

# Self-Help

Self-Help Groups For Eating Disorders

# Help

The Toolkit



# Acknowledgements



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This publication is meant to increase your support system, not  
substitute for help provided by your family physician, health care  
practitioners in the field of eating disorders, or any other advi-  
sors, personal or professional.

The Toolkit

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# 1. Introduction / background

This Toolkit is the product of planning, questioning and collaboration between Sheena's Place and the Ontario Self-Help Network of Greater Toronto, a program of the Self-Help Resource Centre (SHRC). Early in 1999, representatives from the two organizations met to discuss their mutual interest in support for people affected by eating disorders. One of the issues raised was the lack of self-help groups for people with eating disorders in Ontario. Another issue was the lack of resources for people who wanted to create their own local peer supports, supports that would complement existing hospital-based eating disorder programs, psychotherapy and groups led by helping professionals.

We asked, "How can we begin to help those who want to help themselves? What tools can we provide for individuals wanting to organize themselves? What issues need to be flagged?"

Pooling our expertise in group work, eating disorders and self-help, a committee was created to explore these issues. The team, composed of women with eating disorders, their parents, sisters and professionals in the field, decided to work towards an introductory workshop on how to start and maintain self-help groups for people affected by eating disorders.

Along the way, we invited a number of vocal and experienced men and women to a focus group. We asked them

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about self-help. We asked them about support. We asked them to help dream up a day-long workshop that would help individuals organize. The insights were invaluable, and the comments helped shape our work.

The workshop and subsequent changes to a draft manual resulted in this Toolkit. We hope this Toolkit will point you in the right direction, giving you the foundation upon which to build your own self-help support system for people affected by eating disorders.

## a. What is self-help?

The term self-help started being used in North America during the 1930s. Self-help is a process of giving and receiving peer support and information.

A self-help group is voluntary (you have to want to be there), on-going (it can continue as long as the members want), non-profit and led by people who have been there too. The leaders are regular people: volunteers, seniors, and youth, mothers, sisters and friends – people whose only qualification is personal experience of a particular issue, such as anorexia or bulimia.

Self-help groups are not therapy groups. They are informal networks of individuals who share a common issue or life situation. Members get together either in person, over the phone, or on the Internet. They talk. They share information. They create hope

1.

## b. Types of self-help groups

There are many other models of self-help in action. As a group, you can choose which model works best. Some groups even mix up the models, based on the needs of the group members.

- Traditional Self-Help Groups are voluntary, non-profit and meet face-to-face (i.e. Overeaters Anonymous). These groups may be open or closed to new members and may continue for as long as the members decide, meeting in members' homes, church basements and other venues.
- Supported Self-Help Groups receive in-kind assistance from an organization. This assistance may include free meeting space, access to a photocopier/fax machine or assistance from staff with group issues.
- Transitioning Groups were once led by a professional/trained facilitator but are now becoming self-help groups. The members have decided to keep meeting and will now create their own structure, guidelines and roles for group members.

## C. Limitations of self-help

Although self-help groups can be very effective, many of us are just not comfortable sharing personal experience in a group, especially one that is not run by a trained professional. At times, self-help groups can be poorly organized, unwelcoming or too informal. Also, for self-help to take place, an individual must choose to go when he or she is ready, rather than when a helping professional or worried friend decides the time is right. As the old saying goes, "you can lead a horse to water, but you can't make her drink," and this is especially true in a self-help group. Most important, although self-help initiatives are highly cost-effective (often with little or no fee to participate), these supports are meant to complement rather than replace invaluable, but more costly, services such as counselling and in-patient care.

1.

## 2. How to start a group: 10 basic steps

1. Find out about other self-help groups.  
Don't reinvent the wheel. Find out about other self-help groups in your area which might already be meeting. Self-help centres keep listings of local self-help groups in Ontario. Please see the Resource section for a listing of these centres, pages 50-51.
2. Visit and talk with people in self-help groups.  
Visit two or three self-help groups in your area to see how others are running the meetings. Watch the leaders and what other group members do. Ask yourself what works and what doesn't in these groups. Talk to some of the members. Find out how they started the group.
3. Get printed material on self-help groups.  
Try to get as much printed information as possible about running groups. Self-help centres have this type of resource as well as workshops and seminars on group development.
4. Find people to work with you.  
Find a couple of people to work with you. This is absolutely crucial to a healthy group, so take all the time you need for this step. Look for some-

# 10 Basic Steps

## 2.

one who shares your experience. Seek out those who want to be a member of the group, have time to help and are not in crisis. Most important, find people with whom you feel comfortable. One way to find these people is by creating a hunt list (a list of callers seeking the type of group you are planning) at your local self-help centre. You might also want to put up a notice in an area frequented by others who share your concern (a doctor's office, Internet chat room or natural health food store).

5. **Develop a planning team.**  
Once you have found other members, create a group planning team. Sharing tasks and distributing the work as early as possible prevents burnout and grounds the group in the spirit of self-help, collaboration and collective decision-making. You will also be taking measures against a problem called "founders syndrome." This syndrome affects the group leader who feels she must do everything herself. Symptoms include: "If I don't do it, nobody will" or "I don't want to bother anyone with this." and the very popular "I just want to help people." Remember, the earlier you start as a team, the more support you will receive.
6. **Do the planning.**  
Get your planning team together to answer the following questions which were developed by other self-help groups who have experienced lots of mistakes:

- Why are we coming together?
- What do we have in common?
- What are the goals of the group? List two to start.
- Who can join our group? Try to be specific about this. If you are all mothers over 35 living in Ottawa, then start there. The more specific your group, the more you will have in common with other members.
- Where will we meet? List possible locations, the cost and when they are available.
- When will we meet and how often? List the day, time and frequency.
- Should we limit the number of people? Somewhere between four and fifteen is a good number to start with.
- How should our time be spent?
- What kind of topics should be covered? What do you want to explore? List all your ideas.
- Should we have speakers? List the names of speakers you've seen or heard about.
- Since this group is our collective responsibility, are there any volunteers to help with the organizing? See resource section for possible job descriptions. Match volunteers to jobs.
- Do we need money? Why? How much? For what? Most self-help groups ask for a donation of about a dollar to help cover room rental costs, flyers or transportation.
- Should we set some guidelines for how to behave in the group? See the Resource section

# 10 Basic Steps

## 2.

for some suggestions.

- Are our discussions confidential? Confidentiality means that what is said in the group stays in the group. In some groups, if confidentiality is broken more than once, the member is asked to leave. What happens if we break confidentiality?
- What are we worrying about? e.g. conflict, saying no to new members, crises
- Who can help us out? Create a help list with names and phone numbers of local organizations, groups and professionals that can help the group.
- How will we know this is working? List ideas for evaluating your group, such as a suggestion box or a group discussion at the six-month mark.

And last but not least, after you have come to a consensus on all group planning questions, spend as much time as you need on:

- What shall we name our group? Naming is very important. It can take groups months to figure this out, or it can take minutes. Choose a name that immediately communicates the essence of your group.

### 7. Organize your first meeting.

Once you have finished the planning stage, your team will be ready to hold its first meeting of the self-help group.

- Assign jobs so everyone is clear about what he/she will do. Someone needs to confirm the location, time and place for the first meeting. Someone needs to create a flyer or a notice. Someone needs to volunteer to be the contact person for people who see the notice and want more information.
  - Develop a plan for publicity. You need to include what the group is all about, for whom the group is meant, how to contact the group for more information and when the group meeting will be. (Most groups don't put the meeting location on the flyer, so they can monitor numbers and whether members are appropriate.) Once you have the flyer, don't worry about putting it up everywhere. Target areas that you or people like you might go. When the calls start coming in, the contact person should use the group's planned answers – who we are, our goals and who can join – to help figure out who might fit. Don't be afraid to say no. If your group is for women over 35 in Ottawa and a young man from Cornwall wants to join, then try to refer him elsewhere. If the caller meets the criteria you have all decided on, give out the time and location of the meeting.
8. Have a first meeting.  
On the day of the meeting, the person(s) respon-

# 10 Basic Steps

## 2.

sible for refreshments and welcoming new members should set up the juice/coffee, put up signs to direct people to the right room (don't forget elevators, front doors, etc), open up the meeting room and set up the chairs. Circles are always conducive to group discussion. The welcomer should be at the door to greet new members and/or pass out name-tags (but make them optional). Whomever you chose to lead the meeting should know what to say and when. Start on time. (For a sample agenda and guidelines for how to run your first meeting, see the Resource section, pages 28-30). If you don't know the answers, don't panic: you are not an expert! Most important, don't worry about numbers. We have been conditioned to equate high attendance with success, but self-help is different. The fewer people you have, the more time each person has to talk, share, question and laugh. Thank people for coming. After everyone has gone home, stay with your team and talk about what worked and what didn't.

9. Learn about what happens in groups everywhere.  
See stages of group development in Resource section (pages 33-34).
10. Evaluate your group.  
Is this working? You can review the group planning questions together and revise where needed. You can have a discussion at the end of each

meeting about what worked and what didn't, or you can visit your suggestion box every three to six months to identify and sort out challenges. Count on some problems in your group. Attendance will go up and down (expect from two to 20 at any meeting). Monopolizers will try to take over the conversation (this is when time-keeping and check-ins are crucial), and not everyone will be able to actively listen. From time to time, your group will also feel heavy and negative. Don't panic. Your group guidelines, structure and job description are your problem-preventing and problem-solving tools. But sometimes you won't know the answers. In the self-help tradition. "If you don't know the answer, ask the group." You are allowed and encouraged to learn on the job: Self-help is about experiential knowledge. Remember, a group might work for one member because she can just sit back and listen, or it might work for another because he can finally play a role in organizing the support he needs. Since every member is different, so is every group. The important thing is that you create support together.

# Important Questions

## 3. Self-help and eating disorders: flagging the difficult issues and asking the difficult questions

You are pioneers in the application of self-help for people affected by eating disorders. Many questions exist and few answers are available. You will come up with more issues. The following are some important questions.

### 1. What is meant by an eating disorder?

Most often, people are referring to anorexia nervosa when they think of an eating disorder. Anorexia can be seen – individuals lose weight, stop eating normally and generally raise a lot of concern from the people around them, most often their families and friends. The less visible eating disorder is bulimia nervosa. People with bulimia are of normal weight, eat with others, and can hide their struggles for years. Other “disordered eating” includes people who binge-eat without any form of purging – undoing the binge with vomiting, fasting, laxatives or exercise. These people often gain weight and may become large. Others call themselves “overeaters,” “emotional eaters” or “compulsive eaters.”

How important is it to include members with similar or different eating and body image issues, e.g. very thin people and very large people in the same meeting?

3.

## 2. Who gets eating disorders?

Approximately 90 percent of the people with eating disorders are female. Usually, eating disorders start in adolescence, and people seek treatment, or are taken to treatment, within five years of the beginning of the problems. In the last five years, younger children have started to develop eating disorders, as have adult women and men. Young boys now take up one-third of the treatment beds at the Hospital for Sick Children eating disorder program. Grandmothers now go for help with their eating disorders.

How important is it for your group to have people of the same age or sex together? Teens talking with mothers, women talking with men, men talking with men are all possibilities.

## 3. Stages of recovery.

Eating disorders are all experienced differently. Approximately one-third of the people with eating disorders have a brief episode or period of difficulty and then are well for the rest of their lives. Another third seek help, require support for a number of years, and are always aware that if they enter a period of undue stress (such as divorce, illness or job change), they may get into trouble again. A final third struggle with the consequences of an eating disorder on an ongoing basis day to day. The entire quality of their lives is tied into their struggle. Of this group, half will die from the medical or psychological complications of having an eating disorder.

How important is it for people to be at the same or differ-

# Important Questions

ent stages of recovery? Do parents of an adult daughter who has been sick for 15 years want to be in the same support group as parents of a teen just identified as having a problem?

## 4. People in crisis.

Eating disorders are life-threatening problems. Some people become medically very unwell. Some people become psychologically very unwell. Some communities have very few resources to handle a crisis. Some people in crisis do not want to go for “expert” help. They come to the group. They want to call you at night. They have started drinking. They have been self-harming. They are having seizures.

What are the limits of responsibility people in a group can have for each other? What are the limits of each person, family, group, and community?

## 5. Dealing with differences.

People with eating disorders and related issues are very different from each other. They may want to come together around some of these differences. Some of the issues people have that make them feel different include sexual orientation (lesbian/gay/ bisexual), race (skin colour, physical features, immigration, acculturation), class (wealth, poverty), vocation (athlete, dancer, nutritionist, shift worker, prostitute), sexual abuse and trauma.

How do you want to integrate or separate these issues – have a group for lesbians with eating disorders, elite athletes, or Native Canadians?

3.

#### 6. Getting along.

Sometimes the experience of an eating disorder exaggerates the tendency to be one way or another. People who restrict food may find themselves “emotionally restricted” or not able to experience their feelings. People who binge-eat may be emotionally explosive – getting rid of feelings in long emotional outbursts. Some of the difficult feelings/states that may arise in groups for people affected by eating disorders are competition, comparing, controlling, isolation and emptiness, anger, anxiety or depression.

How will you deal with these feelings and experiences with the people in your group?

#### 7. Leadership.

Leadership issues arise quickly when someone brings together a self-help group. The person who is initiating the group is usually further along in her recovery than many of the members. That's why she feels able to help both herself and others. Because of that responsibility, she often feels unable to share her own issues equally with the other group members. This may be particularly true when you belong to a community where there are few people who seem able to share the responsibility for leadership. The leadership issue needs to be anticipated early on, so a number of people can share the control, power and conflict resolution. Your group may decide to be more like a support group, where there is an identified leader who

## Important Questions

will take responsibility for safety and conflict resolution. It will be up to you to decide for yourselves.

Issues around power and control are normal. For people affected by eating disorders, these issues may seem more apparent. How will you address these issues?

3.

## 4. For Professionals

What's the difference between groups led by professionals and self-help groups?

Professionally-led support groups are different from self-help groups. Professionally-led support groups might be short- or long-term, but the primary goal of the group is usually the provision of therapy, education or behavioural change. There might be a charge to participate and/or an intake interview, depending on who is organizing or running the group. Sometimes, participants will be required to attend a professionally-led group as part of a treatment program. The biggest difference between these two groups is that professionally-led groups are facilitated by a trained individual who might not have any personal experience of eating disorders. In a self-help group, everyone knows exactly what it's like.

Key differences between self-help and professionally-led initiatives.

<b>structure</b>	<b>self-help</b> informal	<b>professional</b> formal
<b>decision-making</b>	participative	unilateral
<b>main concern</b>	mutual support	provisions of service

# For Professionals

	<b>self-help</b>	<b>professional</b>
<b>source of knowledge</b>	personal experience	formal training/education
<b>duration</b>	ongoing	dependent on funding
<b>resources</b>	members in-kind support	paid staff, fees or funding
<b>evaluation</b>	decided by members	formal/ often required by funder

With thanks to Dr Thomasina Borkman, George Mason University, USA

How to transition a professionally-led group to a self-help model. One of the most common inquiries is “How can I help my professionally-led support group transition to a self-help model?” Good question. How do you help a group to do this in a timely, inclusive and empowering way? How do you draw out the strengths of the existing group members? How do you help the members cope with feeling abandoned by the departing leader? Four key steps for successful transitioning from a facilitator-led group to a self-help model have been developed.

## 1. Educate yourselves.

Take the time to research and discuss what this transition really means. Start by identifying why the transition is taking place. Is it the loss of

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facilitator funding, a change in program goals or a change in group membership? Find out if the push to transition is coming from within or outside the group. With the group, discuss what a self-help group really is and the types of self-help groups possible: face-to-face, telephone, supported or virtual (Internet based). Clarify the risks and benefits of self-help versus professional support. Walk the members through the stages of self-help group development. Most important, address member fears (including your own).

2. Build a transition team.  
Start building your team as early as possible. One group did this by introducing the idea of transitioning in the initial phone interview with new members. When the time came to delegate jobs, members were prepared and had already identified who was interested in becoming part of a transition team. Another way to do this is to focus on the “ship” in leadership and the responsibilities every member has in keeping the “ship” afloat. As a group, list all the roles and responsibilities of the present leader, including keeping phone lists, making coffee, taking minutes, opening the room and welcoming members. Include everything! Look at what can be shared, and match roles with members’ skills. Model how each job is done, and support the person who has taken over this role even though they might carry it out differently. Allow time for members to

## For Professionals

practise their new roles. Also, share group information by listing all these roles and responsibilities in a group book. Knowledge is power. By sharing it with the group, you will be sharing that power.

### 3. Letting go.

After educating yourselves about self-help and building a team, the formal closure process should take at least two meetings. You might want to spend one of these meetings reviewing all the group work and highlighting the progress each person has made. At the last meeting, have a party! Another way to start letting go formally is to ask each person: "How do you say goodbye?" Ask them to imagine their best friend leaving for Australia and how they would say goodbye.

Through this exercise, one group found that some members wanted a big send-off, some wanted to write a letter and some wanted to act like goodbye was not happening. Pay attention to cultural and personal differences in this process. Allow each person, including the leader, to plan for the end of this phase in his or her own way. During the very last meeting, acknowledge the new transition team.

### 4. Evaluation and strategic planning.

After the last meeting, former facilitators can still

4.

help the group without leading. They can help to develop a referral list, provide moral support, find meeting space or act as a consultant. Former facilitators can also use their expertise to help fashion a group-evaluation questionnaire/discussion. Look at what the members want to continue and where they want to meet, and ask for suggestions. Encourage the members to develop a new group vision or strategic plan. This could include establishing new goals, making a list of group activities and developing an outreach plan. Encourage the group to pick a new name, one that sums up how they see themselves now. Help them to develop a number of resource people which may include SHRC or Sheena's Place.

With thanks to: Self-Help and Mutual Aid Facilitator Training, Ministry of Social Services, Government of B.C. Changing Places: From Facilitator To Mutual Support, A Guide for Womens Support Groups. Vancouver YWCA.

### Other Issues for Professionals

#### Being ourselves.

One of the most challenging, yet rewarding, aspects of being involved in a self-help group is sharing our "real" selves with other group members. Because self-help is a process of sharing peer support and information, we, the professionals, may find ourselves being asked to "check-in" or to join a conversation about body image. This can be difficult and uncom-

## For Professionals

comfortable for some, especially if professional distance is important. However, it can also be a very supportive process, especially if you have clearly delineated what your role with a self-help group is (e.g. guest speaker).

### Positioning.

When we as professionals are working with a self-help group for eating disorders and have no personal experience with this issue, it is vital that we be clear about that and “position ourselves”; i.e. “My name is Jennifer and I am a social worker. I don’t have an eating disorder, but I am willing to help with the publicity for your group.”

### Stigma.

We may be concerned that our peers in the professional field will perceive involvement with self-help as “less credible” or “too alternative” or “less rigorous.” Educating other professionals about what self-help is and is not, as well as sharing research on the effectiveness of groups, can go a long way towards reducing stigma. Ultimately, becoming involved in a self-help group is a personal choice made by the person when he or she is ready and able. As a supportive professional, it is up to us to give individuals with eating disorders as many options as possible, including self-help.

4.

## 5. For Families

Family members come together to help themselves and each other cope with having a family member who has an eating disorder. Initially, they are propelled by the desire to help their daughters, sons, spouses, or partners. At some point, they may also feel the need to help themselves.

### Information Sharing.

Information is power, and becoming highly informed is one of the best tools for coping with any problem. Many family self-help groups come together to hear speakers, circulate written materials, watch videos, see movies or review books. They may invite parents who are further along in the process, or someone who has an eating disorder to speak about their experience.

### Resource Sharing.

Eating disorders are very complicated problems, and many resources may be needed to help sort out the issues. Families are wonderful sources of the many different kinds of resources available in any one community. These resources may include therapists, programs, groups, schools, camps, employers, allied health professionals, pastoral support and so forth. Advocating for increased numbers of resources, such as beds in a hospital or government funded therapists, often falls on the shoulders of parents or family members. Advocacy by family groups is the most powerful way to change health care practices.

## For Families

Some people advocate by commenting on the media, this is called “media watch”. Others lobby their government representatives with letter-writing campaigns

### Mutual Support and Sharing.

Most family self-help groups are created to give people a place to share their experiences and be validated by people who are like them. They come to listen, laugh, cry and be heard. These experiences are very emotional, and several issues may need to be addressed:

- a. Creating safety by respecting confidentiality
  - How do we acknowledge group members outside the group setting?
  - How much do we need to know about each other?
  - Is sharing our stories a breach of trust between family members?
  - Do we need to check out how much we can tell with the person who has an eating disorder?
  - How do we maintain confidentiality?
- b. Self-reflection
  - How does our own body image affect us?
  - Should we get rid of the scales? How does our own body image affect our relationship with the person dealing with an eating disorder?
  - Should I stop dieting?
  - Is it important for us to model satisfaction and acceptance of our own bodies?

5.

- c. How to involve fathers
  - Should self-help groups include both parents, or should mothers and fathers meet separately?
  - How does a mother engage the support and understanding of the father for their daughter?
  - What are the differences between a woman's and a man's understanding of body image and relationship to food?
  
- d. How to involve brothers and sisters

In family self-help groups, it may be difficult for parents and their non-affected children to really talk openly. Its also often impossible for adolescent and younger children to organize their own self-help groups. As siblings mature, however, families agree that self-help groups at colleges and universities are invaluable for sorting out the issue of having a brother or sister with an eating disorder.

## 6. Resources

### Job Descriptions for Members

Because you want to guard against burn-out and root your group in the spirit of collective action, it helps to share responsibilities in a self-help group. One way to identify and clarify roles is to create some job descriptions (see below for some suggestions). Another way is to focus on the “ship” in the word leadership, and the responsibilities every member has in keeping the group or “ship” afloat. As a group exercise, list all the roles and responsibilities of running the group including keeping phone lists, making coffee, taking minutes, opening the room and welcoming members. Include everything! Look at what can be shared and then match roles with members’ skills and what they feel comfortable doing for the group.

1. Contact person: Agrees to have her telephone number printed on flyers or other referral sources and receives inquiries about the group, talks to prospective new members and provides information and support by phone. The contact person also decides if the callers “fit” the group (using the groups decision). Time commitment: about 10 hours a month.
2. Time-keeper: Keeps track of the time at meetings for the welcome (10 minutes), the check-ins (25 minutes each), discussion (1 hour) and the check-out (25 minutes each). Time commitment: 2 hours a month

6.

3. Refreshment co-ordinator: Buys or orders refreshments for meetings. (what you decide to provide and where you put the refreshments needs to be discussed thoroughly with your group because of the difficulties with food some people may have) Sets up the refreshments in the room. Cleans up at the end. (2 hours/month)
4. Welcomer: Comes early to the meeting, puts up the signs, sets up the chairs, sets out the group information, welcomes members at the door and gives out name tags. Thanks members on their way out. (1 hour/month)
5. Publicist or Information Co-ordinator: Makes up the flyers/brochures, sends flyers out, updates flyers, works with the media (if they call), helps to find speakers, types up notes and has access to a computer! (2-3 hours/ month)
6. Phoners: Create a confidential phone list of all the members, keep phone lists up to date, call members to remind them of meetings and events. (2 hours/month)
7. Meeting leaders #1 and #2: Open the meeting, review the group notes and guidelines, introduce the agenda, start the main discussion or introduce the speaker, thank the speaker, keep agenda going and close the meeting.

This is the basic team that keeps the group going so

# Resources

that no one person suffers from “burn-out.” This team – or certain members such as the contact person, meeting leaders and information person – is also responsible for setting group guidelines, handling problems and planning future events in consultation with the larger group. Members should rotate through some or all of these roles for variety, skill development and an idea of what it takes to run a self-help group from the ground up.

## Suggested Agenda for the Meeting

- Meeting leader #1 starts the meeting on time and officially welcomes people to the group.
- Meeting leader #1 then tells everyone how long the meeting will be and how the time will be spent (15 minutes for check-in, 1 hour for discussion, 15 minutes for checkout).
- Meeting leader #1 starts the check-in, reminding members that they each have 2 minutes to introduce themselves and talk about how things are going.
- The timekeeper keeps track of how much time everyone has.
- After everyone has finished speaking, meeting leader #2 then introduces the main discussion of the night. This could be a topic, a theme, a problem or a guest speaker. For the first meeting, the main topic will be planning the group.
- The group decides who will take notes in the group binder (if you want a record).
- After the main discussion, meeting leader #2

6.

- then reads through any other important issues arising.
- The note-taker writes down all the ideas and decisions in the group book (if you have a note taker).
  - Meeting leader #1 then asks the group how they would like to spend their time at the next meeting and makes a draft agenda. (10 minutes)
  - Meeting leader #1 will then start the check-out, giving everyone 2 minutes for any final comments or questions.
  - Meeting leader #1 then closes the meeting by thanking all the volunteers and saying goodnight.
  - The welcomer should stand at the door to thank people for coming and ask new members if they have any questions or comments. Give everyone at least 10-15 minutes to chat after the formal meeting is over.
  - The refreshment co-ordinator then cleans up the room.

At the end of the first meeting, the members with official jobs might want to stay behind and talk about how the meeting went. Ask yourselves: What worked and what didn't?

#### Group Guidelines (sample)

Welcome to our support group. We are an open, informal support group run by and for people with eating disorders. We are not professionals, but work with the medical and social service communities

# Resources

to provide information and support to our members. Our meetings are held once a month for two hours here at the specified location. Our meetings are free and led by members of the group.

## Group Guidelines

We ask that our members:

1. Respect each others different opinions, experiences and situations.
2. Keep what is discussed at the group meetings confidential.
3. Try to arrive on time.
4. Continue with your own guidelines
- 5.
- 6.
- 7.
- 8.

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### Stages of Group Development

You have planned your group. You have a sense of who is doing what and when. You have discussed topics and speakers, and you have a list of people who can help. Now comes the hard part.

1. In the first stage of group development, affectionately called the first date (by a group for separated women), everyone will be a little nervous and a little unsure (including you). It's very important for the group to be clear and organized, open to member input, and for you and your team to give things time to gel. Signs of this stage: members sitting by the door and saying that they may have to leave early, quiet members and people who come once and then not again. Give yourselves a few months to clear this stage.
2. The next stage is like casually dating. People are coming to the group, but not quite ready to make a full commitment! As people get more comfortable, conflict can arise as power is explored in the group. This is where your group guidelines are very important. At the start of every meeting, read out your group guidelines, and make sure everyone has a chance to speak. If conflict starts to become a problem, consult your help list. Ride this stage out as its human nature. See the Resource section (pg. 34) for ideas on how to discuss conflict.
3. The next stage is all about commitment and usually takes place about 6-8 months after you start. This is the calm after the storm, when your numbers will probably be down, but your members

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will be more committed and ready to help. For a while you might want to stop admitting new members, as this is the perfect time to rotate jobs and go through the suggestion box. You are over the hump.

4. The final stage is called separation and should happen to every group. Someone leaves or is ill, a crisis takes place or the leadership changes. This is the dynamic and inevitable cycle of self-help. It will change your group and might even take you back to square one. When the membership changes, it helps to have a discussion in the group about what it feels like. Some groups have rituals for saying goodbye and some groups send cards. When someone had to leave and go into hospital, other members met at the end of her bed to wish her well!

## How to have a conversation about conflict in your group

At some point, conflict will happen in your group. Many members will try to avoid it, sidestepping the issues and feelings rather than talking about it. It is hard to talk about conflict when it is happening. In itself, conflict is not bad or wrong. When it happens in your group, it is not bad or wrong. The problem starts when people shout, become silent or drop out.

It helps to have a conversation about conflict before it becomes "hot". Set aside a meeting or part of a meeting for this purpose. Ask someone to lead the discussion.

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1. Start by asking everyone to define conflict. Write down the many definitions on a flip chart or in your group binder.
2. Next, break into smaller groups and do the “flight or fright” exercise. This is a chance for everyone to look at how they personally feel about conflict. Complete the following sentence: “when I am in conflict with someone my body feels...” then complete “when I am in conflict with someone I want to...” Discuss your answers with a partner. Then, as a large group, discuss how you have successfully handled conflict.
3. Now ask members to discuss sources of conflict in groups. Make a list. In many groups problems arise around power (too much, too little), membership (too high or too low), activities, and of course, personalities. List what else can create conflict.
4. Go back into smaller groups and brainstorm possible solutions to the different sources of conflict. Present your ideas to the larger group. Record them in your group binder for future use.

At the end of this process, you will have a better understanding of what may happen in your group and how you may handle some of these challenges. More important, you will have an awareness of how you and your fellow members feel about and deal with conflict.

## Resources

### Research on Self-Help and Eating Disorders

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French Stewart, M. Supportive group action for women: a self-help strategy. *Can Ment Health*. 1983 Sep; 31(3):11-30

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Weiner, S. The addiction of overeating: self-help groups as treatment models. *J Clin Psychol.* 1998 Feb; 54(2): 163-7

Winzelberg, A.J. et al. Evaluation of a computer-mediated eating disorder intervention program. *Int J Eat Disord.* 1998 Dec; 24 (4): 339-49

For recent research on eating disorders see:  
*International Journal of Eating Disorders, and Eating Disorders: The Journal of Treatment and Prevention*

For recent self-help research see:  
Katz, A. (ed). *International Journal of Self-Help and Self-Care. 1999-2000*

#### Book List for Adolescents/Teens and Parents

Abner, A. & Villarosa, L. (1995). *Finding Our Way: The Teen Girls Survival Guide – Who We Are, What We Want, How We Can Get It.* New York: HarperCollins Publishers Inc.

Bartle, N. & Lieberman, S. (1998). *Venus in Blue Jeans: Why Mothers and Daughters Need to Talk About Sex.* New York: Houghton-Mifflin.

Bode, J. (1997). *Food Fight: A Guide For Eating Disorders for Pre-Teens and their Parents.* New York: Simon and Schuster Books for Young Readers.

# Resources

Brooks, S.M. (1998) *Any Girl Can Rule the World*. Minneapolis, MN: Fairview Press.

Brown, L.M. & Gilligan, C. (1992). *Meeting at the Crossroads: Women's Psychology and Girls Development*. New York: Ballantine Books.

Debold, E., Wilson, M., & Malave, I. (1993). *Mother Daughter Revolution: From Girls to Great Women*. New York: Bantam Books.

Ford, J. & Ford, A. (1999). *Between Mother and Daughters: A Teenager and Her Mom Share the Secrets of A Strong Relationship*. Berkley, CA: Conari Press.

Friedman, S.S. (1997). *When Girls Feel Fat: Helping Girls Go Through Adolescence*. Toronto, Canada: Harper Collins Publishers Ltd.

Gadeberg, J. (1995). *Raising Strong Daughters*. Minneapolis, MN: Fairview Press.

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Orenstien, P. (1994). *Young Women, Self-Esteem and the Confidence Gap in School Girls*. New York: Anchor Books.

Pipher, M. (1994). *Reviving Ophelia: Saving the Selves of Adolescent Girls*. New York: Ballantine Books.

Pipher, M. (1996). *The Shelter of Each Other: Rebuilding Our Families*. New York: Ballantine Books.

Pitman, T. & Kauffman, M.(1994). *All Shapes and Sizes: Promoting Fitness and Self-Esteem in Your Overweight Child*. Toronto, Canada: Harper Collins Publishers Ltd.

Smith, E (1999). *Anorexia Nervosa: When Food is the Enemy*. New York: Rosen Publishing Group, Inc.

# Resources

## About Sheena's Place

- Sheena Carpenter was one of the 15% of those who do not survive their eating disorder. In response to her death, friends and colleagues of Sheena's mother, Lynn, were motivated to create a place that would offer hope and support to people like Sheena.
- Sheena's Place is a welcoming, non-institutional and non-residential house centrally located in downtown Toronto. We provide a wide array of support programs for people with eating disorders and their families. All who attend our programs do so voluntarily. Sheena's Place is unique in that the programs are offered at no cost to the user. We receive no government funding for operational expenses and rely on the generosity and support of individuals, corporations, foundations and the proceeds from special events.
- Sheena's Place serves as a link between hospital-based programs, schools, agencies, therapists, families and people with eating disorders.

## About Eating Disorders

- There are several types of eating disorders: anorexia nervosa and bulimia nervosa and binge-eating disorder.
- 90% of those with an eating disorder are female.
- Anorexia and bulimia affect 1 out of every 9 Canadian women; most are high-achievers between the ages of 14 and 25.
- There are 70,000 people with eating disorders in Ontario alone.
- Eating disorders have the highest mortality rate of any mental illness. 15% of all people with anorexia die.

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### About Our Services

Our services are divided into four main areas:

- **Group Support Program:** We offer group programs four times per year: Winter, Spring, Summer, Fall. These groups focus on the areas of support, body image, expressive arts and skill-building. We also offer a drop-in program every Wednesday, which requires no pre-registration. Ongoing support groups continue throughout the year for those with eating disorders and their families.
- **Education and Prevention:** Through our dedicated volunteers, we provide prevention and education in the form of in-school talks. We also provide information to, and training of, high school, college and university students.
- **Public Awareness:** We strive to increase public awareness about eating disorders by developing literature and working with the media.
- **Library Resource:** Sheena's Place has an extensive lending library on eating disorders and related issues.

For more information:

Sheena's Place  
87 Spadina Rd. Toronto  
M5R- 2T1, ON  
Canada

phone: (416) 927-8900  
fax: (416) 927-8844  
website: [www.sheenasplace.org](http://www.sheenasplace.org)

# Resources

## About OSHNET

The Ontario Self-Help Network is a program of the Self-Help Resource Centre of Greater Toronto. Funded by the Community and Health Promotions Branch of the Ontario Ministry of Health and Long Term Care, OSHNET has been supporting self-help strategies from Windsor to Wawa since 1991.

The goals of the program are to support the development of self-help groups, networks, organizations and centres in Ontario and to promote the use of self-help strategies. Annually, OSHNET assists more than 10,000 individuals and provides more than 50 workshops.

## OSHNET Services include

- A province-wide, toll-free information and referral service (1-888-283-8806)
- Free information packages on self-help and group development
- Web pages (part of the SHRC's web site: [www.selfhelp.on.ca](http://www.selfhelp.on.ca))
- Individual, group or organizational consultation on developing and maintaining self-help strategies in Ontario
- A listing of self-help centres across the province
- A variety of workshops for groups, organizations and others interested in self-help
- An annual conference on self-help in Ontario
- Links to national and international self-help supports

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- Self-Help Ontario, a bi-annual bulletin of whats happening in self-help
- The Self-Help Tool-Kit, a “best of” collection of resources, tip sheets and guidelines on starting, maintaining and evaluating self-help strategies for leaders, members and helping professionals
- The Self-Help Guide, a directory of self-help groups, networks and provincial organizations
- Ontario Self-Help Week, a week-long awareness blitz in the late fall packed with workshops, fairs and information sessions on self-help at various locations across Ontario

If you are based in Ontario and want to find out about self-help, start your own group, solve a ‘group’ problem or help someone to help themselves, call us at 1-888-283-8806 or email: [oshnet@selfhelp.on.ca](mailto:oshnet@selfhelp.on.ca)

# Resources

## Other Self-Help Initiatives Beyond Self-Help Groups

- On-line Self-Help Groups meet on the Internet. These groups might take place in real time, in chat rooms, list servers or on message boards. They can be open or closed, supported or transitioning, and are popular options for isolated individuals seeking peer support.
- Self-Help Networks are groups of self-help groups networking around common issues.
- Self-Help Organizations are those that have a significant proportion of their services dedicated to self-help and peer-led initiatives.
- Self-Help Centres (or Clearinghouses in the U.S.) are responsible for maintaining contact information for self-help initiatives in a given location. These centres can also provide assistance and training in the development of new self-help initiatives.

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### What is Internet Support?

Internet support can be thought of as informational, emotional, political and practical assistance for those affected directly or indirectly by eating disorders, weight preoccupation and/or body image issues.

Information on eating disorders is available online from the traditional medical realm of clinical psychology, from emerging fields of academic study such as feminist cultural criticism, and from the personal narratives of those who have experienced eating problems and want to share their own stories.

The online environment provides a unique opportunity for gaining information, obtaining medical and/or psychological referrals, venting frustrations, “chatting” for support, arranging “buddy” systems, asking and answering questions, organizing awareness and prevention efforts, and becoming politically active in the areas of weight prejudice and body image dissatisfaction.

### Information Online: How to Navigate Intelligently

The Internet remains an unmediated environment, meaning that anyone with practical knowledge on website design can create a web page. This makes it hard to determine which sites are reputable and contain accurate information.

Websites are composed of an address, called a Uniform Resource Locator, or URL which specifies where on the Internet a site can be found. Sites that

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represent non-profit organizations, such as NEDIC (the National Eating Disorder Information Centre) or EDAP (Eating Disorders Awareness & Prevention, Inc.) have suffixes like .ca or .org attached to their URL to designate their non-profit status. Revenue-producing companies, services, or clinics such as New Realities Eating Disorder Recovery Centre have suffixes like .com or .net to indicate that some aspect of the site may involve a fee (i.e., ordering educational materials or reserving a spot for a weekend workshop).

Many people are aware of the amount of pornography on the Internet. Searching randomly for websites on various topics may unknowingly lead many “web surfers” to pornographic sites. The best way to avoid this predicament is to find a good “meta” site which serves as a comprehensive resource for “links” to sites with similar topics. Two examples of Canadian metasites for the topic of eating disorders are Mirror - Mirror ([www.mirror-mirror.org/eatdis.htm](http://www.mirror-mirror.org/eatdis.htm)) and FED-UP! ([www.geocities.com/f\\_e\\_d\\_u\\_p](http://www.geocities.com/f_e_d_u_p)) sites.

It helps to have a foundation of basic information on the subject(s) you're interested in and then to be critical of the information you find. Don't take everything you read on the Internet to be absolute truth. A good site will document the source(s) of their information and list where you can get perspectives to corroborate the information they provide.

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## Using Search Engines

Using search engines like Infoseek ([www.infoseek.com](http://www.infoseek.com)) or Lycos ([www.lycos.com](http://www.lycos.com)) with the keywords "anorexia", "bulimia" or "eating disorders" will undoubtedly lead Internet navigators to thousands of possible sites which incorporate those themes. Most of the well known eating disorder sites will recommend the names and locations of affiliate sites which have become popular.

The Internet is also a great tool for accessing information on eating disorders and their related issues from the latest research articles in scholarly journals, educational videos, professional workshops, newspaper columns, new books from libraries worldwide, and popular magazines. Simply modify your search query to specify the key words you're interested in. Use as many search words that relate to your topic as possible to maximize your chances of finding a particular

Website

Self-Help

Recommended Sites: National

Organizations

NEDIC National Eating Disorder Information Centre (Canada)

[www.nedic.on.ca](http://www.nedic.on.ca)

EDAP Eating Disorders Awareness and Prevention, Inc. (US)

[www.edap.org](http://www.edap.org)

ANEB Association quebecoise d'aide aux personnes souffrant d'anorexie nerveuse et de boulimie (Quebec)

[www.generation.net/anebque](http://www.generation.net/anebque)

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BANA Bulimia Anorexia Nervosa Association  
(Canada)  
[www.bana.ca](http://www.bana.ca)

Online Alliances (Meta-Sites)

EDSA Eating Disorder Shared Awareness  
(comprising Mirror-Mirror, Canada and  
Something Fishy, New York)  
[www.eating-disorder.com](http://www.eating-disorder.com)

FED\_UP! Fighting Eating Disorders by Under-  
standing the Problems (Canada)  
[www.geocities.com/f\\_e\\_d\\_u\\_p](http://www.geocities.com/f_e_d_u_p)

BIBRI Body Image Betrayal and Related Issues  
[www.bibri.com](http://www.bibri.com)

SHRC Local, provincial and national listings of  
self-help supports in Canada  
[www.selfhelp.on.ca](http://www.selfhelp.on.ca)  
International Listings of Self-Help sup-  
ports and resources on how to start an  
on-line group  
[www.mentalhelp.net/selfhelp/](http://www.mentalhelp.net/selfhelp/)

Get Politically Active!

NAAFA National Association to Advance Fat Accep-  
tance  
[www.uaafa.org](http://www.uaafa.org)

NOW National Organization for Women  
[www.now.org](http://www.now.org)

CASA Canadian Association of Size Accep-  
tance  
[www.interlog.com/edawyde](http://www.interlog.com/edawyde)

About Face Combats negative and distorted  
images of women [www.about-  
face.org](http://www.about-face.org)

# Resources

- ISAA International Size Acceptance Association  
[www.size-acceptance.org](http://www.size-acceptance.org)
- Fat!So? For people who don't apologize for their size  
[www.fatso.com](http://www.fatso.com)
- Bulletin Boards, Chat -Rooms & Newsgroups
- Something Fishy Includes bulletin board, live chat, mailing list, professional teleconferences, etc.  
[www.something-fishy.org](http://www.something-fishy.org)
- ASE-D News group for people struggling with eating disorders; online self help  
[alt.support.eating-disord](mailto:alt.support.eating-disord)
- Eating Disorders and Athletics
- CAAWS Canadian Association to Advance Women in Sport  
[www.caaws.ca](http://www.caaws.ca)
- ACSM American College of Sports Medicine  
[www.acsm.org](http://www.acsm.org)

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## Ontario Self-Help Centres

### BARRIESIMCOE

CMHA Barrie-Simcoe Branch, 5 Bell Farm Road, Barrie, ON, L4M 5G1.  
Phone: (705) 7265033, Fax: (705) 726-0636  
E-mail: cmhasim@bconnex.net

### DURHAM REGION

CMHA Durham Region, 111 Simcoe Street, North Oshawa, ON, L1G 4S4. Phone:(905) 436-8760 Fax: (905) 436-1569

### HAMILTON-WENTWORTH

Self-Help Centre of Hamilton Wentworth, 255 West Avenue North, Hamilton, ON, L8L 5C8. Phone: (905) 522-7353 Fax: (905) 522-9374  
E-mail: self.help.centre@hwcn.org

### KINGSTON

AWARE (Action on Womens Addictions Research and Education), PO. Box 86, Kingston, ON, K7L 4V6. Phone: (613) 545-0117 Fax: (613) 545-1508  
E-mail: aware@kos.net

### KITCHENER-WATERLOO

Self-Help Centre, c/o CMHA Waterloo Regional Branch, 67 King Street East, Kitchener, ON, N2G 2K4. Phone: (519) 744-7645 (Ext. 332)  
Fax: (519) 744-7066  
E-mail: cmhawrb@golden.net

### LONDON-MIDDLESEX

CMHA London-Middlesex Branch, 648 Huron Street, London, ON, N5Y 4J8. Phone: (519) 434-9191 Fax: (519) 438-1167  
E-mail: cmha@info.london.on.ca

### OTTAWA-CARLTON

The Olde Forge Community Resource Centre, 2730 Carling Avenue, Ottawa, ON, K2B 7J1. Phone: (613) 829-9777 Fax: (613) 829-9318  
E-mail: forge@ncf.ca  
Website: [www.ncf.ca/olde-forge/](http://www.ncf.ca/olde-forge/)

### OWEN SOUND

Community Network Support Team, Shane Butler, 1139 2nd Avenue East, Owen Sound, ON, N4K 2J1. Phone: (519) 371-4551 Fax: (519) 371-6138  
E-mail: cnst@bmts.com

# Order Form

## OXFORD COUNTY

Oxford Self-Help Network, 592 Adelaide Street, Woodstock, ON, N4S 6Z7. Phone: (519) 421-2980 Phone: 1-877- 464-3571 Fax: (519) 421-0826

E-mail: [oshn@execulink.com](mailto:oshn@execulink.com)

## PETERBOROUGH AND AREA

Four Counties Self-Help Network, c/o Peterborough Family Resource Centre, 201 Antrim Street, Peterborough, ON, K9H 3G5. Phone: (705) 748-9144 x 305 Fax: (705) 748-9177

## PERTH COUNTY

CMHA Perth County, 145 Ontario Street, Stratford, ON, N5A 3H1. Phone: (519) 273-1391 Fax: (519) 273-0505

E-mail: [cmha@cyg.net](mailto:cmha@cyg.net)

## SUDBURY-MANITOULIN

Self-Help Network of Sudbury-Manitoulin, 199 Travers Street, Sudbury, ON, P3C 3K2. Phone: (705) 677-0308 Fax: (705) 673-3354

E-mail: [selfhelp@isys.ca](mailto:selfhelp@isys.ca)

## TORONTO

Self-Help Resource Centre, 40 Orchard View Blvd. Suite 219, Toronto, ON, M4R 1B9. Phone: (416) 487-4355 or 1-888-283-8806 Fax: (416) 487-0344

E-Mail: [shrc@selfhelp.on.ca](mailto:shrc@selfhelp.on.ca) or [oshnet@selfhelp.on.ca](mailto:oshnet@selfhelp.on.ca)

Web Page: <http://www.selfhelp.on.ca>

## WINDSOR-ESSEX

CMHA Windsor-Essex Branch, 1400 Windsor Avenue, Windsor, ON., N8X 3L9. Phone: (519) 255-7440 Fax: (519) 255-7817

E-mail: [cmha-wec@wincom.net](mailto:cmha-wec@wincom.net)

## YORK REGION

Self-Help Network of York Region, c/o Krasman Centre, 10121 Yonge Street, Richmond Hill, ON., L4C 1T7. Phone: (905) 780-0491 Fax: (905) 780-1960

E-mail: [krasman@idirect.com](mailto:krasman@idirect.com)

Web Site: [http://webhome.idirect.com/krasman/krasman\\_main.html](http://webhome.idirect.com/krasman/krasman_main.html)









