

Working with Mandated Participants

By Naomi Pinson

Peer support groups that are open to the public and/or those that receive referrals from mental health, substance abuse treatment facilities, and court or forensics settings will have mandated participants. These folks have been ordered by their treatment team or court, or a combination thereof, to attend your group/meeting. Usually such a plan keeps them from receiving even more restrictive or harsher terms, and so is not necessarily a negative thing. Even so, they may not wish to be there and may either initially refuse to participate or actively disrupt your meeting. On the other side of that coin, the person may be accompanied by a staff member who feels, sometimes quite strongly, that it is YOUR job to keep the person in the group or meeting, and/or to engage them.

Let's deal with the first situation first, and then speak to the second one.

The participant: The person who is mandated may show up at the last minute and leave early, expecting you to sign a slip or sheet saying that she or he has "attended" your meeting. An easy way to cope with this is to make a regular announcement at the beginning of the group/meeting that you will be happy to sign attendance sheets or slips at the end of the meeting for anyone who has attended. You can emphasize that "attendance" means staying in the room for the whole meeting. This is a fair and anonymous way of dealing with the situation. It doesn't single anyone out but it doesn't put you in the position of having to either collude or argue with the person either.

Whenever possible, practice "Group Consciousness." This means that your regular group or meeting participants develop a policy about mandated participants, themselves. Don't forget that "members" mean anyone who is regularly attending the meeting, including mandated participants themselves!

Asking the regular membership to develop a policy can work well for group members, as it may make everyone look at their own attitudes regarding mandated participants. (Or other types of members, for that matter. I am thinking here in particular of people utilizing methadone, who are often not welcome in twelve step formats.) For example, a group that hasn't done this work may not sit with or welcome mandated participants or may in other ways convey disapproval of their attendance. This can be manifested by just not being welcoming, being outright rude, or commenting negatively about the person's situation during the meeting.

Occasionally a person in the mandated situation may become rude or disruptive. This may tend to happen more when she or he has been sent in a group with other people who have also been mandated. Perhaps they are getting peer pressure around being forced to participate, and may be motivated to jeer.

Let's define a little more clearly what is meant by disruptive behavior. We are not speaking here of the person who is experiencing symptoms of their illness (although occasionally these might be disruptive, too.) We are speaking about behavior that is deliberate and hostile. The following behaviors, whether they are being done by a mandated participant or a voluntary one, are disruptive:

- 1.) Constantly getting up and down either to get coffee, snacks or actually leaving the room multiple times (make sure this isn't being caused by anxiety.)
- 2.) Lot's of loud throat clearing, fake 'coughing' or other sounds, some of which might be interpreted by other participants as "funny".
- 3.) Irrelevant or derogatory comments made directly to the person who is speaking.
- 4.) Speaking out of turn.
- 5.) Dominating by not letting anyone else speak.

- 6.) Interrupting others when they are speaking.
- 7.) Starting a conversation with another participant while someone else is sharing.
- 8.) Starting a conversation with the person who is chairing the meeting or the person who is sharing, leaving everyone else out.
- 9.) Stating that she or he doesn't want to be there, doesn't see the point, doesn't have the problem the meeting/group is meant to address (if it is problem/solution focused.)
10. Ridiculing the speaker or other participants in the group.
11. Speaking "off topic" if group is working on a specific topic.
12. Using menacing body language. Examples of this are: glaring, leaning forward, standing or sitting overly close, etc. [Make sure, especially in the case of violating "personal space", that this is not just cultural as different cultures have widely different ideas about how close is too close.]
13. Be aware that occasionally a member (this could be true whether or not the member is mandated) will act in a sexually threatening way towards another.

Clearly, some behaviors are unacceptable, period, while others fall into a grey area. We never want to "reprimand" a person who is experiencing difficulties that are beyond their awareness/control, and/or that are a result of her or his disability. But remember that you are not obliged to keep a disruptive person in the meeting if this *is* what is happening. In fact, you are obliged to deal with the disruption, even if you don't want to!

For example:

Jane keeps coming in and out of the meeting. She is in a wheelchair and her activity is totally disruptive to the meeting which is in a rather small space. Jane has been asked not to do this a couple of times, but she is not "getting it." Here are your options:

- a) Tell her she can no longer attend the meeting
- b) Tell the person who brought her that she can no longer attend the meeting.
- c) Warn her that if she continues to come in and out of the meeting she will be asked to leave.
- d) Take her aside during the break or before or after the meeting and ask her what is going on that she keeps doing this after you have asked her not to. If her behavior is a result of anxiety (she may say "I'm nervous") or unconsciousness (she may say something like "I didn't realize it was such a big deal.")

The best response is "d". We don't like anyone making assumptions about why we are doing a particular behavior, so we extend the same consideration to the mandated participant that we would want for ourselves. She may have offended you or other group members inadvertently but your aim is still not to put her into an untenable situation by being barred, or be deeply hurt by being told to leave. In the case of the disappearing/re-appearing participant, you want to first offer them a reasonable accommodation. This means that they can still do the behavior, but in such a way that it doesn't distract the meeting. For example, you can ask the person if she or he would be more comfortable sitting by the door, taking "timed" breaks (have them establish the time) discreetly, or/and meet some of the "regulars" who could spend extra time with the person before or after the meeting, sit beside them during the meeting, or be a "phone buddy" between meetings. A support person can go a long way in making a person feel less anxious and more a part of the meeting.

If the meeting/group as a whole can work out a strategy before hand this would be helpful.

For example:

The Reach Out And Recover group convenes for the purpose of helping themselves deal with substance abuse and mental health problems. Occasionally a member will show up drunk or stoned and become disruptive to the meeting. The group must decide:

- a) What level of confidentiality/anonymity will offer that person in the event that the meeting is taking place in a treatment setting?

- b) What is the group's arrangement concerning this situation with a sponsoring agency (if any)?
- c) How will the person be treated if she or he is asked to leave the meeting? (I.e. will she be offered help? Will one or more group members go with her to seek help? Will one or more group members be responsible for escorting her out of the meeting if she becomes disruptive?)
- d) Does the group have enough experience/strength to help the impaired member? If not, what are alternatives? (I.e. calling security, waiting it out, etc.)
- e) Has the member threatened to hurt anyone, including her or him self? And what prior arrangements can be made to address that issue should it arise?

In the interest of the safety of the whole group and its' facilitator/leader it is a good idea to have worked this out before hand, regardless of whether the participant has been mandated to attend. For example: Mike leers at all the women. He stands too close to a certain woman at the break. Today, during the meeting, Mike sat down next to her. She is a new member and your perception of her is that she is pretty non-assertive. During the meeting Mike leans in closer and closer to her, finally, so close that he is touching her. She shifts her seat uncomfortably. He mutters "fucking cunt" under his breath, but still audibly. What do you do?

- a) Ignore him
- b) Realize that he is "sick" or "under socialized" and resolve to try to speak with him after the meeting
- c) Turn to other group members for a solution.
- d) Recognize that every member has an absolute right to be safe and to be treated with respect and courtesy and eject Mike immediately from the meeting.
- e) Allow Mike to come back into the meeting if the person he offended agrees and Mike is willing to apologize and amend his behavior.

C, D and E are all good, but not easy, steps. This is another place where group consciousness can play a big role. Dealing with Mike alone may be hazardous to your health, so you will want to have back up in the meeting, or in security, if you are working in a facility. You may not have the ability to pull your group together enough to develop a policy/plan for dealing with this and other types of disruptions, depending on how long your meeting has been around, and how consistent attendance is. In that case, you would want to think ahead about security. If you are unable to address the issue yourself during the meeting because you perceive that your own personal safety could be jeopardized, make certain that you ask for help with it from the referring agency, if accessible. Do not just let it go! Speak to the member who has been harmed and assure her or him that you will address it. Do NOT second guess this type of situation. If there is any danger of your being injured, defer your action until you are certain of your own safety. I have even heard of situation where meetings had to obtain restraining orders against someone behaving in a threatening manner.

But, I want you to understand that this is after 24 years of running and participating in peer support and recovery meetings. I have seen the above described incident exactly once and the offender was not a mandated participant. So, chances are, you WILL NOT encounter this, but it is important to think out what you will do, if you do. By your prompt action you ensure the safety of all members of the meeting. Support and recovery cannot take place in an unsafe or disrespectful atmosphere.

Agency expectations: If the mandated participant is brought by a treatment facility or correctional facility to the meeting IT IS THE RESPONSIBILITY OF THAT AGENCY'S STAFF TO MONITOR ATTENDENCE, NOT YOURS. Making this clear to the staff person is necessary **prior** to the meeting. If the staff person disputes this, it is in the best interest of your meeting to call his or her supervisor at your earliest possible convenience and straighten this out. You do not want to be put in the position of being a "cop." Such a stance is antithetical to a support or recovery format.

Ideally these situations will be discussed with referring agency supervisory staff prior the beginning of the meeting. It doesn't hurt to have a written policy to hand out.

Some treatment settings may misapprehend the role of a peer support meeting. They may ask you, thinking it is your responsibility, to keep participants in the room, to write reports or encounter notes on participants. I suggest that you decline if at all possible. Confidentiality and anonymity should be observed whenever possible. However, I have accommodated the treatment setting to the extent of having a sign in, sign out sheet.

There are two reasons why such a practice is usually requested. The first has to do with confusing peer support with group therapy (see "Similarities and Differences" handout.) The second has to do with the fact that most mental health treatment settings are obliged to document every segment of the day to justify billing.

If the group is doing "peer counseling" (rather than peer support, education and advocacy) and the facilitator, agency and participants wish to provide documentation, you will need to work out exactly what this entails.

In the case of a mandated participant, encounter notes, meeting notes and reports to agencies could be included in reports to the court, or other treatment settings the person is involved in. Therefore it is extremely important to work this out with the agencies involved and with your participant prior to holding the meeting. On occasion I have utilized co-documentation, where the participant decides what goes into the encounter note or report.

Another aspect of mandated participation (this happens a lot in meetings that are held in In-patient settings) is that the participant may have a one-on-one staff person with her (or him.) This is another situation where you must work out, before hand, with the group, what to do in such an event. Usually the group will easily accommodate such a participant. However, when this happens members must be explicitly aware (including the mandated member) that the staff person is responsible to their facility/ agency, not the group, and that the level of confidentiality or anonymity the meeting is able to provide is nil. In such an instance, the facilitator/chair/leader can make an announcement at the outset of the group that she or he is willing to speak with members confidentially during the break, or after or before the meeting.

For some meetings, mandated participants will constitute the majority of the membership. In such a situation the facilitator/chairperson/leader's role is to give as much control as is possible to the members on how the meeting is run, what topics will be covered, and what the customs or agreed upon rules for the meeting will be. If a particular format is not working out, or is being heavily resisted, you will have to be creative about how you change the atmosphere. Most people have something that is important to them and that they want to share. Encouraging this to come out is your primary job. Many times the most resistant member, the one who seems to have the biggest axe to grind, is a "natural" leader, and her or his cues will be picked up on and followed by the others. Therefore, it behooves you to work with and not against, such a person. Remember that above all, resistance can be a way of trying to express power in a situation where power is unequal, where the person is feeling particularly powerless. The trick is to respect the resistance without colluding in it.

Acknowledging the stresses of being mandated, without being overly sympathetic or patronizing, can go along way towards clearing the air and creating the kind of atmosphere that will be most conducive to the aims of your meeting. Be absolutely up front from the beginning, and repeat at intervals, how information in the meeting is handled. Is it being reported, will it get back to people in authority, does it have the potential to further damage the person? Understanding the limitations of confidentiality is essential to forming trust between members.

Another aspect meeting would do well to consider is if the participants have particular topics that are important to them that are not covered in the usual meeting format. For example, mandated

participants who are coming out of prison will have negative CORI's (Criminal Offenders Record Information) that is available to public housing authorities and potential employees. This is scary as it can inhibit access to housing and/or employment. Helping members to understand how to work with having a CORI can go a long way toward creating mutual respect. In Massachusetts the Legal Advocacy Referral Service (LARC) can help you to acquire written material about this important topic. Being willing to ask your meeting to hold special "topics" relevant to mandated participants can be a boon. At the least, you would want to make yourself familiar with the situation and be able to provide accessible legal referral.

Finally, the most important thing about the mandated participant is that she or he is welcomed and made to feel like a valued part of the meeting. Clearly, this is the most important thing we can do for *any* member. For the mandated participant, however, it is especially important. Such a person is more likely to feel not welcomed, to be uncertain of their role in the meeting, and may be experiencing shame or embarrassment at his or her situation. Being told you "have" to do something is never much fun. Explicit statements of welcoming, and equality of membership regardless of whether the member is coming "from Yale or from jail" are crucial. An attempt to value that person's specific experience and to acknowledge it, without breaking, of course, her or his anonymity is critical.

Some meetings may choose to reject a mandated participant. In my view, such a move would be sad. The beauty of peer support is its ability to welcome and appreciate all who encounter it, for what ever reason. Many people who have been mandated state that the ties they formed in peer support meetings changed their lives. Even people who have been highly resistant to such a meeting have come back after time, appreciated and valued the meeting, and become a valued member of it.

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