SELF-HELP Philosophy*

The goal of a self-help group is to empower its members with the tools necessary to make adjustments needed to continue a life of dignity and independence.

Self-help group(s) ...

... share a common health concern

... govern themselves and their agenda with success dependent on each member's feelings of ownership.

... may use professionals as resource persons but not as leaders.

... provide non-judgmental emotional support.

... gather and share accurate and specialized information.

... membership is fluid; newcomers are helped by veterans and become veterans who may outgrow the need for the group.

... have a cause and actively promote that cause.

... increase public awareness and knowledge by sharing their unique and relevant information.

... charge small or no dues for involvement and typically struggle to survive.

*International Polio Network, 4207 Lindell Blvd., #110, St. Louis, MO 63108-2915

Effective Support Group Facilitators ...

✱ Are knowledgeable of group behaviors/leadership. Facilitators tend to have some familiarity with or past experience as a group leader; understand how people behave in groups; understand the helpful things one can do in group settings; and acquire skills through books or classes on group leadership.

✱ Possess a basic commitment to the self-help process. Effective leaders are committed to three basic assumptions: each member can make a contribution to the group; each is the ultimate authority on his/her needs and what will work for him/her; communications will be open and honest to promote positive group experiences.

✱ Are capable of distinguishing/controlling personal views. Effective facilitators are able to separate their personal needs from those of the group or member needs. Those having their own agenda or "axe to grind" can end up promoting their views and opinions over those of the group. At times, the facilitator may need to step out of his/her role for the purpose of expressing personal needs and opinions.

✱ Are willing to work toward the group's goals. Effective facilitators are enthusiastic about the goals of the group and are willing to work for their accomplishment; see themselves as a part of a team and are emotionally and physically committed to the team's success; and actively and creatively look for ways to give members the opportunity to participate in the process of setting and carrying out the goals.

✱ Have the ability to initiate activity. Every facilitator seeks to develop shared responsibility and leadership for the group. There will, however, be occasions when no one else is capable, ready, or willing to do what needs to be done. The facilitator must be prepared to get the ball rolling, always balancing the need to generate member participation against the need to protect from burnout.

✱ Are comfortable with the expression of emotion, tension, and conflict. Emotion, tension, and conflict are likely to arise in a support group. Leaders should be comfortable with this, not only as it occurs in others but in themselves. Leaders should expect that conflicts within the group will appear and that criticism will be directed toward the leader; learn to look at criticism objectively and avoid taking it personally; and learn some basic communication skills to better deal with the emotions that may surface.

✱ Are committed to the welfare of the group and all of its members. Commitment of an effective facilitator lies with the group — how to make it succeed, how to meet needs — requiring a willingness to look for the forest and not be distracted by the trees. A good facilitator will focus on building a sense of community, group cohesiveness, and consensus decision-making within the group.

✱ Value and respect each member as an individual. Although the facilitators' focus is on the group, they do not lose sight of the individual. Each member is unique. Members are seen as equals, deserving mutual respect and consideration for the values they hold as individuals. All members are potential teachers, having a reservoir of knowledge and experience from which others may benefit.

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Excerpted from *You Can Do It! Building and Strengthening Your Self-Help Group,* available from the Self-Help Network of Kansas for a suggested donation of $15. Contact Self-Help Network of Kansas, Wichita State University, Box 34, 1845 Fairmount, Wichita, Kansas 67260-0034 (800/445-0116; 316/978-3593 FAX).

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Current Trends in Post-Poliomyelitis Syndrome by Daria A. Trojan, MD, MSc, and Neil R. Cashman, MD, Montreal Neurological Institute and Hospital, is a newly-published monograph written for health professionals. International Polio Network will send it to the primary care physician, with an acknowledgment card, of current subscribers of *Polio Network News* upon request and while the supply lasts. Additional single copies are available to subscribers and non-subscribers for pre-paid shipping and handling charges of $3.00. Single copies are available with invoice for $4.00. Contact International Polio Network for shipping and handling fees for multiple copies.

Matthew N. Bartels, MD, MPh (Columbia Presbyterian Medical Center, New York, NY presented a poster, "Unique Physiatric Managment Issues in Pregnancy in a Patient with Post-Polio Syndrome," at the 58th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation. The case presented was that of a 27-year-old women who had polio at age 1, with residual weakness in both lower extremities. The case illustrated that a post-polio patient may have a successful pregnancy and delivery if a team approach is used. The management of her progressive weakness, special bracing needs, and peripartum care were discussed and a model for the care of the pregnant PPS patient was presented. For more information, contact Matthew N. Bartels, MD, 622 West 168th Street, VC 3, Rm. 363, New York, NY 10032, 212/305-8592.

Post-Polio Syndrome: Rehabilitation and Conservation (96 pages) consists of chapters by physicians and therapists with a chapter on the psychological aspects written by polio survivor Father Robert Ronald, SJ. The manual, published by the Republic of China Ministry of Health, is in Chinese.

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Change in Polio Vaccination Policy in the United States

The Centers for Disease Control and Prevention (CDC) accepted the recommendations of its Advisory Committee on Immunization Practices (ACIP) to change the routine childhood polio vaccination schedule, beginning in early 1997. CDC recommends that children in the United States receive two doses (shots) of inactivated polio vaccine (IPV) followed by two doses of oral polio vaccine (OPV). The recommended sequential series consists of two doses of IPV (at 2 and 4 months of age), and two doses of OPV (at 12-18 months and 4-6 years). This new schedule is aimed at preventing the eight to nine cases of paralytic polio caused by OPV which are reported in the United States each year.

Global Polio Eradication

The CDC statement emphasizes that the vaccination change is possible because progress in global polio eradication has substantially reduced, though not eliminated, the risk of importation of polio into the United States. "This new recommendation for a greater role of IPV applies only to the United States because it has sustained interruption of polio for more than 16 years. CDC remains firmly committed to global polio eradication by the year 2000, which relies on the exclusive use of OPV in countries that have or have recently had circulating wild poliovirus. Aggressive immunization efforts and surveillance programs must continue until polio is eliminated worldwide," the CDC statement says.

This year marks the fifth anniversary of the last wild poliovirus case in the Americas. Since then, there have been four importations of wild poliovirus into the Western Hemisphere, two from India and two from the Netherlands. Importations remain the greatest threat to the polio free status in the Americas.

Extracted from Expanded Program on Immunization in the Americas Newsletter, Vol. 18, No. 5, October 1996.

Poliomyelitis Outbreak — Albania, 1996

During April 17 — September 16, 1996, an ongoing outbreak of paralytic poliomyelitis in Albania resulted in 66 cases of acute flaccid paralysis, including seven (11%) deaths. Wild poliovirus type 1 was isolated from seven cases.

Source: Morbidity and Mortality Weekly Report, Vol. 45, No. 38, September 27, 1996.

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✱ Emphasize the positive aspects of the support group. It is all too easy to focus on the negatives generated at having to deal with the demands and consequences of the problem. Effective facilitators attempt to put a greater emphasis upon the positive aspects — education, learning successful coping strategies, the support of others who really understand, etc. Negatives are not avoided, but they do not become the group's primary focus.

✱ Encourage members to identify/evaluate alternatives for themselves. They do not decide what is right for the members. All members are encouraged to examine problem-solving strategies and potential solutions for themselves. Facilitators provide a process by which members explore options and alternatives and offer their support as the members carry out this process and their respective choices. ❐