

Help Yourself: A Guide to Organizing an Anxiety Disorder Self-Help Group

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Table of Contents		Page
Introduction		3
Preliminary Decisions & Issues		5
Assessing the Need for a Support Group in Your Community		5
Assessing Your Ability as a Support Group Leader		6
Determining the Scope and Purpose of Your Group		7
Who is the Group For?		7
How Will the Group Be Led?		9
How Will You Structure the Group?		10
Self-Help Support Group Development		11
How to Obtain Meeting Space		11
Developing Support Group-Related Materials		11
Developing a Marketing Plan		13
Guidelines and Suggestions for Running a Meeting		14
Opening the Meeting		14
Open Discussions and “The Question”		15
Goal Planning: Instilling Hope by Making Your Meetings a Positive Force for Change		18
Informal Socializing		20
Summary		21
Appendix		22
List of Materials		22
Sample Marketing Flyer		23
Sample Welcome Handout		24
Sample Questions for Group Discussions (“The Question”)		25
Goal Planning Guidelines for New Members		28
Some Examples of Goals for Different Anxiety Problems		29
Resource Guide		30
Support Group Web-Listing Application Form		33
Support the Anxiety Disorders Association of America		35

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It is with special thanks that we acknowledge two mental health professionals who spearheaded the efforts to rewrite and update this important guide to starting a self-help support group.

Bradley C. Riemann, PhD, of Rogers Memorial Hospital in Wisconsin, and Jonathan Grayson, PhD, of the Anxiety & Agoraphobia Treatment Center in Pennsylvania, have gone above and beyond to revise this manual to ensure that individuals have the tools and skills necessary to establish and maintain successful anxiety disorders support groups in their communities.

Self-help support groups connect thousands of individuals with each other, enabling them to confront their fears, support one another, and triumph over their anxiety. With their leadership, supervision, and insight, Drs. Riemann and Grayson have provided an invaluable resource for those compelled to provide support for others, as well as to help themselves, by leading support groups.

We also wish to thank the members of the ADAA Publications Committee for their guidance and involvement in helping us produce a quality manuscript: Kathryn Connor, MD, James Bremner, MD, Cheryl Carmin, PhD, Rita Clark, David Dia, LCSW-C, Joshua Dorsky, MD, Sanjay Mathew, MD, and C. Alec Pollard, PhD.

Introduction

The Anxiety Disorders Association of America is the only national nonprofit organization focusing exclusively on anxiety disorders which include panic disorder, posttraumatic stress disorder, obsessive-compulsive disorder, phobias, social anxiety disorder and generalized anxiety disorder. Our mission is ambitious: to promote the prevention, treatment, and cure of anxiety disorders and to improve the lives of all people who suffer from them. Founded in 1980, the ADAA continues to grow with the support of a unique network of clinicians, researchers, and individuals with anxiety disorders. ADAA is the unique voice that anxiety disorders are real, serious, and treatable. We have spoken before Congress; partnered with the National Institute of Mental Health (NIMH) at national press conferences; participated in grassroots community education programs, appeared on numerous national and regional media outlets including Oprah, Larry King Live, CNN and the *New York Times*.

In addition, we've funded new research; sponsored scientific symposiums and clinical workshops; trained young mental health professionals in the latest treatments and given awards to those whose commitment to the field has made the world a better place for individuals suffering from anxiety disorders.

We have made tremendous progress over the past 25 years. We have made progress in the medical field's ability to understand, diagnose, and treat anxiety disorders, and in the ADAA's ability to serve as a valuable resource for people who have an anxiety disorder and for their families. The ADAA is dedicated to improving the lives of people suffering from irrational, overwhelming, life-altering anxiety and continues to lead the fight to improve the research, education, treatment, and cure of anxiety disorders.

We also remain committed to ensuring people who have an anxiety disorder that they can find the care and support they need. Over the years, we have learned that support groups can be especially helpful by connecting people with anxiety disorders to each other, as well as to health professionals in their communities. Without exception, the most successful support groups are those whose leaders actively encourage members to confront their fears, using the support of each other, health professionals, family members, and friends.

The ADAA is here to help you help others. We can provide educational materials, help individuals find professionals and support you in lending your voice advocating for improvements in care and research funding for anxiety disorders.

This guide is a culmination of what we have learned about how to run an effective support group. It is filled with specific and concrete suggestions that can be tailored to the individual needs of each group as it develops. Self-help and support groups are a way of empowering people to help themselves, and this guide serves as a valuable tool to those on the path to recovery. It takes hard work, patience, and determination, but the good news is that you can triumph over anxiety!

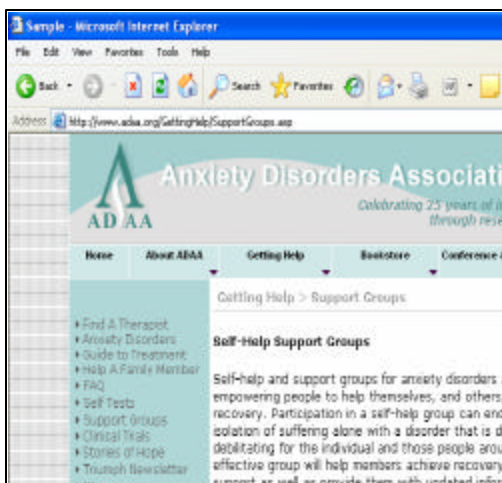
Preliminary Issues and Decisions

So, at this point you are considering starting up a self-help group. Good for you! Most people do nothing more than talk about a need in the community, or they complain that no one is doing anything to fulfill that need. You, on the other hand, are considering action. You should feel good about your desire to make a difference in someone else's life. Running a support group can also help you! However, there are a few things to consider before moving forward:

1. What is the real need in your community that your support group will address?
2. Do you have the time and energy needed to form and maintain this support group?
3. Do you have some of the basic skills needed to take on such a project?

Assessing the Need for a Support Group in Your Community

How do you know that there is a need in your community for the kind of support group you're thinking about? You might say, "Well, there is no such group in my community now, so there must be a need for one." Perhaps, but the absence of a support group may mean there may not be a need for such a group at all. So how do you go about answering this important question?



The ADAA website provides a wealth of information for anyone thinking of starting or running a self-help support group. Among a variety of helpful features, the website has a Self-Help Support Group page, which can be found under "Getting Help."

This feature allows the user to quickly find support groups by state. In a matter of moments you will have a listing of anxiety-related support groups that have listed themselves with ADAA. Although many groups register with the ADAA, this list is by no means exhaustive; therefore, it is still important to gather need-related information from a variety of sources.

You should also check your local newspaper. Most papers have a section in which they list events and meetings in their readership area – called the "Community Calendar" – that may be published daily or weekly. As you look through this section, check to see whether there is already a group listed that is similar to the one you are considering. If so, don't be discouraged. Depending on how big your area is, a second group may be a great addition to your community. Before forming a second group, though, you may want to contact the leader of the existing group to gather more information and help guide your strategy for forming a second group or even joining forces. If you don't find a similar group listed in the calendar, there are some additional steps you may want to take.

Contacting local mental health organizations is another way to assess your community's need for your group. Your local mental health association (MHA) and the National Alliance for the Mentally Ill (NAMI) should be able to provide you with information regarding support groups currently meeting in your area as well as previous groups that no longer meet. The appendix lists contact information for these and other organizations.

Assessing Your Ability as a Support Group Leader

Organizing and maintaining a strong support group takes a good amount of time and effort, yet may be one of the most rewarding investments you will ever make!

A support group leader must be assertive. At times there will be group members who will not abide by the group's meeting rules. For example, someone may have a tendency to monopolize conversations, and the group leader will have to gently, but firmly, steer the group back on course. This is usually much easier said than done, and not everyone feels comfortable being assertive. If you are not comfortable being assertive, it's OK. Look for this quality in a co-leader, or consider it a challenge and an area for your own growth. It may take time to acquire the skill of assertiveness and become comfortable using it, but will be effort well spent.

Leading a support group can be emotionally draining. It is important to remember that a self-help support group is not a replacement for needed professional help. As the leader, you may be even more emotionally distressed than many of the members because you will be the most involved in facilitating the sharing of their experiences. Ask yourself a few questions to determine if you are suited for this sort of emotional responsibility: Are you the type of person who can separate yourself from others' distress, or do you tend to be an "emotional sponge" and absorb this distress? If you don't know the answer, reflect on how you handle situations when friends and family bring their problems to you. Are you a good listener? Do you show compassion and support for your loved ones? Most importantly, can you move on with your own life shortly after you've given your advice? If yes, you may have the emotional make-up of a good support group leader. However, if you are the type of person who is troubled by such conversations to the point where they interfere with your life functioning and well being long after the conversation, then you need to seriously consider whether leading a support group is going to be a healthy endeavor for you. Your goal in leading a support group is to help others as well as yourself, but not at your own expense. You will need to stay on track with your own anxiety recovery to help and lead others to theirs.

You will have to set aside time for meetings. How often and for how long your group meets is an important decision. Keep in mind the goals you have for the group as well as the amount of time and energy you have available. Most groups meet two times per month for 90 minutes to 2 ½ hours each time. In addition, you will also need to set aside time for meeting set-up and clean-up, as well as preparation time for meetings (e.g., arranging for a speaker, choosing a discussion topic) and travel time.

Other time-consuming activities may include phone screening potential new members, developing materials for your group and "marketing" your group. Also, you, as the group leader, may be busy taking phone calls from group members in times of need. A "call list" (a list of group members' phone numbers) will help diffuse some of the responsibilities to other group members, such as a co-leader or buddy. Co-leadership is important to sustaining a functioning group; while it forces the leader to give up some control, it allows him or her to devote more time and energy to developing and maintaining a strong and cohesive group. Co-leadership may take time to develop, but it helps ensure that both you, as the leader, and the group will stay fresh and healthy.

A support group leader also must be reasonably organized. You have to plan for, attend, and conduct meetings. If you are not an organized person consider designating a co-leader who is.

Determining the Scope and Purpose of Your Group

Running a successful group depends upon a number of decisions that you, as the founder, have made regarding who the group is for and what the group's goals are. It is not enough merely to make these decisions, for they must be communicated to your fellow members. To help you do this, sample scripts for group leaders and sample handouts to give to your members can be found in the appendix.

Although support groups are not meant to function in place of therapy, their therapeutic value should not be underestimated. Some people have made significant gains by participating in self-help support groups. At the very least, your group, will free members from the isolation of feeling alone, that no one, including friends and family, understands. You will find that new members are frequently filled with the wonder of finally meeting people who understand exactly how they feel. In addition, new members are able to see that not everyone with the same diagnosis shares all the same symptoms; rather, they differ in all of the ways individuals do.

However, a successful support group should be more than a place for people with a common problem to socialize. Without direction or structure, a group that began as a source of hope runs the risk of deteriorating into a meeting of hopelessness, where members simply share symptoms, horror stories and medication side effects. To avoid this you need to consider:

1. Who is the group for?
2. How will the group be lead?
3. How will you structure the group?

Who Is the Group For?

You can't help everyone. The broader the group, the greater effort you will have to make to help others understand the similarities between each another. On the other hand, a group that is too narrowly focused (e.g., obsessive compulsive disorder sufferers with contamination rituals only) is likely to have difficulty finding enough members to sustain itself. Think about what similarities you expect members to be able to share.

Consider the following groups: an anxiety disorders group, a panic disorder group, and an obsessive-compulsive group. The most inclusive group is the anxiety disorders group. You can expect everyone in this group to share the feeling that anxiety controls their lives, despite the seeming irrationality of the anxiety, and that they feel helpless to resist its demands, whether it be to engage in obsessive compulsive rituals or never drive on expressways or avoid crowded places. In a panic disorder group, members also know the agony of feeling overwhelmed by a panic attack that seems like it may never end, which feels life-threatening even though they know that in reality it is harmless. In a group for obsessive compulsive disorder sufferers, members are less likely to have suffered from panic attacks, but members will have shared the pain of feeling compelled to engage repeatedly in a given ritual, despite knowing that it is senseless; of being caught in the agony of knowing that they have completed the ritual while simultaneously feeling they haven't; and of feeling compelled to make sure that what they are trying to prevent won't happen, even though they know this is the case.

If you don't have a professional treatment provider willing to screen members for free, then this will fall to you. We are not talking about an extensive or time-consuming screening process. Instead, we are suggesting a few questions to establish whether the prospective member has a problem for which the group would be helpful. The process should take no longer than a few minutes. You are not interested in a diagnosis given by a professional. What you need is a brief description of the problem from the sufferer's point of view. For example, the prospective member might tell you any of the following:

1. *"I have OCD and have to wash my hands to avoid contamination."*
2. *"I have to check things like the stove."*
3. *"I have horrible thoughts that I can't get rid of."*
4. *"I'm always worried about everything – work, my kids, what people think of me..."*
5. *"I have panic attacks when I go outside."*
6. *"I'm afraid to drive over bridges or on highways."*
7. *"I get really nervous around people and just freeze."*
8. *"I can't go to malls or crowded places."*

All of the above are enough information for you to know that the prospective group member would probably fit into an anxiety disorders group. If your group were an OCD group, then the first four informants would probably qualify. Someone with an addiction, whether it is drugs or compulsive shopping, would have to provide more information. It is up to you whether to allow the prospective member to try the group once or to tell this person that you don't think your group will be helpful to him or her. Allowing this person to come once may seem like the easiest path to take, but if you don't think he or she belongs in the group, then it is your job to tell him or her so after the first meeting – even though he or she may disagree with you.

The Sample Script in Figure 1 depicts how you might tell a person that the group isn't for him or her. The person you are turning away may understand your reasoning or may be angry or hurt. Be respectful, but firm. Although you may feel guilty, you must remind yourself that, as much as you would like to help everyone, you simply cannot. If you try to, your group will end up helping fewer people than had you turned the one member away.

Another major consideration is inclusion of families and friends. Inviting families and friends can be a useful way for the entire family to gain a greater understanding of the sufferer's problems. Furthermore, some people may feel more comfortable if they have a "safe person" attend with them for the first time. Yet, the potential downsides of having non-sufferers present are that not all families are understanding, so they may be disruptive or use what they hear in a selective way against the sufferer, and that some sufferers will not feel comfortable sharing their experiences with their family members present. One compromise for this issue is having a sufferers-only group that periodically has special meetings during which families are invited. If you choose to exclude families, it is important to be consistent in this decision, since one exception always leads to others.

**Fig. 1 Sample Script
Informing a Member that Group Isn't for Him/Her**

"I know you really enjoyed the meeting, but the kinds of problems you are having are different from the ones most of the members here are suffering from.

I know there is some overlap, but not really enough for the group to help you and everyone else as well as it could. In the long run, the group won't meet all of your needs and the issues you most need attention for would put the meetings on another path.

Again, I know you enjoyed the meeting and I'd love to make an exception, but if I did, I'd have to do this all the time, and eventually the group wouldn't be an anxiety disorders (or OCD or Panic Disorder, etc) group."

The breadth of your membership is your decision. Creating an atmosphere of respect for one another will determine everyone's ability to share with one another. All of your members are individuals, so even in a narrowly focused group, sufferers will have experiences that are uniquely their own. As the leader of the group, it is your job to model respect for everyone's problems.

How Will the Group Be Led?

The first question to consider is whether a professional will be present. It can be very helpful to have a professional present to keep the meeting on track. Interrupting a member who is either monopolizing the time, changing the subject or talking about personal issues that are not appropriate to the current topic can be exceedingly difficult to accomplish, especially if the individual in question is in obvious pain or distress. If a professional is present, he or she can take the distressed member aside to mediate the situation while you can focus on continuing the meeting. Additionally, the professional can answer questions that others do not have the expertise to answer.

Some professionals are willing to donate their time to helping run a support group. If you can't find one willing to help you by actually running the group, you may be able to find one willing to provide you with advice. Although helpful, this is not critical to the success of your group, so don't despair if you can't find a willing professional. A word of caution: do not expect your group to support the cost of a professional, even if the professional's fee is greatly reduced. Having to contribute even a small fee of \$5.00 can be enough to keep many people away from joining your group. Most often, you will have a greater impact on a greater number of people by keeping your group free.

In any case – with or without a professional – your group will need to be led. If you can't find or if you aren't interested in finding a professional to serve as a leader, this task will likely fall to those of you who are starting the group.

The leaders are responsible for maintaining the structure of the group. Ideally, you want to share these responsibilities with a core of group leaders who agree how meetings should be run. You will quickly discover that not everyone is willing to volunteer their time and that running the group will fall upon a small core of dedicated members. However, over time you will find other motivated members, some of whom will be willing and capable of helping run the group or help with administrative tasks, such as setting up the room or maintaining a phone list, as mentioned earlier.

How Will You Structure the Group?

In order for it to be a positive force, your group must be structured. It is reasonable for your group to strive to accomplish three goals, each of which plays an important role:

1. **Provide a place to discuss issues directly and indirectly relevant to individuals' problems.** By having an issue directed discussion, members are given a way to consider their lives from a variety of different perspectives. This kind of thoughtful sharing will be more useful than simply talking about symptoms week after week.
2. **Foster and support individuals taking control over their symptoms (goal planning).** Although your support group cannot take the place of therapy, there is no reason members cannot support each other in making positive changes. In so doing, the group remains a place of hope and the gains made by anyone become an inspiration to all.
3. **Allow informal socializing.** Regardless of how you structure a group, the heart and power of the group comes from the sharing between members. Thus, for any group, care must be taken to foster and encourage members to express and share their feelings.

Remember that these are suggestions that you or your group can – and should – feel free to modify. If you already have a group running and are reading this because you feel the group could benefit from greater structure, ask for a special meeting to discuss the pros and cons of adopting these new ideas to your existing meeting structure.

Self-Help Support Group Development

How to Obtain Meeting Space

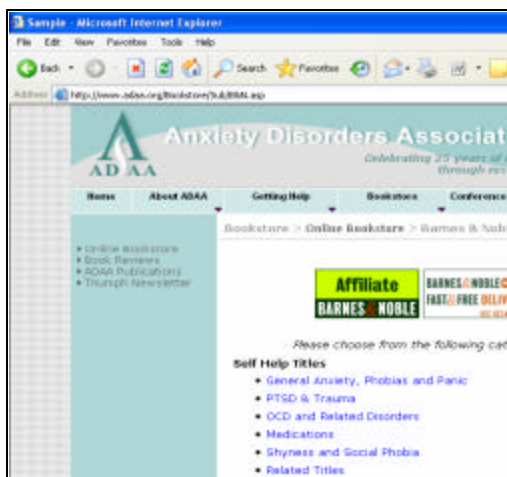
Where your group will conduct its meetings is an important, and sometimes overlooked, step in the group development process. You need to find a space big enough to hold a meeting, one that comes with little to no expense and in which the group members will feel comfortable gathering.

From a cost containment issue, some leaders choose to hold meetings in their home. We would not advise this unless absolutely necessary. Some members may be uncomfortable with this arrangement, or view meetings held in the home as less credible than those held in the community, and may choose not to attend. This can also present you with some unique issues related to your own privacy and boundaries.

Our advice is to seek free space in your community. You would be surprised how many places may be interested in having your group meet in their space. Places to consider asking about space include schools, colleges, churches, community centers and libraries. Also, consider the possibility of holding your meetings at a local mental health organization, hospital, or clinic. Not only will these types of places be able to provide you with space, but also they may provide support as well. They may consider providing coffee for your meetings, helping you develop an announcement flier and general networking. An affiliation with these types of organizations also provides credibility in the public's eye and could provide you with a referral resource if you feel a member needs professional help, but may not allow a guest speaker from a competing clinic to come to your meetings.

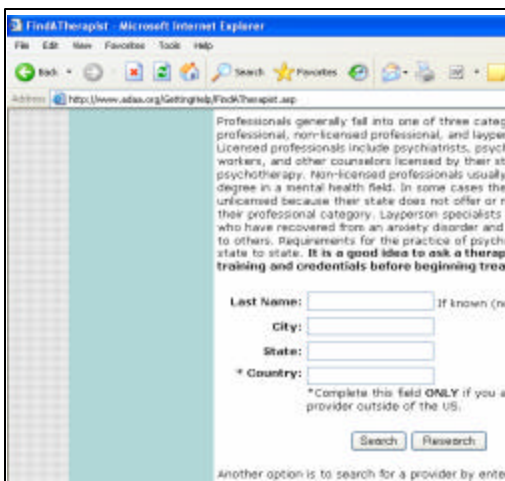
When approaching any place regarding space needs, you should be organized and prepared before calling. You will need to know meeting times, including time for set-up and clean-up, the number of members you predict will attend, how many chairs and tables you will need, etc. The fewer requests you have the more likely you are to get cooperation. You also want to spend some time listing what you can potentially do for them in exchange. Inform them of your specific marketing plan and how they will benefit from it (e.g., community goodwill, patient referrals).

Developing Support Group-Related Materials



One of the key functions of a support group is to provide educational information to its members. If you will be co-leading the group with a professional, this responsibility typically belongs to the professional; if not, you need to begin gathering helpful information regarding diagnosis and available treatment options for individuals suffering from this disorder. The ADAA website, www.ADAA.org, is an excellent resource for this type of information. The ADAA Online Bookstore has more than 80 self-help publications available, and listings can be viewed on its website.

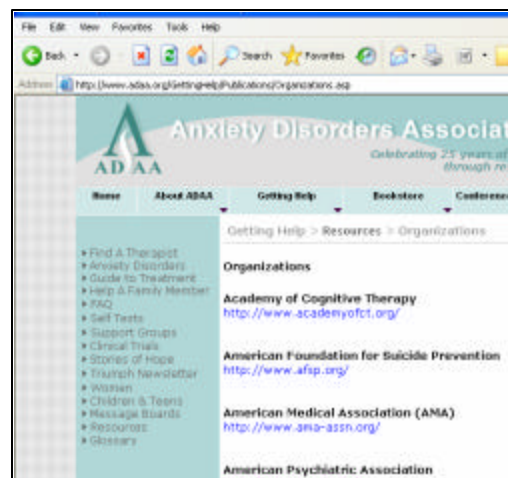
The ADAA website (www.ADAA.org) also includes information about anxiety disorders that can prove helpful to group members. Concise summaries of anxiety disorders and their treatments can be found in the "Getting Help" drop-down menu in the section called "About Anxiety Disorders." There are also links to Frequently Asked Questions about anxiety disorders and Self-Tests. Other information provided here includes special sections on children and adolescents, the elderly, helping a family member, and medications. You may also call the ADAA for more detailed information at (240) 485-1001 during normal business hours.



Your goal in starting this support group is to help others on their recovery journeys. However, there will be times when a member needs more help than the group can provide. Therefore, it is important to have a listing of local professionals who can assist in times of need. Our advice is to provide as many professionals on this list as possible. But how to decide who should be on this list is a tough question. Some group leaders will compile a list of speakers who have been invited to their group. Others use feedback from group members, and other agencies to generate a list. Another option is to use the ADAA professional membership listing from your state. This can be found on the ADAA website under "Find A Therapist."

In the Resources section, you can also access links for additional resources provided by ADAA Professional Members and other related organizations.

Being able to provide a member in need a list of suggested mental health providers will not only be a relief for them but also for you. Other sources of educational information include newspaper and magazine articles, video tapings of relevant television segments, guest speakers, and other websites. The Appendix at the end of this book includes several other resources that you can provide to the other members of your support group, and that you might find helpful for yourself.



Developing a Marketing Plan

Getting the word out about your support group is important to its ultimate success. Here are some suggestions on how to market your group.

An announcement flier will be the foundation of your marketing efforts. This is a one-page document briefly describing your group, where it meets, when it meets, contact information and who can come. Although it is a normal tendency to put too much information on these types of pieces, keep it brief and to the point. Make sure that the key elements you are trying to communicate are not lost amid the clutter of additional information. There may also be group members who feel they have skills in this area, or know someone who does. Take the help. A sample is included at the end of this document. Your announcement flier is the key piece to developing a marketing plan. Get it into as many hands as possible. You could have a brainstorming session as part of one of your early meetings to come up with a list of places where you can deliver your flier. Also, your group should act as a marketing “army” to help deliver these fliers to places all over your community. If you or your members are uncomfortable handing these out face to face, you can distribute fliers via mail, email or fax.

Now you must determine what sorts of places should receive your fliers. First, deliver them to local newspapers. Remember the community calendars we talked about while we were assessing your community’s needs? Well, now it’s time to have your group listed. You should add a cover letter to your flier offering to provide an interview for the newspaper announcing your group so it can better market and possibly write a story about your group. Clearly, this is unlikely to happen in larger papers such as *The New York Times*; however, it is common in many local community papers, for they are always looking for news. You never know until you ask.

You will also want to contact your local mental health organizations. Remember MHA and NAMI? Send them a flier and reconnect with them. Most likely, they will welcome you to the community and will be happy to include you on their support group list. Also contact the ADA so that your group will be listed on its Self-Help Support Group Network.

Additionally, you should contact and begin to network with other similar groups that meet in your area. It would be important for another group just like yours, but an hour away, to know you exist. That group may get calls from individuals in your area and be happy to refer them to you, and vice versa. These contacts prove to be valuable in many ways, such as knowing when a certain speaker is coming to town or when a piece on anxiety is going to be on national television. There is no need to be competitive, for we are all in this together.

Another part of your plan should be to market your group to mental health professionals. Make sure every psychiatrist, psychologist, social worker, mental health clinic and hospital knows about you. Mental health professionals will be a great referral source for your group. On the flip side, you should find out more about these professionals and organizations. Remember, you are also compiling a resource list of professionals in case a group member needs more than your group can offer. This is a great way of doing that. Additionally, you can take this opportunity to solicit possible guest speakers. Take maximum advantage of your time and energy. Plan ahead so you don’t need to call or stop by more than once.

Also, keep an eye out for media opportunities. Newspapers, radio and television are going to have a peak interest in speaking with you about your group if it relates to a broader story. Good topics to take advantage of include Mental Health Awareness Month and National Anxiety Disorders Screening Day in May, National Depression Screening Day in October, as well as any current events that may relate to anxiety (e.g., tax time, national crisis). A well-organized marketing effort will prove invaluable to the success of your self-help support group. Welcome any help you can get, and keep in mind that sometimes the biggest opportunities come when you least expect them or out of efforts you thought would never result in such great exposure.

Guidelines and Suggestions for Running a Meeting

The most basic decisions you will have to make about your meeting are how often it will meet and how long meetings will last. If the purpose of your meeting is to help fellow sufferers take some control over their problems, meetings will have to be at least every other week. Weekly meetings may be even better, but often people cannot make such a large commitment. Once-a-month meetings are too infrequent to provide the continuity necessary for a sufferer to receive the support he or she needs to work on changes but, if your meetings are solely informational, then monthly meetings are sufficient. In general, a meeting that includes both discussion and goal planning needs to be about two hours long. It is possible to do both of these in an hour-and-a-half with a small group and if the leaders are very good at keeping everyone on task. However, with a very large group, you may find over time that two-and-a-half hour meetings are more comfortable.

Opening the Meeting

At the beginning of each meeting, special attention should be given to explain to new members how the meetings work. Try to remember the first time you met others suffering from problems like yours. It can be an overwhelming experience. New members will have thousands of questions, hoping that someone present has the magic answers. You may want to include these sentiments in your brief introduction of the group, while also assuring them that they will have time to ask everything they want to ask at the end of the meeting. Your opening remarks should inform members about the structure of the meeting so they will know what to expect. Make sure you discuss confidentiality. Although most members will assume that what they say at the meeting stays at the meeting, not everyone will share this assumption. Explicitly discussing confidentiality in your opening remarks not only informs new members about the group's expectations but also reassures those members who worry about their privacy. Having a handout that describes the general structure of the meeting is especially useful to new members.

Besides describing the basic structure of the meeting, this is the time for other announcements, especially those that can foster the involvement of other members in helping out with the meeting. This may include asking for help setting up the room for future meetings, cleaning the room afterwards, requests for snacks, donations to purchase snacks and to help defray meeting costs and any announcements about special events coming up. Figure 2 contains a sample script for a group leader's introductory remarks.

If any professionals are assisting but not leading the group, the leader may want to introduce them at this time.

Fig. 2 Sample Script Introductory Remarks

"This support group is run by the Some Very Helpful Organization. I see some new faces, and I'd like to welcome you to our group. I just want to take a moment to explain how we run our meetings. First of all, you don't have to worry about the confidentiality of anything you share. All of us have agreed that whatever is discussed at meetings stays in the meetings.

This meeting is broken into three parts. In the first part we'll be having a discussion about the question you found on the piece of paper on your seat. We will go around the circle and give everyone a chance to share their thoughts. If you don't want to say anything, it is OK to pass.

Around 9:15 we will break into small groups to work on Goals. This is a very important part of the meeting; because during goal planning we try to help one another begin to work on coping with our problems. We'll explain this in greater detail later.

After Goals, there will be some time for socializing. Let's just take a moment to go around the circle and introduce ourselves. I'm Gail..."

Open Discussions and “The Question”

Think about what you are hoping for during a discussion among group members. You are probably hoping to hear about the ways others have found to cope with or overcome their problems. You are also probably hoping to hear a thoughtful discussion about different issues that are directly or indirectly related to everyone’s problems.

Good discussions will not take place without help from the leaders. Without guidance, you will find that your meeting deteriorates into a repetitive recitation of symptoms, problems and medication side effects. There are three ways to guide a discussion.

The first and most simple is to have a professional give a presentation during the first part of the meeting. This way, each speaker provides the group with his or her perspective on a particular issue. On the other hand, finding a willing speaker for every meeting can be tremendously difficult, and a speaker will probably take away time for members to share with one another. In many cases, having a speaker four to six times per year works best. This introduces the group to new ideas without taking away from time spent working together.

The second way of focusing discussions is to work out of a self-help book chapter by chapter. This can be very effective, but it also has its difficulties. The first is getting everyone to agree upon what book to use, to say nothing of getting everyone to read it. Working through a book also makes it difficult to incorporate new members who could be just beginning to read the book while everyone else is on Chapter 12. On the other hand, if the group agrees, for some meetings an individual could spend 15 to 20 minutes presenting the ideas found in a chapter of a book, and this could then be followed by a discussion of those ideas. If the group chooses to do this periodically, the presenter should end his or her presentation with some questions to help focus the discussion.

The third and easiest way to have a focused discussion is the one you will probably rely upon most; we call it **The Question**. Quite simply, all it involves is the group leaders choosing a topic *prior* to the meeting. Topics can be related to the core problems of the group directly (e.g., What are we besides an anxiety disorder? What do you do to cope with your anxiety when it is threatening to interfere with your life?) or indirectly (e.g., How do you cope with anger? Guilt?) It is helpful either to have the question posted on a blackboard for everyone to see or to have a photocopy for everyone present. A list of sample questions is provided in the appendix. Obviously, the list is not exhaustive. Solicit your members for ideas for future questions, or, as noted above, ideas for questions may come out of books on relevant subjects.

To make it easier for the leaders to guide the discussion, it is helpful if they remind everyone of the guidelines before beginning the discussion using a script similar to the one in Figure 3. This is especially important if new members are present.

Fig. 3 Sample Script Introducing ‘The Question’

“As I said earlier, this is the part of the meeting where we discuss the question on the piece of paper you found on your seat. We do want everyone to be able to share, so try to keep your ideas related to The Question. I know that sometimes thinking about one question often leads to many other ideas. In the interest of giving everyone a chance, I may sometimes remind someone to come back to The Question or to sum up his or her ideas. I hope no one takes offense at this; it’s just to make sure everyone gets a chance to talk.”

The leaders should be the first to answer The Question. As the leaders you are the model for the group, so when answering The Question, respond by explaining how it affects you. In this way you become a model for sharing. After everyone has had a chance to share his or her thoughts about The Question, there are times when it will lead to a more open discussion. As

long as there is time and everyone is in agreement about following the tangent, this is fine. If goal planning is a part of your meeting, then make sure you leave sufficient time for this. If you don't, the group will eventually drift away from goal planning. This will be discussed further in the next section.

Again, if you use a book, try to make sure it is a mainstream book and that the majority of your group would like to hear about it. Regardless of how helpful one individual may have found it, we strongly urge you to not use such sources as a basis for discussion. In the vast literature on coping with anxiety disorders, there are methods and approaches that are well researched and others for which there may be wonderful claims, and a claim of much research, but with little of it in mainstream journals. This does not imply that only mainstream approaches work. We believe that any approach will probably help some people and that there are some approaches that will help many people. Well researched approaches supported in mainstream journals have demonstrated that they help many people. Other approaches without this research may turn out to be very helpful, but we don't know how widespread their usefulness will be until the research is done. See Figure 4 for a sample script for gently telling an individual that his or her favorite topic is not appropriate for the group.

Along these lines, discussions about medication should not be discussed in your group. Medications can obviously play a very important role in treatment, but the goal of your support group is to provide support and to help members learn how to regain control of their behavior. Information about medication is appropriate to discuss in three situations: at a special meeting with an invited speaker who is knowledgeable about anxiety disorders and medication; with one's own doctor; or informally at the end of the meeting.

Obviously, new members won't be aware of this. Quite often during the discussion of The Question, a new member may say something like, "I'm curious, I'm taking X drug. Are other people here on medication?" or their response to The Question may have the potential to raise this issue. You will want to gently guide the person back to the meeting using a script similar to the one in Figure 5.

**Fig. 4 Sample Script
Rejecting a Group Member's Topic Suggestion**

"That's a very interesting topic, but we try to avoid areas that are less mainstream, not because they don't work – and this isn't to say it hasn't helped you – but because we aren't scientists who are qualified to judge research, so we try to keep any treatment recommendations to treatments that are widely accepted."

**Fig. 5 Sample Script
Turning a Discussion Away from Medication**

"During this part of the meeting we try to stay on the topic. We especially try not to discuss medication issues for a number of reasons. First of all, medications can affect different people in very different ways, so one person's successes or problems on a medication can be very different from another's. At some time we may invite a speaker to discuss medication, and that would be a good time to ask your questions. After the meeting is also a fine time to raise this with others..."

During this part of the meeting you can go around the room giving each member a chance to share his or her thoughts and feelings about The Question. Nobody is forced to speak, so it is perfectly acceptable for someone to pass his or her turn to answer. Some may have useful comments or similar feelings to express, and you will have to use your judgment as to whether it is appropriate for them to express their ideas immediately or to wait their turn. As group leader, this will be one of the trickiest decisions for you to make. Comments related directly to what an individual has said can lead to very interesting discussions, so you don't want to have a rigid rule in which no one can speak out of turn. Your responsibility is to steer the conversation back to The Question if it is drifting too far or if a member is beginning to monopolize the meeting by talking about issues that are unrelated to The Question. At times, you may find it necessary to gently guide conversation back to the topic on hand as in Figure 6.

Fig. 6 Sample Script
Guiding a Member Back to Topic on Hand

"Yes, that's important and maybe we could focus on that in another meeting, but now we want to try to stay with..." or "I don't really want to stop you, but I have to make sure everyone gets a chance to share his or her thoughts."

Goal Planning: Instilling Hope by Making Your Meetings a Positive Force for Change

The basic idea for goal planning is very simple: members will choose a specific goal that can be accomplished by the next meeting. Obviously, it should somehow be related to their problems. The beauty of this is that the responsibility of reporting back to the group is often just the motivation someone needs to start making some movement or change. We believe that making goal planning a regular part of your meeting will turn your meeting into a place of hope. Accomplishing goals in a supportive atmosphere helps everyone. A member who has achieved his or her goal gets the recognition that moving forward is always a success to be celebrated, whether big or small. As noted in an old Chinese proverb, "A journey of a thousand miles begins with a single step." In addition to making personal gains, every individual's success helps the group. For those who are having difficulty, seeing the success of others can be an inspiration. Finally, there is the satisfaction of knowing that the power of the group helped that individual to achieve his or her goal.

If your group has 10 or fewer people, there is no need to break into smaller groups during goal planning. If your group is larger, it is useful to break into smaller groups of five to eight people. Each group should have a group leader responsible for guiding the small group. Over time, this is one of the jobs that the main leaders can give to more experienced group members. Provide everyone with index cards to write his or her goals down. These should be turned in at the end of the meeting. This way they can be taken out at the next meeting, and the goal planning group leaders will be able to know what everyone in their group chose as a goal. Doing this also helps members feel greater responsibility for accomplishing what they chose.

If you have a very large group, new members, whether there is one or five, should be taken aside in their own group. This allows goal planning to be explained without repeating what others already know. If your group doesn't break into smaller groups, briefly introduce goal planning and let the new members know that you will help them along. Figure 7 shares a sample script for introducing goal planning.

Fig. 7 Sample Script Introducing Goal Planning

"In this next part of the meeting we are going to do goal planning. This is a very important part of the meeting because this is where we help one another make gains in getting some control over our problems. I know this may seem complicated, but don't worry – we will explain it as we go along. In the materials we gave you, there is a brief handout describing goal planning. It's OK if you don't make a goal today, but we think you will find this very helpful."

Choosing a goal to accomplish between meetings sounds like a very straightforward idea. But it's not as easy as it sounds. During goal planning, the leader will give everyone a chance to choose goals to accomplish for the next meeting. Because a support group is not the same as therapy, you can and should encourage members to make goals, but, at the same time, be careful not to pressure anyone into making goals or into making harder goals. Accomplishing goals is more important than what goals are chosen. Below are guidelines for choosing goals. In the appendix these are summarized as a handout that includes some sample goals.

1. **Keep goals simple and behavioral.** It is critically important that the goal be behavioral and small. Everyone, especially new members, has a tendency to pick something too vague (e.g., "I'll cut down on my hand washing" or "I'll drive more this week") or too big (e.g., "I won't worry as much this week"). If goals are set too vague or broad, it is difficult to know whether the goal has been achieved.

To make a goal behavioral requires one to be very specific. For example, at what times and under what circumstances will you not wash and for how long will you not wash? Thus, an appropriate goal for hand washing might be: "On Tuesday and Thursday this

week between 2:30 pm and 3:00 pm, I'll do my household chores without washing," or "On Tuesday and Thursday I will touch the trash can, contaminate my kitchen, not wash for one half hour and leave it contaminated for the rest of the day." For driving, a behavioral goal might be: "Every day I will spend half an hour driving one mile from my house."

Being specific makes it easier for one to know when he or she has succeeded. Most people suffering from any anxiety problem will attempt or have already attempted to confront and control their symptoms at some time. What generally follows is some period of short success that may be as brief as a few minutes or as long as a few days. This is followed by slipping back to their symptomatic behavior. Then the sufferer makes the mistake of considering him- or herself a failure and assumes that, because he or she has not succeeded in either controlling this behavior or reducing his or her anxiety, he or she is helpless against the problem. Although long-term freedom is certainly everyone's greater goal, many people fail to recognize their successes. Outside of a well-designed cognitive behavioral program, long-term sustained improvement is difficult to obtain. On the other hand, failing to recognize one's successes robs him or her of the motivation to keep moving forward. This brings us to the next point.

2. **Pick something you will do.** Too often people pick goals they wish they would do. The most obvious examples are those in which the sufferer picks an impossibly huge goal. Leaders should make sure that members are choosing goals they know they can accomplish. Goals can be challenging, but they must be within the member's belief that he or she will do it. If the member says, "I want to try doing 'X,'" you, as the leader, need to quickly remind this person to choose goals they will do, such as in the sample script in Figure 8.

Sample Script: Encouraging Members to Choose Goals They Will Do

"Don't pick something to try; pick something you will do. Don't worry how small it is compared to your problems. Whatever goal you pick is the beginning of your journey to health. Each week you'll be building upon your goals, so it's important to accept that getting better will take time. After all, if your problems were easy enough to solve in one night, you would have done so a long time ago."

3. **Pick something a dead person can't do.** A goal should be active – something that you have to do, something a dead person can't do. For example, dead people are notoriously good at not engaging in rituals or not worrying, etc. On the other hand, they are terrible at confronting their fears. Passive goals (ones in which you describe what you won't do – the kind dead people are good at) are harder to accomplish and will be less effective in producing behavioral change than will active goals. There is a list of sample goals illustrating this in the appendix. Note how specific they are. Try never to let a group member say, "I will do 'X' two times this week." Although his or her intentions may be real, without picking a specific time and day, the goal is likely to get lost in the shuffle of life. As the goal planning leader, your job is to make sure the sufferer knows exactly what the goal is and exactly when and where it will be done.
4. **There are no failures.** When a member does not succeed at achieving a goal, do not call it a failure because a goal that was not achieved merely means that the group needs to help that individual to find a *different* way to accomplish the same goal. Different, because if that person did not succeed this time, then why would we expect them to succeed if no changes are made in how the goal is approached? The first possible way to make a goal different is to make it smaller; perhaps too much was attempted the first time. For example, an individual who has attempted to drive 50 miles on the turnpike was overreaching. A more reasonable goal may have been to drive one exit and then turn around and return home.

A second possibility is to arrange a situation so that one cannot fail. There are many ways to do this, and they are limited only by the group's imagination. In general, using the support from the group will accomplish this. For example, the individual could call a member when he or she is having trouble. If this does not work, a member could call the individual at a prearranged time and wait on the phone while the goal is accomplished, or the member might actually visit the individual's house to support him or her while accomplishing the goal. In the case of driving, perhaps the individual would have felt that the goal would have been possible if he or she were in contact with another group member or family member via a cell phone with an earpiece. If someone is intent on trying a goal without support, try to get him or her to agree in advance that if he or she does not succeed the first week then he or she will accept support for the second week. Sometimes people find the very idea of calling difficult, especially if they feel the need at 3:00 a.m. We often have these people agree to make a goal of calling someone in the group at a specific time, when there is not a problem. We do this because we have found that an individual who has difficulty with this (calling when there is no problem) has even more difficulty calling for help during distress. This shows that not all goals that lead to improvement are directly related to anxiety symptoms.

Informal Socializing

During the final part of the meeting, informal socializing, refreshments should be available and everyone is free to share anything and everything that could not be shared during the meeting. This includes friends catching up with one another, continuing informal discussion of The Question and people asking for additional advice from the leaders, the professional and fellow group members.

Summary

All three parts of the meeting are critical. The first part allows a sharing of feelings and ideas on issues of general concern to everyone. Goal planning keeps the meetings focused on what everyone can do to help him- or herself. Socializing helps bring everyone closer, which is crucial because members need to depend upon each other for support in accomplishing individual goals. On the other hand, remember that this manual is meant only to offer you guidelines. As leaders of your group, you will decide which of our suggestions to implement and how you will do so.

Support groups can play an important role in coping with and overcoming your problems. A positive support group can help those suffering from anxiety disorders to understand that they can take steps to fight their problems and that, no matter how small those steps may be, doing something is better than doing nothing. Obviously, the steps can be difficult, but this is what you are there for: to provide the support of a group that knows what that sufferer is going through, whether it be the pain of confronting fears, the agony of not doing so and/or the dread of having to cope with uncertainty.

All people, whether diagnosed with a problem or not, have to cope with anxiety and the uncertainties of life. Philosophers have written endless volumes on the subject, and stories of people trying to gain some control over their lives have been common throughout all of history. In the end, all of us are victims of uncertainty who are trying to make the best guesses we can. And when do we find out if our life's guesses are right or wrong? Only when it is too late. For example, you assume on your wedding day that you will have a good marriage. Thirty years later, if you are still married happily, you made a good guess. If a year has passed since your wedding and your marriage is already falling apart, then it wasn't a good guess. Either way, the proof came too late. Good decisions may take planning and thought, but they are educated guesses – not guarantees. So, while we make our plans for tomorrow, we need to learn to appreciate what we have today, because the only thing we can depend on is the present. Hopefully this manual will help you create a group that will help you and others to learn to live with uncertainty but without anxiety, in other words, to be free.

Appendix

1. Sample Marketing Flyer
2. Sample Welcome Handout
3. Sample Questions for Group Discussions (“The Question”)
4. Goal Planning Guidelines for New Members
5. Examples of Goals for Different Anxiety Problems
6. Resource Guide
7. Support Group Web Listing Application
8. How You Can Support the ADAA

Anxiety Disorders Support Group

This support group is designed for those adults in the Springfield area who suffer from anxiety disorders. We will discuss current life issues and support each other on our path toward freedom from anxiety disorders.

When: Wednesdays, 7:00 p.m. – 8:00 p.m.

**Where: Springfield Public Library,
Activity Room**

No Fee Required

Contact: Jane D.

(555) 555-1234

someone@email.com

SAMPLE

This group is a member group of the
Anxiety Disorders Association of America
Self-Help Support Group Network.

Welcome to our Support Group

The main objective of our support group is to help each member develop self-help skills in an atmosphere that offers emotional and practical support. The support system will be developed to provide constructive support, rather than allowed to become sidetracked into a non-productive discussion of members' symptoms. The group also will avoid becoming a forum for debate regarding what is the "best" treatment; however, from time to time, professionals will be invited to present their views on treatment approaches.

The structure of the meetings will be as follows:

- Introductory remarks by co-chairpersons.
- Open discussion on topics chosen by the group leaders of our support group (see list below). Everyone attending will be given an opportunity to share his or her feelings and thoughts on the topics. This time will also be used for our guest speakers.
- Goal Planning. The meeting will be broken into small groups in which each member will be encouraged to choose a specific goal for the coming week. The purpose of choosing goals is to help formulate concrete, constructive behaviors that will aid in the reduction and control of our symptoms. Though each member will be encouraged to choose a goal at every meeting, the decision to do so remains voluntary. The group leaders and other members will offer advice on how to achieve the goal based on their personal experiences. A handout further explaining goal planning has been included in your greeting packet.
- The meeting will conclude with the confirmation of the next meeting time and place, as well as its anticipated agenda. The remaining time will be for members to socialize informally and perhaps raise issues that were not addressed during the meeting. A question box will be available at each meeting to allow members to communicate their ideas for future meetings and to submit their suggestions or criticisms anonymously.

Topics to be discussed at meetings or presented by guest speakers include:

- Information about a advancement in the treatment of anxiety disorders and their current status (experimental, etc.)
- Family issues: e.g., dealing with family members, the absence of family support.
- The effect of emotions upon our symptoms: e.g., anger, guilt, depression.
- The effect of stressors upon our symptoms: e.g., deaths, divorces, holidays, jobs.
- Problem-focused discussions: e.g., handling slips, coping with uncertainty, acceptance.

The group will meet every other week on Some Nights from Some Time – Some Time at Some Place, 1062 Some St., Your City, Your State. Meetings will be co-chaired by two recovering sufferers. Meetings will be offered free of charge.

Our support group is open to all individuals who suffer from an anxiety disorder. Since the purpose of the meeting is to provide a peer support system and information exchange for people with this disorder, the meetings are not open to family members or friends. Before coming to the meeting, please contact: Someone at (555) 555-5555.

Sample Questions for Group Discussions (“The Question”)

1. What else are you as an individual, besides your problem?
2. What one reaction by an important family member or friend to your problems or recovery most disturbs you?
3. The "Why Me?" Syndrome — How to cope with it
4. If you could put yourself in your family's place, what would you have them do to help you with your problems?
5. What emotion best portrays how your family reacts toward you and your problems? What emotion best portrays how you feel about your family during a problem episode?
6. Denial: Do you use this in your life or recovery process, and, if so, how and when do you find yourself doing it? Would your family agree with your evaluation? Would your therapist agree with your evaluation?
7. Have you or haven't you accepted uncertainty, and how has this affected your recovery?
8. There are times when we believe our symptoms, thoughts, feelings and rituals have meaning and believe they could be true. How can you motivate yourself under these circumstances?
9. (A seasonal question) The holiday is upon us, and we all realize that it will bring additional stress. What problems do you ANTICIPATE having at this time of year? How are you going to cope with them in order to help yourself?
10. Other than NOT having your anxiety problems, what other thing would make you happiest? Do you feel it's obtainable for you?
11. When you are angry, how does it affect your problems?
12. What is your responsibility in treatment?
13. How often do you give yourself credit for the achievements you've already accomplished in group or in treatment? Do you find it easy or hard to give yourself credit for past successes, or do you dwell only on the work left to be completed?
14. Slips: When you slip, what techniques do you use to help yourself? Which techniques do you find difficult to apply?
15. What are the triggers for your problems (e.g., overtiredness and various stressors)?
16. Have you told anyone about your problems? If so, whom and under what circumstances? With whom do you feel you would not choose to share this information?
17. What one thing was the most difficult for you this week? How did you handle it? How would you handle it differently in the future?
18. What do you feel is your single biggest success in your fight toward recovery? What has been or still remains your biggest struggle in working on your problems and toward recovery?

19. How honest do you feel you have been with your therapist, your group and yourself regarding your fears/obsessions/compulsions? How would you rate yourself on the following scale?
 - a. **Good** (I talk about everything, and if something new arises or I slip I bring it up immediately.)
 - b. **Partially** (I tell about most.)
 - c. **Selectively** (I avoid talking about the things I don't want to work on yet.)
 - d. **Poor** (I am guarded and do not talk about all of my problems.)
20. How has the way you have been handling things helped or hurt you in your goal of living a symptom-free life?
21. Where would you like to be this time next year? What is your part, and/or what do you plan to do to get there?
22. What part of your life is affected by problems that you have chosen **not** to work on or ignore?
23. Do you consider yourself an optimist or a pessimist? How does this attitude affect your working on your problems?
24. What frightens you most about having your problems, besides the symptoms?
25. It is often said that we learn from adversity. I would modify this from: We *do* learn from adversity to We *can* learn from adversity. As to what one might learn about life, people or oneself, that will be different for every individual. What, if anything, have you learned from having your problems?
26. "[I'm] happy to resign myself to the knowledge that the search for certainty is the road to insanity. I'm quite content just being a shoveler of knowledge; it compensates for not having the certainty." — David Bowie (*Total TV magazine*). What are your thoughts about this?
27. Fear is the mind-killer. Fear is the little-death that brings total obliteration. I will face my fear. I will permit it to pass over me and through me. And when it has gone past I will turn the inner-eye to see its path. Where the fear has gone there will be nothing. Only I will remain. — from Frank Herbert's *Dune*. What are your thoughts about this?
28. No one can make us get better if we don't do our part. At the same time, having the comradely support of this group helps us. How do you expect the group to help you, and how are you going to make it possible for the group to help you?
29. Why take risks? In what ways has taking risks helped you? Please note that we are asking how has taking risks helped, not harmed.
30. What risks did you take this weekend? How did this affect your life and your problems? If you didn't take any this past weekend, what risks will you take for tomorrow?

31. Do you have “fantasies” about the way things should be? In what ways does this affect your life? [Note: Questions 31-34 are designed as a series across several meetings.]
32. At our last meeting we discussed fantasies and goals. We concluded that each can make us feel better or worse about ourselves. Continuing our discussion from two weeks ago:
- What fantasies do you have about your problems or life that make your life more difficult?
 - What realistic goals do you have that help to motivate you?
33. For the last two meetings we have talked about how trying to make your life match a fantasy leads to misery. Do you know how to give up the fantasies that make you miserable? Have you given them up? If not, why?
34. Acceptance is a very important part of overcoming and/or coping with your problems. This concept is very hard to understand. If you are here, it's obvious that you know you have a problem, so:
- What does acceptance mean to you?
 - How do you know if you accept your problem (i.e., what are the signs of acceptance)?
 - How does one come to acceptance?
35. What do you get from coming to group?
- In what ways has group helped you?
- Would you miss it, if there were no group?
36. Miracles come in many forms, but they are usually unexpected. The big ones are obvious, but sometimes the important ones are not. Finding treatment can feel like a miracle. Finding that it can work for you can be a miracle. Often to find a miracle you may have to take a risk, a leap of faith. Have you taken any such leaps in the past two weeks, and, if so, what were the results? Did you experience a small miracle? If you haven't taken any leaps, why?
37. If you had to have a different set of anxiety symptoms, what would you choose and why?
38. How do you handle a relative or person who thinks he or she understands your problem but does not and nevertheless insists upon giving you advice? If this hasn't happened, how would you handle it?
39. Are you overly concerned with what others may or may not think about you? Does this play any role in your problems?

Goal Planning Guidelines for New Members

Goal planning helps keep our meetings a place of hope. The basic idea seems very simple: you choose a goal that is related to your problems and can be accomplished between meetings. In this way, coming to group becomes more than a place to share; it becomes a place for us to take control of our problems.

Choosing a goal to accomplish between meetings sounds like a very straightforward idea. It's not as easy as it sounds. During goal planning, everyone will have a chance to choose goals to accomplish for the next meeting. The leaders and more experienced members will help you to do this if you want to make a goal. To assist you, this handout contains some of the basic guidelines we follow in picking our goals. Don't worry if it isn't clear at this moment, don't worry – it will become clearer when we get to that part of the meeting.

1. **Keep goals simple and behavioral.** It is critically important that the goal be behavioral and small. Everyone, especially new members, has a tendency to pick something too vague or too big (e.g., "I won't worry as much this week"). The problem with this goal is that it is too ambiguous for you to know when you have been successful. Have you been monitoring your worrying? It is also impossibly huge – as if coping with your anxiety issues was a simple decision.

To make a goal behavioral requires you to be very specific. What are you going to do? When are you going to do it? Where are you going to do it? Be specific.

2. **Pick something you will do.** Too often people pick goals they wish they would do. The most obvious examples are those in which the sufferer picks an impossibly huge goal. Don't pick a goal you want to try to do; pick one you know you will do.
3. **Pick something a dead person can't do.** A goal should be active – something that you have to do, something a dead person can't do. For example, dead people are notoriously good at not engaging in rituals or not worrying, etc. On the other hand, they are terrible at confronting their fears. Passive goals (ones in which you describe what you won't do – the kind dead people are good at) are harder to accomplish and will be less effective in producing behavioral change than will active goals.
4. **There are no failures.** If you don't succeed at achieving your goal, we don't call it a failure, because a goal that wasn't achieved merely means we need to help you to find a *different* way to accomplish the same goal. Different, because if you didn't succeed, then why would anyone expect you to succeed without making any changes to your goal?

Some Examples of Goals for Different Anxiety Problems

For obsessive-compulsive problems:

1. Touch something contaminated in the meeting room and agree to spread it around the home.
2. Touch a contaminated object with one's hands, touch food and then eat it.
3. Leaving lights on or water faucet dripping
4. If the individual "freezes" whenever he or she wants to "figure out an obsession," we might ask the person to continue rather than stop these activities when obsessing.

For agoraphobia and panic disorder:

1. Spend one hour on Monday, Wednesday and Friday driving alone to and from the grocery store and not stopping whether or not panic feelings occur.
2. Go to a mall with a friend on Thursday, Saturday and the next Wednesday. While there, go into two different stores for 15 minutes while your friend waits for you outside.
3. Practice my relaxation and deep breathing exercises for 20 minutes every morning after the kids go to school.

For social phobia/social anxiety disorder

1. Every morning after I get off the train from work, I will ask one stranger what time it is.
2. Every night this week, I will spend an hour practicing for Friday's presentation.
3. I will get information about internet dating so that I will know how to sign up for it.

For generalized anxiety disorder (GAD):

1. Part of overcoming GAD is similar to overcoming OCD, that is, the sufferer needs to learn to live with the uncertainty of his or her disasters coming true rather than trying to be sure he or she is safe. With this in mind, a goal could be:
2. When I catch myself worrying about being fired from work, I will make a plan for what I would do if I were fired. I'll remind myself that I wouldn't want to have to do this, but, on the other hand, this reminds me that I would survive.

Resource Guide

The Anxiety Disorders Association of America provides materials and resources to help those who suffer from anxiety disorders triumph!

The ADAA website (www.ADAA.org) provides overviews and self-tests for each anxiety disorder. Detailed information about anxiety disorders, including Panic Disorder, Generalized Anxiety Disorder, Posttraumatic Stress Disorder, Obsessive-Compulsive Disorder, Social Anxiety Disorder, and Specific Phobias is available from the Anxiety Disorders Association of America. To request information, call (240) 485-1001, or mail your request for information to:

Anxiety Disorders Association of America
8730 Georgia Avenue
Suite 600
Silver Spring, MD 20910



Facing Panic, a self-help guide for those suffering from panic attacks, is available online at www.ADAA.org. For more information about ordering, call (240) 485-1001.

Let others know that they are not alone and support the ADAA by wearing Triumph Wristbands, also available online at www.ADAA.org.



Other Resources:

Support Group Coordination

National Mental Health Association
2001 N. Beauregard St., 12th Fl.
Alexandria, Virginia 22311
(800) 969-NMHA (6642)
<http://www.nmha.org>

*American Self-Help Group
Clearinghouse*
c/o Mental Help Net
www.selfhelpgroups.org

National Alliance for the Mentally Ill
(NAMI)
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
(703) 524-7600
www.nami.org

Information about Anxiety Disorders

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(800) 374-2721
www.apa.org

American Psychiatric Association
1000 Wilson Boulevard
Suite 1825
Arlington, VA 22209
(888) 35-PSYCH
www.psych.org OR
www.healthyminds.org

National Institute for Mental Health
Public Information and
Communications Branch
6001 Executive Boulevard,
Room 8184, MSC 9663
Bethesda, MD 20892-9663
(866) 615-6464
<http://www.nimh.nih.gov>

Obsessive Compulsive Foundation
676 State Street
New Haven, CT 06511
(203) 401-2070
www.ocfoundation.org

Bazelon Center for Mental Health Law
1101 15th Street, NW Suite 1212
Washington, DC 20005
(202) 467-5730
www.bazelon.org

Depression and Bipolar Support Alliance
730 N. Franklin Street, Suite 501
Chicago, Illinois 60610-7224
(800) 826 -3632
www.dbsalliance.org

Freedom from Fear
308 Seaview Avenue
Staten Island, NY 10305
(718) 351-1717
www.freedomfromfear.org



Anxiety Disorders Association of America
8730 Georgia Avenue
Suite 600
Silver Spring, MD 20910
Email: self-help@adaa.org

Self-Help Group Web-Listing Application Form

Group Name: _____

Group Leader: _____
Last First Middle

Contact Information: _____
Email Telephone

Meeting Address: _____
Street

City State ZIP

Can this meeting address be given out to the public? Yes No

Mailing Address: _____
Street

City State ZIP

Is there a fee for the group meeting? Yes No Group Fee _____ Donation _____

How long has your group been in existence? _____

How often does your group meet? _____

Is the group a local chapter of a national or statewide organization? Yes No

If yes, please list organization: _____

Are your participants aware of the ADAA? Yes No

Does your group utilize ADAA's informational materials? Yes No

If Yes, please list materials: _____

Please fax completed form to (240) 485-1001, or mail form to;
Anxiety Disorders Association of America
8730 Georgia Ave., Ste. 600
Silver Spring, MD 20910