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** Newly starting groups are permitted to make 1 copy for each person registered in our Online Facilitator Training Course for certification. The Membership Fee includes online training for up to 4 Facilitators per group. Each additional trainee is \$45.*



**A CHRISTIAN SUPPORT GROUP FOR THOSE
WITH MENTAL HEALTH CHALLENGES
AND THEIR LOVED ONES**

*“May the God of hope fill you with all joy and peace
as you trust in Him, so that you may overflow with
hope by the power of the Holy Spirit.”*

– Romans 15:13 –

Welcome!



We are blessed that you feel God's leading to join the Fresh Hope team.

We believe God desires *all* His children to live abundant lives through His son, our savior, Jesus Christ.

Fresh Hope combines the healing power of God's word with educational teaching and peer support to bring hope to people and families affected by mental health issues.

We are excited to partner with you on this journey.

Pastor Brad Hoefs

Founder, Fresh Hope for Mental Health



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Fresh Hope is a Non-Profit 501(c)(3) organization.

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To understand the foundations of Fresh Hope, it is important for you to understand the history of the group. Understanding how the very first group came about helps you understand the basics of the recovery principles, and, most importantly, why Fresh Hope started in the first place. So, in this next section, you will find a brief history of the beginnings of Fresh Hope.

THE HISTORY OF FRESH HOPE

The Fresh Hope movement began in 2009 as a Christian support group for those who suffer from mental illness and their loved ones. Pastor Brad Hoefs felt called to start a faith-based support group. For two years, he searched with no success for materials that would help him start and lead such a group from a Biblical, hope-filled point of view. With encouragement and input from his doctor, Dr. Michael Egger, Pastor Brad decided to write the materials himself. He developed six faith-based, Biblical tenets (principles) for those who have mental health issues and their loved ones. These tenets were key for him, having been diagnosed with Bipolar Disorder in 1995. The tenets were instrumental to Brad's personal recovery, and now have been proven to be instrumental to others in offering hope and key insights from a Christian perspective into a wellness-driven, successful journey of recovery. In 2021, a seventh principle was added to complement this life-changing guide to recovery for both those facing a mental health challenge and their loved ones.

Within the first eight months of starting, the group had grown significantly. Feedback from those attending was that Fresh Hope was the type of group they had been searching for but had never found. (As is true with most secular mental health groups, those attending frequently have little or no hope. They are trying to simply figure out how to cope with their circumstances, leading mostly to discussions about medicines and "coping" skills, which can easily leave one feeling even more depressed and hopeless about their recovery than they were previously.)

During those inaugural months subsequent to starting Fresh Hope, one of the largest healthcare providers in the Omaha area, Alegent Health Systems, joined together with Fresh Hope. They began to provide their consumers with information about Fresh Hope. From this support, more Fresh Hope groups were born. Fresh Hope organized as a 501(c)(3) non-profit and received several grants to help start other groups based upon the initial model. Several groups began in the Omaha metro, which continue today.

Not only did Fresh Hope receive inquiries about starting groups locally, but they also received many national inquiries. Others were finding Fresh Hope through online searches – looking for the same materials Brad had been searching for prior to writing the Fresh Hope materials. With this need providing the impetus, the volunteer Fresh Hope staff wrote and prepared a Facilitator's manual and videoed one of their three-hour local training sessions for those who were not located near Omaha. Within a short time, several groups outside of the Omaha area and outside of Nebraska had started.

The interest from churches in starting Fresh Hope groups has been, and continues to be, significant. To date, all of our research still shows that there are no other resources quite like this. There are numerous resources from a secular viewpoint, including workbooks and books on overcoming depression and bipolar issues, but these resources are not faith-based. Continued

research has resulted in our finding no one offering a workbook for successful recovery from a faith-based perspective that actually offers tenets (principles) to work through to achieve success in mental health recovery. Neither have we found any materials and training, along with ongoing support, which equip someone for starting a faith-based support group for mental health issues. We say this after investing years of searching. If there is something like this written from a Christian perspective, we have not found it.

Because of the need for materials that hold to the fidelity of the Fresh Hope principles, Brad self-published a book entitled, “Fresh Hope: Living Well in Spite of a Mental Health Diagnosis.” Within the book is not only his story of tragedy to triumph, but very concrete examples of how he applied these tenets to his own recovery and 28 years of pastoral counseling to hundreds. Even more important than his story contained in the book, is the fact that it is truly a workbook. Hence, the subtitle, “A Wellness Workbook for Fresh Hope.” The initial plan was to offer the book to Fresh Hope group participants to empower them to work through the tenets and equip them to live out a successful recovery.

But Brad realized while writing the book that it might also be useful for someone who has never been to a Fresh Hope group, and in addition, would help loved ones in their understanding of the issues of recovery. It could also serve as a resource for pastors and counselors to offer to those coming to them for help. Since the book was released in March of 2013 through Xulon Press, we have observed a growing interest in starting Fresh Hope groups.

With the death of Rick Warren’s son, we’re seeing a heightened awareness of the need to help those who suffer from mental illness and their families, and an increased need to better equip pastors and churches in how they might minister to them. Because of this, more churches and individuals have been contacting Fresh Hope to see if they, too, might receive direction and materials to help them start a group. The need is great. Every day that resources such as the Fresh Hope materials are not easily available and publicized, too many people are dying from mental illness at their own hands or due to addictions that have come about because they have been self-medicating their illness and/or moods.

As the author privately wished prior to the book’s release, it is now confirmed that Fresh Hope is far more than a resource manual for a support group. We now have a proven record of significantly helping with the journey to recovery. Those who attend Fresh Hope group meetings report a growing sense of hope for their future based upon the principles and understanding that hope is, in fact, a faith decision. They also report that their attitudes and the view of their lives are improving. While this is not a scientific study, those who participate and work the principles report fewer, if any, hospital stays.

We believe that the need is huge within the Christian Church. Why? For many years, the agreed-upon statistic in healthcare has been that every fourth person in America suffers from some type of mental health issue. New statistics determined by John M. Grohol, PSYD (“Mental Health Statistics”, World of Psychology, <https://psychcentral.com/>, May 3, 2010) now place that number at nearly one in three. While these statistics are a national average, one would assume the same ratio within the Christian Church. Yet the Church at large offers very little in the way of help for those with mental health issues. Many pastors make referrals to counselors when someone comes to them for help. Some churches do allow outside support groups such as DBSA and NAMI

to use their facilities, but these are secular groups with no particular emphasis on faith in Christ (i.e., AA speaks of a 'higher power').

Fresh Hope has a proven track record of offering a faith-based, hope-filled approach to wellness that is Biblical and practical. Fresh Hope is a wellness approach to recovery versus a "coping approach," which many times inadvertently comes about as a result of utilizing only the medical model. We have found nothing like Fresh Hope that offers a workbook for individual use, while also providing the training and materials for starting and leading a Christian support group for mental health issues.

The Fresh Hope book can be a significant resource for pastors and Christian counselors to read for their own understanding of the issues surrounding mental health diagnosis and recovery. Plus, the book itself will be a resource that they will want to provide to those who come to them for help. The book is also helpful to the loved ones of those who have a mental health diagnosis. Fresh Hope as an organization stands ready to help those who start groups, providing coaching assistance by certified Facilitators, and offering continuing support.

In closing, it is important to acknowledge a grassroots movement within the mental health field today that is emphasizing the importance of peer-to-peer support for successful recovery from mental illness. It is widely recognized that peer support helps those who have a diagnosis to transition from medical care into taking back their lives and seeing themselves as much more than their diagnosis. This is even more reason for the Church-at-large to seriously consider offering Fresh Hope in their local setting.

Fresh Hope Story

One out of every five children, teens, and adults in America has a diagnosable mental illness in any given year. And the lives of those who love them are also affected by their mental health challenge. This means that a mental health challenge touches approximately 50% of the American population.

And while the doctor, therapist, and medicine are necessary, they are not enough. Suicide rates continue to rise. The medical (the doctor, therapist, and medicine) aspects of mental health recovery can lead to a type of "learned helplessness."

When someone's life is interrupted by mental illness, it can be tough to see a practical way forward with day-to-day life, and a good future seems out of reach. Feelings of hopelessness begin to settle in. This hopelessness can lead to suicidal thinking and even death by suicide.

A serious gap exists between someone receiving medical treatment for mental illness and them learning how to live well in spite of it. This gap is critical. So, we become the bridge, the guide from the point of diagnosis to living well.

Research shows that finding a way to live a hope-filled life can be best caught, not taught, by peers who have "been there" and are now living well. Research also shows that the best antidote for hopelessness is a hope that is rooted in faith.

We provide those who are hopeless a safe place to process their pain and experience faith-filled hope modeled, shared, and given in support groups, classes, coaching, and resources that are led and written by peers who are living well in spite of their mental health challenge. This serves as a bridge between someone's diagnosis and living well in spite of their diagnosis.

Our approach is based on seven mental health recovery principles and 25 years of clinical research on hope. And it works!

Because of Fresh Hope, thousands of people are living active, faith and hope-filled lives. They are enjoying their relationships, their families, their work, and are feeling more hopeful than ever before! They are living well in spite of their mental health challenge! They are thriving!

Fresh Hope Mission

To empower individuals to live a full and rich faith-filled life in spite of a mental health diagnosis.

Fresh Hope exists to equip individuals and families affected by clinical mood disorders and/or mental health challenges to lead victorious and purposeful lives in complete wholeness (mental, physical, and spiritual) through participation in local Christ-centered peer support groups, online forums, and educational opportunities.

Fresh Hope Vision

The goals of Fresh Hope are:

- To equip and empower individuals (and their loved ones) who are affected by a mental health diagnosis to live a full, rich and purpose-filled life in wellness and wholeness (mental, physical and spiritual) through participation in local Fresh Hope groups which are Christ-centered peer support groups, as well as online forums, educational opportunities and faith based mental health resources.
- To provide ongoing assistance to individuals and their families during times of transition, by providing Mental Health Navigators in local communities who are Certified Peer Support Specialists and Certified Wellness Coaches.
- To challenge the Christian church to address the mental health crisis in their community-challenging them to provide a “compassionate, understanding, safe and supportive place” for those who struggle with mental health issues. This includes understanding that many mental health challenges are due to the brain's improper function and are not character flaws, moral failures or a spiritual weakness.
- To advocate on both the state and national levels for continued mental health reforms to repair the issues that are “broken” in the system.

- To provide peer-run wellness centers in the local communities as a positive place of encouragement, connection, empowerment and learning.
- To join with other organizations and voices in tearing down the thick walls of cultural stigma regarding “mental illness.”

Fresh Hope Philosophy

Fresh Hope is a peer-to-peer Christ-centered wellness approach to mental health recovery, based upon seven tenets, that empowers people to connect both their faith and recovery principles. This approach both empowers and encourages individuals live full and rich lives in spite of their diagnosis.

The Fresh Hope approach includes the following biases:

- Peer-to-peer support plays a very significant role in one’s successful recovery.
- There is a difference between “just coping” and thriving.
- When used exclusively, the medical model can lead to a “learned helplessness.”
- Recovery and wellness are a “taking back” of one’s life and living it to the fullest potential.
- Peers who give back by coming along side others in recovery sometimes receive even more than they “give.”
- People who have “been there” oftentimes understand and help more than those who have not been “through it.”
- Faith in Christ is foundational to having hope in hopeless situations.
- The Christian church needs to be proactive and reach out with hope to the millions who are in emotional pain.
- The state and federal mental health systems cannot do “it all.” There are many things they could improve upon.
- One must accept personal responsibility for his/her own recovery and wellness.
- Sometimes you have to simply “push through” even though you feel horrible or feel like giving up.
- It’s self-destructive to use your mental health diagnosis as an excuse for not moving forward in recovery.
- Medicine is necessary. Being over-medicated is not.
- Hope not only involves faith, but a plan of how to get to the place you want to be in life based upon your gifts and abilities.
- At times, peers need to challenge one another to move forward in recovery (and many times only peers are able to do this).
- One needs true accountability to safe people who will hold them accountable in their thinking and behavior.

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As a Fresh Hope Facilitator there are some fundamental things that you should know before you jump into the water! Our desire is that all Fresh Hope groups operate according to a consistent model, regardless of their location. We've included some of those basic principles and values in the following material in order to help you. Please take the time to read them carefully, and acquaint yourself with both the expectations, and the responsibilities of your commitment.

PURPOSE OF FRESH HOPE, INC.

Fresh Hope Mission Statement

To empower individuals to live a full and rich faith-filled life in spite of a mental health diagnosis.

Fresh Hope exists to equip individuals and families affected by clinical mood disorders and/or mental health challenges to lead victorious and purposeful lives in complete wholeness (mental, physical, and spiritual) through participation in local Christ-centered peer support groups, online forums, and educational opportunities.

The purpose of Fresh Hope is to provide a non-threatening, accepting, encouraging, and confidential setting for individuals living with a mental health diagnosis/challenges, for their families, and for their friends. Fresh Hope is a place where participants can share struggles and insights, as well as progress and setbacks in an effort to exchange information and encouragement within a Christian context. The ultimate purpose of Fresh Hope is to help people come to a point where they are not only surviving but enjoying and finding purpose in their lives.

Within this context participants inspire one another by confronting their problems, instead of denying or blaming them on someone else. Fresh Hope is built on a foundational faith-based belief that healing and hope come only from the Lord. Since spirituality is a part of emotional wholeness, participants will have opportunity to inspire and encourage one another by sharing how their faith in Christ continues to help them deal with their struggles surrounding their mental health diagnosis. *(Any sort of religious debate, religious "superiority" or condemnation of someone else's beliefs is not permitted.)* Within the Fresh Hope group there will be no judgment, no comparison, no advice — only insights and suggestions based on common tools, identification, affection, and encouragement shared between peers.

Fresh Hope is not intended to replace professional treatment such as therapy and prescribed medications. Rather, Fresh Hope serves as a supplemental support and information system so that participants and those who love them might develop tools to help them live a rich and full life in spite of their illness/mental health challenges on a daily basis, in order to live with dignity and hope in Christ.

TYPE OF SUPPORT GROUP

Fresh Hope is a “mutual-help group” (*peer to peer*) in which members encourage one another as equals, both in small groups and within the larger group led by a Facilitator.

Fresh Hope is a “knowledge/education group” (*speakers, videos, discussion topics etc.*).

Fresh Hope is a “professionally guided group” (A small group of mental health professionals and spiritual leaders assist in providing guidance, resources, and suggestions.).

Fresh Hope is NOT licensed to provide therapy or medical services.

You can find more information about Fresh Hope Groups here: <https://freshhope.us/fh-groups/>

These are some of the types of groups offered by Fresh Hope:

Fresh Hope for Mental Health Groups



Fresh Hope for Mental Health Groups are our ongoing mental health support groups for young adults and adults who have a mental health diagnosis along with those who love them. The groups are faith-based and built on the Fresh Hope tenets. The groups are sponsored by local churches and ministries. Plus, there are online groups that meet that are sponsored by the Fresh Hope International Office. Facilitators are trained and receive ongoing support from the International Fresh Hope Office.

Within the Fresh Hope groups for Mental Health, we also have categories such as Fresh Hope for Pastors, meetings for women or men only, for singles, for widows: Refocusing Widows.



During the pandemic, many online groups were created in different countries that have helped to share hope in these unprecedented times.

We are thankful that we have been able to reach more countries and our groups are now available in several languages. We will continue working to expand and take the Fresh Hope of the Lord to the world.

Fresh Hope for Teens



Fresh Hope for Teen groups are two groups in one. When a church or ministry sponsors a Fresh Hope for Teens group, they are essentially sponsoring two groups. One group consists of teens and their friends, and the second group consists of their parents, foster parents, stepparents, and legal guardians. Each group has two trained and certified Facilitators, and they rotate between the two groups. In some cases, a church or ministry sponsors a Fresh Hope Teen group, and they also have a regular Fresh Hope for Mental Health group (see above), and the parents of the teens attend that group. The teen groups have specific teen-oriented tenets. These groups are currently available in English and Spanish.

Fresh Hope for Living Free



There are two parts to Fresh Hope for Living Free. Part 1 of Fresh Hope for Living Free is an 18-session short-term group class that focuses on such things as trauma, emotional age, the cognitive model of Fresh Hope, being free in spite of being locked up etc. Part 2 of Fresh Hope for Living Free is an ongoing faith-based support group for those who have either have a dual diagnosis and/or may have been incarcerated and are beginning over in life and have completed Part 1 of Fresh Hope for Living Free.

These materials were created within a jail setting. Many of the intimates had an addiction and mental health issues as well as behavioral issues. So, Part 1, the short-term group class can be used within a jail or prison setting or can be just used in a congregational setting. This material would be considered appropriate for anyone who has emotional struggles, mental health issues, and relationship issues, but may have never been incarcerated. So, Part 2 is the ongoing group that someone might desire to attend after completing the 18 sessions of Part 1.

Trauma Healing Groups



We host, lead, and sponsor Trauma Healing Groups, which is from the Trauma Healing Institute of the American Bible Society. We also train Facilitators of Trauma Healing Groups. These groups are for anyone who has wounds of the heart. The group covers five core Biblical lessons/tools which help people process their trauma. The class is a total of 10 hours. We often do the groups on a Thursday and Friday evening and conclude it on Saturday early afternoon. The group provides a safe place where people can find healing and hope. Churches can request our Trauma Healing Team to lead a Trauma Healing group or train Facilitators.

Surviving Together Groups



Losing someone to suicide can leave you with guilt, grief or questions. We are here to help you learn new ways to cope with the ever-changing mixed emotions we struggle with after losing someone to suicide.

Surviving Together, A Christ-centered peer support group for people 19 and older who have lost a friend or loved one to suicide.

- Safe Environment: Providing a safe environment for understanding and sharing grief.
- Sharing with Others: Sharing experiences and learning together with other survivors.
- Facing the Future: A place to learn new skills to move forward into a future with hope and joy.

WHO MAY PARTICIPATE IN THESE GROUPS?

Anyone who now or has had a mental health challenge, including anxiety and panic disorders, bipolar disorder, schizo-affective disorder, schizophrenia, PTSD, as well as depression, and other diagnosable conditions, may attend Fresh Hope.

The loved ones, family members and/or friends of someone who has a mental health diagnosis may also become part of a Fresh Hope group.

Students in medical or psychological fields may occasionally ask to observe a Fresh Hope group. Ideally, these requests should be presented to the group and discussed a week prior to the visit; however, this is at the Facilitator's discretion. It should be requested that the students participate in the group discussion, and not take notes or merely observe.

TOPIC CRITERIA

Since “many scientists, psychiatrists, psychologists and social workers agree that the causes of mental illness involve a combination of physiological, neurochemical, psychological and social or environmental factors” (Hannah Carlson, M.Ed., C.R.C. *The Courage to Lead* pg.33), the topics covered both for discussion and education will come from the following areas:

1. Medical
2. Physical
3. Social
4. Emotional
5. Spiritual

Under normal circumstances, topics, tools and speakers should be on the calendar a minimum of one to two months ahead of the presentation date. Topics or speakers not in alignment with the Fresh Hope Values are not to be utilized.

FRESH HOPE BOARD OF DIRECTORS

Pastor Brad Hoefs, Founder

B.S. Comm., Concordia Univ. (Seward, NE)
M. Div., Concordia Univ. (St. Louis, MO)

Jonathan Nielson

Dr. Steven Bailey

Nancy Blackwell

Tony Stella

Retired, OPPD, Jail Initiative Facilitator

Dr. Brian Lubberstedt

Psychiatrist

Dr. Michael Egger

M.D. Psychiatry
UNMC College of Medicine
Board Certified: Psychiatry, Neurology

Donna Hoefs

B.S. Education, Concordia Univ., 1979
Master Trauma Healing Facilitator

Allen Meyer

Sales, Group Facilitator

Karen Reynolds

Educator

Nancy Thrasher

SHARED VALUES

As part of a Fresh Hope Leadership Team, it is important for you to understand and embrace the Shared Values that we hold. These values form our foundational philosophy of ministry and shape the operational procedures of Fresh Hope groups.

Fresh Hope is about positive choices regarding recovery. When people come for the first time, they should leave with a sense of:

Acceptance: “God loves you and has a purpose for you.”

Validation: “This group cares about you as a person.”

Refreshment: “This is a safe place where you are accepted and cared for.”

Encouragement: “Don’t give up; we will help you push through.”

Growth: “We continue to look for ways to improve our lives and grow in Christ.”

Unity: “We are in this for the long haul; we will do this together.”

Victory: “We are not victims; we can live full, abundant lives in spite of a disorder.”

A recent attendee at a Fresh Hope group observed: “Every time there has been a new person at a meeting, I’ve seen at least one person go to them and offer themselves as support beyond the meeting with a phone number, email, etc. It happened to me my first meeting. That says a lot about Fresh Hope.”

Another group member said, “We are welcoming, and the way the meeting is structured at the beginning allows for everyone to relax, even those who are there for the first time and feeling a little anxious. I can look around the group and watch people slowly growing calmer. I know it’s true for me!”

Professionals can come and go; relationships can change; but the support available at Fresh Hope should remain constant. As a Fresh Hope Facilitator, you have a strong influence on the environment and culture of your particular group by the way that you implement Fresh Hope values. We believe these Shared Values significantly influence each member’s sustained recovery.

Please take a few moments to familiarize yourself with these values before you move on.

- **We value** the individual’s ability to choose to live the most fulfilling life possible, believing that we do not need to become our disorder.
- **We value** choosing to have a victor-mindset as opposed to a victim mentality, allowing ourselves to push through when things are going tough.
- **We value** faith-based healing and hope that comes from the Lord.

- **We value** living fulfilled lives IN SPITE OF our disorders, rather than living WITH them, always holding as the goal that we can come to a point in our recovery that we are no longer being afflicted in our daily lives by our disorders.
- **We value** healthy physical and mental lifestyles (including medication when needed) that allow us to experience sustained recovery/remission/managed recovery.
- **We value** true accountability in our recovery – counselors, pastors, physicians, peers, and loved ones who talk to one another for the sake of our best interest.
- **We value** committed relationships, not allowing ourselves to push people away and withdraw into isolation.
- **We value** personal responsibility for the dysfunctional behaviors caused by our mental health issues, understanding that the disorder may be an explanation of “why”, but cannot be the excuse!
- **We value** choosing to have a positive attitude, resulting in a more solid, sustained recovery.
- **We value** disciplining our thinking, bringing every wild thought into captivity to our will.
- **We value** acceptance and creating a positive, uplifting environment for all participants, regardless of their state of mind when they arrive.

FACILITATOR REQUIREMENTS

Fresh Hope groups are led by a team of 2-3 Facilitators, generally mixed-gender teams. These Facilitators will have each completed an application, including their personal statement of faith, and will have been interviewed by a Fresh Hope Director or Board Member. All Group Facilitators will be trained in creating a “belonging, hopeful” environment prior to leading groups on their own.

Fresh Hope Group Facilitators play one of the most significant roles in the Fresh Hope program. The success or downfall of any given Fresh Hope group rests largely upon the shoulders of the Facilitator and his/her ability to create a group where the shared values are communicated. In order to meet such a challenge, the Group Facilitator needs some very specific character qualities and skill sets. Let’s talk about character first.

Character

In order to lead a group successfully, a Facilitator must first have a strong confidence in his/her own identity, must be individuals with a high degree of personal maturity, including common sense, wisdom, and a tactful sense of humor. These traits will help to lighten the mood in the room when it threatens to become heavy. The Facilitator must be able to follow-through on commitments to both the Fresh Hope Organization and to the members of the group. This includes being at group meetings, communicating with Fresh Hope, Inc., and a willingness to be held personally accountable. A Group Facilitator must be a person of high moral character who

understands good personal boundaries, and who is not prone to co-dependency in relationships. The Facilitator must be non-judgmental, stable in his/her emotional life, and demonstrate an ability to maintain confidentiality.

Skills

Specific skills are also required of a good Facilitator. He/she must have a proven ability to be able to successfully manage groups and facilitate discussions, making sure that all interactions are appropriate and that everyone has a chance to participate. The Facilitator should demonstrate good leadership skills and must be experiencing success in their own treatment/recovery program, if applicable. (If this is applicable, the Facilitator should ideally have lived successfully for an extended period without any episodes and should have their doctor's approval to lead the group.) A good leader knows how to ask good, penetrating questions, how to listen carefully to what is being left unsaid as well as said, and will lead the group to meaningful conversation by modeling participation.

Spiritual Commitment

The third area that is essential to the success of a Fresh Hope group is the spiritual commitment of the Facilitator. Because Fresh Hope is built upon the faith-based premise that lasting healing and wholeness come from the Lord, and since spirituality is a part of emotional wholeness, we require that our Facilitators have an authentic relationship with Jesus as their Lord and Savior and be under the authority of a church body or organization to which they are spiritually accountable. The Facilitator must have a good understanding of the Scriptures, demonstrate maturity in their faith, be comfortable praying with/for someone, and have the ability to share the message of the Gospel. This definition is purposely left somewhat open-ended because our primary purpose is not to promote any one theological position over another, or to engage in spiritual debate.

Fresh Hope Group Facilitators will be expected to do several things:

- 1) Submit a Facilitator's Application and complete the interview process
- 2) Complete any required training and be certified by the national office of Fresh Hope
- 3) Provide letters of recommendation from their pastor and doctor
- 4) Be faithful in their commitment to attend Fresh Hope group meetings
- 5) Complete a Confidential Info Sheet for each member of the group
- 6) Complete and submit a Facilitator's Meeting Summary for each meeting
- 7) Identify and develop small group leaders and potential Facilitators
- 8) Maintain a lifestyle that models the ultimate purpose of Fresh Hope, including all the aspects of treatment and recovery

FRESH HOPE TENETS

TENET I

My life is affected by a mental health issue and can become unmanageable and hopeless, especially if ignored or untreated. Therefore, I choose the help and support of others to overcome the struggles and find more joy in life.

My loved one's mental health challenge has also left me feeling helpless and hopeless. Therefore, I choose the help of others in learning about the disorder and choosing healthy boundaries for myself.

Together, we have understanding. We remind each other of the Lord's love, and that He alone can do all things. He is the source of our hope, and in Him we can overcome all things.

"I can do everything through Him who gives me strength." — Philippians 4:13 (NIV)

TENET II

My mental health challenge has also affected my relationships and the lives of those around me. Therefore, I choose to overcome for both my own good, and the good of those who love me.

I haven't always responded to my loved one's mental health issue in ways that were good for the relationship. Therefore, I choose to learn better ways to communicate with, support, and encourage my loved one.

Together, we commit to speaking the truth in love, healing broken relationships, and viewing each other as the Lord view us.

*"So let's pursue those things which bring peace and which are good for each other." — Romans 14:19
(God's Word Translation, 1995)*

TENET III

My disorder can become an excuse. Therefore, I choose to believe I can live a full and rich life in spite of my disorder. I choose the support of people who will urge me to "push through".

At times I don't understand my loved one and can allow them to either wallow in their excuses or push them too hard. Therefore, I choose to learn healthy, appropriate ways to contribute to my loved one's recovery.

Together we do better than trying on our own. We will hold one another accountable for learning, growing, and choosing to push through in hope.

"Therefore, encourage one another and build each other up." — 1 Thessalonians 5:11 (NIV)

TENET IV

My disorder can lead me to feel hopeless. Therefore, I choose to believe, regardless of my feelings, that there is help and hope for my physical, emotional, psychological and spiritual well-being.

At times I also feel hopeless, letting my loved one's actions and recovery define my happiness. Therefore, I choose to live with healthy emotional boundaries, and I choose my own joy despite the ups and downs of my loved one.

Together we remind each other that our hope and joy come from the Lord. He alone is able to fulfill our needs in every aspect of our lives.

"For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future." — Jeremiah 29:11 (NIV)

TENET V

While medicine is a key component in my recovery, it is not the only answer. Therefore, I choose to explore new ways of thinking and acting in my relationships and daily living.

I, too, have been part of the cycle of dysfunctional living, either thinking I had all the answers or thinking the problem didn't belong to me. Therefore, I choose to submit myself to learning new behaviors and taking responsibility for my own healthy, balanced living.

Together we choose freedom over suffering, and joy in living through self-knowledge in action.

"We demolish arguments and every pretension that sets itself up against the knowledge of God and we take captive every thought to make it obedient to Christ." — II Corinthians 10:5

TENET VI

At times I have allowed myself to become a victim, "defined" by my disorder. Therefore, I choose to overcome and live in hope and joy, in spite of my disorder.

At times, I have viewed myself as a victim of my loved one's behavior and disorder, living in resentment, anger, unforgiveness, or self-pity. Therefore, I choose to separate the disorder from the person I love, forgive, and let go of the past, and live as a contributor to successful recovery.

Together, we share in each other's victories and celebrate the whole person.

"For God has not given us a spirit of fear, but of power and love and a sound mind." — II Timothy 1:7

TENET VII

At times, my mental health challenge has caused me to focus only on myself and my needs, leading me to believe the lie that I don't have much to offer to others. Therefore, because focusing on others will help me grow, I choose to give back, sharing my story with others, that my past pain might provide insights for someone else's journey to living well.

I, too, have become focused on my loved one's situation and how it has affected me. I can easily become so consumed by our issues that I fail to see those around me who would benefit from what I've learned. Therefore, I choose to give back by seeking opportunities to help others by sharing my insights and experiences.

Together we recognize that sharing helps both us and others heal. Sharing helps us find our voice and becomes empowering as we see our pain redeemed by the Lord. As we share, it helps reaffirm our own hope while also giving hope away to others.

*"(The Lord) helps us in all our troubles, so that we are able to help others who have all kinds of troubles, using the same help that we ourselves have received from God." — 2 Corinthians 1:4
(Good News Translation)*



**Our purpose is to encourage one another to choose
God's fresh hope for our daily life and future.**

Who we see here remains confidential.
What is said here stays here.

We don't judge; nor do we lecture.
We listen, we share and we grow.

FACILITATOR WEEKLY DUTIES

DAYS PRIOR TO THE MEETING:

- Choose a topic from the Topic Cards and become familiar with the information
- Review the handouts, exercises, and any other references you may be using
- Co-Facilitators should decide what portions of the meeting each will lead
- Call or email group members who have not attended the last few meetings

DAY OF THE MEETING:

45-60 Min. Prior

- Set up room: chairs, white board, media, tissues in the center.
- Write the evening's topic and schedule on whiteboard
- Place Group Tenets/Group Guidelines/Handouts on each chair
- Have Clipboard/pen with Confidential Information (Completed Conf. Info. Sheets go in dark, sealable folder)

30 Min. Prior

- Facilitators and lay leaders meet for update and prayer

15-20 Min. Prior

- Greet participants, ask new members to fill out Confidential Information Sheet (or assign a group member to greet).

MEETING FORMAT:

10 Minutes

Welcome, Opening Prayer, Tenets

Read through Group Tenets, those with a diagnosis reading the first paragraph, loved ones reading the second, everyone reading the "Together" and scripture portions.

15 Minutes

Introductions – 30-Second-Check-In 5-Steps

1. Name
2. Diagnosis – *Don't "become" the disorder, as in "I'm bipolar". Instead, say "I have..." or "I've been diagnosed with...". We are not our disorder!*
3. Mood – *On a scale of 1-5 with 1 being low, how is your mood?*
4. Clarity of Thinking – *1 (muddled) to 5 (very clear)*
5. Hope Tank – *How full is your tank of hope? Empty, half full, full tank?*

"Hi, my name is Chris, I've been diagnosed with depression, my mood today is a 3, and my hope tank is full."

Family members introduce themselves as a "loved one."

"Hi, my name is Taylor, I'm a loved one, my mood today is a 4, and my hope tank is full."

30-45 Minutes	Educational or “Encouragement” Component <ul style="list-style-type: none"> • (Topic cards, speaker, video, testimony, etc.) • If using the Topic Cards, Facilitator may choose to have “Discussion Questions” in the large group or in the small groups.
30-45 Minutes	Small Group Discussion Time <ul style="list-style-type: none"> • Divide large group into smaller groups by “Interest”, such as Depression, Anxiety, Bipolar, Family, etc. – or just smaller groups. • Number of groups will depend on how many people are in the large group and how many Small Group Leaders are available. • This is a chance for everyone to share how their week has gone or share any special concerns they have or further discussion regarding the topic of the meeting. • Make sure everyone who wants to talk gets the chance. • Follow Small Group guidelines.
5-10 Minutes	Large Group Prayer <ul style="list-style-type: none"> • Join hands in large circle • Facilitator or group member closes in prayer • Conclude with saying the Lord’s Prayer together • End with Fresh Hope motto: “Keep Coming Back, Our God is ABLE!”

AFTER THE MEETING:

Fill out the Facilitator Meeting Summary (with other Facilitator and Small Group Leaders) while the information is fresh in your mind.

This is important for many reasons:

- 1) It serves as good feedback for you
- 2) It helps you plan for the following week
- 3) It helps all leaders stay apprised of what is happening in the group
- 4) It provides information which will help Fresh Hope apply for grants and other funding

Please mail, e-mail, or fax this summary to the Fresh Hope office within the week after the meeting. Of course, we are always interested in hearing from you in person also. Call us anytime.

Consider whether any group member could serve in a “helper” position: greeter, set-up, clean-up, absent member follow-up, Small Group Leader, etc. These are not positions that *must* be filled, but rather a way to keep members engaged and contributing. Contact these members before the next meeting.

The Facilitator(s) can choose Small Group Leaders at their own discretion. Facilitator(s) should review the Small Group Leader guidelines with them prior to their first small group. Potential Facilitators within your group need to complete the application process prior to leading a large group.

GROUP DISCUSSION GUIDELINES

These guidelines are to be reviewed at each meeting where new members are present.
(Guidelines adapted from "Celebrate Recovery" and used by permission)

- 1. We will keep our sharing focused on our own thoughts, feelings, and actions.**
This means not your spouse's, your friend's, or your family members' habits, or hang-ups. Focusing on yourself will benefit your recovery as well as those around you. Stick to "I" and "me" statements, not "you" or "we."
- 2. Limit your sharing to 3-5 minutes during the assigned discussion times.**
Everyone deserves an opportunity to share.
- 3. There is NO cross-talk. Cross-talk is when two people engage in a dialogue while someone else is talking. Each person in our group needs to be free to share without interruption.**
This also means no distracting comments or questions, interrupting, or speaking to another member of the group while someone is sharing. Cross-talk is also if a member responds to what someone has shared during his or her time of sharing. If someone is crying during their sharing time, do not interrupt by offering them a tissue. The tissue box is placed in the middle of the group so that people may get their own tissue if they need one. This is meant to be a respectful way of not interrupting someone's time.
- 4. We are here to support one another, not "fix" one another.** This keeps us focused on our own issues. We do not give advice, solve a problem someone shared, or offer book referrals or counselor referrals without being asked for help. Speak only in terms of your own experience.
- 5. We give each other anonymity and confidentiality. What is said here stays here!**
Therefore, we are not to share anything from Small Group with our spouses, family or friends. This also means not discussing what is shared in the group among group members. This is called gossip. If this guideline is broken, the group member is warned. If it happens again, inform your leadership. The member will be requested to leave the group indefinitely.
- 6. We avoid offensive language in our group, including profanity and swearing. We also avoid graphic descriptions and vulgarity.** If anyone feels uncomfortable with how specific a speaker is expressing himself/herself regarding his/her behaviors, then he/she may indicate so by simply raising their hand. The speaker will then respect that individual's boundaries by being less specific in his/her descriptions.

ROLE OF SMALL GROUP LEADER

1. **The Small Group Leader helps the group improve its process and discussion. The leader can improve the quality of the discussion by:**
 - Asking questions
 - Paraphrasing
 - Redirecting the group if the discussion goes off-track
 - Encouraging divergent views
 - Summarizing
2. **Each Small Group Leader will assist the group in following the group discussion guidelines by reviewing them verbally at the beginning of each meeting.**
3. **Actively participate**
 - a. Share within your group in the same way each of the members shares for 3-5 minutes.
 - b. Offer your opinions, encouragement and ideas.
 - c. Give small group sessions your undivided attention.
4. **Don't allow individual participants to dominate the sharing time.**
 - a. Encourage open and honest discussion.
 - b. Be respectful of divergent views
 - c. Remember that group members speak only for themselves
5. **Gently encourage quieter group members to participate.**
6. **If a group member fails to follow the participant guidelines, try this approach:**
 - a. Reiterate the importance of the guidelines.
 - b. Indicate that in your opinion, the group member is not following one of the guidelines – be specific.
7. **Ask for assistance from the main Facilitator of the large group if any difficult problems arise in your group.**

SMALL GROUP LEADER HELPS

The Small Group Leader's job is to help people talk openly and listen carefully to each other. Unfortunately, there are no hard and fast rules about how to facilitate group discussions, only general guidelines.

- If the group members are not already well acquainted with each other, it is good to begin a meeting by having each member say his/her name aloud. Greet participants individually when they arrive and thank them individually when they leave. Your simple friendliness communicates that you, and God, are glad they were born and are in your life.
- **Room environment:** When possible, set up the room for discussion. A circle works best, especially if the group can sit around a table. If you can't re-arrange the furniture, then move around the room, sit among the students; become a discussion participant rather than a teacher. Little things like seating and lighting can make a difference. Lighting that is too bright can make people feel vulnerable. Ask the group if the setup is comfortable and make changes if you can. Also, consider the temperature of the room.
- **Plan, but with flexibility:** Your job is not to "cover" everything you had planned to discuss, but to make sure that discussions are thorough and interesting, taking your cues about topics from the group.
- **Model the way.** If you want people to listen to one another, then listen closely to people. If you want them to be transparent and candid, then you go first. If you want them to dig deeper to identify root causes of their problems, then model that yourself. If you want them to be accountable to one another, then be sure they know of your accountability relationship. Lead by example, not just by what you say.
- **Create a Safe Environment for Sharing.** In almost any small group, there will be people who are intimidated or shy about participating. Group members will not contribute to a discussion if they are afraid that they will be ridiculed for what they say.

There are some things you can do, though, to make it safe for them to engage. For starters, be transparent. Share your own struggles. Admit your own challenges with the issues being discussed. Confess your own imperfections and others will feel freer to then share theirs.

Provide positive feedback for participation. If a group member is reluctant to speak up and then makes a contribution that just lies there like a dead fish, they are not likely to try again. If you can't think of anything better, simply thank them for their contribution. It's much better to build on what the participant has said, add an insight, ask others how they would respond to what the person said, and otherwise weave that contribution into the fabric of the discussion.

It's also important to be supportive of almost every comment. That doesn't mean you tolerate heresy, but it does mean signaling that people don't need to be profound to contribute something of value. Try to avoid strongly disagreeing with people until such a point when everyone has had an opportunity to feel comfortable contributing.

Along the same lines, it's also wise to remain sensitive to others' traditions. If you have an ecumenical small group, seek to understand where others are coming from and minimize the disparagement of other denominational perspectives. Of course, there will be times when it is appropriate to raise and examine these differences, but those discussions should probably be deferred until the group has matured a bit.

Discussion will be encouraged by the Leader's kind reception of comments and questions. Even if a participant states something that the Leader does not believe is true, he/she should never respond harshly. For some people, the courage it takes to contribute to group discussion is inestimable. These people can be encouraged by appreciative comments by the Leader. If the question or comment is not clearly understood, the Leader should ask further questions to clarify the matter for discussion.

- **Confidentiality:** What is shared in the room, stays in the room.
- **Hone your Listening Skills.** An old adage says, "Being listened to is so close to being loved, that most people can't tell the difference."

Active listening is crucial for good facilitation. It means total listening, instead of only partially listening while thinking about what you want to say next. The active listener thinks of himself or herself as the one whose main job is to help others express themselves.

Becoming an active listener takes lots of practice and self-restraint.

Concentrate on what each person is saying, rather than thinking about your own response.

Rephrase their point when appropriate, so they will know they've been heard. Use non-verbal cues as well that show you are listening.... cues like maintaining a comfortable level of eye contact with the person speaking, occasionally nodding, positioning your body to squarely face the speaker and leaning towards the speaker slightly. You'll be amazed at how such little things can make a person feel listened to and loved.

- **Check for Meaning.** Check your understanding of a participant's statement or ask the participant to clarify what he/she is saying.
- **Stay on Point.** One tangential comment can give license to the next, and before you know it, a series of loosely related remarks has eclipsed your entire meeting time.

This is a leadership problem more than a participant problem. To avoid it, keep the group focused on the question at hand and follow up tangential comments by bringing the group back to the actual question. Everyone benefits when a Leader steers the conversation, and everyone suffers when he/she does not!

- **Be sure that Scripture is Your Filter.** Sometimes our filters for right and wrong get clouded, even in Christian circles. Some people use their experience as an arbiter of right and wrong. Others use "society rules." Some are pragmatists, basing the right or wrong on what works.

Many worldviews are infecting Christian thinking these days, so when group members suggest solutions to problems, don't shy away from asking whether their suggestion aligns with Scripture.

- **Listen for Segues to the Next Question.** It's invaluable to always know where you want to go next with the discussion. Expert Group Leaders listen closely for comments that connect to where they want to go next and quickly use those comments to move the discussion forward.
- **Echo What's Been Said.** This is an essential Small Group Leader technique! You'll find it helpful to restate what was just said to echo it for the group. Echoing not only lets the speaker know that he/she has been understood, but it also serves to clarify that person's point for everyone else. Paraphrase comments where appropriate, and then, since you have the floor at that moment, invite commentary on what's just been said. The flow of discussion will improve dramatically.

Paraphrase what a participant has said so that he/she feels understood and so that the other participants can hear a concise summary of what has been said.

- **Cut off Dominators.** Sometimes one group member monopolizes the discussion and thereby takes the reins of leadership away from the appointed Leader, irritates the group, and intimidates other members. Lengthy contributions can be cut short by saying, "Thank you for sharing your ideas with us," or "You have given us a lot to think about, so let's stop here to consider what has been said."

One solution is to talk to the person away from the group. Start by affirming the positive and then candidly make your request...." Would you be willing to scale back a little so that others will be more willing to contribute?"

Another way to balance contribution is to simply cut in when the dominator takes a breath, echo what he/she has said, and then invite someone to respond to that.

- **Ask for People's Opinions. Ask Questions.** Questions are essential to the structure of discussion. Questions that cannot be answered by a yes or no will elicit responses that build concepts and understanding. The Leader should not assume responsibility for answering each question that comes from the group. The whole group should be invited to consider the questions and comments, and then the Leader should try to summarize the discussion of the questions.

"How about somebody who hasn't spoken yet?" "Anyone else want to comment on this issue?" "Does anyone have a different perspective on this?" These and similar questions are non-threatening ways of inviting people into the conversation.

Usually when you ask a question that begins with "why or how," people tend to answer with more thoughtful, more extensive responses. Answering a question of this nature will take more than one or two words. If your goal is to get people talking, think about reframing the questions you ask.

- **Permit Silence After You Ask a Question.** Avoid the temptation to fill the void with your own voice. Give people time to think. Let them muster the courage to answer a tough question. Get comfortable with silence after posing a question. Often, your patience will be rewarded with some of the richest and most poignant answers of the week.
- **Stay with Fruitful Conversation, even if it's taking too much time.** For Group Leaders who are especially time-conscious, it's natural to march through a set of questions and make sure everything gets covered in the time allotted. The best Group Leaders remain mindful, though, that the real goal of the meeting is transformation, not completion.

Sometimes a topic will stimulate lots of discussion. It will go deep; it will touch a chord; it will create excitement; it will surface pains or misunderstandings that need to be addressed; it will plant the seeds of lasting change for people. Avoid cutting off God's work in these situations. Learn to discern when to deviate from the original plan.

Keep in mind that as you discuss the topic, things don't always go as planned. Be flexible and help point people to the central truth.

- **Use a Board or Easel, if Appropriate.** Chronicling on a board the relevant points that people make is a wonderful way of affirming, echoing, and clarifying what's been said. Many people will retain more of what's said if they have both heard and seen it in writing.
- **Summarize Key Points.** Many people will find it helpful if you can recap some of the most important lessons from the discussion. Brief, oral summaries from the Leader enhance learning and retention, so take notes during the discussion and bless the group by emphasizing the essential take-aways.
- **Don't be afraid if someone asks a question that you can't answer.** Don't fake an answer. Refer the question to the whole group and see what kind of responses will follow. Or explain that you don't know the answer but will look to find one for the next meeting.

Fresh Hope Facilitator SCREENING APPLICATION



First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____

Email _____

Date of Birth _____ Marital Status _____

Children: ☐ Yes ☐ No

Grandchildren: ☐ Yes ☐ No

How long have you been a Christian? _____

Name/City of your Home Church _____

Church/Ministry location where meeting will be held (if different) _____

What Ministry training have you had, if any? _____

What experience do you have leading small groups? _____

Do you have a Mental Health Diagnosis? ☐ Yes ☐ No — If yes, what is the diagnosis? _____

When was the diagnosis made? _____

What type of care and/or medication are you currently receiving? _____

Do you have a Relapse Prevention Plan or System of Accountability? _____

Please rate yourself in the following areas (5=High; 1=Low)

_____ Work well with difficult people

_____ Spiritually stable

_____ Self-Motivated / Self-Starter

_____ Stability in relationships with others

_____ Readily recognize my mistakes

_____ High degree of integrity/honesty

_____ Take correction well

_____ Well-organized

_____ Sensitive to the needs of others

_____ Respectful of those in authority

_____ Just willing to help

_____ Self-disciplined

_____ Spiritual Maturity

_____ Open to change

_____ Good Listener

=====

- Please share a brief summary of coming to know Jesus as your Lord and Savior, and His influence and plan in your life today. How has He been part of your recovery?

- Please ask your pastor to complete the following endorsement (may be enclosed with your pages or sent separately).
- **If you have a diagnosis**, please ask your doctor or therapist to complete the following endorsement (may be enclosed with your pages or sent separately).

Please submit via email or mail:

Fresh Hope

PO Box 5, Elkhorn NE 68022

Email: info@FreshHope.us

Phone: 1-888-815-4673

Letter of Recommendation – Pastor



Fresh Hope is a peer-to-peer support group in which members encourage one another as equals under the guidance of a Facilitator. The purpose of Fresh Hope is to empower those with mental health challenges and their loved ones to live a full, rich, and faith-filled life in spite of having a mental health diagnosis.

Fresh Hope is not intended to replace professional treatment such as therapy and prescribed medications when needed. Rather, Fresh Hope serves as a supplemental support and information system so that members and those who love them might develop tools to help them manage their illness on a daily basis in order to live with dignity and hope in Christ. More information may be found at www.FreshHope.us.

_____ has expressed a desire to train and serve as Facilitator for your church's Fresh Hope Group.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|---|
| _____ Sensitive to the needs of others | _____ Good Listener |
| _____ Works well with difficult people | _____ Stable relationships with others |
| _____ Self-Motivated – Self Starter | _____ Well-organized |
| _____ Accepts criticism & correction well | _____ Self-disciplined |
| _____ Spiritually Mature/Stable | _____ High level of integrity & honesty |

Comments or Concerns: _____

I, _____, recommend this applicant to serve as our Fresh Hope Group Facilitator.

Signature _____

Title _____

Date _____

Print Name _____

Phone _____ Email _____

Church Name and Location _____

Please submit via email or mail:

Fresh Hope

PO Box 5, Elkhorn NE 68022

Email: info@FreshHope.us

Phone: 1-888-815-4673

Letter of Recommendation – Doctor/Therapist



Fresh Hope is a peer-to-peer support group in which members encourage one another as equals under the guidance of a Facilitator. The purpose of Fresh Hope is to empower those with mental health challenges and their loved ones to live a full, rich, and faith-filled life in spite of having a mental health diagnosis.

Fresh Hope is not intended to replace professional treatment such as therapy and prescribed medications when needed. Rather, Fresh Hope serves as a supplemental support and information system so that members and those who love them might develop tools to help them manage their illness on a daily basis in order to live with dignity and hope in Christ. More information may be found at www.FreshHope.us.

_____ has expressed a desire to train and serve as a volunteer Fresh Hope Group Facilitator.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|---|
| _____ Sensitive to the needs of others | _____ Good Listener |
| _____ Works well with difficult people | _____ Stable relationships with others |
| _____ Self-Motivated – Self Starter | _____ Well-organized |
| _____ Accepts criticism & correction well | _____ Self-disciplined |
| _____ Spiritually Mature/Stable | _____ High level of integrity & honesty |

Comments or Concerns: _____

I, _____, certify that this applicant is receiving/has received treatment under my care, and is at a point that I believe is capable of leading a Fresh Hope group.

Signature _____

Title _____ Date _____

Print Name _____

Phone _____ Email _____

Please submit via email or mail:

Fresh Hope

PO Box 5, Elkhorn NE 68022

Email: info@FreshHope.us

Phone: 1-888-815-4673

Section B: Group Materials

How to Use the Confidential Information Sheet	2 B
Confidential Information Sheet	3 B
Meeting Summary Form	4 B
How to Use the Group Tenets	5 B
Group Tenets: Fresh Hope Recovery Principles	6 B
Ideas for Groups	9 B
Social Media	11 B

HOW TO USE THE CONFIDENTIAL INFORMATION SHEET

This sheet must be completed, and the release signed by all meeting attendees.

Some participants, especially first-time visitors, may not feel comfortable giving you this information right away. Assure them that this information is kept completely safe and confidential. It can be crucial to have your group participants' contact information in order to follow up in the event they are suicidal or need medical attention.

- At the very minimum, you must get their signature on the release form.
- If the attendee questions how the information is used, explain that Fresh Hope operates through donations and grant money rather than charging a meeting fee, and uses the demographic information (without their names) to obtain grant funding.
- To comply with HIPAA guidelines, we ask that you keep this information with a Facilitator at all times during the meeting. The information should be kept in an envelope or folder with some type of closure (not a file folder). Following the meeting, these should be secured in a locked file cabinet or office.

Contact Information Sheet

— Confidential —



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Email: _____

Phone: _____ Cell/Mobile: _____

Preferred Method of Contact: ☐ Email ☐ Phone ☐ WhatsApp

Can we contact you in the next few weeks to follow up? ☐ Yes ☐ No

What brings you to Fresh Hope? _____

Are you currently being treated by a Mental Health Care Professional? ☐ Yes ☐ No

How did you hear about Fresh Hope?

_____ Referred by Mental Health Professional

_____ Hospital Referral

_____ Family or Friend

_____ Pastor/Church Member Announcement

_____ Webinar, Conference or Health Fair

_____ Other: _____

☐ Facebook ☐ Instagram ☐ Twitter

_____ YouTube

_____ Fresh Hope Website

_____ Internet Search

_____ Sign or Poster

Emergency Contact Information

Contact Name: _____

Relationship: _____ Phone: _____

Fresh Hope is a non-profit organization. The following is beneficial in grant and funding applications. Your name will never be used in conjunction with the information below.

Age Category: ☐ Under 18 ☐ 18-24 years ☐ 25-49 years ☐ 50+ years

Do you have or suspect you have a Mental Health challenge? ☐ Yes ☐ No

If yes, what is the diagnosis? _____

Disclaimer - Release of Liability

Fresh Hope is not intended to replace professional treatment, such as therapy and prescribed medication when needed. Rather, Fresh Hope serves as a complementary support and information system, so that members and those who love them can develop tools to help them achieve wellness with their illness daily in order to live with dignity and hope in Christ.

I have read and understand this disclaimer.

(Signature) _____

Meeting Summary

[Please complete each week | Submit forms monthly/quarterly]



Group _____ Meeting Date _____
(Church, City/State)

of New Attendees _____ # of Total Attendees _____

Assign each member to ONE category which best describes their diagnosis:

_____ Anxiety	_____ Depression	_____ OCD	_____ Other
_____ Bipolar	_____ Family	_____ PTSD	_____ Loved One
_____ Schizo-affective disorder			

Facilitator(s) _____, _____

Topic _____

References/Exercises/Handouts Used _____

Mood/Tone of Group _____

Level of Group Participation _____

What went well in the meeting? _____

What could have gone better in the meeting? _____

Members needing follow-up _____

Members absent for several weeks needing to be called (and by whom) _____

Thank you – You make a difference!

Please complete each week – Submit forms monthly/quarterly to Fresh Hope:
info@freshhope.us | PO Box 5, Elkhorn NE 68022

HOW TO USE THE GROUP TENETS

The Group Tenets are the backbone of the Fresh Hope Philosophy. The Tenets are to be read at the beginning of each meeting.

Here are some guidelines:

- Have all of the attendees with mental health challenges read the first paragraph under each Tenet (the blue section)
- Have the loved ones read the second section paragraph under each tenet (the green section)
- Have both groups read the 3rd paragraph together
- Can assign someone to be the Scripture reader – Choose someone who is familiar with names of the books to avoid embarrassment.



Recovery Principles

The tenets for those with a mental health challenge are in blue and the tenets for loved ones are in green.

TENET I

My life is affected by a mental health issue and can become unmanageable and hopeless, especially if ignored or untreated. Therefore, I choose the help and support of others to overcome the struggles and find more joy in life.

My loved one's mental health challenge has also left me feeling helpless and hopeless. Therefore, I choose the help of others in learning about the disorder and choosing healthy boundaries for myself.

Together, we have understanding. We remind each other of the Lord's love, and that He alone can do all things. He is the source of our hope, and in Him we can overcome all things.

"I can do everything through Him who gives me strength." – Philippians 4:13 (NIV)

TENET II

My mental health challenge has also affected my relationships and the lives of those around me. Therefore, I choose to overcome for both my own good, and the good of those who love me.

I haven't always responded to my loved one's mental health issue in ways that were good for the relationship. Therefore, I choose to learn better ways to communicate with, support, and encourage my loved one.

Together, we commit to speaking the truth in love, healing broken relationships, and viewing each other as the Lord view us.

"So let's pursue those things which bring peace and which are good for each other." – Romans 14:19 (God's Word Translation, 1995)

TENET III

My disorder can become an excuse. Therefore, I choose to believe I can live a full and rich life in spite of my disorder. I choose the support of people who will urge me to "push through".

At times I don't understand my loved one and can allow them to either wallow in their excuses or push them too hard. Therefore, I choose to learn healthy, appropriate ways to contribute to my loved one's recovery.

Together we do better than trying on our own. We will hold one another accountable for learning, growing, and choosing to push through in hope.

"Therefore, encourage one another and build each other up." – 1 Thessalonians 5:11 (NIV)

TENET IV

My disorder can lead me to feel hopeless. Therefore, I choose to believe, regardless of my feelings, that there is help and hope for my physical, emotional, psychological and spiritual well-being.

At times I also feel hopeless, letting my loved one's actions and recovery define my happiness. Therefore, I choose to live with healthy emotional boundaries, and I choose my own joy despite the ups and downs of my loved one.

Together we remind each other that our hope and joy come from the Lord. He alone is able to fulfill our needs in every aspect of our lives.

"For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future." – Jeremiah 29:11 (NIV)

TENET V

While medicine is a key component in my recovery, it is not the only answer. Therefore, I choose to explore new ways of thinking and acting in my relationships and daily living.

I, too, have been part of the cycle of dysfunctional living, either thinking I had all the answers or thinking the problem didn't belong to me. Therefore, I choose to submit myself to learning new behaviors and taking responsibility for my own healthy, balanced living.

Together we choose freedom over suffering, and joy in living through self-knowledge in action.

"We demolish arguments and every pretension that sets itself up against the knowledge of God and we take captive every thought to make it obedient to Christ." – II Corinthians 10:5

TENET VI

At times I have allowed myself to become a victim, "defined" by my disorder. Therefore I choose to overcome and live in hope and joy, in spite of my disorder.

At times, I have viewed myself as a victim of my loved one's behavior and disorder, living in resentment, anger, unforgiveness, or self-pity. Therefore, I choose to separate the disorder from the person I love, forgive, and let go of the past, and live as a contributor to successful recovery.

Together, we share in each other's victories and celebrate the whole person.

"For God has not given us a spirit of fear, but of power and love and a sound mind." – II Timothy 1:7

TENET VII

At times, my mental health challenge has caused me to focus only on myself and my needs, leading me to believe the lie that I don't have much to offer to others. Therefore, because focusing on others will help me grow, I choose to give back, sharing my story with others, that my past pain might provide insights for someone else's journey to living well.

I, too, have become focused on my loved one's situation and how it has affected me. I can easily become so consumed by our issues that I fail to see those around me who would benefit from what I've learned. Therefore, I choose to give back by seeking opportunities to help others by sharing my insights and experiences.

Together we recognize that sharing helps both us and others heal. Sharing helps us find our voice and becomes empowering as we see our pain redeemed by the Lord. As we share, it helps reaffirm our own hope while also giving hope away to others.

"(The Lord) helps us in all our troubles, so that we are able to help others who have all kinds of troubles, using the same help that we ourselves have received from God." – 2 Corinthians 1:4 (Good News Translation)



**Our purpose is to encourage one another to choose God's fresh hope
for our daily life and future.**

Who we see here remains confidential.
What is said here stays here.

We don't judge; nor do we lecture.
We listen, we share and we grow.

IDEAS FOR GROUPS

Every Facilitator is unique and gifted in their own way. We want you to be comfortable to use your God-given personality and talents to facilitate your group in the way you feel most comfortable. We want to keep continuity through all Fresh Hope groups – to an extent. The topics should come from the topic cards, the structure of the meeting should be the same, and the same guidelines should be used. However, we invite you to experiment in order to keep the group fresh and exciting for everyone!

Ideas for Special “Nights”

- Have “celebration” nights at least twice yearly. Ask members to reflect on how their lives are better than 6 months ago.
- Have a winter beach party – SAD (Seasonal Affective Disorder) is hard for people with mental health issues. Have everyone bring a beach towel and have beach balls and outdoor summer games.
- Have a summer cook-out at a park or recreation area – include some type of physical activity available.

Ideas for Introductions

These ideas can be used in the beginning stages of a group when everyone is a little tentative. Or, they can be used with groups that are generally sad or quiet. Use these starters in addition to your regular opening introductions (name, diagnosis, mood, and hope tank).

- Take something out of your wallet or purse that says something about you.
- Name one thing you’re thankful for.
- What is your hidden talent?
- What is your dream job?
- Describe a time you remember winning at something.
- What do you think is the perfect age, and why?
- If you were a circus performer, what would you most like to do?
- What is the best gift you ever received?

Ideas for Speakers

- Psychiatrists
- Therapists
- Pharmacists
- Someone who has had a loved one commit suicide
- Group members who want to share their Christian testimony
- Group members with managed sustained recovery

Ideas for Topic Presentation

- Watch videos from www.youtube.com
- Watch portions of movies that relate to your topic
- Play a song that relates to the topic
- Do the presentation in “character” – perhaps “Scrooge” for Christmas
- Boot Camp Videos
- Fresh Hope for Mental Health Workbook

Video and Audio Links for Meetings:

- Sid Roth interviewing Dr. Caroline Leaf:
Dr. Leaf, a neurologist, talks about toxic thoughts and the power of our thinking.
http://www.youtube.com/watch?v=Uhbt_XOZTdA&feature=related
<http://www.youtube.com/watch?v=y6YsOAWtIRU&feature=related>
<http://www.youtube.com/watch?v=DWUwEcYWYog&feature=related>
- Joyce Meyer and Dr. Caroline Leaf:
<http://video.google.com/videoplay?docid=1038947738197737203#>
<http://video.google.com/videoplay?docid=1038947738197737203#docid=6348908229122861753>
- Dr. Caroline Leaf:
Quick 9-minute overview on thoughts/mind
<http://www.youtube.com/watch?v=NGIxUxqg43Y>

SOCIAL MEDIA

You can find additional resources on the Fresh Hope Social Media — or you can create your own Social Media Network especially for your group. Some groups have named their pages with the name of the church or group and the name of the city and state (or country) of the group—.

You can find more of Fresh Hope for Mental Health's official resources here:

- **Website:** <https://freshhope.us/>
- **Facebook:** <https://www.facebook.com/FreshHope4MentalHealth/>
- **Instagram:** <https://www.instagram.com/freshhopeformentalhealth/>
- **Twitter:** <https://twitter.com/4FreshHope>
- **YouTube:** <https://www.youtube.com/user/freshhopenetwork>
- **Podcasts:** <https://freshhope.us/resources/fresh-hope-for-mental-health-podcast/>
- **LinkedIn:** <https://www.linkedin.com/company/fresh-hope-for-mental-health/>
- **Pinterest:** <https://pin.it/1Hlav10>

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Names of God	13 C
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SCRIPTURE VERSES

Anger

Stone is heavy and sand a burden, but provocation by a fool is heavier than both.

— *Proverbs 27:3*

Anxiety

Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.

— *Philippians 4:6-7*

Criticism

Better is open rebuke than hidden love. Wounds from a friend can be trusted, but an enemy multiplies kisses.

— *Proverbs 27:5-6*

Depression

Why are you downcast, O my soul? Why so disturbed within me? Put your hope in God, for I will yet praise him, my Savior and my God.

— *Psalms 43:5*

Do not grieve, for the joy of the LORD is your strength.

— *Nehemiah 8:10b*

Encouragement

And we know that in all things God works for the good of those who love him, who have been called according to his purpose.

— *Romans 8:28*

Being confident of this, that he who began a good work in you will carry it on to completion until the day of Christ Jesus.

— *Philippians 1:6*

For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future.

— *Jeremiah 29:11*

I can do everything through Christ, who gives me strength.

— *Philippians 4:13*

Endurance

Wait for the LORD; be strong and take heart and wait for the LORD.

— *Psalms 27:14*

For this God is our God for ever and ever; he will be our guide even to the end.

— *Psalms 48:14*

Brothers, I do not consider myself yet to have taken hold of it. But one thing I do: Forgetting what is behind and straining toward what is ahead, I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus.

— *Philippians 3:13-14*

Do you not know that in a race all the runners run, but only one gets the prize? Run in such a way as to get the prize.

— *1 Corinthians 9:24*

Faith

We live by faith, not by sight.

— *2 Corinthians 5:7*

Now faith is being sure of what we hope for and certain of what we do not see.

— *Hebrews 11:1*

Fear

So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand.

— *Isaiah 41:10*

I will lie down and sleep in peace, for you alone, O LORD, make me dwell in safety.

— *Psalms 4:8*

Forgiveness

If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness.

— *1 John 1:9*

Friends

As iron sharpens iron, so one man sharpens another.

— *Proverbs 27:17*

Grace

My grace is sufficient for you, for my power is made perfect in weakness.

— *2 Corinthians 12:9a*

For it is by grace you have been saved, through faith—and this not from yourselves, it is the gift of God— not by works, so that no one can boast.

— *Ephesians 2:8*

Hope

Let us hold unswervingly to the hope we profess, for he who promised is faithful.

— *Hebrews 10:23*

Be joyful in hope, patient in affliction, faithful in prayer.

— *Romans 12:12*

Be strong and take heart, all you who hope in the LORD.

— *Psalms 31:24*

Impulsivity

The prudent see danger and take refuge, but the simple keep going and suffer for it.

— *Proverbs 27:12*

Life

The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full.

— *John 10:10*

Loneliness

Never will I leave you; never will I forsake you.

— *Hebrews 13:5b*

Love

Love the LORD your God with all your heart and with all your soul and with all your strength.

— *Deuteronomy 6:5*

Let us not love with words or tongue but with actions and in truth.

— *1 John 3:18*

Peace

Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid.

— *John 14:27*

The LORD gives strength to his people; the LORD blesses his people with peace.

— *Psalms 29:11*

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— *Psalms 29:11*

Problems/Suffering

These have come so that your faith--of greater worth than gold, which perishes even though refined by fire--may be proved genuine and may result in praise, glory and honor when Jesus Christ is revealed.

— *1 Peter 1:7*

We also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us.

— *Romans 5:3-5*

He heals the brokenhearted and binds up their wounds.

— *Psalms 147:3*

Thought Life

Set your minds on things above, not on earthly things.

— *Colossians 3:22*

Not by might nor by power, but by my Spirit,' says the LORD Almighty.

— *Zechariah 4:6*

QUOTES AND SAYINGS

Some favorite quotations shared by Fresh Hope members:

“To suffer psychologically is to live in pain and isolation.”

“Mental illness, like any illness, is the loss of ability to function appropriately in daily life. Simply put, mental illness is the inability of the brain to accurately identify and process experiences.

“What makes the loneliness of mental illness more bearable is to receive support from others, especially from those who suffer in the same way. True relief comes when you learn that you are not alone, that others know exactly how you feel, what you think, and how you experience the world around you. When individuals come together to discuss their similar problems and to share their strength, hope and experience, a support group is formed. A support group is not a substitute for professional help, or for professionally prescribed medication.

“A marginal life is not, after all, either fulfilling or happy. The quality of life depends on a human being’s ability to be a part of, and to make a contribution to something larger than themselves, to belong. A good support group encourages an individual’s ability to deal with the symptoms of mental illness, to arrest if not solve its consequent problems and to provide a guide to living fully, richly, even joyously.

“We are all ineluctably, unavoidably part of a social species, and we suffer if we isolate.”

Hanna Carlson, M.Ed., C.R.C.

The Courage to Lead

“What we don’t do is slow down enough in our personal lives to understand what we are doing to ourselves and end the pain and suffering. We do two other things instead: we try harder to keep up; and we try harder to escape. Both ineffective solutions increase personal and collective anxiety, as well as various forms of mental illness.

“Often, it isn’t the people with the worst problems who are the most miserable; it is those who don’t confront the problems they do have.

“Community is important for giving and receiving help and information. We can learn to establish ongoing mutual-help dialogue groups to share problems and ongoing dialogue, and to support us in learning and continuing to learn skills in living with mental illness.”

Dale Carlson, Author

Taken from the forward of The Courage to Lead

“Life is an opportunity for you to contribute love in your own way. I’d like you to find the strength that I know is there inside you to draw on. Then use that strength and energy and life fully. You will realize that you are a sphere whose center is everywhere and whose circumference is nowhere. Just as one thought affects your entire body, so you affect everyone else when you change. So give birth to yourself and begin your life. Let the river of your life flow freely and deeply and let the pebbles of your love fall into the water to create ripples that will touch us all.”

Bernie S. Siegel, M.D.

How to Live Between Office Visits

Change

Knowing is not enough; we must apply. Willing is not enough; we must do.

—*Goethe*

For things we have to learn before we can do them, we learn by doing them.

—*Aristotle*

Depression

Have patience with all things, but chiefly have patience with yourself. Do not lose courage in considering your own imperfections but instantly set about remedying them -- every day begin the task anew.

—*Saint Francis de Sales*

A pearl is a beautiful thing that is produced by an injured life. It is the tear [that results] from the injury of the oyster. The treasure of our being in this world is also produced by an injured life. If we had not been wounded, if we had not been injured, then we will not produce the pearl.

—*Stephan Hoeller*

Sometimes your joy is the source of your smile, but sometimes your smile can be the source of your joy.

—*Thich Nhat Hanh*

Fear

Fear of man will prove to be a snare, but whoever trusts in the LORD is kept safe.

—*Proverbs 29:25*

Fear not, for I have redeemed you; I have summoned you by name; you are mine.

—*Isaiah 43:1b*

To know that every moment — regardless of how it comes wrapped — is a gift greater than you can give yourself, is to be well on your way to a life without fear.

—*Guy Finley*

To conquer fear, is the beginning of wisdom.

—*Bertrand Russell*

Happiness

The art of being happy lies in the power of extracting happiness from common things.

—*Henry Ward Beecher*

Hope

Every setback offers you the opportunity to despair or to reaffirm hope. Be stubborn. Be relentless. Be irrational. Choose Hope.

—*Cory Booker*

Be as a bird, perched on a frail branch that she feels bending beneath her, still she sings away all the same, knowing she has wings.

—*Victor Hugo*

Joy

Joy is what we are, not what we must get. Joy is the realization that all we want or need in life has been etched into our souls. Joy helps us see not what we are "going through", but what we are "growing to", a greater sense of understanding, accomplishment, and enlightenment. Joy reveals to us the calm at the end of the storm, the peace that surpasses the momentary happiness of pleasure. If we keep our minds centered on joy, joy becomes a state of mind.

—*Iyanla Vanzant*

Joy is the characteristic by which God uses us to re-make the distressing into the desired, the discarded into the creative. Joy is prayer--Joy is strength--Joy is love--Joy is a net of love by which you can catch souls.

—*Mother Teresa*

One filled with joy preaches without preaching.

—*Mother Teresa*

There is the true joy in life, the being used for a purpose recognized by yourself as a mighty one; the being thoroughly worn out before you are thrown on the scrap heap; the being a force of nature instead of a feverish selfish little clod of ailments and grievances complaining that the world will not devote itself to making you happy.

—*George Bernard Shaw*

Laughter

The most wasted of all days is one without laughter.

—*E.E. Cummings*

The human race has but one effective weapon and that is laughter.

—*Mark Twain*

Life

To be worthy, not respectable; and wealthy, not rich; to study hard, think quietly, talk gently, act frankly; to listen to stars and birds, to babes and sages, with open heart; to bear all cheerfully, do all bravely, await occasion, hurry never; in a word, to let the spiritual, unbidden and unconscious grow up through... the common. This is to be my symphony.

—*William Ellery Channing*

It is not length of life, but depth of life.

—*Ralph Waldo Emerson*

There is more to life than increasing its speed.

—*Ghandi*

All the art of living lies in a fine mingling of letting go and holding on.

—*Henry Ellis*

Overcoming

Being fully present is the best guarantee for a bright future.

—*Guy Finley*

Success is not final, failure is not fatal: it's the courage to continue that counts.

—*Winston Churchill*

Keep your face toward the sunshine - and shadows will fall behind you.

—*Walt Whitman*

The past is as powerless to darken the present moment as is a shadow to reach up and drag down the form that casts it.

—*Guy Finley*

No man was ever endowed with a right without being at the same time saddled with a responsibility.

—*Gerald W. Johnson*

What we call the secret of happiness is no more a secret than our willingness to choose life.

—*Leo Buscaglia*

Our expectations create our reality.

Dwell in possibility.

—*Emily Dickinson*

Do what you can, with what you have, where you are.

—*Theodore Roosevelt*

The limit of your present understanding is not the limit of your possibilities.

—Guy Finley

Peer Support

It is only when we develop others that we permanently succeed.

—Harvey S. Firestone

Problems/Suffering:

No one rises above who he or she has been without first having fallen down. The best time — in fact, the only time — to make a real change in your life is in the moment of seeing the need for it. He who hesitates always gets lost in the hundred reasons why tomorrow is a better day to get started!

—Guy Finley

People are not remembered by how few times they fail, but by how often they succeed. Every wrong step is another step forward.

—Thomas Edison

Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved.

—Helen Keller

You have to go through it, not around it.

You can't wait for the storm to pass — you have to learn to dance in the rain.

—Therese Borchard

One person's ceiling is another person's floor.

Being challenged in life is inevitable, being defeated is optional.

To have character is to be big enough to take life on.

Pain nourishes courage. You can't be brave if you have only had wonderful things happen to you.

—Mary Tyler Moore

Self

I am afraid to tell you who I am, because, if I tell you who I am, you may not like who I am, and it's all that I have.

—John Powell

Show me the sensible person who likes himself or herself! I know myself too well to like what I see. I know but too well that I'm not what I'd like to be.

—Golda Meir

The image of myself which I try to create in my own mind that I may love myself is very different from the image which I try to create in the minds of others in order that they may love me.

—*W.H. Auden*

Peace

Never speak out of anger, never act out of fear, Never choose from impatience, But wait . . . and peace will appear.

The greatest degree of inner tranquility comes from the development of love and compassion. The more we care for the happiness of others, the greater is our own sense of well-being.

—*Tenzin Gyatso, the 14th Dalai Lama*

Thought Life

An unattended mind is the breeding ground of self-defeat.

There is nothing as certain as silence, stillness, and solitude to introduce you to the secrets of yourself.

Real, constructive mental power lies in the creative thought that shapes your destiny, and your hour-by-hour mental conduct produces power for change in your life. Develop a train of thought on which to ride. The nobility of your life as well as your happiness depends upon the direction in which that train of thought is going.

—*Laurence J. Peters*

What you thought before has led to every choice you have made, and this adds up to you at this moment. If you want to change who you are physically, mentally, and spiritually, you will have to change what you think.

—*Dr. Patrick Gentempo*

Now is the time for all of us to become free of the fear that has kept us from joy, from creativity, from peace, from the courage to be honest. It is time to do the inspired thing, which is to live our life's purpose.

—*Joseph Bailey*

A jewel is just a rock put under enormous heat and pressure. Extraordinary things are always hiding in places people never think to look.

That which dominates our imaginations and our thoughts will determine our lives, and our character. Therefore, it behooves us to be careful what we worship, for what we are worshipping we are becoming.

—*Ralph Waldo Emerson*

MY IDENTITY IN CHRIST

I am Accepted in Christ:

John 1:12	I am God's child
John 15:15	I am Christ's friend
Romans 5:1	I have been justified
1 Corinthians 6:17	I am united with the Lord and one with Him in spirit
1 Corinthians 6:20	I have been bought with a price, I belong to God
1 Corinthians 12:27	I am a member of Christ's body
Ephesians 1:1	I am a saint
Ephesians 1:5	I have been adopted as God's child
Ephesians 2:18	I have direct access to God through the Holy Spirit
Colossians 1:14	I have been redeemed and forgiven of all my sins
Colossians 2:10	I am complete in Christ

I am Secure in Christ:

Romans 8:1-2	I am free forever from condemnation
Romans 8:28	I am assured that all things work together for good
Romans 8:33-34	I am free from any condemning charges against me
Romans 8:35	I cannot be separated from the love of God
2 Corinthians 1:21	I have been established, anointed and sealed by God
Colossians 3:3	I am hidden with Christ in God
Philippians 1:6	I am confident the good work God has begun in me will be perfected
Philippians 3:20	I am a citizen of heaven
2 Timothy 1:7	I have not been given a spirit of fear, but of power, love, and a sound mind
Hebrews 4:16	I can find grace and mercy in time of need
1 John 5:18	I am born of God and the evil one cannot touch me

I am Significant in Christ:

Matthew 5:13-14	I am the salt and light of the earth
John 15:1,5	I am a branch of the true vine, a channel of His life
John 15:16	I have been chosen and appointed to bear fruit
Acts 1:8	I am a personal witness of Christ's
1 Corinthians 3:16	I am God's temple
2 Corinthians 5:17-20	I am a minister of reconciliation
2 Corinthians 6:1	I am God's coworker
Ephesians 2:6	I am seated with Christ in the heavenly realm
Ephesians 2:10	I am God's workmanship
Ephesians 3:12	I may approach God with freedom and confidence
Philippians 4:13	I can do all things through Christ who strengthens me

NAMES OF GOD

ELOHIM..... Genesis 1:1, Psalm 19:1
a reference to God's power and might

JEHOVAH-NISSI..... Exodus 17:15
meaning "The Lord our banner"

ADONAI..... Malachi 1:6
"Lord", a reference to the Lordship of God

JEHOVAH-SHALOM..... Judges 6:24
meaning "The Lord is peace"

JEHOVAH—YAHWEH..... Genesis 2:4
a reference to God's divine salvation

JEHOVAH-SABBAOTH..... Isaiah 6:1-3
meaning "The Lord of Hosts"

JEHOVAH-MACCADESHEM..... Exodus 31:13
meaning "The Lord thy sanctifier"

JEHOVAH-GMOLAH..... Jeremiah 51:6
meaning "The God of Recompense"

JEHOVAH-ROHI..... Psalm 23:1
meaning "The Lord my shepherd"

EL-ELYON..... Gen. 14:17-20, Isaiah 14:13-14
meaning "The most high God"

JEHOVAH-SHAMMAH..... Ezekiel 48:35
meaning "The Lord who is present"

EL-ROI..... Genesis 16:13
meaning "The strong one who sees"

JEHOVAH-RAPHA..... Exodus 15:26
meaning "The Lord our healer"

EL-SHADDAI..... Gen. 17:1, Psalm 91:1
meaning "The God of the mountains or God Almighty"

JEHOVAH-TSIDKENU..... Jeremiah 23:6
meaning "The Lord our righteousness"

EL-OLAM..... Isaiah 40:28-31
meaning "The everlasting God"

JEHOVAH-JIREH..... Genesis 22:13-14
meaning "The Lord will provide"

NAMES OF GOD

ABBA	Romans 8:15	LORD	John 13:13
ALMIGHTY	Genesis 17:1	LORD GOD ALMIGHTY	Revelation 15:3
BLESSED & HOLY RULER	1 Timothy 6:15	LORD OF ALL	Acts 10:36
BRIGHT MORNING STAR	Revelation 22:16	LORD OF GLORY	1 Cor. 2:8
CHIEF SHEPHERD	1 Peter 5:4	LORD OF HOSTS	Haggai 1:5
COMFORTER	John 14:26	LORD OF LORDS	1 Tim. 6:15
CONSUMING FIRE	Deut. 4:24, Heb. 12:29	LORD OUR RIGHTEOUSNESS	Jeremiah 23:6
CORNERSTONE	Isaiah 28:16	LOVE	1 John 4:8
COUNSELOR	Isaiah 9:6	MASTER	Luke 5:5
CREATOR	1 Peter 4:19	MERCIFUL GOD	Jeremiah 3:12
DELIVERER	Romans 11:26	MIGHTY GOD	Isaiah 9:6
ETERNAL GOD	Deut. 33:27	MIGHTY ONE	Isaiah 60:16
EVERLASTING FATHER	Isaiah 9:6	OMEGA	Revelation 22:13
FATHER	Matthew 6:9	POTTER	Isaiah 64:8
FOUNDATION	1 Cor. 3:11	PURIFIER	Malachi 3:3
GOD ALMIGHTY	Genesis 17:1	ROCK	1 Cor. 10:4
HOPE	Titus 2:13	SHEPHERD OF OUR SOULS	1 Peter 2:25
I AM	Exodus 3:14, John 8:58	SHIELD	Genesis 15:1
JUDGE	Isaiah 33:22, Acts 10:42	STONE	1 Peter 2:8
KING	Zechariah 9:9	TRUE LIGHT	John 1:9
KING ETERNAL	1 Timothy 1:17	TRUTH	John 14:6
KING OF THE AGES	Revelation 15:3	WAY	John 14:6
LAWGIVER	Isaiah 33:22	WORD	John 1:1
LIFE	John 14:6	LORD	John 13:13



Survivor Psalm

I have been victimized.

*I was in a fight
that was not
a fair fight.*

I did not ask for the fight.

I lost.

*There is no shame
in losing such fights.*

*I have reached the stage
of Survivor
and am no longer a
slave of victim status.*

*I look back with sadness
rather than hate.*

*I look forward with hope
rather than despair.*

*I may never forget,
but I need not
constantly remember.*

I was a victim.

I am a survivor.



*When things go wrong as they sometimes will,
When the road you're trudging seems all up hill,
When the funds are low and the debts are high,
And you want to smile, but you have to sigh.*

*When care is pressing you down a bit,
Rest, if you must, but don't you quit.*

*Life is strange with its twists and turns,
As every one of us sometimes learns,
And many a failure turns about,
When you might have won had you stuck it out.*

*Don't give up though the pace seems slow,
You may succeed with another blow.*

*Success is failure turned inside out,
The silver tint of the clouds of doubt,
And you never can tell how close you are,
It may be near when it seems so far;*

*So stick to the fight when you're hardest hit,
It's when things seem worst that you must not quit!*



Paradoxical Commandments

by Kent M. Keith

People are often unreasonable, illogical and self-centered;
Forgive them anyway.

If you are kind, people may accuse you of selfish, ulterior motives;
Be kind anyway.

If you are successful, you will win some false friends and some true enemies;
Succeed anyway.

If you are honest and frank, people may cheat you;
Be honest and frank anyway.

What you spend years building, someone may destroy overnight;
Build anyway.

If you find serenity and happiness, they may be jealous;
Be happy anyway.

The good you do today, people will often forget tomorrow;
Do good anyway.

Give the world the best you have, and it may never be enough;
Give the world the best you have got anyway.

You see, in the final analysis, it is all between you and God;
It was never between you and them anyway.

Section D: Group Tools & Helps

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3. Worksheets	10 D
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- Identifying Behavior Triggers	11 D
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Please Note:

Section D pages are not numbered so that each section may be added to periodically. Pages are only marked 1D (Exercises), 2D (Relaxations and Guided Prayers), or 3D (Worksheets).

Exercise #1



Purpose: Develop Relationships
 Communication
 Group Building

1. Stand up and move around the room with everyone else, making sure that you pass by everyone else at least once.

Greet each person non-verbally – This greeting may be a handshake, a smile, a wink, a sock on the arm, or any other nonverbal way you may think to say hello.

After 5 minutes of moving around, find a person you do not know – If you know everyone present, find the person you know least well.

2. Sit down with the person; each of you, then take 1 minute to introduce yourself to the other. Then, take one minute to find 3 things you have in common.
3. Come back together as a large group. Introduce each other to the group.

Exercise #2



Purpose: Self-Disclosure
Group Building

Materials: 3x5 Index Cards

The other members of your group are your major resources for learning. Look around the room and see who is here to facilitate your learning. The purpose of this exercise is to get to know the other participants while at the same time letting them know more about you.

1. Working alone, write your first name in the center of a 3x5 index card. Write it large enough so other people can read it at some distance.
2. Then,
 - a) In the upper left-hand corner write the names of two places: where you were born and your favorite place.
 - b) In the upper right-hand corner write two of your favorite activities. These may be sports, hobbies, pastimes, jobs, or other ways you spend your time.
 - c) In the lower right-hand corner write two things: something pleasant you have experienced in the past few months and something you are looking forward to in the next few months.
 - d) In the lower left-hand corner write three adjectives or adverbs that describe you.
3. Pin the card on the front of your shirt or blouse.
4. Move around and meet as many other people as possible in the time allowed (about 10 minutes). Discuss each other's cards.

Omaha, NE

Yosemite National Park

Swimming

Reading

Joyce

Intense

Hard-working

Fun-loving

Family reunion

Vacation in Florida

Exercise #3



Purpose: Self-Awareness
Affirmation

Materials: 3x5 Index cards

1. Form into groups of five. Each member takes five 3x5 index cards. Working by yourself, write a different group member's name on the front of each card (make one for yourself also). Turn the cards over and write two positive characteristics of the person whose name appears on the front. On your own card, write two positive characteristics you think the other group members do not know about that you are willing to have them know.
2. Collect all the cards, shuffle them, and place them face down in a pile in the center of the group. Then, one by one, take each card, read the description aloud, and decide by group consensus to whom the card belongs (do not look at the name on the card). Place the card, with the name still facing down, in front of the person the group decides it belongs to. Repeat this procedure until all the cards have been distributed.
3. One by one, members of the group turn the cards they have been given face up. Each member gives his or her reactions to the card received. If someone receives a card that does not belong to him, the card is given to the person it really belongs to. The group then discusses:
 - a. Why the cards were given to the right or wrong person
 - b. Whether the descriptions are accurate for the people for whom they are intended
 - c. What been learned from the exercise



Exercise #4

Purpose: Self-Awareness
Affirmation

Materials: Sticky address labels or other small sticker
8.5 x 11 blank paper
Pins or tape

1. The Facilitator pins or tapes a blank piece of paper to each participant's back. Each participant receives a number of blank sticky labels equal to the number of people in the group.
2. Based on the Category List, members will pick one attribute which they feel best describe each of the other members. Participants move around the room attaching one sticky label on each person's paper.
3. When everyone is done, have members remove their paper and look at what others have said about them, then discuss:
 - a) Were these the attributes you expected to see?
 - b) Is there one attribute used many times, or a variety of attributes? What does that say?

Category List:

Cheerful	Fun	Earnest	Perceptive	Encouraging
Smart	Sincere	Joyful	Determined	Courageous
Warm	Wise	Serene	Strong	Trustworthy
Friendly	Dedicated	Confident	Inspiring	Caring

Exercise #5



Purpose: Non-Verbal Communication

The purpose of this exercise is to provide you with an opportunity to identify nonverbal communication behaviors.

Choose 4 people at a time to sit in chairs facing the group. Chairs should be spaced about 2 feet apart. The Facilitator will read descriptions of random situations, and the volunteers are instructed to respond using only body language, without looking at each other for cues. It is important to use everyday responses, not overly dramatic gestures.

Group members are to watch for common responses. Change the group of volunteers so that everyone has a chance to both express and observe. (You can repeat the same situations with different groups).

When everyone has participated, discuss the common reactions (1. Fondness | 2. Frustration/Disinterest | 3. Interest | 4. Warmth | 5. Relief | 6. Pride | 7. Anger | 8. Grief | 9. Disappointment | 10. Boredom).

Situations:

1. You are sitting in a meeting and someone you like and haven't seen in a long time walks in.
2. The person next to you on the airplane has been complaining throughout most of the flight, then turns to you and says "Another thing that really bothers me..."
3. A person you love has seemed sad about something for a few days but hasn't wanted to talk about it. Then, they say "I think I finally figured out what's been bothering me..."
4. You read a card that someone special has written you, saying how much you mean to them.
5. There has been a terrible natural disaster in a town where a loved one lives. You finally get a phone call saying they are safe.
6. Someone you love has overcome major obstacles and setbacks to finish their schooling and has just walked across the stage to receive their diploma, then made their way directly to you.
7. You are driving and someone cuts right in front of you, then hits their brakes.
8. You hear the sad news that someone you care about has unexpectedly died.
9. You were looking forward to having some company and the person cancels at the last minute.
10. You are listening to a sermon that you aren't interested in and you can't wait until it's over.

Variation: give each volunteer a group of index cards that have the situations written on them. Ask them to read the card and respond. Have the group guess what emotion they are conveying. Then have volunteers read the next card and repeat the process.

Guided Prayer #1:

(Facilitator reads slowly, giving time for members to think and imagine. Approx. 11 min.)

Close your eyes and relax — *Father God, in your name is power and healing, and life. Be with each one of us and allow your Spirit to guide us into truth.*

Imagine that you are on a path in a sparsely wooded area. The sun is shining through the trees. It is quiet and peaceful, and you feel the Lord's presence. You walk along the path and eventually come to a place where the path separates. One trail leads down, deeper into the woods; the other path leads upward, up and over a small hill. You choose the path which leads uphill and continue walking. As you reach the top of the hill your heart quickens with excitement. You can now see what is below. In a small clearing, there stands a tower made of large gray stones. The tower looks about 30 feet tall and about 14' foot square at the base. At the front of the tower there is an arched wooden door with a wrought iron handle. Above the door there is a piece of wood – not hanging on the outside of the tower – but built right into the tower, as if the stones were built around the wood. It appears there is writing on the wood, but it is partly covered by ivy growing up the wall. You carefully step down the steeper side of the hill and make your way to the front of the tower. You take a stick and move the ivy away from the wood sign.

"I AM" it reads. You recall that God has said "I am". It has always seemed like an incomplete sentence, but now you wonder if God has led you here to show you something more about who He is. *'Lord, I want to know about you. Show me what you want me to know'*. You open the wooden door and step into a square room. In the middle of the room is a wooden table and 2 simple chairs. To your left, a fire is burning in a fireplace that takes up most of the wall. To your right is a bare wall with two rectangular window openings. Against the back wall, a large wooden cupboard sits. In the back right corner of the room, a set of stone stairs leads upward around the back wall. You sense that this is a place the Lord has prepared for you. On the fireplace mantle, you notice a carved wooden sign which has a message to you from God. You walk closer to the sign. What does this sign say? [Pause].

God has many things to say to you in this place. *'Father, show me what I need to know. Let me clearly see what you want me to see'*. You walk to the cupboard and open the doors. Inside, you find the Lord has placed everything that you will need to be healthy and happy in your world. Look at the shelves. What is in the cupboard for you? [Pause].

You notice that the sun is setting outside, and you begin to feel a little bit hungry. You now notice that the table has a wooden plate with a loaf of bread, and a carved wooden goblet which – you're guessing – has wine. God invites you to sit at the table. As you tear off a piece of bread, you are reminded of the body of Jesus that was beaten and hung on a cross. As you take a sip of the wine God reminds you of the blood that flowed from Jesus' hands, feet, head, and side as he hung dying, on the cross. You are thankful – and humbled – that God would create this place just for you. You remember that this fellowship is only possible because of the sacrifice that Jesus made on your behalf. And again, you feel humbled... And so loved... And so thankful.

As the sky becomes darker outside, the fire becomes brighter, and you notice a metal pail in front of the fireplace. Inside the pail, are 3 pieces of blank parchment. God tells you that these parchments contain names of things that are holding you back. You're confused because they appear to be blank. *'Lord, show me what is holding me back'*. As you pick one up, a word appears in ink. What is the word? [Pause] • God tells you to crumble up the paper and throw it into the fire. You pick up another sheet of paper. What does it say? [Pause] • Crumble it and throw it in the fire. There is one more paper. What does it say? [Pause] • You throw the last piece into the fire and watch as the ends of the parchment darken, and curl, and eventually turn to ash.

God leads you to the stairs and you climb the stone staircase to an upper room. In the room you find a large, inviting bed and a small wood table with a candle. It is almost dark now, so you light the candle. There is nothing else in the room, and you wonder why God has brought you here. "This is your safe place", God says. "Downstairs are the physical things that you need to survive in the world. Here, you will find Me". You lie down on the bed and are feeling relaxed and peaceful, in the presence of God [Pause].

As you look at the ceiling, it begins to turn translucent, and you see how dark the sky has become. Soon, the ceiling has vanished completely, and huge stars fill the sky, seeming larger and closer than even possible. "Each of these stars represents a promise I have for you", says God. "Look how many there are" [Pause] • "Tell me child, what do you ask of your Father?" [Pause] • You realize you need God's help – and the moment the thought comes to mind, a star above burst like a silent firework, and millions of tiny flecks of light shower down from the sky. As they gently landed on your skin, it is almost as if they are absorbed by the spirit within you. "Go ahead", God says, "what is it that you are afraid to ask of Me?" [Pause] • Yes, there was one more thing. You didn't want to say it, but you knew that God already knew. It was silent for a long time. Then, another starburst in the sky, sending the shower of light to rain upon your spirit [Pause] • "Rest", God said, and you sink deep into the soft mattress, as if it were the very arms of God [Pause].

In the morning, you awake feeling relaxed and peaceful, and feeling more of God's Spirit within you than ever before. You know it is time to leave. As you make your way down the staircase and enter the lower room, you notice something you had not seen before. Above the wooden door, is a piece of wood. This must be the back of the "I AM" sign. The sun is coming through the windows and creating a glare, but it appears that the back side has writing also. You move closer and can now make out the words. It simply says, "YOU ARE" [Pause].

You go outside, get back on the path, and begin to make your way back to the world in which you currently live, and back to the very room in which you sit [Pause].

You have been to the strong tower – the name of the Lord – where His "I AM" becomes your "YOU ARE". Amen.

Guided Prayer Summary #1:

*“The name of the LORD is a strong tower,
the righteous run to it and are safe.”*

— *Proverbs 18:10* —

What was written on the wooden sign on the mantle? [God’s message to you]

What was in the cupboard? [Everything you need for living]

What words appeared on the parchment? [What is holding you back]

What did you ask of God?

What does all this mean to you?

Write your own prayer to the Lord:

IMAGE STIGMA TEST



Rate each statement on a scale of 1-5 with 1 meaning you strongly disagree and 5 meaning you strongly agree. When you are done, add up the numbers in each section and record the totals at the bottom.

Section A: Self Perception:

- _____ 1. My thoughts and feelings are important
- _____ 2. My opinions have value
- _____ 3. I feel connected to at least 2-3 other people
- _____ 4. I feel like a part of at least 1 group of people
- _____ 5. There is at least one other person I trust
- _____ 6. I have the ability to make decisions about my life
- _____ 7. I have a meaningful life
- _____ 8. I matter to someone else
- _____ 9. I have a purpose
- _____ 10. I can enjoy life despite my illness

Section B: Perception of Others:

- _____ 1. Someone else values my thoughts and feelings
- _____ 2. Someone else takes my opinion into consideration
- _____ 3. Someone else feels a connection to me
- _____ 4. Someone else looks forward to my company/presence
- _____ 5. There are people who trust me
- _____ 6. Someone else respects my ability to make decisions about my life
- _____ 7. I have contributed to someone else's life
- _____ 8. Someone else appreciates me
- _____ 9. Someone else depends on me
- _____ 10. Someone else has made future plans involving me

Section C: Social Perception:

- _____ 1. I have heard someone discuss my diagnosis/illness in a positive light
- _____ 2. I have means of expressing myself
- _____ 3. There are others with my diagnosis looked upon favorably in society
- _____ 4. Local support groups are available for those with my diagnosis/illness
- _____ 5. I am viewed as a trustworthy citizen
- _____ 6. My legal rights are not affected strictly due to my diagnosis/illness
- _____ 7. I do not feel excluded from my community due to my diagnosis/illness
- _____ 8. I would have support if I were discriminated against because of my diagnosis
- _____ 9. An organization exists to influence public policy regarding my diagnosis/illness
- _____ 10. I have the opportunity to help others with my diagnosis/illness

Total of Section A: _____ Total of Section B: _____ Total of Section C: _____

Identifying Behavior Triggers



Think back to the last few incidents of your undesirable behavior or state of mind. Consider each question in the left column, and record triggers (one per line). You may not have answers under each question. Next, in the column titled “E - R - C”, mark E if you can erase the trigger, R if you can reduce the trigger, or C if you can control the trigger. Last, fill out a strategy for how you will either eliminate, reduce, or control the trigger.

Trigger	E - R - C	Strategy
What emotions were you feeling prior to your behavior?		
What people trigger your emotions/behavior?		
What social situations trigger your behavior?		
How were your sleep patterns different before your behavior?		

Trigger	E - R - C	Strategy
How were your eating habits different before your behavior?		
How were your exercise habits different before your behavior?		
How did your medication level/type change?		
Were there changes in your job status or employment?		
Had there been any changes in your living conditions?		
How had the status of your major relationships changed?		
Did changes in the weather affect you?		

Trigger	E - R - C	Strategy
Were there changes in your money or finances?		
Did any significant events happen prior to your behavior? (Births, politics, national events)		
Other triggers?		

My Relapse Prevention Plan



My diagnosis is: _____ Date Completed: _____

TRIGGERS [Things that may set off symptoms]	SEVERITY L=Low M=Med H=High	AVOIDANCE/COPING STRATEGY [What I will do when triggered]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SYMPTOMS [Behaviors, thoughts, attitudes that appear at onset]	TIME/FREQUENCY	REQUIRED ACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3 things I will do to stay healthy:

- 1. _____
- 2. _____
- 3. _____

My Support System

[Give a copy of your Relapse Prevention Plan to everyone in your support system]

	NAME	PHONE	EMAIL
Physician:			
Psychiatrist:			
Therapist:			
Buddy 1:			
Buddy 2:			
Buddy 3:			

NEAREST HOSPITAL

Name:

Address:

Phone:

Email:

Comments:

Self-Esteem Worksheet



Self-esteem is “a global evaluation of one’s own worth”. Psychologist Susan Harter explains that self-esteem is strongly influenced by mental comparisons of our ideal selves and our real selves in relation to our valued traits.

Instructions:

1. List 10 traits on which you base your self-esteem
Examples: Beauty, intelligence, parenting skills, being in a relationship, yearly salary, portfolio.
2. Rank how well your “ideal self” would perform in each area by circling a number on each line [1=Low; 5=High). Total the numbers you have circled.
3. Complete the same ratings for your “real self”, then total the column.

VALUED TRAIT Example: Being thin	IDEAL SELF	REAL SELF
1. _____	1 2 3 4 5	1 2 3 4 5
2. _____	1 2 3 4 5	1 2 3 4 5
3. _____	1 2 3 4 5	1 2 3 4 5
4. _____	1 2 3 4 5	1 2 3 4 5
5. _____	1 2 3 4 5	1 2 3 4 5
6. _____	1 2 3 4 5	1 2 3 4 5
7. _____	1 2 3 4 5	1 2 3 4 5
8. _____	1 2 3 4 5	1 2 3 4 5
9. _____	1 2 3 4 5	1 2 3 4 5
10. _____	1 2 3 4 5	1 2 3 4 5
Total	_____	_____

Discussion Questions:

1. Compare the totals between your ideal self and real self. How might that influence your self-esteem?

2. Examine your list of traits. Do these traits accurately reflect your values? Are any of the traits only important to someone else such as your parents, spouse, or friends? If so, which ones?

3. Evaluate the list again from God's perspective. Do the traits you listed matter to God? Do any of the traits represent worldly values that would be contradictory to God's values. If so, which ones?

Assignment:

Rethink the standards by which you find value in yourself. Take a week and consider your 10 most valuable traits/characteristics according to God's perspective. Pray. Ask God to help you develop your list. Record your answers below:

Traits I will use to determine my value and self-worth:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Section E: Medical & Recovery References

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NATIONAL CRISIS HOTLINES DIRECTORY

ADD/ADHD

CHADD-Children & Adults with Attention
Deficit/Hyperactivity Disorder
1-800-233-4050

Learning Disabilities - (National Center For)
1-888-575-7373

Alcohol/Drug Abuse

Cocaine Help Line
1-800-COCAINE (1-800-262-2463)

Drug & Alcohol Treatment Hotline
800-662-HELP

Ecstasy Addiction
1-800-468-6933

Anxiety/Panic

Panic Disorder Information Hotline
800- 64-PANIC

Child/Adolescent

Adolescent Suicide Hotline
800-621-4000

Adolescent Crisis Intervention & Counseling
Nineline
1-800-999-9999

Boys Town National Hotline
(problems with parents and teens)
1-800-448-3000

CHADD-Children & Adults with Attention
Deficit/Hyperactivity Disorder
1-800-233-4050

Domestic Violence Hotline/Child Abuse
1-800-4-A-CHILD (800 422 4453)

Learning Disabilities - (National Center For)
1-888-575-7373

Missing & Exploited Children Hotline
1-800-843-5678

Suicide Prevention - The Trevor HelpLine
(Specializing in gay and lesbian youth suicide
prevention).
1-800-850-8078

Teen Helpline
1-800-400-0900

Youth Crisis Hotline
800-HIT-HOME

Cutting/Self-Abuse

Self-Injury Hotline SAFE
(Self Abuse Finally Ends)
1-800-DONT CUT (1-800-366-8288)

Sexual Assault Hotline
1-800-656-4673

Domestic Violence

Child Abuse Hotline
800-4-A-CHILD

Domestic Violence Hotline
800-799-7233

Domestic Violence Hotline/Child Abuse
1-800-4-A-CHILD (800 422 4453)

Family Violence Prevention Center
1-800-313-1310

Healing Woman Foundation (Abuse)
1-800-477-4111

Eating Disorders

Eating Disorders Center
1-888-236-1188

Family Issues

Family Violence Prevention Center
1-800-313-1310

Incest Awareness Foundation
1-888 -547-3222

Learning Disabilities - (National Center For)
1-888-575-7373

Gay/Lesbian Issues

See Homosexuality

Health Issues

AIDS National Hotline
1-800-342-2437

Project Inform HIV/AIDS Treatment Hotline
800-822-7422

STD Hotline
1-800-227-8922

Homosexuality

Gay & Lesbian National Hotline
1-888-THE-GLNH (1-888-843-4564)

Gay & Lesbian Trevor HelpLine Suicide
Prevention
1-800-850-8078

Incest

Incest Awareness Foundation
1-888 -547-3222

Mental Health (General)

Help Finding a Therapist
1-800-THERAPIST (1-800-843-7274)

Mental Health InfoSource
1-800-447-4474

National Alliance on Mental Illness (NAMI)
1-800-950-NAMI (6264)

Victim Center
1-800-FYI-CALL (1-800-394-2255)

Sexual Assault/Rape

Rape (People Against Rape)
1-800-877-7252

Rape, Abuse, Incest, National Network (RAINN)
1-800-656-HOPE (1-800-656-4673)

Sexual Abuse - Stop It Now!
1-888-PREVENT

Shoplifting, Kleptomania

Shulman Center for Compulsive Theft
Terry Shulman
www.theshulmancenter.com
248-358-8508

Suicide – Dial 988

Adolescent Suicide Hotline
800-621-4000

Suicide Prevention Lifeline
1-800-273-TALK

Suicide & Crisis Hotline
988

Suicide Prevention - The Trevor HelpLine
(Specializing in gay and lesbian youth suicide
prevention).
1-800-850-8078

Women's Issues

(also see Domestic Violence)

Healing Woman Foundation (Abuse)
1-800-477-4111

Post Abortion Trauma
1-800-593-2273

NATIONAL MENTAL HEALTH RESOURCES AND WEBSITES

American Psychiatric Association

APA Answer Center
American Psychiatric Association
1000 Wilson Boulevard
Suite 1825
Arlington, VA 22209
1-888-35-PSYCH
<http://www.psych.org/>

ALCOHOL

American Council on Alcoholism

800-527-5344
<http://www.aca-usa.org/>

National Council on Alcoholism and Drug Dependence

800-622-2255
<http://www.ncaddnj.org/>

National Council on Alcohol and Drugs

1-800-NCA-CALL
<http://www.ncadd.org/>

BIPOLAR

Depression and Bipolar Support Alliance (DBSA)

(800) 826 -3632
<http://www.dbsalliance.org/>

CHRONIC PAIN

American Chronic Pain Association

1-800-533-3231
<http://www.theacpa.org/>

DEPRESSION

Depression and Bipolar Support Alliance (DBSA)

(800) 826 -3632
<http://www.dbsalliance.org/>

DOMESTIC VIOLENCE

National Domestic Violence Hotline

Info & Referrals for women who are abused verbally, mentally or physically.
1-800-799-SAFE (24 hrs)
<http://www.ndvh.org/>

PsychINFO

American Psychological Association

(800) 374-2722
<http://www.apa.org/psycinfo/>

DRUG ABUSE

National Council on Alcoholism and Drug Dependence

800-622-2255
<http://www.ncaddnj.org/>

National Council on Alcohol and Drugs

1-800-NCA-CALL
<http://www.ncadd.org/>

800-COCAINE

800-262-2463

888-MARIJUANA

888-627-4582

EATING DISORDERS

National Eating Disorder Referral and Information Center

1-858-481-1515
<http://www.edreferral.com/>
edreferral@edreferral.com

National Eating Disorders Association

1-800-931-2237
International treatment referrals and information
<http://www.nationaleatingdisorders.org/>

4Therapy.com Network

National database of thousands of mental health professionals including psychiatrists, psychologists, social workers, marriage and family therapists, and pastoral counselors.
<http://www.4therapy.com/>

Anorexia Nervosa and Associate Disorders (ANAD)

1-847-831-3438

Referrals to treatment and Information

<http://www.anad.org/>

Bulimia and Self-Help Hotline

1-314-588-1683

(24 hours crisis line)

GAMBLING

National Council on Problem Gambling

800-522-4700

<http://www.ncpgambling.org/>

GRIEF & LOSS

Grief Recovery Institute

818-907-9600 No Iframes

<http://www.grief.net/>

HOMOSEXUALITY

GLBT National Help Center

Gay, lesbian, bisexual and transgender national hotline

1-888-THE-GLNH (1-888-843-4564)

MEDICATIONS

National Center for Complementary and Alternative Medicine

1-888-644-6226

<http://nccam.nih.gov>

MENTAL HEALTH

Mental Health America (Formerly National Mental Health Association)

(800) 969-6MHA

In crisis? Call: 1-800-273-TALK

<http://www.nmha.org/>

National Alliance on Mental Illness

1-800-950-NAMI (950-6264)

<http://www.nami.org/>

National Institute of Mental Health NIMH

1-866-615-6464

www.nimh.nih.gov

National Mental Health Consumer's Self-Help Clearinghouse

1-800-553-4539

<http://www.mhselfhelp.org/>

OBSESSIVE-COMPULSIVE DISORDER

National OCD Information Hotline

800-NEWS-4-OCD

PAIN

American Chronic Pain Association

Telephone: 1-800-533-3231

<http://www.theacpa.org/>

SELF-INJURY/SELF-ABUSE

SAFE (Self-Abuse Finally Ends)

Alternative Information Line

800-DONT-CUT (355-8288)

SEXUALLY TRANSMITTED DISEASES

Center for Disease Control and Prevention

Sexually Transmitted Diseases

1-800-232-4636

<http://www.cdc.gov/std/>

SUICIDE

United States National Suicide & Crisis Hotlines|

988

<http://www.suicidehotlines.com/>

SUBSTANCE ABUSE/RECOVERY

800 Cocaine

(800) 262-2463

Al-Anon / Alateen

1-888-4AL-ANON (1-888-425-2666)

<http://www.al-anon.alateen.org/>

American Council on Alcoholism

(800) 527-5344

<http://www.aca-usa.org/>

National Council on Alcoholism and Drug Dependence

800-622-2255

<http://www.ncaddnj.org/>

National Council on Alcohol and Drugs

1-800-NCA-CALL

<http://www.ncadd.org/>

National Institute on Drug Abuse NIDA

301-443-1124

www.nida.nih.gov

SAMHSA Substance Abuse Treatment Facility Locator

<http://findtreatment.samhsa.gov/>

WEBSITES ONLY

Healthy Place: America's Mental Health Channel

<http://www.healthyplace.com/>

American Self-Help Clearinghouse

<http://mentalhelp.net/selfhelp/>

National Institute on Alcohol Abuse and Alcoholism NIAAA

www.niaaa.nih.gov

ADDitude

<http://www.additudemag.com/adhd/article/6983.html>

Mental Health Ministries

<http://www.mentalhealthministries.net/inspiration/quotes.html>

MENTAL HEALTH BILL OF RIGHTS

A Joint Initiative of Mental Health Professional Organizations

Mental health patient rights agreed to by major organizations representing psychiatrists, psychologists, and other mental health therapists.

Principles for the Provision of Mental Health and Substance Abuse Treatment Services:

A Bill of Rights

Our commitment is to provide quality mental health and substance abuse services to all individuals without regard to race, color, religion, national origin, gender, age, sexual orientation, or disabilities.

Benefits

Individuals have the right to be provided information from the purchasing entity (such as employer or union or public purchaser) and the insurance/third party payer describing the nature and extent of their mental health and substance abuse treatment benefits. This information should include details on procedures to obtain access to services, on utilization management procedures, and on appeal rights. The information should be presented clearly in writing with language that the individual can understand.

Professional Expertise

Individuals have the right to receive full information from the potential treating professional about that professional's knowledge, skills, preparation, experience, and credentials. Individuals have the right to be informed about the options available for treatment interventions and the effectiveness of the recommended treatment.

Contractual Limitations

Individuals have the right to be informed by the treating professional of any arrangements, restrictions, and/or covenants established between third party payer and the treating professional that could interfere with or influence treatment recommendations. Individuals have the right to be informed of the nature of information that may be disclosed for the purposes of paying benefits.

Appeals and Grievances

Individuals have the right to receive information about the methods they can use to submit complaints or grievances regarding provision of care by the treating professional to that profession's regulatory board and to the professional association.

Individuals have the right to be provided information about the procedures they can use to appeal benefit utilization decisions to the third-party payer systems, to the employer or purchasing entity, and to external regulatory entities.

Confidentiality

Individuals have the right to be guaranteed the protection of the confidentiality of their relationship with their mental health and substance abuse professional, except when laws or ethics dictate otherwise. Any disclosure to another party will be time limited and made with the full written, informed consent of the individuals. Individuals shall not be required to disclose confidential, privileged, or other information other than: diagnosis, prognosis, type of treatment, time and length of treatment, and cost.

Entities receiving information for the purposes of benefits determination, public agencies receiving information for health care planning, or any other organization with legitimate right to information will maintain clinical information in confidence with the same rigor and be subject to the same penalties for violation as is the direct provider of care.

Information technology will be used for transmission, storage, or data management only with methodologies that remove individual identifying information and assure the protection of the individual's privacy. Information should not be transferred, sold, or otherwise utilized.

Choice

Individuals have the right to choose any duly licensed/certified professional for mental health and substance abuse services. Individuals have the right to receive full information regarding the education and training of professionals, treatment options (including risks and benefits), and cost implications to make an informed choice regarding the selection of care deemed appropriate by individual and professional.

Determination of Treatment

Recommendations regarding mental health and substance abuse treatment shall be made only by a duly licensed/certified professional in conjunction with the individual and his or her family as appropriate. Treatment decisions should not be made by third party payers. The individual has the right to make final decisions regarding treatment.

Parity

Individuals have the right to receive benefits for mental health and substance abuse treatment on the same basis as they do for any other illnesses, with the same provisions, co-payments, lifetime benefits, and catastrophic coverage in both insurance and self-funded/self-insured health plans.

Discrimination

Individuals who use mental health and substance abuse benefits shall not be penalized when seeking other health insurance or disability, life, or any other insurance benefit.

Benefit Usage

The individual is entitled to the entire scope of the benefits within the benefit plan that will address his or her clinical needs.

Benefit Design

Whenever both federal and state law and/or regulations are applicable, the professional and all payers shall use whichever affords the individual the greatest level of protection and access.

Treatment Review

To assure that treatment review processes are fair and valid, individuals have the right to be guaranteed that any review of their mental health and substance abuse treatment shall involve a professional having the training, credentials and licensure required to provide the treatment in the jurisdiction in which it will be provided. The reviewer should have no financial interest in the decision and is subject to the section on confidentiality.

Accountability

Treating professionals may be held accountable and liable to individuals for any injury caused by gross incompetence or negligence on the part of the professional. The treating professional has the obligation to advocate for and document necessity of care and to advise the individual of options if payment authorization is denied. Payers and other third parties may be held accountable and liable to individuals for any injury caused by gross incompetence or negligence or by their clinically unjustified decisions.

Participating Groups:

American Association for Marriage and Family Therapy (membership: 25,000)

American Counseling Association (membership: 56,000)

American Family Therapy Academy (membership: 1,000)

American Nurses Association (membership: 180,000)

American Psychological Association (membership: 142,000)

American Psychiatric Association (membership: 36,000)

American Psychiatric Nurses Association (membership: 3,000)

National Association of Social Workers (membership: 155,000), National Federation of Societies for Clinical Social Work (membership: 11,000)

Supporting Groups:

Mental Health America, National Depressive and Manic-Depressive Association, American Group Psychotherapy Association, American Psychoanalytic Association, National Association of Drug and Alcohol Abuse Counselors

TYPES OF THERAPIES

Most therapists use an integrated approach to therapy, using a combination of the following techniques depending on the client and the presenting issue. Some therapists specialize in certain techniques.

COGNITIVE-BEHAVIOR APPROACHES:

Behavior Therapy:

Assumes that people are shaped by learning and environment. Focuses on behavior change in the present. Includes training, instruction, modeling, performance feedback. Mostly short term.

Cognitive Therapy:

Rests on premise that cognitions (thinking patterns) are major determinants of how we feel and act. Internal dialogue plays a major role in behavior. Seeks to change dysfunctional emotions and behaviors by modifying inaccurate and dysfunctional thinking.

Dialectical Behavior Therapy – DBT:

DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness largely derived from Buddhist meditative practice. DBT is the first therapy that has been demonstrated to be effective for treating BPD and is also effective in treating patients with spectrum mood disorders, including self-injury, sexual abuse survivors, and chemical dependency.

Rational Emotive Behavior Therapy – REBT:

Emotional disturbance is rooted in childhood and as adults we keep repeating irrational and illogical beliefs. Emotional problems are the result of one's beliefs, not events, and beliefs need to be challenged. The goal is to achieve unconditional self-acceptance through by changing our thinking, feeling, and behaving.

Reality Therapy:

Based on assumption that humans are motivated to change when 1) current behavior isn't getting them what they want, and 2) other behavior choices are made available that can get them closer to what they want. Emphasizes personal responsibility for present life choices.

Transactional Analysis:

Focus is on clients cognitive and behavior functioning. The therapist helps the client evaluate past decisions and the affect on their present life. Self-defeating behavior and feelings can be overcome by an awareness of them. Clients' personality is made up of the parent, adult, and child.

POST MODERN APPROACHES:

Life Coaching:

Life coaches help clients set and reach goals. Methods include different techniques from sociology, psychology, positive thinking, career counseling, mentoring, and other types of

counseling. No standardized accreditation is required for life coaching, although there are professional organizations which have their own system of accreditation.

Narrative Therapy:

Motto: *“The person is not the problem; the problem is the problem.”* Narrative therapists help patients to describe their life and experiences through stories, or narratives. The problem is viewed as an external influence rather than something within the person. By focusing on problems from a distance it is easier to evaluate solutions. Developed in the 70-s-80’s, reached prevalence in N. American in 1990’s.

Solution-Focused Brief Therapy – SFBT:

Complex problems do not necessarily require complex solutions and therapist helps clients recognize competencies they already possess. Collaborative therapy. Future-oriented. Focuses on solving the problem rather than analyzing.

PSYCHODYNAMIC APPROACHES:

Adlerian Therapy:

People are primarily social beings, influenced and motivated by societal forces. Based on a growth model that views people with a positive capacity to control their fate. We are motivated by our setting of goals, how we deal with the tasks we face in life, and our social interest. Therapist/client have collaborative relationship in setting and reaching goals. Can apply to all life areas – social, love, occupational, and spiritual.

Psychoanalysis:

Assumes personality development is based on successfully passing through stages of development. In-depth study of childhood experiences, unconscious (dreams, free associations), and defense mechanisms. Developed by Freud in 1800’s, a foundation for many of today’s techniques.

EXPERIENTIAL AND RELATIONSHIP-ORIENTED APPROACHES:

Existential Therapy:

Teaches one is responsible to shape his/her own life and focuses on freedom of choice, self-determination, and self-awareness. Existential therapy focuses on the present and on the future. The therapist tries to help the client see they are free and to see the possibilities for their future.

Gestalt Therapy:

“Concentration Therapy” – Individual behavior must be understood in the context of their present environment. Focuses on here and now, direct experience, and awareness which lead to greater choice. Facilitates awareness by moving from talking to action.

Person-Centered Approach:

Believes clients have the capacity for resolving life’s problems effectively. Goal is to provide a climate of safety and trust in which client can experience self-awareness and personal growth. Relationship centered rather than technique centered.

MEDICAL-PHYSIOLOGICAL THERAPIES:

Biofeedback:

Process that teaches client to change physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. Supports physiological change when combined with therapy.

Biomedical Treatment:

Medication alone, or in combination with psychotherapy.

Electroconvulsive Therapy – ECT:

Low voltage electrical stimulation of brain. For depression resistant to meds.

Hypnosis:

One person is guided by another to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behavior.

Light Therapy:

Exposure to full-spectrum light source (light box) help patients with seasonal affective disorder (SAD) during fall/winter when natural light is reduced, resulting in depression.

Relaxation:

Consists of Progressive Muscle Relaxation (tense and relax various muscles, progressively), Guided Imagery (visualize relaxing images), and Autogenics (create warm/ heavy feeling through body).

UNCATEGORIZED:

Family Therapy:

Views family as one functioning unit. Assumes individual can't be treated without understanding interaction with family/society. Therapy helps family change interactions, goals, and behaviors.

Play Therapy:

Geared toward young children, this technique uses a variety of activities-such as painting, puppets, and dioramas-to establish communication with the therapist and resolve problems.

Theophostic Prayer:

Based on the premise that current emotional stress is due to a wrongly-held belief from a previous memory, often from childhood. Through prayer, Jesus is invited to reveal truth and restore right thinking which brings emotional healing to the past, present, and future.

TYPES OF MENTAL HEALTH PROFESSIONALS

Certified Alcohol and Drug Abuse Counselor — Counselor with specific clinical training in alcohol and drug abuse. Trained to diagnose and provide individual and group counseling. Qualifications: State license.

Certified Marriage and Family Therapist (CMFT) — If you use the title ‘certified marriage and family therapist’ or represent yourself as ‘certified marriage and family therapist’, you must apply for certification.

Certified Master Social Worker (CMSW) — Social work practice or the practice of social work is the professional activity of helping individuals, groups, and families or larger systems such as organizations and communities to improve, restore, or enhance their capacities for personal and social functioning and the professional application of social work values, knowledge, principles, and methods.

Child/Adolescent Psychiatrist — Medical doctor with special training in the diagnosis and treatment of emotional and behavioral problems in children. Child/Adolescent psychiatrists are qualified to prescribe medication. Qualifications: Should have a state license and be board eligible or certified by the American Board of Psychiatry and Neurology.

Clinical Social Worker — Counselor with a master’s degree in social work from an accredited graduate program. Trained to make diagnoses and provide individual and group counseling. Qualifications: State license; may be member of the Academy of Certified Social Workers.

Independent Mental Health Practitioner (IMHP) — An Independent Mental Health Practitioner license is required if a person provides treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations and diagnoses major mental illness or disorder, using psychotherapy with individuals suspected of having major mental or emotional disorders, or using psychotherapy to treat the concomitants of organic illness, with or without consultation with a qualified physician or licensed psychologist.

Licensed Alcohol and Drug Counselor (LADC) — A person who has documented the standards under 172 NAC 15 and who holds a valid license issued by the Department. An individual may not engage in the practice or represent himself or herself as a Licensed Alcohol and Drug Counselor unless he/she holds a valid license issued by the Department.

Licensed Professional Counselors — Licensed Professional Counselors have a master's degree (M.A.) in psychology, counseling or a similar discipline and typically have two years of post-graduate experience. They may provide services that include diagnosis and counseling (individual, family/group, or both). They have a license issued in their state and may be certified by the National Academy of Certified Clinical Mental Health Counselors.

Licensed Mental Health Practitioner (LMHP) —and certified as a master social worker (CMSW) you may use the title licensed clinical social worker (LCSW). Licensed as a mental health

practitioner (LMHP) and certified as a professional counselor (CPC) you may use the title licensed professional counselor (LPC). Licensed as a mental health practitioner (LMHP) and certified as a marriage and family therapist (CMFT) you may use the title licensed marriage and family therapist (LMFT).

Marital and Family Therapist — A counselor with a master's degree, with special education and training in marital and family therapy. Trained to diagnose and provide individual and group counseling.

Qualifications: State license

Mental Health Counselor — Counselor with a master's degree and several years of supervised clinical work experience. Trained to diagnose and provide individual and group counseling.

Qualifications: Certification by the National Academy of Certified Clinical Mental Health Counselors.

Nurse Psychotherapist — A registered nurse who is trained in the practice of psychiatric and mental health nursing. Trained to diagnose and provide individual and group counseling.

Qualifications: Certification, state license.

Pastoral Counselor — Clergy with training in clinical pastoral education Trained to diagnose and provide individual and group counseling.

Qualifications: Certification from American Association of Pastoral Counselors.

Provisionally Licensed Mental Health Practitioner (PLMHP) — A person who needs to obtain the required 3,000 hours of supervised experience in mental health practice in order to qualify for a mental health practitioner license.

Psychiatric/Mental Health Nurse — Psychiatric/Mental Health Nurses may have various degrees ranging from associate's to bachelor's (B.S.N.) to master's (M.S.N. or A.P.R.N) to doctoral (D.N.Sc., Ph.D.). Depending on their level of education and licensing, they provide a broad range of psychiatric and medical services, including the assessment and treatment of psychiatric illnesses, case management, and psychotherapy. In some states, some psychiatric nurses may prescribe and monitor medication.

Psychiatrist — A psychiatrist is a physician with a Doctor of Medicine (M.D.) degree or osteopathic (D.O.) degree, with at least four more years of specialized study and training in psychiatry. Psychiatrists are licensed as physicians to practice medicine by individual states. "Board certified" psychiatrists have passed the national examination administered by the American Board of Psychiatry and Neurology. Psychiatrists provide medical and psychiatric evaluations, treat psychiatric disorders, provide psychotherapy, and prescribe and monitor medications.

Psychologist — Psychologist with a doctoral degree in psychology from an accredited/designated doctoral program in psychology and two years of supervised professional experience, including a year long internship from an approved internship. Trained to make diagnoses and provide individual and group therapy.

Qualifications: For some psychologists, credentialing as a health service provider in psychology.

Provisionally Certified Master Social Worker (PCMSW) — Provisional Certification as a Master Social Worker (PCMSW) is a person who needs to obtain the required three thousand hours of supervised experience in social work.

Provisional Licensed Alcohol and Drug Counselor (PLADC) — A person who has documented the standards for provisional under 172 NAC 15 and who holds a valid license issued by the Department. This provisional status may be granted once and held for a time period not to exceed six years. An individual may not render services under this status without clinical supervision. Provisional status is granted for the purpose of obtaining a LADC. An individual may not represent himself or herself as a Provisional Licensed Alcohol and Drug Counselor unless he/she holds a valid license issued by the Department.

Provisionally Licensed Mental Health Practitioner (PLMHP) — A person who needs to obtain the required 3,000 hours of supervised experience in mental health practice to qualify for a mental health practitioner license.

Social Worker — Social workers have either a bachelor's degree (B.A., B.S., or B.S.W.), a master's degree (M.A., M.S., M.S.W., or M.S.S.W), or doctoral degree (D.S.W. or Ph.D.). In most states, social workers take an examination to be licensed to practice social work (L.C.S.W. or L.I.C.S.W.), and the type of license depends on their level of education and practice experience. Social workers provide various services including assessment and treatment of psychiatric illnesses, case management, hospital discharge planning, and psychotherapy.

You Make the Call to the Mental Health Professional... Now, What Do You Do?

Spend a few minutes talking with him or her on the phone, ask about their approach to working with patients, their philosophy, whether or not they have a specialty or concentration (some psychologists for instance specialize in family counseling, or child counseling, while others specialize in divorce or coping with the loss of a loved one). If you feel comfortable talking to the counselor or doctor, the next step is to make an appointment.

On your first visit, the counselor or the doctor, will want to get to know you and why you called him or her. The counselor will want to know – what you think the problem is, about your life, what you do, where you live, with whom you live. It is also common to be asked about your family and friends. This information helps the professional to assess your situation and develop a plan for treatment.

If you don't feel comfortable with the professional after the first, or even several visits, talk about your feelings at your next meeting; don't be afraid to contact another counselor. Feeling comfortable with the professional you choose is very important to the success of your treatment.

DIAGNOSIS DESCRIPTIONS

– Mental Health Disorders –

Anxiety Disorders

Panic Disorder:

Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. A panic attack is a feeling of sudden terror that often occurs with a pounding heart, sweating, nausea, chest pain or smothering sensations and feelings of faintness or dizziness. Panic disorder frequently occurs in addition to other serious conditions like depression, drug abuse, or alcoholism. If left untreated, it may lead to a pattern of avoidance of places or situations where panic attacks have occurred. In about a third of cases, the threat of a panic attack becomes so overwhelming that a person may become isolated or housebound—a condition known as agoraphobia. Panic disorder is one of the most treatable of the anxiety disorders through medications or psychotherapy. Early treatment of panic disorder can help prevent agoraphobia.

Obsessive-Compulsive Disorder (OCD):

OCD affects about 3.3 million adult Americans and occurs equally in men and women. It usually appears in childhood. Persons with OCD suffer from persistent and unwelcome anxious thoughts, and the result is the need to perform rituals to maintain control. For instance, a person obsessed with germs or dirt may wash his hands constantly. Feelings of doubt can make another person check on things repeatedly. Others may touch or count things or see repeated images that disturb them. These thoughts are called obsessions, and the rituals that are performed to try to prevent or get rid of them are called compulsions. Severe OCD can consume so much of a person's time and concentration that it interferes with daily life. OCD responds to treatment with medications or psychotherapy.

Post-Traumatic Stress Disorder (PTSD):

PTSD affects about 5.2 million adult Americans, but women are more likely than men to develop it. PTSD occurs after an individual experiences a terrifying event such as an accident, an attack, military combat, or a natural disaster. With PTSD, individuals relive their trauma through nightmares or disturbing thoughts throughout the day that may make them feel detached, numb, irritable, or more aggressive. Ordinary events can begin to cause flashbacks or terrifying thoughts. Some people recover a few months after the event, but other people will suffer lasting or chronic PTSD. People with PTSD can be helped by medications and psychotherapy.

Generalized Anxiety Disorder (GAD):

GAD affects about 4 million adult Americans and twice as many women as men. GAD is more than day-to-day anxiety. It fills an individual with an overwhelming sense of worry and tension. A person with GAD might always expect disaster to occur or worry a lot about health, money, family, or work. These worries may bring physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating, and hot flashes. People with GAD may feel lightheaded, out of breath, or nauseous, or might have to go to the bathroom often. When people have mild GAD, they may be able to function normally in social settings or on the job. If GAD is severe, however, it can be very debilitating. GAD is commonly treated with medications.

Social Anxiety Disorder:

Social phobia affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia, which is characterized by an intense feeling of anxiety and dread about social situations. These individuals suffer a persistent fear of being watched and judged by others and being humiliated or embarrassed by their own actions. Social phobia can be limited to only one type of situation—fear of speaking in formal or informal situations, eating, drinking, or writing in front of others—or a person may experience symptoms any time they are around people. It may even keep people from going to work or school on some days, as physical symptoms such as blushing, profuse sweating, trembling, nausea, and difficulty talking often accompany the intense anxiety. Social phobia can be treated successfully with medications or psychotherapy.

Attention-Deficit/Hyperactivity Disorder (ADHD):

ADHD affects as many as 2 million American children and is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity, and impulsivity. People who are inattentive have a hard time keeping their mind on any one thing and may get bored with a task after only a few minutes. People who are hyperactive always seem to be in motion. They can't sit still and may dash around or talk incessantly. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. Not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. While the cause of ADHD is unknown, in the last decade, scientists have learned much about the course of the disorder and are now able to identify and treat children, adolescents, and adults who have it. A variety of medications, behavior-changing therapies, and educational options are already available to help people with ADHD focus their attention, build self-esteem, and function in new ways.

Depressive Disorders

About 18.8 million American adults experience a depressive illness that involves the body, mood, and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. People with a depressive illness cannot just "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years.

Depression can occur in three forms:

1. Major Depressive Disorder:

Major depressive disorder involves a pervading sense of sadness and/or loss of interest or pleasure in most activities that interferes with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. This is a severe condition that can impact a person's thoughts, sense of self-worth, sleep, appetite, energy, and concentration. The condition can occur as a single debilitating episode or as recurring episodes.

2. Dysthymia:

Dysthymia involves a chronic disturbance of mood in which an individual often feels little satisfaction with activities of life most of the time. Many people with dysthymia also experience major depressive episodes in their lives leading to a recurrent depressive disorder. The average length of an episode of dysthymia is about four years.

3. **Bipolar Disorder:**

Bipolar Disorder, or manic-depressive illness, is a type of mood disorder characterized by recurrent episodes of highs (mania) and lows (depression) in mood. These episodes involve extreme changes in mood, energy, and behavior. Manic symptoms include extreme irritable or elevated mood, a very inflated sense of self-importance, risk behaviors, distractibility, increased energy, and a decreased need for sleep.

The most important thing to do for people with depression is to help them get an appropriate diagnosis and treatment. Treatment, usually in the form of medication or psychotherapy, can help people who suffer from depression.

Do not ignore remarks about suicide. If someone tells you they are thinking about suicide, you should take their distress seriously, listen, and help them get to a professional for evaluation and treatment. If someone is in immediate danger of harming himself or herself, do not leave the person alone. Take emergency steps to get help, such as calling 911. You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Eating Disorders

Anorexia Nervosa:

People with this disorder see themselves as overweight despite their actual body weight. With this disorder, a person works to maintain a weight lower than normal for their age and height. This is accompanied by an intense fear of weight gain or looking fat. At times, a person can even deny the seriousness of their low body weight. Eating becomes an obsession and habits develop, such as avoiding meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight, and many engage in other techniques to control their weight, like compulsive exercise or purging by vomiting or using laxatives. Some people fully recover after a single episode; some have a pattern of weight gain and relapse; and others experience a deteriorating course of illness over many years.

Bulimia Nervosa:

Bulimia is characterized by episodes of binge eating —eating an excessive amount of food at once with a sense of lack of control overeating during the episode— followed by behavior in order to prevent weight gain, such as self-induced purging by vomiting or misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise. Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they may fear gaining weight, desire to lose weight, and feel dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

Schizophrenia:

More than 2 million Americans a year experience this disorder. It is equally common in men and women. Schizophrenia tends to appear earlier in men than in women, showing up in their late teens or early 20s as compared to their 20s or early 30s in women. Schizophrenia often begins

with an episode of psychotic symptoms like hearing voices or believing that others are trying to control or harm you. The delusions —thoughts that are fragmented, bizarre, and have no basis in reality— may occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious, and confused. There is no known single cause of schizophrenia. Treatment may include medications and psychosocial support like psychotherapy, self-help groups, and rehabilitation.

NEBRASKA MENTAL HEALTH RESOURCES

(Support Groups by Topic)

ADD/ADHD

CHADD (Children and Adults with Attention Deficit Disorder)

Siouxland Branch

Tel: (712) 239-0953

Anxiety

Bipolar

DBSA (Depression Bipolar Support Alliance):

- **DBSA Bellevue Moms**

Contact 1: Sheri Neve

Phone: (402) 612-2516

Contact 2: Bob Neve

Additional Phone: (402) 614-5447 or bobneve@cox.net

Fax: (402) 614-5447

Email: sheri.stewart@yahoo.com

- **DBSA Greater Omaha**

Contact 1: Monte Lefholtz

Phone: (402) 391-2417

Contact 2: Tracy Daley

Additional Phone: (402) 690-7218

Email: dbsago@cox.net

- **DBSA Omaha New Hope**

Contact 1: Randy Hughell

Phone: (402) 990-8012

Contact 2: Tom Gollobit

Additional Phone: (402) 502-4673

Email: newhope.dbsa@gmail.com

Borderline Personality Disorder

Cutting

Depression

DBSA (Depression Bipolar Support Alliance):

- **DBSA - Bellevue Moms**
Contact 1: Sheri Neve
Phone: (402) 612-2516
Contact 2: Bob Neve
Additional Phone: (402) 614-5447 or bobneve@cox.net
Fax: (402) 614-5447
Email: sheri.stewart@yahoo.com
- **DBSA - Greater Omaha**
Contact 1: Monte Lefholtz
Phone: (402) 391-2417
Contact 2: Tracy Daley
Additional Phone: (402) 690-7218
Email: dbsago@cox.net
- **DBSA - Omaha New Hope**
Contact 1: Randy Hughell
Phone: (402) 990-8012
Contact 2: Tom Gollobit
Additional Phone: (402) 502-4673
Email: newhope.dbsa@gmail.com

Gambling

Gamblers Anonymous

Lincoln Hotline Number: (402) 473-7933
Omaha Hotline Number: (402) 978-7557

Homosexuality

PFLAG – (Parents /Friends of Lesbians and Gays)

<https://pflag.org/>

PFLAG Nebraska:

- [PFLAG Hastings/South Central NE](#)
721 N. Hastings Ave.
Hastings, NE 68901-4426
jsandeen@windstream.net
Phone: (402) 462-2961

- **[PFLAG Lincoln/ Cornhusker](#)**

PO Box 30128

Lincoln, NE 68503-0128

pebalta@aol.com

Phone: (402) 434-9880

- **[PFLAG Omaha](#)**

PO Box 390064

Omaha, NE 68139-0064

info@pflag-omaha.org

Phone: (402) 291-6781

Mental Health (General)

NAMI Nebraska

Telephone: (877) 463-6264

www.nami.org/sites/ne

National Federation of Families for Children's Mental Health

Lincoln: Families Inspiring Families

Sharon Dalrymple

1645 N Street, Ste A

Lincoln, NE 68503

(402) 441-4369 or Toll Free (888) 441-4369

sdalrymple@region5systems.net

MHA Nebraska

Telephone: 888-902-2822

www.mha-ne.org

Panic

See Anxiety

Post-Traumatic Stress Disorder (PTSD)

Self Harm

Shoplifting, Compulsive/Addictive and Kleptomania

CSA (Compulsive Shoplifters Anonymous)

Douglas County Mental Health Peer Support

Meets Thurs. 6:00-7:00, Maple Room
Bergan Mercy Hospital, 74th & Mercy Rd.
Omaha, NE
Jeri: (402) 444-5200
Patty: (402) 980-6022

Substance Abuse

Alcoholics Anonymous:

- **Omaha Central Office (Omaha, NE)**
4901 Dodge Street
Omaha, NEBRASKA 68132
Phone: (402) 556-1880
Fax: (402) 933-8505
Email: admin@aa1.omhcoxmail.com
- **Lincoln Central Office (Lincoln, NE)**
2748 S Street
Suite A.A.
Lincoln, NEBRASKA 68503
Phone: (402) 438-5214
Site: www.lincaa.org
- **Siouxland Intergroup**
520 Nebraska Street
Suite 201
Sioux City, IOWA 51101
Phone: (712) 252-1333
- **Norfolk Area Intergroup**
303 Madison Ave
Norfolk, NEBRASKA 68701
Phone: (402) 371-9859

Al-Anon Al-Ateen Nebraska

<http://nebr-al-anon-alateen.org/default.aspx>

Adult Children of Alcoholics

<http://www.allone.com/12/aca/>

Dual Recovery Anonymous:

- **Columbus**
Wednesday Morning DRA,

3020 18th St., Community Mental Health Center.
Contact: Ray B., (402) 564-0484
Email: kathyri@ccomaha.org

- **Lincoln**

- **Dual Recovery Group of Lincoln**

- Adams Street Center,
3830 Adams St.
Phone #1: (402) 441-8150
Phone #2: (402) 441-7940

- **Sane and Sober**

- The Meeting Place, 3rd floor
28 & S St., Lincoln

- **DRA Group**

- The Meeting Place
28 & S St. 3rd floor
Contact Mark D.
Phone: (402) 474-1878
E-mail: usaboutyhunter2000@yahoo.com

Narcotics Anonymous:

- **Grand Island**

- Phone: (308) 389-4080
<http://www.nebraskana.org/cnasc>

- **Columbus**

- Phone: (402) 563-3853

- **Omaha**

- Phone: (402) 660-3662
<http://www.eastern-nebraska-na.org/>

- **Elkhorn Valley Area**

- Phone: (402) 841-6014
<http://www.elkhornvana.com/index.html>

- **Fremont**

- Phone: (402) 459-9511

- **McCook North Platte**

- <http://nrcnaxv.swnebr.net/>

- **Lincoln**
Phone: 888.347-4446
<http://sena-na.org/>
- **SE Nebraska**
Phone: (402) 474-0405
<http://sena-na.org/>

Suicide

AFSP (American Foundation for Suicide Prevention) Nebraska

Joyce Hicks, Chair
P.O. Box 540371
Omaha, NE 68154
(402) 490-5759
nebraskaafsp@gmail.com

Suicide Survivors (Family)

Ray of Hope

3330 M Street
Lincoln, NE 68510
Group Name: Survivors of Suicide
Contact Person: Gary and Jennifer Nelson
(402) 477-8610
Delmary Wiltshire
(402) 488-3827

S.O.S. Omaha

6114 Franklin St.
Omaha, NE 68104
Group Name: Survivors of Suicide
Contact Person: Fred Henninger
(402) 558-4616

POST (Parents of Suicides Together)

16326 Underwood Ave
Omaha, NE 68118
Contact Person: Laraine Peck
(402) 496-0309