- ❖ The member should not be interrupted during his or her turn, either in mid-sentence or while the person's train of thought is not yet completed.
- ❖ A member should not have his or her turn "taken away" by cross talk; focus should not be shifted to another member.

- ❖ Cross talk should relate directly to the members whose turn it is.
- ❖ If a member states that he or she does not want cross talk or feedback, this wish should be respected.
- ❖ No one person should be allowed to dominate the cross talk (or the meeting, for that matter). A few diplomatic words can usually balance out the discussion when this happens.
- ❖ Time limits agreed upon by the group can be included in the opening instructions for cross talk.

All cross talk may need to be suspended if the discussion becomes chaotic or if time does not permit it.

6. Additional Comments (Optional). After the last person has shared, the Group Leader may offer an opportunity for any additional comments from members, if time permits.
7. Serenity Prayer closing. The last activity of the meeting is reciting the Serenity Prayer. Here all members who wish to participate stand if they are able, form a circle, clasp hands if they would like and recite the following out loud:

***G-d, grant me the serenity
To accept the things, I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.***

Here the meeting ends. If for some reason, one or more members were not able to speak due to time constraints, they should be the first allowed to speak at the next meeting.

Meeting Options

Alternative ways to share in SA/FFC are discussed in the Blue Book. Often, a leader or member may suggest an optional reading after the standard readings, such as reading or listening to a recording of a bit of the Blue Book; reading from SA/FFC/SARDAAsanctioned literature, such as the

eNewsletter, *Choose Life Project* chapters, FFC Tool Chest, SARDAAsocially posted articles, etc. See the Materials available at www.SARDAAsocially.org. Keep in mind that the Six Steps are the “heart and soul” of the meeting, and should play a part in all meetings, at least in the “Standard Readings.”

Sometimes groups reach “stalemates” where everyone seems bored and lifeless. “Don’t blame me! I’m only a member! I don’t know what to talk about anymore.” Every group can be a dynamic group, but not every week! So what do you do? We’ve all heard, “Variety is the spice of Life...” So add some spice to your meeting: plan a card and game night, a museum outing, or a video night, with a brain health-oriented film like “A Beautiful Mind,” “Shine,” or “Girl, Interrupted.” Twice a year or so, invite a local psychiatrist, psychiatric pharmacist, nurse-psychotherapist or even a medical or nurse practitioner student to come in with answers to your “Everything you wanted to know about schizophrenia/psychosis (or medications), but were afraid to ask” questions. Be sure to get together a list of questions for the professional before they get there. Often even enthusiastic group members get “stage fright” when asking questions of a “pro” they haven’t met before.

Ingredients of a Good Meeting:

- ❖ commonly understood goals;
- ❖ a clear process for reaching those goals;
- ❖ a sense that people come to the group with their personal concerns and feelings as well as an interest in the subject at hand; and
- ❖ a sense of involvement and empowerment: people feel that they take part in decision-making, and “can do what needs doing.”



Section 8

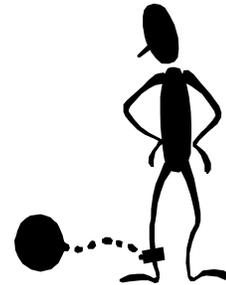
Leadership Issues

These are issues that, if not addressed in a consistent and sensible manner, can lead to an overall feeling of dread, isolation and helplessness. This makes the Leaders feel weighed down, and feelings like these can lead to “burn-out.”

But over the years, through the SA workshops and Group Consciousness Meetings and much experience, we have found strategies so these issues can be faced and overcome. There is no reason to feel hopeless. A simple call to SARDAA can empower you to beat these issues. Applying the six steps of SA/FFC can also help to resolve these difficulties. Let’s take a look at some of the most bothersome issues now. Just taking a moment to reflect on these will lead you to feel more at ease with your SA/FFC group.

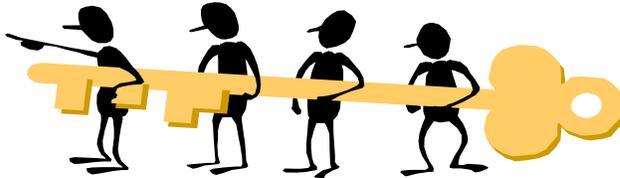
Burn-out

As stated above, burn-out is that overall sick feeling of dread, isolation and despair. Usually it comes on because the Leader needs to share the load with group members: maybe the Leader does all the “giving” and gets little back from the group. This is a sign that the Leader has taken on an unhealthy amount of responsibility. In her/his typical, giving style of living, it is no surprise to hear that our founder, Joanne V., found herself with a case of burn-out! Even Joanne had to take a break to look at why she was unhappy in the role of Leader.



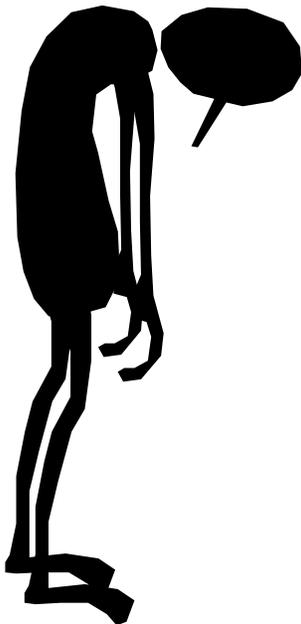
How does a Leader stay fresh? How did Joanne and others get out of burn-out so they could burn with enthusiasm again? Number 1: take care of “Number 1” so you stay fresh. Always be on the lookout for ways to get help from your group members. Can Sally be the one to greet newcomers, since she is there early anyway? Can Bert read the “Welcome Statement” or pick out and read the Affirmation? By asking for their help, you are strengthening their recovery and your own! Share the load and it won’t feel so heavy. And don’t forget to thank members each week: they are contributing to the health of their group!

This is why we stress that every Leader is to look for and cultivate a Co-Leader and an Assistant Leader, or two! If your group seems to be one with mostly “less gifted” members, ask yourself, what gifts are you looking for? Maybe you are not cultivating the strengths they have. If they cannot read well, get the Blue Book and form a group together to make a recording of the Blue Book. If your group members live in a supervised setting like a prison or state hospital, maybe the discussions will center around what they felt about the latest sports event or television movie. Again, it’s up to you to build on the strengths they have.



Leader Isolation

Often, especially when you as the Leader have no assistants, or when you lead a group with great needs, you feel alone, even when the meeting is in full motion. Well, have you ever wondered why doctors have “peer review” boards? Doctors get together with other doctors, docs who do the same kind of work they do, just to compare notes, share advice and keep up each other’s morale.



If you live in a rural setting, or even in a big city, you might do well to get to know your local community mental health support folks. Some places have drop-in centers, consumer councils of former clients who work together on special issues, peer-to-peer help meetings. (Call the SARDAA office for contact information on MHA and NAMI affiliates in your area.) These groups should be glad to hear about what you are up to. They will help you feel part of a wider community. In addition, they can help publicize your group and help you gain new skills.

Don't forget the potential support from your fellow Leaders on the Spirit of SA/FFC call. Call SARDA when you need a hand, or just to chat or lend them support with their struggles.

Over-Involvement with Group Members

This seems like the opposite of "Leader Isolation" but in some ways, it can be worse. It is part of the goal of SA to help our members recover, NOT to help them become dependent on us. Brain health (ours and theirs) demands that each of us stand on our own feet. Some of our members have been nurtured into unhealthy dependence by well-meaning others. They didn't learn the skills needed to weather the normal ups and downs of life, so each holiday seems an unbearable emergency and each bumpy road through life feels like the "Very End."

It might start out feeling good to be able to be "so helpful in getting them through" their emergency. However, requests for assistance can become demanding, Emergencies are not normal; they call for special skills. If a member is in crisis, tell them to call the local crisis line. That is what it is there for. Your role in SA/FFC is to lead your members into their own best recovery, not to create dependency. **Keep a list of emergency numbers with your meeting information so that it is available at each group meeting.**

There is another kind of "over-involvement" that is natural. It is when you just seem to "buddy up" with another member. There isn't any sure test for the health of SA/FFC "friendships" except the test of time. But be open to considering the bonds as they form: are they "weakness-maintaining dependencies," or "strength-building relationships?" It is not a good idea for Group Leaders to date or get romantically involved with group members. Trust can go out the window quickly if members feel "hit" upon by the leader, and group members may feel uncomfortable at meetings if and when the relationship has ended.

Inappropriate Subject Matter at Meetings

It is unwise for the Group Leader to allow discussion of sex, politics, or religion. Such discussions often arouse uncomfortable feelings.



In general, these points should be kept in mind when deciding whether a subject is appropriate to share:

- Meetings are not to get involved in public controversy. Advocacy is not a part of the SA/FFC program unless authorized by SARDAAs public policy.
- Politics can be a sticky issue. (It is fine to encourage people to vote, just not “how to vote.”)
- Offensive sexual or discriminatory remarks are never allowed.
- Avoid religious stereotyping and bigotry.
- Don’t tell jokes you wouldn’t tell your minister or your granny.
- Medical “theories” can be controversial.
- Current news issues can bring up a lot of emotion. Handle with care.

There are exceptions to these fine points. As an example, although it would be inappropriate for a member to begin quoting the Bible or verbally imposing religious thinking on others, it would be totally acceptable for a member to speak generally about his or her relationship with their Higher Power or about prayer. A good rule of thumb is that if, on average, the people in the group feel uncomfortable about a topic, it would be best to avoid it. You might want to schedule a Group Consciousness Meeting to discuss whether the topic is valid for a SA/FFC meeting.

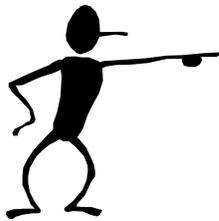
Dealing with Group Members who Dominate Meetings

Keep in mind that the Group Leader has the unique position of modeling appropriate behavior for group members: do you share power with group members by making sure that a variety of participants have time to do readings and work the steps? If someone consistently talks too long at their turn, is disruptive, or interrupts others with cross-talk, you might start by talking to them outside the meeting, gently suggesting that they make sure others have had a turn before they go over the suggested time limit for their turn. If the problem behavior continues, talk about it (leaving names out of the discussion) at Group Consciousness Meetings to decide what to do next. Group members can be reminded that it is up to the group as a whole to exert social pressure on those who monopolize group time. Someone could address the entire group, gently suggesting, “Everyone gets a chance to share in SA/FFC. How many of you have not shared yet?”

Asking Someone to Leave the Meeting

In an extreme case, the group and its Leader can ask the domineering or disruptive member to leave the group for awhile. This might be for a half-hour, for the rest of the month, or longer in an extreme case, depending on what is decided at the Group Consciousness Meeting.

As a result of our experience in meetings at a state psychiatric hospital, we know that if a person is disruptive, it is for the general good of the group to ask the person to leave (perhaps even temporarily). The administrative function of the Group Leader is often the most unpleasant part of the job. Call on your fellow members to help you communicate the will or consensus of the group.



Emergency Procedures



Each SA/FFC Group needs to develop both procedures for handling emergencies, and a list of local emergency/referral phone numbers, just in case. Emergencies might include bad weather, building lockout, a member threatening to harm him/her or others, or a medical emergency. Here are some numbers that you should seek locally, making a referral sheet that is kept with meeting materials, with copies available for referrals:

- ❖ Local Mobile Crisis Team number
- ❖ 911 or other emergency dispatch number
- ❖ Suicide call line: Call 24/7 1-800-273-8255
 - The website should be reviewed for all SA/FFC members:
<http://www.suicidepreventionlifeline.org/>
- ❖ Each group leader should locate the contact for their local crisis intervention team/mobile crisis team/ACT team for all members to know.
- ❖ “Warm” line (for people who are not suicidal but perhaps lonely and need to talk with someone)
 - SARDAA 8 a.m. – 6 p.m. ET 240-423-9432
- ❖ Building after-hours contact information for lockouts or maintenance emergencies such as a plumbing leak

- ❖ Staff supporter/Co-sponsor contact for other building questions, such as holiday schedules
- ❖ Psychiatrist, psychologist, nurse, pharmacist, or other medical/social work personnel who has volunteered to act as a resource person
- ❖ Group member contact information to notify if the group will not meet
- ❖ Member preferred person to contact in case of emergency

Having procedures and numbers like these handy will decrease stress in the unlikely event of an emergency.

Closed Meetings

As a general rule, meetings of Schizophrenia Alliance are open only to persons who have a schizophrenia-related (have experienced psychosis) brain illness. Meetings of Families For Care are open only to caregivers of individuals who have experienced psychosis. We have made exceptions to this rule:

- ❖ when professionals wish to sit in;
- ❖ if news media wish to observe;
- ❖ if relatives of members wish to give support to a loved one.

If the closed meeting rule is modified in this manner, the anonymity of members must be maintained. The group members must take a vote to approve access to visitors who are not affected by a schizophrenia-related brain illness.

Low Attendance

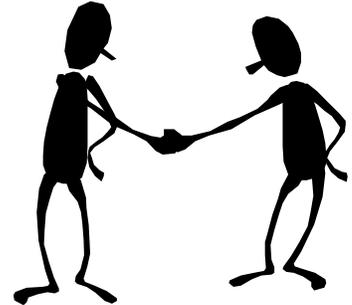
Some groups start small, stay small, and stay constant, and the quality of the sharing is truly a gift to its members. Other groups start big, with expectations too “big” for their own good. Then when the natural changes come, members get discouraged, disgruntled or they just “drop out of sight.” If your group starts small, use the time to create working relationships. Start with whoever shows up, build solidarity, and work together to build each member’s strengths and self-esteem. The meeting does not need to have a large attendance to be meaningful. Meetings of two, three, or four persons affected a schizophrenia-related brain illness enables participants to become better acquainted, and to some extent, more devoted to each other.

If the group does become large, one can only be grateful for the broader opportunity to provide a positive influence. In short, it is not desirable for

the leader to wish to attract a large following, just for the sake of doing so. If the group starts out large, do not get discouraged when there is natural fall-out. You can still have a high-quality group with fewer members, and you can work to recruit new members as well. See “Getting the Word Out” on p. 17 and the “Hints” in the attachments.

Regarding Newcomers

Probably many who come to a meeting will never come again. This happens in all groups. They decide not to return for any number of reasons, usually having nothing to do with the qualities or characteristics of the Group Leader. It is important for the Leader not to take it personally that not all attendees stick with the group.



But what should the Leader impart to the newcomer, given the probability that the person will be under the Leader's influence for a very short time? First, the newcomer should be encouraged to not be afraid to take "baby steps" in improving. Much value can be derived from a string of small successes. The important thing is not to give up hope.

Secondly, the newcomer should be encouraged to be gentle with him or herself. Although others may say critical or mean things because of his or her illness, the newcomer should work at not "buying into" this negativity. The basic message is: "You are a worthwhile person."

Section 9

Technical Support & Publications

All Group Leaders and their colleagues receive ongoing technical support during the life of their groups. By “technical support,” we mean the monthly *Spirit of SA/FFC toll-free conference calls, SA/FFC toll-free Conference Call Groups, updates posted on www.sardaa.org, monthly eNewsletter* and regular contact with a SARDA A SA Staff Supporter who is only a phone call away. If you are not receiving the eNewsletter, please sign up on the SARDA A website at www.sardaa.org or contact the SARDA A office; the number is on the cover of this manual.

If problems arise with your group, don’t wait! You are not alone! Call SARDA A. It will save you time and worry. The Staff Supporter will discuss any question.

Schizophrenia Alliance has been successfully running groups since 1985. There are really few “new things under the sun.” When truly unique and challenging problems arise, they are discussed at staff and Spirit of SA/FFC meetings. SARDA A is always available to help you. Call your SARDA A!

Leadership Development Workshops

SARDA A will hold workshops as funding is available. Group Leaders and prospective Group Leaders come to workshops to learn new meeting skills, and to network and get to know one another. The workshops help sharpen leadership skills and promote unity and fellowship among SA/FFC members. It is a fun, educational experience that should not be missed.



Section 10 Attachments

- ❖ Sample Meeting Format
- ❖ Welcome To Newcomers
- ❖ Getting the Word Out
- ❖ Publicity samples: media releases, meeting flyers
- ❖ Glossary of Terms/Index
- ❖ Do's and Don'ts for SA/FFC leaders
- ❖ Schizophrenia Alliance® Facts
- ❖ Schizophrenia Fact Sheet
- ❖ Roles/Responsibilities Form
- ❖ New Group Registration Form
- ❖ Feedback Form

Start-up packages (first-time Manuals) also include:

- ❖ *SA/FFC: You Are Not Alone* “Blue Books” member manual
- ❖ Link to “How To Start a SA Group”

SCHIZOPHRENIA ALLIANCE MEETING FORMAT WELCOME

Welcome to the _____ (day of the week) Schizophrenia Alliance: Psychosis Support & Acceptance meeting at _____ (location). My name is _____ and I have experienced psychosis. Thank you for being here today.

Let's start with a moment of silence (10-30 seconds) followed by an affirmation from a meditation book.

Let's get acquainted by going around the room and introducing ourselves by our first name, beginning with the first person on my right (or left).

"We come here today to share our experience, strength and hope with one another and to learn to cope with the symptoms and discrimination of a schizophrenia related brain illness. We join together for fellowship to improve our attitudes about ourselves and to live in greater peace and joy with others."

If you are new to our program, we hope you remain for at least 5 or 6 meetings to better understand our way of improving our lives with a schizophrenia or related illness. Remember, that with Schizophrenia Alliance, you need not be alone any longer."

(If there is a new member, be sure someone reads the "SA Welcome Statement to Newcomers" on Page 1 of the SA/FFC Blue Book.)

Are there any announcements?

PURPOSE, MISSION, PHILOSOPHY

Would everyone now please turn to the SA Blue Book and we can have a volunteer to read.

(Pick one volunteer for each of the following.)

- Statement of Purpose (page 6)
- Mission Statement (page 5)
- Group Philosophy (page 8)
- Group Guidelines (page 8)

Thank you to those who read.

READINGS

Looking now at Page 4 of the SA Blue Book, let's each take a paragraph, reading, "What Are Schizophrenia and Related Disorders?" (Thank everyone for taking part.)

Please Note: This format is flexible and based on time constraints and group wishes.

THE SIX STEPS/SHARING

Now let's go around and read the Six Steps on Page 7 of the SA/FFC Blue Book. (Take turns reading until all six steps have been read.)

Now let's have everyone who cares to share about a step they feel closest to, or feel most comfortable talking about. And at the same time, let's have everyone who cares to report on how their week went, or on any other subject they wish to share about.

Topics of sex, religion and politics are to be avoided.

Remember, this is your meeting. So feel free to talk, and if you choose, ask for feedback from the group.

Everyone is to speak from their own experience. A guideline is 3-5 minutes per person for sharing.

(It's okay if someone does not want to share. They can pass. Just move on to the next person.)

If time is left in the meeting, you can read a story in the Blue Book, articles from the SARDAA newsletter, or any other materials relating to psychosis.

SERENITY PRAYER

Finally, close with the "Serenity Prayer."

*G-d, grant me the serenity to accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.*

(Reminder: Meetings are to start and end on time.)

Schizophrenia Alliance: Psychosis Support & Acceptance

Welcome To Newcomers

We wish to welcome you as a newcomer to Schizophrenia Alliance: Psychosis Support & Acceptance. We realize that you may not have much experience with peer support/self-help and may feel uncomfortable. Please be at ease and try to be open to this new experience.

One thing we want to express to the newcomer is a sense of HOPE. What SA members have seen over the years is that people with psychosis are capable of making giant strides in recovery and are able to find a place for themselves in this world. Life has promise, even for those who have been afflicted with our difficult illness.

Please be aware of another thing. Your illness is not your fault; it is not the result of some weakness in your character or a personality deficit. Rather, according to the best information from the scientific community, psychosis, is a brain disorder, involving neuro-circuits and sometimes tissue irregularities in the brain with genetic implications. About ninety percent of people with schizophrenia related brain illnesses can improve with medical treatment and new scientific research offers hope for all those with the illness.

Please feel at home here. This meeting is here to help sustain you. You are accepted here. Those who have psychosis have a whole world of experiences that others don't know about. For instance, have you heard voices or seen visions? So have other SA members. Have you had grand or strange ideas about yourself or your surroundings? So have other SA members. Have you felt that the CIA or FBI was after you? Or, that the television or radio was talking to you? So have others in SA. Have you talked to psychiatrists, been in psychiatric hospitals, taken antipsychotic medications, or had awful side effects from these medications? So have we. Have you lost jobs because of your illness, or have been personally devalued by others because of it? So have we.

We have these things and others in common. In a way, it's like a homecoming. You are welcome here. We hope to be here each week if you choose to join us.

Getting the Word Out (The Ongoing Effort of Group Promotion)

[NOTE: If You Change Your Meeting Information, You Must Contact All
of These Places Again!]

Colleges and Universities

Administration

Dean of Students Office,
President's Office
Residents Halls Administration Offices
Faculty Information and Support Offices
Office for Handicapped/Special Needs Students
Off-Campus Student Center
Married Student Housing

Student Health Services

Medical Health Clinic, Psychological Health Clinic
On and Off Campus Counseling Centers
Counseling Centers for Students and Non-students
[By student counselors and/or certified professionals]
Student Drop-In Centers for help with Alcohol/Drug/Sexual/Stress Distress
Student Crisis Lines: Hot Lines and Warm Lines

Classes and Departments/Academic Offices

Psychology & Counseling Classes
Sociology & Social Work Classes
Communication (Public Speaking and Mass Media) and Journalism Classes
Graphic Art and Advertising Classes
Television and Radio Classes [public service announcements]
Student-run Newspapers [articles, advertising, public service ads]
University-owned Radio and Television Stations
[PSA's, Stories and Live "Call-In" Broadcast Shows]
Institutional Public Access Television

Student Organizations

University NAMI, Active Minds -organizations
Psychology-oriented fraternities and sororities
Depression Awareness & Suicide-prevention Groups: SPAN and AFSP

Outreach Locations for flyers/newsletter articles

- Mental Health Organizations:
 - Mental Health America affiliates
 - NAMI
 - Hospitals and outpatient clients
 - Community Mental Health centers
 - Mental health professional organizations/associations
 - Pastoral care providers & ministers
 - Private practice mental health professionals

- Consumer Support Organizations:
 - Consumer drop-in centers
 - Psycho-social clubhouses
 - 12-step regional offices, “Al-anon Clubs”, “AA”
 - Veterans’ support sites
 - Ethnic/minority/women’s organizations
 - Shelters for survivors of domestic violence

- Community Outreach
 - Grocery stores
 - Laundromats
 - Coffee & donut shops
 - Specialty stores and restaurants, such as natural/health food
 - Bookstores/libraries
 - Places of Worship
 - Universities, colleges, trade schools

Newspapers/Print Media

- Major newspapers
 - free “community event” listings
 - Ongoing “community calendar” listings
 - Write a letter to the Editor for the opinion/editorial page—remember anonymity, principles before personalities, and non-partisan guidelines
 - Paid advertising: personals, etc.--use sparingly!
- Alternative/ethnic/special interest newspapers: free listings

Radio/Local TV

- SARDAA approved “public service announcements” (free)
- Local public radio stations
- Cable TV community events listings
- “Talk radio” stations

Internet

- Include SA/FFC Web address on all outreach materials:
www.sardaa.org
- Mention on Schizophrenia.com “chats”
- Set up a local, monitored “chat room” or website with a phone number listed under “contact us”
- List Group meeting information on “Craigslis”, weekly

Public Appearances/Presentations

- Official SARDAA Display for conferences (by request)
- Distributing SA literature (by request)
- Dress up a little!
- “Keep it simple, Sam/Sister!” (KISS method)
- When answering difficult questions, don’t forget to breathe!

Evaluation and Reporting

- Send copies of articles, flyers, etc. to SARDAA for recognition and archives.
- Evaluation forms are nice for presentations. Contact SARDAA for samples.
- Estimate the number of people who attended your presentation.

Request, complete and return a “Presentation Form” from SARDAA.

PUBLICITY SAMPLES

Community Calendar Announcement

Example of a brief cover letter:

Date

Dear Sir or Madam (specific staff person's name if you know it)

Please include the item below in the Community Calendar section of your newspaper.

Thank you, in advance, for your assistance with this request.

Sincerely,

Name of SA/FFC group contact person first name

Self-help/peer support group meeting for people with a schizophrenia - related brain illness on (day of the week), (time and length of meeting) located at/in (meeting site). For more information, call (leader or contact's first name) at (phone number).

Example of a completed announcement:

Self-help/peer support group meeting for people with schizophrenia-related brain illness on **Thursday evenings from 7:00 – 8:00 p.m. in northern Pontiac, 1234 Super St, Popular, MI** For more information call **John** at **(271) 123-4567**.

The following page is a generic letter you may reproduce

Dear Sir or Madam:

Please include the following item in the Community Calendar section of your newspaper.

Thank you, in advance, for your assistance with this request.

Sincerely,

COMMUNITY CALENDAR ANNOUNCEMENT

Self-help/peer support group meeting for people with schizophrenia-related

Brain illness on _____ from _____ -
_____.

Located at/in _____.

For more information call _____ at () _____

**SCHIZOPHRENIA
ALLIANCE
PSYCHOSIS SUPPORT &
ACCEPTANCE
Self-Help Peer
Support Group**

CITY: _____

DAY OF WEEK: _____

TIME: _____

LOCATION: _____

CONTACT: _____

SCHIZOPHRENIA ALLIANCE is a confidential
self-help/peer support group for persons with
schizophrenia or psychosis.

There is no cost for membership.

RESPECT

DIGNITY

TRUST

WE'LL GIVE BACK WHAT BRAIN ILLNESS TOOK FROM YOU.

SCHIZOPHRENIA ALLIANCE:

Psychosis Support & Alliance

A SELF-HELP/PEER SUPPORT GROUP

Meetings every Sunday

12:30 p.m. – 1:30 p.m.

United Methodist Church

1234 Cedar Lane (Corner of State Street)

Sheridan, CT

For additional locations and information call Paul at (751) 123-4567

Spicing it up

- Readings from Blue Book
 - Encourage members to bring relevant newspaper/magazine articles
 - Discuss articles
 - Holiday parties – pot luck
 - Anniversary party
 - Movie nights
 - Pizza/ Subway nights
 - Member driven annual fundraiser
 - Annual bake sale – donated goods
 - Book sale/ raffle
 - Annual picnic for members/ families
-
- Donations from for example:
 - COSTCO
 - King Soopers
 - Perkins
-
- Birthday list/cards
 - Special occasions – cards
-

GLOSSARY & INDEX

The following are acronyms, abbreviations and phrases commonly used within the SA/FFC program.

Affirmation: a positive, hopeful statement.

Affirmation Book: one of several books available at bookstores (usually with other recovery-oriented books) that lists daily affirmations.

Anonymous: People are not identified and maintain confidentiality. Generally, members' last names are not used, unless, with the members' permission or they are necessary for special projects, such as getting the word out.

Assistant Leader: takes on some of the duties associated with group leadership, and acts as Group Leader when the Leader or Co-Leader is not available.

Blue Book: The nickname for SA/FFC Your Are Not Alone main guide to running a SA/FFC group.

Burn-out: sense of being worn out, usually due to taking on too many leadership or other responsibilities in isolation/without assistance. The SA/FFC Group Leaders' Manual addresses how to avoid leadership burn-out.

Choose Life Project: Literature series designed to decrease suicide and affirm the lives of people affected by psychosis.

Closed Meeting: Meetings open only to persons with a schizophrenia-related brain illness; or, meetings for a specific target audience, such as those who are inpatients at a psychiatric hospital or requires membership in an organization.

Co-Leader: Helps to run the group in the event the group Leader cannot attend a meeting, or share the leadership tasks, assuring continuity and preventing burn-out.

Confidentiality: members are not to discuss what is shared in the group outside the group. The only exception is the rare case of threats of harm to self or others, which warrants involvement by helping professionals.

Co-Sponsor: Organization or individual that assists the group with identifying a Leader, if one has not already been selected; promoting SA/FFC to the public; purchasing necessary materials, such as the Start-Up Package; and administrative assistance: such as correspondence, publicity, etc. In addition, local Co-sponsors may also elect to: support Schizophrenia and Related Disorders Alliance of America (SARDAA) activities with a direct contribution; cover additional group expenses, such as meeting refreshments, social activities, and attendance of Leaders at the annual SA Leadership Development Conference; and promote the creation of additional SA groups as warranted.

Cross Talk: the interchange of ideas across the meeting table by members during one person's turn: simply put, back-and-forth conversation.

Diagnosis: the identification of a disease or disorder by a qualified medical professional.

Greeter: a person designated to welcome group participants, particularly newcomers, as they arrive at the meeting.

Group Consciousness Meeting (GCM): time set aside separate from regular meetings, to shape how the group conducts itself and to deal with any and all group-related issues and "administrative details" such as the regular meeting date, time, and location; how to enhance the meeting format, content, or direction; how the group can better promote itself; scheduling speakers; planning a game night or other social function. Group Consciousness Meetings should be held at least four times per year.

Group Leader: The person or persons designated to open a SA/FFC meeting and help it run smoothly, with the help of other participants.

Group Referrals: SARDAA makes referrals for people with schizophrenia and related brain illnesses and their families who are seeking support, to meetings in their area that are open to newcomers. This is one reason that up-to-date group information such as meeting date, time, leader and appropriate contact person/phone number is so important for SARDAA to maintain in its database and information on the SARDAA website.

Guidelines: SA Leaders have outlined simple guidelines for member conduct within SA/FFC meetings. These guidelines can be added to and/or adapted for local group usage through group consciousness meeting.

Guiding Principles: The “Guiding Principles” listed in the Blue Book set the tone for meetings.

Higher Power: Supreme Being or life force/spiritual essence that some members choose to call G-d. There is no one required “title” for this concept.

Workshop: designed to enhance Group Leaders’ personal development and leadership skills.

Mission Statement: most organizations and many programs have a mission statement, the overall statement of “why we exist.” The Mission Statement of SARDAA is to improve lives affected by psychosis (schizophrenia and related brain illnesses) through support programs, education and advocacy. The Mission Statement of Schizophrenia Alliance: Psychosis Support & Acceptance is to add the element of self-help/peer group support to the recovery process of people suffering from psychosis. We hope this will contribute to the sense of wellbeing of SA members and help us cope with the difficulties imposed by our illness.

Moment of Silence: A moment at the beginning of each SA/FFC meeting that is reserved for silent prayer or meditation, helping members to feel centered on the purpose of the meeting.

National Alliance on Mental Illness (NAMI): A national organization with state and local affiliates that is “dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.”

Mental Health America (MHA): A national organization with state and local affiliates that is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and service.

Open Meeting: A meeting open to newcomers. Groups should define the degree to which they are “open” to guests, for special meetings or always, through their Group Consciousness meetings.

Reality Check: A reality check can enable SA members to check the accuracy of their thinking about a particular subject or event. The member or the leader can say, “Has anyone else had _____ happen?” or “do you think what I’m perceiving is real?” and get feedback from other members.

Recognized Groups: Groups that have signed the SA Roles/Responsibility form. These groups are entitled to technical assistance support from the national office.

Recovery: Recovery means different things to different people. SA promotes recovery to the best of SA members’ abilities, which doesn’t mean being symptom-free or avoiding hospitalization for an extended period of time. Recovery is a life-long process measured by one’s quality of life and the extent he or she is capable of progressing.

Related Disorders: many people experience symptoms similar to those with schizophrenia. If those persons can benefit from SA and adhere to its guiding principles, they are also welcome to be a SA member. Related illnesses include Schizoaffective disorder, Bipolar disorder with psychotic features and other neuropsychiatric illnesses that include psychosis.

SA: Abbreviation for Schizophrenia Alliance: Psychosis Support & Acceptance.

SA Brochure: The brochure entitled “SA: You are Not Alone” that introduces people to the Schizophrenia Alliance program. This brochure has a blank where leaders can write or stamp their local meeting information.

SARDAA SA Staff Supporter: Veteran SA Leader assigned to work with Group Leaders, group development, issues, coordinating and organizing SA.

SARDAA eNewsletter: An electronic newsletter written and distributed via email by SARDAA with submission by SA/FFC members and SARDAA volunteer staff. The eNewsletter often provides updates on Schizophrenia-related research, as well as listing hope-inspiring quotations / affirmations. Contact SARDAA to be placed on the email distribution list for this publication. Please submit articles, poetry and artwork to SARDAA for inclusion in the eNewsletter.

SA Fact Sheet: An SA publication listing facts about the SA program.

SA literature: newsletters, brochures, flyers, and other publications, published by the SARDA and SA program.

SA Philosophy: as stated in the Blue Book, the SA Group Philosophy is to follow the six-step program, which recommends a set of attitudes and actions that will enhance the chances of improvement when challenged with a schizophrenia-related brain illness. SA also emphasizes the importance of adhering to the advice of psychiatric professionals. For instance, group members are encouraged to take anti-psychotic medications prescribed by their clinician, contact them immediately when problems arise, and cooperate with hospitalization if needed. SA is intended to be supplemental to professional help.

Schizophrenia: a brain-based neurological (neuro-circuitry) brain illness that affects how a person thinks, feels, and acts. More than one percent of the world population suffers from schizophrenia, including over 3 million Americans. Symptoms include hallucinations, delusions, thought and speech confusion, and sometimes withdrawal or apathy. While there is no cure for schizophrenia at this time, medications and therapy can help symptoms for one-half of the people with schizophrenia. Many people with schizophrenia experience recovery and lead independent, satisfying lives.

Schizophrenia Alliance® (SA) Self-Help/Peer Support Network: The global network of SA support groups, Leaders, and SA Coordinators, supported by the Schizophrenia and Related Disorders Alliance of America (SARDA).

Schizophrenia Fact Sheet: A fact sheet on schizophrenia published by SARDA.

Serenity Prayer: The prayer often used to close a meeting: *(G-d), Grant me the Serenity to Accept the Things I Cannot Change; the Courage to Change the Things I Can; and the Wisdom to See the Difference.*

Service Mark: Similar to a trademark, the service mark, denoted ® after Schizophrenia Alliance, means that use of this title can only be used with permission, by groups SARDA has recognized (see “Recognized Groups” above). Persons who wish to start new SA groups should contact SARDA to obtain recognition for the new group.

Six Steps: The six steps to recovery were written by Joanne Verbanic, patterned after the 12 Steps of AA that she received authorization to use for

SA. SA's steps have no requirement to be pursued in any certain order, and one does not need to achieve in any order before an SA/FFC member can benefit from practicing another step.

Staff Supporter: Staff Supporters are persons who help a group get started and provide advice to it though they are not acting as a Member of the Group. Staff Supporters may or may not be mental health consumers; often they are appointed by the Co-Sponsor agency to assist the group to get off the ground and provide assistance and resources.

Start-up Package: The SA/FFC Start-up Package provides helpful materials, support and information for a new group to get off the ground, including links to videos that can be shown at early meetings about the SA/FFC principles and steps, and Blue Books to be used by the meeting Participants. Also included are the Group Leaders' Manual and SA and SARDAAs brochures.

Statement of Purpose: From the SA Blue Book:

- To help restore dignity and sense of purpose for person who are working for recovery from schizophrenia or related brain illnesses.
- To offer fellowship, positive support, and companionship in order to achieve good brain health.
- To improve our own attitudes about our lives and the illness.
- To provide members with latest information regarding schizophrenia-related brain illnesses.
- To encourage members to take positive steps towards recovery from the illness.

Spirit of SA/FFC: Monthly meetings of SA/FFC members and Leaders to discuss issues people might be experiencing in their group for the group to help resolve problems. Leaders will provide ideas to enhance the group meetings. And participants will decide on SA/FFC-wide program issues, such as literature development, leadership trainings and common leadership issues. Open to SA member participation via telephone conference calls the first Wednesday of each month at 7 p.m. Eastern Time. The toll-free number is: (855) 640-8271 and the Pass code: 88286491# Spirit of FFC Calls are TBD

Support group: a self-help/peer support group differs from therapy because the leader is not a therapist and therefore the group is not to be used as "therapy" or "billable hours" for insurance purposes. Focus is on empowerment of group members to attain a improved quality of life.

Talk Therapy: Any of several forms of therapy involving talking through issues with a trained therapist, such as a psychologist, social worker, nurse psychotherapist, or psychiatrist. Often used for treatment in conjunction with medications and self-help/peer support groups.

Technical Support: Assistance provided to groups by SARDAA, or in some cases by the group's Co-Sponsor or Staff Supporter.

Verbanic, Joanne: Joanne Verbanic founded Schizophrenics Anonymous in 1985, after writing a letter to the Mental Health Association in Michigan saying "volunteer available." In 2008 Schizophrenia and Related Disorders Alliance of America was founded and provided the administration and support for SA. In 2016, SA was renamed Schizophrenia Alliance. In 2018, the name expanded to clarify who the group supports – Schizophrenia Alliance: Psychosis Support & Acceptance.

Volunteer: Volunteers do not receive compensation/pay for their work.

Welcome Statement to Newcomers: a welcoming statement in the Blue Book, to be read near the beginning of new meetings or when new members are present.

Working the Steps: Process where SA/FFC members read a step that applies to them and describe how they are using that step currently in their daily lives; also, the day-to-day application of the steps in SA/FFC members' lives.

Do's and Don'ts for leaders

Group Activities

The work of Schizophrenia Alliance is self-help recovery. Leaders and members of SA may be in a position to do work in the areas of consumer advocacy or policy-making, but are asked to do such work in their own name and not in the name of "Schizophrenia Alliance" or SARDAA, unless authorized by SARDAA to represent SARDAA. Because Schizophrenia Alliance has no opinion on issues outside of its own particular method of self-help recovery, SA leaders or members who work on other areas of the brain health system cannot speak on behalf of Schizophrenia Alliance or SARDAA. Hence, such members represent themselves, not SA, in activities like advocacy. Any announcement made on behalf of the SA group should have the group's full knowledge and support, obtained through a local group consciousness meeting.

SA/FFC groups should place principles before personalities; this means that promoting SA/FFC's principles and steps are more important than promoting a leader's own "personality." The welfare of the group and recovery of its members is more important than the popularity or success of an individual such as the leader. Leaders are not there to make a name for themselves, but to share leadership, mutual aid, and recovery strategies (4th Principle).

As the Group Leader's Manual states (2003, Section 8, p. 26-27), "SA should not get involved in public controversy. That is why advocacy is not a part of the SA program." The manual also cautions to avoid politics and medical "theories." It recommends group consciousness meetings when needed to discuss whether a topic is valid for a SA meeting.

Name of SA group

The Name of the SA group should refer to the location/name of the building and the city where it meets. So it should be, 'Downtown Library SA group of Clyde, CA,' not just "SA-city name" because that implies that this group is the "headquarters" for SA in that city; it assumes that there is not another SA group in that city; and it seems to preclude the formation of another, independent group.

"Schizophrenia Alliance" or "SA" needs to be in the title of the group. So a SA group cannot just be called "The Fellowship Group" or "The Mental Health Wellness Group."

Use of SA Materials

Self-help support groups that are not SA/FFC groups should not use SA/FFC materials to run their meetings, other than making casual mentions for reference. For instance, a DBSA group leader might say at announcement time, "Have you seen the SARDAA newsletter or the SA newsletter (Blue Book, etc.)? It's a good resource, and if you'd like to get it, I have the ordering information." This is acceptable, but actually working the Six Steps should only be done by recognized Schizophrenia Alliance groups (Spirit of SA meeting, 10/20/2003).

On the other hand, all SA groups should refer to SA group materials including the Six Steps at each meeting, unless there is an occasional (monthly or less often) special meeting/event where the group is having a "field trip" offsite, movie night, speaker, etc. Whenever possible, these meetings should open with the opening readings, including the Six Steps, to establish its identity as a Schizophrenia Alliance meeting (Spirit of SA meeting, 8/09/04).

Newsletters

SA leadership cautions against making newsletters a focus of SA/FFC group activities. Any SA/FFC group newsletters (print and email) should be forwarded to the SARDAA office for review before distributing to others, so that SA representatives can give feedback on appropriate content. Content of local

SA/FFC literature should be as stated by SARDA, or approved in advance by SA/SARDA. Local SA/FFC groups should not make statements of opinion that are not those of SARDA, and should steer away from controversial topics or activities. Each newsletter needs to have a reference to SARDA contact information, and it should also recognize the group's co-sponsor (Spirit of SA meeting, (1/10/05). Here is an example:

This Schizophrenia Alliance group is co-sponsored by the Clinton-Eaton-Ingham Community Mental Health and is a program of the Schizophrenia And Related Disorders Alliance Of America (240) 423-9432 www.sardaa.org. (Group Leaders Circular, June 2005).

Group Leader terminology

SA Group Leaders are those who have experienced psychosis - symptoms such as delusions and hallucinations. There are often Co-leaders and Assistant Leaders, and this is recommended to spread out the work load, reduce burnout and prevent it from becoming "the Leader's meeting" rather than everyone's meeting.

Psychiatric Health professionals or representatives from co-sponsor agencies that assist the SA group are called "Staff Supporters." SA/FFC is not group therapy, so if a therapist initially leads the meeting, leadership should transition to a consumer with schizophrenia or a related illness within 6 months of its formation. If a member happens to be a psychiatric clinician, they function as any other member of the group and not in the capacity of a professional.

Since SA is a voluntary organization, leaders are forbidden to receive payment for their group leadership time. Paid staff such as peer counselors can attend SA meetings.

Assorted Schizophrenia Alliance Facts

- Schizophrenics Anonymous, now named, Schizophrenia Alliance: Psychosis Support & Acceptance (SA) was founded in 1985 by Joanne Verbanic, who created a six-step program similar in form to the twelve steps and meeting concept used by Alcoholics Anonymous.
- SA self-help support groups are operated by persons affected by schizophrenia or a schizophrenia-related illness (i.e., similar symptoms/psychosis). Some groups may be initially facilitated by a brain health professional but are eventually led by a group member(s).
- Schizophrenia Alliance is an adjunct to professional help. SA members support the role of professional therapy and the use of medication as prescribed.

- SA groups are for primary consumers, *Not* for Friends or Family members! (Families For Care Support Conference Call Group on Tuesday's at 7 p.m. ET are only for Family and Caregivers and NOT for diagnosed individuals)
- SA groups are often the primary place where persons with schizophrenia related brain illnesses receive up-to-date information about their disorder and its treatments.
- SA groups focus solely on self-help and do not pursue advocacy issues.
- SA groups:
 - meet weekly
 - meet in both inpatient (i.e., state and private hospitals, prisons) & community settings (e.g., churches, libraries, drop-in centers, clubhouses, community mental health centers, civic centers, private offices' meeting rooms, etc.)
 - range in size from 3 to 24+ members. Average meeting attendance is between six and eight members.
 - members' ages vary (teens and adolescents are growing in participation) from 18 to 75 years old.
- Over 10,000 people have attended SA meetings over the past 31 years.
- Schizophrenia Alliance has received the endorsement of various organizations and individuals, including: Mental Health America (formerly National Mental Health Association), USPPRA (former International Association of Psychosocial Rehabilitation Services (IAPRS)), Dr. E. Fuller Torrey, Dr. Rajiv Tandon (Florida Dept of Mental Health), Mental Health Association in Michigan, NAMI Michigan, Michigan Psychiatric Society, Michigan Department of Community Health, National Association of Social Workers—Michigan Chapter. Formal letters of support have been received from the boards of the American Psychiatric Association and Michigan Psychological Association.
- A three-year research project conducted through faculty of Michigan State University (Reischl, Salem, et al, 2000) and partially replicated by SARDAA in 2013 shows that attending SA meetings is helpful to members, with a large percentage of members deeming it an *essential component* in their recovery process.
- For her work in developing and helping to maintain the Schizophrenia Alliance network, Ms. Joanne Verbanic received the *Clifford Beers Award* from Mental Health America in 2006.
- SA is a central program of the Schizophrenia and Related Disorders Alliance of America ("SARDAA"), with a detailed web site at: <http://www.SARDAA.org>

- Support for new SA groups can be obtained by going to the web site, call 240-423-9432 or email info@sardaa.org. Every effort is made to reply within 48 hours to requests for information about group start-up and maintenance.
-

Schizophrenia Fact Sheet

- It is estimated that more than 3 million Americans now have schizophrenia. 100,000 adolescents are newly diagnosed each year. There are more Americans with schizophrenia than there are residents of North Dakota and Wyoming combined.
- One of every hundred people in the world will have a schizophrenia brain illness.
- Three-quarters of persons with schizophrenia manifest symptoms of the illness between 15 and 25 years of age but there are many who experience symptoms in early childhood.
- Males typically exhibit symptoms of the illness earlier than females—between ages 15 and 25; between age 21 and 35.
- Outlook for recovery might be better for women; they have completed more education and may have established a career or marriage before the onset of their illness.
- Schizophrenia-spectrum disorders are neuro-circuitry brain illnesses.
- The usual symptoms of schizophrenia are delusions and hallucinations. Three-quarters of all persons with schizophrenia have these symptoms; other brain disorders in which similar symptoms occur include: bipolar disorder, schizoaffective disorder, depression with psychotic features, organic brain syndromes, substance abuse, meningitis, Alzheimer's, and temporal lobe epilepsy.
- Other symptoms include altered sense of self, extreme confusion in thinking and speaking, inappropriate responses to the environment, poverty of thought, and thought disorders such as “thought blocking” (where it seems that one's thoughts are being “blocked” by an external force), “thought broadcasting” (belief that others can “hear” one's thoughts) and “thought insertions” (the person believes another's thoughts are being “inserted” into their mind).
- The most common form of hallucinations is auditory experiences such as “voices.” Hallucinations can also include “visions” or perceptions of touch, taste or smell that cannot be externally validated.
- A common delusion or “mistaken belief” is one of paranoia or persecution—that one is being spied upon or schemed against or that others are plotting to do harm to someone.

- Sometimes the person with schizophrenia may have “delusions of grandeur” in which they believe they are exalted persons, such as Jesus or Moses, or that they are on some special mission or have a powerful or special message for humanity.
- There is insufficient evidence for a therapeutic value to megavitamins or any special diet as a general treatment or “cure” for schizophrenia. To date there is no known “cure” for schizophrenia.
- The most effective treatment for most cases of schizophrenia is the use of antipsychotic medications, psychotherapy, peer support, career/academic coaching and social skill coaching. Other medications useful to persons with the illness include antidepressants, mood stabilizing and anti-anxiety medications.
- Medication used for schizophrenia often has side effects; these include muscle twitches and motor restlessness, drowsiness and fatigue, blurred vision, constipation, weight gain and dry mouth.
- Many benefit from supportive therapy and cognitive-behavioral therapy/dialectical behavioral therapy combined with an effective drug regimen.
- “Atypical” (second-generation) and traditional (first-generation) antipsychotic medications are highly effective for over 70 percent of patients with the brain disorder. When patients adhere to treatment, some 60% stay out of the hospital; whereas those who choose to discontinue the medications have only a one in five (20%) chance of avoiding re-hospitalization.
- Treatment and other economic costs due to schizophrenia are enormous, estimated at over \$700 billion annually. More hospital beds are required by persons with schizophrenia than any other illness.
- Evidence indicates that the brain of a person with schizophrenia is different than those who do not have the illness. Often there are obvious differences in the size of brain structures compared to normal brains: the hippocampus or amygdala may be smaller, while ventricles underlying the frontal cortex are often larger than normal. There is a neuro-circuitry disorder influencing dopamine, serotonin, acetylcholine and glutamate and potentially other neurotransmitters disrupting the messaging within the brain. There is evidence that genetic factors, as well as insults to the developing brain and environmental factors that influence the neurodevelopment of the brain leading to the disease.
- Some persons with schizophrenia have a certain flair for creativity. James Joyce, Ezra Pound and Nobel-prize winning economist John Nash had symptoms of psychosis, as did William Blake, August Strindberg, Friedrich Nietzsche and Franz Kafka. The famous ballet dancer Nijinsky had the illness as did the innovator of contemporary jazz, Buddy Bolden.

- Persons with schizophrenia often suffer homelessness and over 58% experience co-occurring substance abuse. Because of their social and cognitive deficits, this population is often victimized by violent criminals.
- Persons with the illness are rarely violent, unless untreated, abusing drugs, suffering paranoid delusions and command hallucinations otherwise, are six times more likely to be victims of violence. The mass media do a grave disservice to this population.
- The support group Schizophrenia Alliance® is supported by (Reischl, Salem, et al, 2000) to be of value in recovery as an augmentation to professional management of schizophrenia-related brain illnesses.

SCHIZOPHRENIA ALLIANCE: Psychosis Support & Acceptance® (SA) ROLES & RESPONSIBILITIES

The following sets forth expectations of Schizophrenia Alliance: Psychosis Support & Acceptance (SA) **Group Leaders**, The **Schizophrenia and Related Disorders Alliance of America (SARDAA)**, **local group Co-sponsors** and **local SA groups**. These have been established to help ensure the integrity of the SA program, and to simply help define “*who does what.*”

Group Leaders

All Group Leaders (including Co-leaders and Assistant Leaders) and psychiatric professionals acting as group facilitators are asked to carry out certain tasks deemed necessary for the group’s development and maintenance:

Make a commitment – Group Leaders should make a commitment to adhere to the official SA philosophy, Six Steps, Guiding Principles, name (Schizophrenia Alliance: Psychosis Support & Acceptance), etc. in both the operation and promotion of the SA group. Leaders should be willing to make at least a six-month commitment to the newly forming SA group, to help provide the group with continuity and stability. While this time commitment isn’t “mandatory,” it’s good for a Leader to think in terms of “sticking to it” for a certain period of time, since groups don’t start overnight, and sometimes Leaders may get discouraged and give up before the group really begins to take form.

Seek community support – As SA resources are limited, and as Leaders should not be expected to finance their own group, Leaders are strongly encouraged (but not mandated) to find a local Co-sponsor (see “Local Group Co-sponsors” section) or other source of financial support.

Secure a meeting space – A regular meeting place must be obtained for the group.

Obtain SA materials – Necessary SA materials, such as the Group Leader’s Manual, Blue Books, pamphlets, etc. should be obtained for the group through its Co-sponsor (not at the Leader’s expense) from SARDAA.

Promote to public – Public outreach (“getting the word out” through community calendars, flyers in clinics, etc.) should be done on a regular basis to promote the existence of the SA group and to publicize its meeting date(s), time and location. See Group Leaders’ Manual and discuss your plans for publicity with the SA Group Development Specialist.

Lead meetings – Meetings should be led by the Group Leader, Co-leader or Assistant Leader, on a voluntary basis; consumer group leaders should not be paid for the service of leading SA meetings.

Communicate with SARDAA– Periodic contact (phone calls, correspondence, e-mail) should be made with SARDAA, via the SARDAA office, to provide brief updates on meeting attendance, date/time/location, local publicity, etc. This can be done through regular contact with SARDAA staff by submitting group updates via e-mail (info@sardaa.org) or regular mail. Here we subscribe to the first of the Six Steps as it applies to leadership: “I admit I need help; I can’t do it alone.”

Schizophrenia And Related Disorders Alliance of America

SARDAA’s mission is to improve lives affected by psychosis (schizophrenia related brain illnesses) by promoting hope and recovery through support programs, education and advocacy. We believe that with treatment and support, every person affected by psychosis has a better opportunity to live a meaningful life in the community, free from discrimination.

The following are activities carried out by SARDAA to assist all local groups and/or group Co-sponsors:

Respond to SA inquiries – General information regarding SA is provided upon request to the general public. Interested persons are referred to the SA group nearest them that is open to newcomers.

Provide on-going technical support – Initial technical support is provided to everyone involved in starting a group. (On-going support is available as needed -- - just ask!)

Communicate with Group Leadership – Regular contacts (e.g., periodic phone calls & emails) are made to local Group Leadership by SARDAA staff and volunteers. Any Group Leader not receiving such should contact the SARDAA office to verify group-related data (i.e., Group Leader’s address and phone number, and meeting location/date/time.)

Conduct training – Workshops are conducted periodically, dependent upon available resources.

Distribute regular periodicals – *The SARDAA eNewsletter* will be sent to all Group Leaders/Staff Supporters and all SA members who provide an email via email. A SA newsletter will be mailed to each Group Leader monthly. Any Group Leader/Staff Supporter not receiving these publications should contact SARDAA.

Local SA Groups

Local groups, while they may receive support from a local Co-sponsor, are autonomous from the Co-sponsor agency/organization. Members determine meeting dates, times, locations, and meeting formats. *Individual groups, however, do not incorporate, create governing bodies, or maintain treasuries.*

SA groups focus solely on self-help and do not pursue advocacy issues. Individual members are encouraged to participate in activities outside the group, but may not act as a representative of Schizophrenia Alliance: Psychosis Support & Acceptance without permission from SARDAA, or as a representative of a specific SA group, unless working on public awareness about schizophrenia/psychosis and/or getting the word out about the group (with that group's permission).

Groups must adhere to the SA principles and guidelines set forth in the Blue Book including use of the name “Schizophrenics Anonymous”, “Schizophrenia Alliance” and “SA”. No other name may be used for the group without the permission of SARDAA. Furthermore, SARDAA recommends that the following paragraph be used for describing local SA groups in media releases, flyers, self-help directories, etc: “A program of the Schizophrenia and Related Disorders Alliance of America, locally co-sponsored by the XXX Agency.”

The following are the Guiding Principles of Schizophrenia Alliance that set forth SA group expectations (reprinted from the SA “Blue Book”):

- The only requirement for SA membership is the desire to recover from a schizophrenia-related brain illness.
- There are no dues for SA membership, although donations may be accepted to cover SA group expenses for special events.
- Everything said at a SA meeting is confidential.

- SA members should remain anonymous, except those who wish to work on special issues.
- Each group may establish its own meeting format, subject to guidelines approved by SARDAA SA Staff Supporter.
- Decisions affecting SA, as a whole, are derived from the group consciousness of its members.

Local Group Co-sponsors/Staff Supporters

Local organizations (mental health clinics, churches, MHA and NAMI affiliates, etc.) are invited to aid in the formation and on-going support of local SA groups in their communities. Each is asked to locally co-sponsor a Schizophrenia Alliance group, providing a “Staff Supporter” contact person to carry out, or assist Group Leaders with, **any or all** of the following primary tasks:

Make a Commitment – Co-sponsors and Staff Supporters should make a commitment to adhere to the official SA philosophy, Six Steps, Guiding Principles, name (Schizophrenia Alliance), etc. in both the operation and promotion of the SA group. Co-sponsors should be willing to make a commitment to SA to help provide a group with continuity and stability.

Identify a Leader – A Group Leader or Leaders and/or Staff Supporter must be identified (unless one already exists) to coordinate group activities (see tasks in “Group Leaders” section). In any case, one or more **volunteer** consumer leaders should lead the SA group within six months of the group’s formation.

Promote to public—Formation of the SA group should be announced to health providers and the general public, promoting the group’s purpose, meeting dates and times, location, etc. if it is open to the public and/or referrals. Staff Supporters must be willing to network on behalf of SA with colleagues, other allied professionals, related agencies and community stakeholders on an ongoing basis, keeping these contacts professional and protecting the anonymity of the local SA Group Leadership. The Co-sponsor agency may be identified in flyers and posters, in local newspapers and the media by name so the Leader’s contact information and privacy is protected.

Purchasing necessary materials – Necessary SA materials, such as Start-Up Materials, Blue Books, brochures, etc. should be purchased for the group through its Co-sponsor (not at the Leader’s expense). Individual members are encouraged to donate what they can for the purchase of their Blue Book, this will increase their personal investment in their participation.

Administrative assistance – Assistance may also be provided to the group in receiving correspondence, mailing/posting public meeting notices, responding to group referral inquiries, requesting local psychiatrists and other providers to make group referrals, suggesting speakers, providing equipment to watch videos, occasional telephone use, etc.

LOCAL CO-SPONSORS MAY ALSO ELECT TO:

- Underwrite additional group expenses, such as meeting refreshments and social activities (a day at the museum, holiday parties, etc.).
- Sponsor the SA Leaders' attendance at SA Workshops/SARDAA Conferences and other leadership training activities that may become available.
- Encourage/solicit local SA contributions – Donations, designated for local SA group activities, can be solicited from other local sources. **If monies are solicited on behalf of the SA group, however, they are to be utilized for SA group expense only (i.e., expenses that the SA group sanctions), and not to underwrite staffing and other administrative expenses.**
- Promote the creation of additional groups as warranted, communicating with SARDAA about any new groups. (See policy on second and spin-off groups.)
- Support SA administration activities with direct contributions to SARDAA.

In return for nurturing and supporting the SA group, local sources may promote themselves as the group's local Co-sponsor (i.e., "A program of the Schizophrenia and Related Disorders Alliance of America, locally co-sponsored by the XXX Agency."). Please note: **SA groups do not become programs of, and are not owned by, the local Co-sponsor. Nor can Co-sponsors charge for participation. Since SA is not "group therapy," participation is not a Medicaid - or insurance-billable activity.** SA groups remain autonomous, but benefit from the goodwill and commitment of the local co-sponsoring organization.

**Schizophrenia Alliance: Psychosis Support & Acceptance
Families For Care
Six Steps**

- 1. I SURRENDER...**
I admit I need help. I can't do it alone.
- 2. I CHOOSE...**
I choose to be well. I take full responsibility for my choices and realize the choices I make directly influence the quality of my days.
- 3. I BELIEVE...**
I now come to believe that I have been provided with great inner resources and I will use these resources to help myself and others.
- 4. I FORGIVE...**
I forgive myself for all the mistakes I have made. I also forgive and release everyone who has injured or harmed me in any way.
- 5. I UNDERSTAND...**
I now understand that erroneous, self-defeating thinking contributes to my problems, failures, unhappiness and fears. I am ready to have my belief system altered so my life can be transformed.
- 6. I DECIDE...**
I make the decision to turn my life over to the care of G-d/Higher Power, as I understand The Higher Power, surrendering my will and false beliefs. I ask to be changed in depth.

**All inquiries regarding SA/FFC should be directed to:
Schizophrenia and Related Disorders Alliance of America
(240) 423-9432 info@sardaa.org**

SA ROLES & RESPONSIBILITIES
NOTICE OF UNDERSTANDING/AGREEMENT

Note: The initial Group Leader and all co-sponsoring organizations should sign a Roles & Responsibilities “Notice of Understanding.” Please request additional copies from SARDAА for any updated signatures of new Leaders, Staff Supporters, etc as needed. **Please complete and return this page to the SARDAА office (either by mail or email to info@sardaa.org).**

I hereby acknowledge that I have read the “Schizophrenia Alliance: Psychosis Support & Acceptance Roles & Responsibilities” document and that I understand the expectations of Group Leaders, SARDAА, local SA groups, and local group Co-sponsors.

I further acknowledge that (circle appropriate option :) I / the organization I represent will, to the best of my /its ability, adhere to the expectations as a (circle appropriate option) Group Leader / Group Co-sponsor set forth in the “SA Roles & Responsibilities” document.

It is my understanding that all SA Leaders, SARDAА, SA groups, and local SA group Co-sponsors shall adhere to the standards as described in this document, and that deviation from them may result in the cessation of technical support and disaffiliation from the Schizophrenia Alliance: Psychosis Support & Acceptance® (SA) network, including: removal of my group from referral and mailing lists; notification of Co-sponsors of disaffiliation status and reasons; and the requirement that my group cease the use of the SA name and materials. SARDAА will contact me if there is a concern about deviation from the SA standards, and will attempt to rectify any concerns before commencing the disaffiliation process.

Submitted,

Group Leader:

Co-sponsoring Agency (if appropriate):

Signature

Authorized Signature

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Phone

Phone

Fax

Fax

Email

Email

Date

Date

**Schizophrenia Alliance Psychosis Support & Acceptance
New Group Registration**

Register online <http://www.sardaa.org/> or e-mail this registration to:
info@sardaa.org

Name of Group: _____

Group Meeting Place:

Meeting Day: _____

Meeting Time: _____

Is Meeting Open to New Members Yes No

Group Leader: _____

Contact Information: Phone _____
e-mail _____
Street address _____

Professional Support Person: _____
Phone _____
e-mail _____
Street Address _____

Group Sponsor: _____
Contact Information:
Phone _____
e-mail _____
Street Address _____

On-line payments accepted: www.sardaa.org

Contact info@sardaa.org for further information/other payment options
(240) 423-9432