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A Description and Evaluation of the Self-Help Information Service

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A DESCRIPTION AND EVALUATION OF THE

SELF-HELP INFORMATION SERVICE[1]

by

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and

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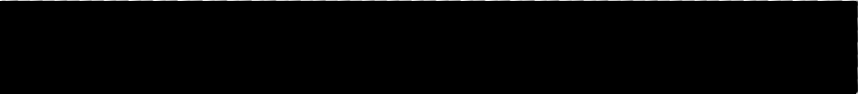1981

TO THE OFFICE OF GRADUATE STUDIES:

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ABSTRACT

The purpose of this study was to evaluate the effectiveness of
the Self-Help Information Service (SIS) and to obtain information
necessary for the improvement of the service. The study also described
the development and operation of SIS and assessed the use and effect of
the service. The evaluation of SIS was based on initial global utiliza-
tion data and the results of participant satisfaction surveys targeted
at four distinct groups: (1) Self-Help Project staff, (2) Tri-County
Information and Referral Service staff, (3) self-help groups, and
(4) callers of the service (potential members of self-help groups). The
Self-Help Project and Tri-County I & R staffs represent staff samples;
the self-help groups and potential members represent consumer samples.

An ex-post facto design was utilized as single measurements, using
questionnaires, were taken of the four sample groups after contact with
the service. The findings were interpreted by comparing present conditions
of the respondents to conditions when the service began in December, 1980;
by how well the service has met Project staff expectations; and by comparing
SIS to other Self-Help Information and Referral services around the country.

Of the consumers of the service surveyed, the self-help groups were
satisfied with their contact with SIS, and the callers indicated they
were satisfied with the service they had received. The Self-Help Project
staff and the I & R staff both indicated satisfaction with the overall
performance of SIS and agreed SIS was effective in reaching the stated
goals of the service.

Three other Self-Help Information and Referral services were located in the United States, all in New York state. Comparison of SIS to these services indicated that although SIS developed independently of the New York services, many similarities and no major differences were evidenced among the organizations.

Recommendations of the consumers of SIS focused on the need for greater publicity to let the community know of the existence of the service. Recommendations of the staffs focused on the need for systematic, written procedures for processing contacts with potential group members. The staff of the Self-Help Project frequently suggested that Project staff devise a training program to orient I & R staff to specific procedures used for the operation of SIS as well as to provide an overview of the system.

The Self-Help Information Service was a fledgling service at the time of the evaluation, having been in existence for only two months. The consumer and staff recommendations will be used to modify SIS to improve the delivery of service to the community.

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CHAPTER I

INTRODUCTION

THE STUDY

This study is focused on a Self-Help Information and Referral
System (SIS) for the greater Portland area. The aims of SIS are three-
fold: (1) to broaden the base of the Tri-County Information and
Referral Service to include an accurate inventory of the number and
scope of Portland area self-help groups, (2) to facilitate the linkage
of community members interested in self-help groups with self-help
groups capable of meeting their interests and/or concerns, and (3) to
obtain accurate information about the number of individuals in the
community interested in utilizing self-help groups and the scope of
their concerns or interests. An additional aim of this study is to re-
view the literature about self-help groups and to assess the potential
of self-help groups in meeting the needs of the chronically mentally ill.

The purpose of this study is to evaluate the effectiveness of SIS
and thus obtain information necessary for the improvement of SIS (i.e. a
formative administrative evaluation for program improvement) (NIMH, 1979).
In addition, this study serves the purpose of documenting the Self-Help
Project's approach towards the development and operation of a self-help
information and referral service for other interested projects. The
study is descriptive, involving a review of the literature and an account
of the development and operation of SIS. The study is also evaluative,

involving an assessment of the use and effect of SIS. The evaluation of
SIS includes the results of participant satisfaction surveys targeted at
four distinct groups: (1) self-help groups, (2) potential members of
self-help groups, (3) the staff of the Tri-County Information and Referral
Service, and (4) the staff of the Self-Help Project. Representatives
of self-help groups and potential self-help group members were interviewed
by telephone. The staff of both Tri-County Information and Referral
Service and the Self-Help Project were interviewed face-to-face.

<div align="center">THE SELF-HELP PROJECT AND SIS</div>

The Self-Help Project, a federally funded research project, was
awarded a three-year contract by the National Institute of Mental Health
to assess the potential which self-help groups hold for the delivery of
human services in an urban setting. The Self-Help Project as a whole
is focused on several areas relevant to this goal: (1) the scope of
problems addressed by urban self-help groups, (2) a comparison of the
different processes used by self-help groups and professional helpers,
(3) the efficacy of self-help groups in dealing with mental health re-
lated problems, and (4) the enhancement of self-help group efficacy
through professional-group interaction.

As an integral facet in its study of self-help groups, the Self-
Help Project has developed SIS in conjunction with the Tri-County
Information and Referral Service in Portland. By inventorying self-help
groups and advertising the information and referral service to link
potential members with groups, SIS benefits the Tri-County Information
and Referral Service by enhancing the scope and quality of their service.
Furthermore, SIS facilitates the research project in a number of ways.

As noted in the literature (Harris, 1966; Silverman, 1978; Tracy & Gussow, 1976), professionals researching self-help groups often experience difficulties in their relations with the groups. However, positive, collaborative relationships between professionals and self-help groups have been facilitated when two conditions are met: (1) the professional provides a useful service to the group and (2) professional-group interactions are not based solely on the research goals of the professional (Lieberman & Borman, 1976). The development of a common ground between the professional and the self-help group is facilitated by a relationship involving mutual benefit. Thus, while providing a valuable community service, SIS also facilitates a positive working relationship between the Self-Help Project and Tri-County area self-help groups--an essential ingredient for effective research (Bakker & Karel, 1970a; Bumbalo and Young, 1973; Dumont, 1974).

The completion of a self-help group resource inventory has provided an estimate of both the number and scope of self-help groups in the tri-county area. In addition, the inventory furnishes the logistical framework necessary for referrals of community members to self-help groups. A comparison of the results of the community needs assessment and the availability of the self-help groups comprising the resource inventory will provide the basis for generating particular types of self-help groups directed at meeting specific unmet community needs. SIS users with a common concern for which there is presently no self-help group available provide a waiting list of persons interested in participating in particular types of self-help groups. This waiting list pool is then tapped as the Self-Help Project generates new self-help groups

to meet the users concerns. Thus, SIS is both a service to the community and an integral and necessary component of the project's overall research goals.

CHAPTER II

DEFINITION OF A SELF-HELP GROUP

First needed, before a discussion of the literature review, is a working definition of a self-help group. Drawing heavily upon Levy's definitions (1976, pp. 311-313), the Self-Help Project devised the following definition of a self-help group: A mutual aid/self-help group is an interacting face-to-face group whose domain of interest is the physical or mental health or social well-being of its members, which controls itself, whose members experience a sense of group identity related to their experiences and concerns and whose members exchange peer helping as the primary source of help.

Defining characteristics of a mutual aid/self-help group include:

1. The group is a face-to-face interacting group.

2. The group is the source of power over itself. Control of the group and authority or sanction for it come from within—the group owns the group.

3. The group members experience a sense of group identity (community). Group membership is based on common experience. The group's concern matches a major area of group members' common experience.

4. Members believe that their peers, especially other group members, are a primary resource for their health and well-being.

5. Members exchange helping in the form of affection, respect, information, (generally not services, usually not goods or money). A norm of reciprocity exists within the group (although this may be spread over time).

Characteristics which distinguish among mutual aid/self-help groups include: concern, composition, group function, group structure, group interaction, professional involvement and the relationships of a group to other societal organizations.

Two key questions to apply to self-help groups are: Does the group control itself? Would the group exist if any professional/ bureaucratic support were withdrawn?

CHAPTER III

LITERATURE REVIEW

A computer search of four data bases, NCMM, ERIC, SSCI, and PSYCM
was conducted on self-help, and self-help and the chronically mentally
ill. In addition, key informants in the area of self-help were solicited
for further contributions (for a summary of their responses see
Appendix A). The results of these efforts were reviewed and incorporated
into a review of the literature about self or mutual-help and a descrip-
tion of the state of the art regarding self-help and the chronically
mentally ill.

HISTORICAL PERSPECTIVE ON THE DEVELOPMENT OF SELF-HELP IDEOLOGY

The practice of mutual aid reaches far back into the history of
humankind. The basis of civilization lies in early cooperation and
mutual aid practices such as food-gathering and group safety and defense.
According to Kropotkin (1973, pp. 85-96 & 109-110), tribal or clan
societies survived due to cooperative efforts; the stronger clans
gradually formed a new type of social organization—the village community.
The Middle Ages brought the expansion of mutual aid beyond mere physical
survival, but aid was extended only to those of the guild or the
community. (Kropotkin, 1972, pp. 184-221).

Centuries later, the Friendly Societies were developed by working
people in England to cope with the stresses of the Industrial Revolution.
The Friendly Societies often centered around occupational groups and

gradually evolved into Trade Clubs and then into Trade Unions aimed at improving the living and working conditions of the members. Thompson (1963, p. 422) says the eighteenth century Friendly Societies and organizations emphasized Christian charity, the social being of the human and the continual need for mutual assistance and support. Guilds, Friendly Societies, and unions appear to have been the main mutual-aid organizations of the late eighteenth and early nineteenth centuries in England. Lieberman and Borman (1976, p. 457) believe that modern self-help groups may be stimulated by processes not unlike those that brought about the Friendly Societies and labor unions in eighteenth century England.

Katz and Bender (1976, p. 275) point out that during the nineteenth century massive waves of immigration to the United States, composed mainly of people from peasant backgrounds, brought many adjustment problems for immigrants and their families. "The Melting Pot was in reality a cauldron of resentments among immigrant ethnic groups, on the one hand, and between them and the earlier, more assimilated Anglo-Saxon immigrants on the other." (Katz & Bender, 1976, p. 275). Lacking outside supports, recent immigrants turned to each other for help with the pressures and problems of daily living soon after arrival in the "land of opportunity."

Ethnic groups set up their own mutual aid societies, sometimes known as "Landsmanschaften" meaning that relatives and neighbors who had immigrated from the same region or town could join them. For example, the Greek communities carried out mutual aid through the Pan-Hellenic Union which dispensed sickness and death benefits, the Polish National Alliance serviced the Slavic population providing such services as temporary lodging for Poles just "coming off the boat" and having a

youth membership. However, after immigration to North America had
slowed to a trickle and the immigrants had assimilated into the estab-
lished culture, the self-help and mutual-aid organizations, including
the Landsmanschaften, slowly declined and disappeared. (Katz & Bender,
1976).

Self-Help in America: 1930's to the Present

According to Hurvitz (1976, pp. 283-294), self-help programs devel-
oped in response to the problems of the Great Depression. Increasing
numbers of Americans needed inexpensive yet effective psychiatric and
psychological services. However, the existing system of psychodynamic
psychotherapy was unable to meet that need and new methods and practices
of psychotherapy were necessary (Brenner, 1973). Self-help, among other
social experiments of the time, was in accord with the traditional
American concepts of individual initiative and cooperative community
effort. Dumont (1974) discusses this concept in great detail, saying
that self-help is deeply rooted in the American traditions of pragmatism
and populist movements. Having been stimulated by the social upheaval
of the 1960's, self-help has come to be viewed by many as the primary
source of mental health care.

> The sharing of concerns and commonality evidenced by the self-
> help movement is characteristically American; our preoccupation
> with progress as well as our heterogeneity prod us to search
> unendingly for group identifications as a source of cohesion.
> Becoming a member of a group is a rite of passage to a new com-
> munity which magically and tacitly infuses identity and pride.
> (Dumont, 1974, p. 631).

In addition, the self-help movement has a political dimension which arti-
culates the aspirations of a democratic idealism: the redistribution of
power.

Hurvitz (1976, pp. 283-294), on the other hand, proposed that the origins of what he terms the Peer Psychotherapy Self-Help Group Movement developed from two different world views that came together in American life: the religious and the secular (sociological, educational). Hurvitz claims that the concepts of group confession of guilt-causing experiences to one's peers, mutual criticism, repentance, penance and mutual help between the group members were known and practiced by early American religious leaders and laymen. Because conventional psycho-therapists failed the alcoholic, AA came into being, which relies upon spiritual sources of self-help. (Chafetz & Demone, 1962, p. 161). "The secular origins of Peer Self-Help Psychotherapy Groups are found in the American ideals of democracy and humanitarianism, coupled with a psycho-logistic conception of human nature. These roots run parallel to the Judeo-Christian traditions and beliefs brought by the pioneers and immi-grants." (Hurvitz, 1976, p. 288). For example, Recovery, Inc. started by Dr. Abraham Low in 1937, was founded on the concepts of self-reliance and will training. The religious tradition emphasized guilt, estrange-ment from the group, penance and reunion with the group; whereas secular traditions emphasized individual will and responsibility.

In modern American, urbanization and industrialization coupled with increased mobility leave the individual in what Caplan (1974) terms a sustained state of "emergency arousal." The loss of a supportive net-work and the resultant fatigue increases the susceptibility of the individual to a wide range of physical and mental disorders. Group supports are one means of protection; the support group treats each mem-ber as a unique individual and provides an "island of stability and

comfort in the turbulent sea of daily life." (Caplan, 1974, p. 6).
Groups can also provide an effective vehicle for political advocacy
for improving one's environmental situation.

Gartner and Reissman (1977), like Caplan, view the self-help
movement as arising out of the needs of modern society to cope with
rapid changes, the loss of traditional authority, the breakdown of
institutions and the alienation that characterize our era. They also
see the self-help movement as being greatly influenced by the values of
the 1960's which were characterized by a concern for personal autonomy,
the quality of life, consumer rights, deprofessionalization and de-
centralization.

In summary, mutual aid goes back to the beginnings of the human
race, but the reasons people have banded together through the ages have
changed. Early mutual-aid groups formed for food gathering, safety and
defense. Later, occupational groups formed to better working conditions.
Ethnic groups organized to cope with life in the "new land." Self-help
groups for inexpensive psychotherapy evolved during the Great Depression.
Groups such as AA rose out of religious and spiritual views, whereas
groups such as Recovery, Inc. evolved out of the secular view. The
alienation and stress of modern life have generated the need for peer
psychotherapy self-help groups.

SELF-HELP GROUPS AND THE CHRONICALLY MENTALLY ILL

As previously mentioned in the introduction, one of the aims of
this study is to assess the potential of self-help groups in meeting the
needs of the chronically mentally ill. The chronically mentally ill
represent a large number of persons who have been inadequately served by

professional service delivery systems in the community. Consequently, the chronically mentally ill are of special concern to this project because of their lack of support networks and their high level of need.

Definition of the Chronically Mentally Ill

There is considerable disagreement and confusion as to how to define the population of individuals commonly referred to as chronically mentally ill. Oregon House Bill 3132 defines a chronically mentally ill person as "an individual with a mental or emotional disturbance who: a) has been hospitalized twice or more in a 24-month period; and b) needs residential and support services of an indefinite duration to maintain a stable adjustment in society." (Oregon Legislature, 1979). In contrast, the Oregon Community Support Project defines the target population as consisting of any individual who meets at least one of the following criteria:

- Has had a single episode of hospitalization of at least one year duration for the treatment of a mental or emotional disorder between 1973 and the present.

- Has had a total of 24 months of hospitalization for treatment of a mental or emotional disorder between 1973 and the present.

- In the opinion of an experienced clinician is severely mentally disabled. (Oregon CSP, 1979)

At the national level, the Community Support Program of the National Institute of Mental Health has proposed a definition of the population somewhat different than the preceding two. Obviously, a broad consensus of what delineates the target population is difficult. However, by focusing on a general description rather than a specific working definition, the chronically mentally ill may be adequately defined for the purposes of this review. Goldman, et.al. (1981, p.22) state that "the

chronically mentally ill population encompasses persons who suffer severe
and persistent mental or emotional disorders that interfere with their
functional capacities in relation to such primary aspects of daily life
as self-care, interpersonal relationships, and work or schooling, and
that often necessitate prolonged hospital care." Fundamentally, an indi-
vidual who has a severe and prolonged mental or emotional disorder that
interferes with his or her ability to function independently in society
is a person who is chronically mentally ill.

The chronically mentally ill have been described as individuals
who, due to the nature of their disorders, lack adequate support systems
(Lamb, 1976; Mendel, 1976; Test and Stein,1977). "Support system implies
an enduring pattern of continuous or intermittent ties that play a signi-
ficant part in maintaining the psychological and physical integrity of
the individual over time." (Caplan, 1974, p. 7). Adequate interpersonal
relationships are commonly severely strained for this population due to
extreme dependency on the one hand and highly unusual behaviors on the
other. Very often the friendship and family networks that the chronically
mentally ill individual may once have had have become alienated from him
or her over the course of the illness. The result is often a socially
isolated individual with very little coping ability whose primary need,
in order to survive in the community, is an ongoing supportive network.

Self-Help and the Mentally Ill

Silverman (1978) has proposed that one of the reasons for the for-
mation of mutual help groups is as a response to the failure of the
professional service delivery system to meet the needs of particular
populations. With the advent of deinstitutionalization, ex-mental patients

have been moved out of in-patient, 24-hour-a-day service facilities into communities ill prepared to serve this very needy population. Self-help groups which focus on the mentally ill, such as Recovery, Inc., Schizophrenics Anonymous, and Emotions Anonymous (to name but a few) have organized throughout the United States and in other parts of the world. The growth of self-help groups concerned with mental illness is indicative of the capability of these groups to provide an extensive support system to individuals with needs that are either not being adequately met or are more appropriately met via membership in a self-help organization. "The trend toward deinstitutionalization in the mental health field has important implications for the mutual aid modality. As they move out into the community, former mental patients need organizations such as Recovery, Inc. and other types of small mutual help units to aid them in their adjustment and transition to everyday life." (Report to the President's Commission on Mental Health, 1978, p. 172).

Wechsler (1961, p 48) identified eight aspects underlying the formation of ex-patient groups:

a) The mental patient on return to the community may find difficulty in re-establishing satisfactory interpersonal relations.

b) Re-establishment and maintenance of adequate social relationships are of vital importance to the former mental patient, as failures in the social sphere may serve as contributing factors in relapse and rehospitalization.

c) Opportunities should be provided for the ex-patient to meet with other individuals who would accept him, despite the stigma often associated with mental illness, and present him with the necessary supports.

d) Individuals who share the common experience of hospitalization for mental illness may tend to be more understanding, self-accepting and supportive of each other.

e) One way of meeting these objectives is to form social
    groups composed primarily of former mental patients.

f) As a consequence, the ex-patient group may produce a
    milieu relatively freer from stress than other community
    life.

g) Within this sheltered social environment, the ex-patient
    may be able to establish interpersonal relationships
    more easily and develop and test various adaptive
    patterns of behavior.

h) As the ex-patient gains confidence from acceptace within
    the group and more experience in forming interpersonal
    relationships, it is hoped that he eventually will be
    able to relate to other persons outside of the protective
    setting.

Another perspective on professional versus self-help service is

that proposed by Chamberlin (1978). An ex-mental hospital patient her-

self, she views the structure of the professional care-giver/patient

relationship as one which fosters maladaptive dependency patterns on

the part of the patient and reinforces hospital recidivism. Indeed,

professionals themselves (Lamb, 1976; Mendel, 1976) have recognized

the detrimental effects of treating patients as dependent and irresponsible

individuals (i.e. the professional assumes the "parent" role and per-

petuates patient dependence). However, inherent in the professional

system of service delivery is a hierarchy wherein the patient or client

is placed in a position of one who is ill or in need and the professional

is placed in a position of power and competence in the provision of the

needed service. In contrast, mutual help is based on a peer, reciprocal

helping relationship. "(T)here is a mutual and a reciprocal quality in

their (informal caregivers) interactions with the people they help. The

giver and receiver of support are equally, though differently, benefited

by the contact." (Caplan, 1974, pp. 15-16). According to Chamberlin

(1978) the distinction between professional service and patient controlled

alternatives is rooted in the concept of role, i.e. service provider and service recipient. Patient controlled alternatives are not service systems per se but more akin to "supportive communities" in which there are not hierarchical roles but peer relationships.

By far the largest mental health focused self-help group in existence today is Recovery, Inc., founded in 1937 by a psychiatrist, Abrahame Lowe. There are over 725 Recovery groups in the United States with over 12,000 people in weekly attendance. The organization describes itself as being an association for "nervous and former mental patients" and employs a highly structured group format using a textbook, Mental Health Through Will Training, to develop "will power" to cope with the stresses of daily living. Although some professionals think that the pitfalls of member involvement with Recovery, Inc. outweigh the advantages (Omark, 1979), other professionals think the organization serves a very useful function in the delivery of mental health services (Sheldon, 1978). Two other mental health focused self-help groups are Schizophrenics Anonymous and Emotions Anonymous, both employing a similar, highly structured format akin to that used by Alcoholics Anonymous.

Self-Help Groups for Parents and Friends of the Chronically Mentally Ill

The parents and families of the chronically mentally ill have been alternately ignored by some professionals treating their sons and daughters and held responsible for the mental illness of their offspring by other professionals. "(M)any professionals lay all the blame for the patients' problems at the parents' doorstep. Many schools of psychiatric thought implicate the patients' families in aggravating and even generating their illness." (Lamb and Oliphant, 1979, p. 86). This process of either

ignoring patients' families or blaming them for the patients' illness
has obviously served to alienate the families of the chronically mentally
ill from the professional mental health system. However, it is estimated
that between one-half and two-thirds of patients released from mental
hospitals return to their families after discharge (Hatfield, 1979;
Lamb and Oliphant, 1979). Furthermore, the 1978 Report to the President's
Commission on Mental Health recommends that mentally ill patients should,
when possible, live in the community near their natural support networks
of families and friends. Certainly, in light of these facts, professionals
can no longer afford to alienate or ignore the families of the chronically
mentally ill.

Peer groups of families and friends of the chronically mentally
ill have important roles to play in providing support for one another
in coping with their life situation and also in pooling their experiences
and knowledge base about effectively helping both themselves and their
ill relatives to live as full and meaningful lives as possible. Many
family members who serve as primary care givers for mentally ill
relatives have acquired coping skills for themselves and their ill rela-
tives over years of experience with trial and error. Peer groups are
able to "pool" such skills and knowledge and save much anguish for
families more recently coping with mental illness. Membership in a peer
group of families with a mentally ill member provides a supportive
community which is frequently unavailable elsewhere. Mental health
professionals have long recognized the stigmatizing of the mentally ill
that has occurred by society. What professionals have failed to realize,
however, is that families with a mentally ill member have also been

stigmatized by society (and very often by the professional mental health system).

> Parents of Adult Schizophrenics was founded when a group of parents who had schizophrenic children over eighteen years old got together and began comparing notes. They felt that they were receiving more than their fair share of the blame for what had happened to their children and that no one in the professional ranks seemed to understand this or, for that matter, the problems inherent in being the parent of a schizophrenic. (Lamb and Oliphant, 1979, p. 87).

A very important role which many peer groups of families of the mentally ill are assuming is that of advocate for adequate and appropriate care for their sons and daughters, both with government officials and mental health professionals. In Oregon, TMED, an advocacy self-help group of friends and families of the chronically mentally ill has chapters in ten different counties with a membership of over 300 and is still growing.

> By its very nature, the self group can often accomplish more than the concerned professional alone. It has the political legitimacy of being a group of citizens organized around an issue that is important to them. Further, it has large numbers of potential members to draw on for support. Finally, such a lay group can be unruly, irreverent and committed in a way that is often appropriate for political activism but inappropriate for professionalism. (Spiegel, 1977, p. 771).

Professional Collaboration With Self-Help Groups For the Mentally Ill

In a survey of persons with a chronically ill relative, Hatfield (1979, p. 340) found that the highest priority of need for such persons was information about the illness and practical techniques for coping with and managing the illness. Professionals could provide a very useful and important service to peer family groups through the provision of knowledge and skills via consultation and/or workshops or seminars for the groups. The potential benefit to the mentally ill themselves,

considering the fact that the majority of the mentally ill either reside

with family members or are living in close proximity, is large in terms

of improving community patient care and preventing rehospitalization.

In addition, professionals with expertise in group process can provide

a useful service for groups on an intermittent basis as the organization

encounters difficulties in this area. The professional system also has

access to resources, including finances, office space and machines that

groups may need.

> The Canadian Mental Health Association of Ottowa helped to
> form a mutual aid group of families and friends of mentally
> ill or emotionally disturbed patients. This group also seeks
> to monitor and to influence the quality of treatment services,
> and works toward the improvement of after-care facilities for
> former patients through advocacy for new or better services.
> (Report to the President's Commission on Mental Health, 1978,
> p. 173).

Groups of families and friends of the mentally ill have a strong poten-

tial to provide needed services for this population, to improve existing

services and to advocate for services not presently available. A

relationship based on a mutual partnership between professionals and

self-help groups could benefit all parties concerned, especially the

mentally ill themselves. Towards this end, SIS has worked collaboratively

with families of the chronically mentally ill to establish an ongoing

support group. In addition, SIS is consulting with a local agency in

developing a self-help group for the chronically mentally ill.

CHAPTER IV

PROGRAM DESCRIPTION

The Self-Help Information and Referral Service is an interrelated
set of activities whose mission is to expand the quality and scope of
human services available in the Portland area by maximizing the potential
of self-help groups meeting community members' needs. As mentioned in
the introduction, the goals include: (1) the development and maintenance
of an accurate inventory of Portland area self-help groups, (2) the
facilitation of linkage of community members interested in self-help
groups with groups capable of meeting their interests and/or concerns, and
(3) the acquisition of accurate information about the number of indivi-
duals in the community interested in utilizing self-help groups and the
scope of their self-help concerns.

The service is realized through the interrelation of these activities.
The Self-Help Project and the self-help groups collaborate to produce
information about each group. The Self-Help Project provides this group
information and supplemental phone staff to the central area's information
and referral service (Tri-County I & R). Simultaneously, the Self-Help
Project communicates to the community information about the service and
the availability of group information through an information campaign
using a specially designed poster and public service media.

Some of the informed community members who become aware of the
service call Tri-County I & R. They are referred to existing groups if
possible and this fact is recorded. If referral is not immediately possible,

they are requested to remain on a waiting list for possible launching of new groups. The waiting list provides a pool of interested persons and an estimate of unmet demand for groups. Other estimates of community need are added to suggest which groups are needed. Further phases of the Self-Help Project include launching needed groups.

MISSION AND GOALS OF SIS

The mission of the Self-Help Information and Referral Service is to expand the quality and scope of human services available in the Portland area by maximizing the potential of self-help groups in meeting community members' needs. As mentioned in the introduction, the goals of SIS include: (1) the development and maintenance of an accurate inventory of Portland area self-help groups, (2) the facilitation of the linkage of community members interested in self-help groups with groups capable of meeting their interests and/or concerns, and (3) the acquisition of accurate information about the number of individuals in the community interested in utilizing self-help groups and the scope of their self-help concerns.

NEEDS ASSESSMENT

Assessments of needs is important for the development of a comprehensive conceptual framework for the delivery of human services. Although techniques of needs assessment have been developed for the formal system rather than the informal self-help system, certain of the usual techniques may be applicable.

An understanding of the scope of concerns which self-help groups may address is useful as one criterion for determining the types of self-help groups that will be developed in the course of the project.

Estimating the range of needs for self-help groups in the Portland area entailed the following steps: (1) reviewing (a) national and local estimates of the prevalence of mental illness, (b) recently completed assessments of the community perceptions of human services needs (Tri-County Community Council, 1980), (c) data about unmet mental health needs compiled by the county Department of Human Services (1979), (d) requests for information about self-help groups from Tri-County Information and Referral Service prior to SIS (e) 1979 projections from census data and selected indicators from the Mental Health Demographics Profile System; (2) seeking information from 15 other self-help information projects throughout the nation about their services and any needs assessment techniques they have applied; and (3) ascertaining from the number of groups, number of callers for groups and the number of callers for which no groups exist the extent of met and unmet demand. Analysis of these indicators and their relation to the resource inventory is still in progress.

RESOURCE INVENTORY

The first step in developing an accurate inventory of self-help groups in the tri-county area was the creation of a data collection instrument. (See Appendix B). The inventory was drafted after review of:

The Tri-County Community Council Information and Referral's Resource Questionnaire (See Appendix C)

Self-Help Project Grant Proposal (1979)

The AIRS National Standards (1978)

National Institute of Mental Health Planning Manual (1977)

And other materials from the Tri-County Community Council's Reference Library.

The first rough draft was revised by the project staff after examining the available information about resource inventories. Nominal Group Technique (Delbecq et. al., 1975) was utilized to obtain maximum input from all members to ensure the inclusion of the most important and relevant questions.

The inventory collects information under the following content areas: general information, membership process, meeting, services provided, professional involvement and organizational structure.

A protocol (Appendix D) was developed for using the Resource Inventory as written procedures were needed to ensure that inventory efforts were as uniform as possible. The protocol provides explicit instructions for filling out the Resource Inventory, including a definition of a self-help group and listing instructions for handling potential problems which might arise in the course of the interview.

The Self-Help Project maintains its inventory by both actively searching out self-help groups (i.e. pursuing information leads about potential groups) and responding to overtures from groups that have learned of the project and would like to participate in the service. When initial contact with a self-help group is made, the resource inventory form is used to collect the appropriate information for SIS. After completion, the group inventory form is coded according to concern(s) and function(s) (See Appendix E for details of the coding system) and filed according to concern at both Tri-County Information and Referral

service and the Self-Help Project offices. Both offices are kept informed
of any changes in the status of the self-help group inventory (i.e.
changes in a group's telephone number, address, etc.). In addition, the
inventory is periodically reviewed and updated by recontacting each group
and having the group complete a current inventory form. Thus, as
accurate an information and referral service as possible is provided.

POTENTIAL MEMBER INVENTORY

In addition to the group inventory form, the project has also
developed a potential member inventory form (Appendix F) collaboratively
with the staff of Tri-County Information and Referral. The potential
member inventory form is divided into two parts: the first part capturing
the basic information necessary for an individual to be referred to an
appropriate self-help group (i.e. the problem or concern that the indi-
vidual has and any possible limitations to group attendance), the second
collecting demographic information (on a voluntary basis) for later research
purposes. An effort was made to keep the potential member inventory as
brief as possible so as not to infringe on the privacy of potential
members or disrupt the usual referral procedures of the Tri-County
Information and Referral Service.

The potential member's need or concern is coded from the master
coding list according to the specific concern expressed by the individual
and matched with a self-help group with the same or a compatible concern
if such a group is available. If no appropriate group for meeting the
caller's concern is presently available, the potential member is asked
if s/he is willing to be put on a waiting list to possibly help form or
participate in such a self-help group at a later date. The "waiting list"

is periodically reviewed and referrals made from it as new groups are
created or as existing groups become open to new members.

INFORMATION CAMPAIGN

A major goal of the Self-Help Information Service is to link
community members with concerns to specific groups available to meet
those concerns. In order to facilitate this linkage function, an infor-
mation campaign was developed to inform the community about the existence
of the service. The information campaign utilized four media: a poster
for distribution over the tri-county area, a press release and cover
letter, a public service announcement and cover letter for radio, and
a public service announcement for television.

The poster was produced through the joint efforts of Project staff
and other professionals who donated their time and skills to design and
produce the poster. The Project staff compiled an exhaustive list of
agencies, organizations and businesses that would eventually receive
posters. This list included high schools, community colleges, universities,
health and mental health agencies, businesses, government and other public
and community organizations and agencies, and religious organizations in
the tri-county area—Multnomah, Washington, and Clackamas counties. This
list was further subdivided into geographical areas which could be managed
by individuals delivering posters.

As soon as the printed posters arrived, staff members and volun-
teers distributed as many posters as possible before Christmas and during
the highly stressful Christmas season. By February 1, approximately 800
posters had been distributed by eight to ten staff members and student
volunteers.

A press release was sent to commercial, university and community
newspapers. An attempt was made to integrate into the press release the
ideas, concepts, style and phrasing used in the poster. One newspaper,
the Oregon Journal, followed up on the press release with a feature
story on the Self-Help Information Service.

In mid-December a public service announcement was released to 18
radio stations in the tri-county area. The announcement was a condensa-
tion of the poster copy, retaining its style and some of the same phrasing
in an attempt to tie together the varying elements of the information
campaign and thus provide continuity.

As of this date, preparations for a public service announcement
for television are in process. A television station is willing to assist
in the production of the public service announcement and is shooting a
slide of the modified poster artwork which they will then air periodically
as a public service announcement for the Self-Help Information System.
In addition, the station will make duplicate slides and distribute them
to the rest of the local television stations in Portland.

Project members are also available to speak on radio and TV talk
shows about the Self-Help Information Service and self-help groups in
general and to give interviews about the service to reporters for news-
paper publication.

COLLABORATION WITH TRI-COUNTY INFORMATION AND REFERRAL

SIS is fortunate to have the cooperation of the existing Tri-County
Community Council Information and Referral Service in the provision of the
40-hour per week Self-Help Information Service. The telephone service is
integral to achieving the SIS goal of linking needy community members to

groups capable of meeting those needs. The SIS telephone service was originally projected to be staffed entirely by project personnel and operate for 30 hours per week. However, collaboration with Tri-County Community Council Information and Referral Service has expanded SIS into a 40-hour per week telephone referral service, primarily staffed by Tri-County with additional part-time personnel provided (16-24 hours per week) by the Self-Help Project. The staff of Tri-County Information and Referral has agreed to integrate SIS into their onging service delivery system, potentially enabling a long-term perpetuation of SIS. Both organizations collaborate for their mutual benefit--the scope of the Tri-County Community Council Information and Referral Service is broadened to include self-help groups and the Self-Help Project has a 40-hour per week telephone service.

CHAPTER V

RESEARCH DESIGN AND METHODOLOGY

This study of consumer satisfaction was a formative evaluation
which means that it was designed for the results to be used to modify
SIS as a result of the criticisms and suggestions of the consumers and
staffs involved in this study. An ex-post facto design was utilized.
Questionnaires were developed for the four samples involved in this
study to measure their satisfaction with the service.

PARTICIPANTS IN THE STUDY

Specifically, the participants in this evaluation included:
(1) the six person staff of Tri-County Community Council Information
and Referral (I & R staff); (2) the six person Project staff and four
students (Project staff); (3) the 44 persons who called the Self-Help
Information Service (callers) and were not immediately referred to a
group including those who are presently participating in a group, those
who dropped out of a group, those who were not referred to a group, those
who were referred but did not make contact with the group, and those
who were referred and made contact but did not attend or join the group;
(4) and 25 groups listed with the Self-Help Information Service (groups).

The first three sets of participants were 100 percent samples; the
self-help group representatives were an 18 percent random sample of the
136 self-help groups inventoried. Two callers were not interviewed be-
cause they could not remember their contact with the service. Of the

surveyed groups, one was defunct and, therefore, was not interviewed. The sample of groups was chosen using a Table of Random Numbers; twenty-five groups were included in the sample because the Project's statistical consultant suggested that this was a stastically adequate and practical number.

METHOD OF STUDY

This evaluation of SIS was carried out during February and March of 1981. Separate interview schedules were developed by the evaluation team with one schedule being targeted at each of the four samples involved. The Project staff and I & R staff questionnaires were pretested by presenting the instruments to each staff person for comments and recommendations for revision. Soliciting feedback from the prospective respondents assured higher validity in that the evaluators were assured they were measuring variables the staff believed important and that the questions actually collected relevant data to measure those variables. The caller questionnaire was pretested on a caller who agreed to participate in this matter. The group questionnaire was not pretested.

Single measurements were taken of the four samples after contact with the service (ex-post facto design). One measurement of conditions which existed prior to the establishment of the service was available-- the number of requests for referrals to self-help groups is tabulated at Tri-County Information and Referral on a monthly basis and this data was compared with post-SIS requests for self-help groups. This will be discussed in the next section under I & R Staff Results. By asking for retrospective self-reports from participants on their statuses prior to contact with SIS, the interview schedules provided a pseudo-pretest

measure. Other measurements collected information on status and levels of satisfaction after contact with the service.

The interview schedules ask for data from each sample as outlined below:

For I & R staff

- Understanding of the protocol and technical procedures around the service.

- Satisfaction with the ways self-help groups are inventoried.

- Comfort with the potential Member procedures

- Comfort with the Group Inventory procedures

- Overall satisfaction--how has SIS improved your service or how has SIS impacted upon I & R negatively?

- What would make SIS better and more effective?

- How have attitudes of SIS members been towards I & R staff?

For Project staff

- Understanding of the protocol and technical procedures around the service.

- Satisfaction with the way self-help groups are inventoried.

- Comfort with the Potential Member procedures and time spent on related tasks.

- Comfort with Group Inventory procedures and time spent on related tasks.

- Comfort with the Information Campaign procedures and time spent on related tasks.

- Satisfaction with the speed of the referral process.

- Overall satisfaction with SIS.

- What would make SIS better and more effective?

- How effective is SIS?

- Attitudes of Project staff towards each other.

- Specific questions aimed at the principle investigator, the project director, the research assistants and the students.

For Callers

- Promptness of service.

- Ease of obtaining service.

- How treated by personnel.

- Effectiveness of service.

- Reasons for non-utilization of the referral information.

- Strongest aspect of the service.

- Weakest aspect of the service.

- Recommendations for improvement of the service.

For Groups

- What impact has the service had on your already existing group?

- What could be done to improve the service?

DATA COLLECTION

The interviews began during the last week of February, 1981. The I & R staff and the Project staff were interviewed in person by the evaluators; the callers and the groups were interviewed over the phone by the evaluators. The interviews were completed within three weeks.

I & R staff and Project staff had been informed of the evaluation and interviews several months before the interviews occurred. Each interview took 10 to 15 minutes to complete. Callers were contacted by telephone and were asked if they would participate in a short interview for purposes of an evaluation of the Self-Help Information Service. They

were also asked if the interviewer was interrupting at a difficult or busy time, and if the response was affirmative, arrangements were made to re-contact the interviewee at a better time. This interview took 10 to 20 minutes to complete. The contact persons for the groups in the sample were contacted and asked to participate in the same manner as the callers were asked; the interviews for these participants took less than five minutes.

DATA ANALYSIS

The questionnaires consisted primarily of fixed-response items with a few open-ended questions to add richness to the study. The fixed-response data were tallied and organized into tables of frequency and proportion. Open-ended data were organized into general categories and then tallied. (Appendices G, H, I, and J). The findings were interpreted by comparing present conditions to the conditions of the respondents when the service began in December, 1980, by how well the service has met Project staff expectations and by comparing SIS to other Self-Help Information and Referral Services around the country. (Appendix A).

CHAPTER VI

RESULTS

The results are presented in four sections corresponding to the
participant groups involved in the study: (a) Self-Help Project staff,
(b) I & R staff, (c) groups, and (d) callers. (See Appendices G, H, I
and J.)

SELF-HELP PROJECT STAFF QUESTIONNAIRE

All ten staff persons from the Self-Help Project were interviewed
in face-to-face interviews and asked thirty questions, twenty-four of
which were closed-ended and four of which were open-ended. (See
Appendix K). In addition, the staff was divided into four different
categories (principal investigator, project director, research assistants
and students) and each staff person was asked one or more specific
questions in relation to his or her particular role in the project.

The Self-Help Project Staff Questionnaire included brief summaries
of the goals and objectives of SIS which were designed to remind the
staff of the specific aims which SIS has attempted to fulfill. Staff
members were probed concerning three functional aspects of SIS:
(1) satisfaction with their particular roles in SIS, (2) satisfaction
with SIS in regards to its effectiveness in achieving the goals and
objectives of SIS and (3) satisfaction with their own competence in
fulfilling their particular function in the operation of SIS. The
questions covered three content areas: (1) the self-help group

inventory, (2) the potential member inventory, and (3) the information

campaign and also two summary areas: (1) collaboration with Tri-County

Information and Referral and (2) overall satisfaction with SIS. Further-

more, staff suggestions, comments and criticisms regarding all aspects

of SIS were solicited in open-ended as well as closed ended questions.

Findings

Self-Help Group Inventory. In brief, the majority of the staff

were satisfied with all aspects of the self-help group inventory process:

time required, usefulness of the form and the procedures and directions

given. More specifically, the entire staff of the Self-Help Project was

satisfied with the amount of time each spent on the inventory of self-

help groups. Eight staff persons thought the inventory was either

very useful or useful for collecting the information necessary for the

operation of SIS and the research goals of the Project. Two did not.

While most staff thought that the procedures for using the group inven-

tory form were adequate and comprehensive, two staff members thought

they were cumbersome. The directions for using the self-help group

inventory questionnaire were thought to have been clear by seven staff,

not clear by one and not applicable to two staff persons. In addition,

half of the staff stated they were comfortable or somewhat comfortable

contacting groups to inventory them.

Potential Member Inventory. The majority of the staff were satis-

fied with all aspects of the potential member inventory process: time

required, usefulness of the form, and the procedures and directions

given. In specific, almost all Self-Help Project staff persons were

satisfied with the amount of time each spends on the inventorying of

of potential members to self-help groups. In addition, eight staff
thought that the potential member inventory form was either very use-
ful or useful in capturing the information needed by SIS and the research
project, though two staff persons did not know how useful the form
was. There was a single staff person who was uncomfortable contacting
potential group members and who thought that the directions for utilizing
the potential member questionnaire were unclear. Two staff thought
that the procedures for using the potential member form were sketchy and
inadequate. A majority of the staff, however, thought the procedures
and directions were comprehensive and adequate and clear. Furthermore,
a majority of the staff were also comfortable contacting potential group
members.

Information Campaign. In brief, the majority of the staff were
also satisfied with all aspects of the information campaign: time re-
quired, usefulness of the poster, and the procedures and directions
given. Nine staff were satisfied with the amount of time each spent
working on the information campaign, but one staff person was not and
thought that the information campaign (specifically the delivery of
SIS posters) took too much Project staff time and energy and consequently
was inefficient. The entire staff was unanimous in thinking the SIS
poster was either very useful or useful in conveying the necessary
facts about SIS to the public. Six to eight staff were comfortable
disseminating information about SIS, thought there had been clear
directions given for the process and thought the procedures for the
information campaign were adequate and comprehensive. However, two staff
thought the procedures for the information campaign were sketchy and

inadequate, the directions were not clear and were uncomfortable disseminating information about SIS.

Collaboration With Tri-County Information and Referral Service. The large majority of Self-Help Project staff were satisfied with the amount of time each spent working at Tri-County Information and Referral Service, thought s/he received satisfactory training to work at the service and were satisfied with the attitudes of other staff persons towards him/her. Nine staff were either satisfied or very satisfied with the amount of time each spends working at or with Tri-County Information and Referral Service. One was less than satisfied with the time s/he spent at Tri-County Information and Referral Service and thought s/he received unsatisfactory training for working at the service. However, most staff thought their training was either very satisfactory or satisfactory. Almost all the staff thought the attitudes of Tri-County's staff towards them as a co-worker was either very satisfactory or satisfactory.

Overall Satisfaction With SIS and the Self-Help Project. In brief, the entire staff was satisfied with the overall performance of SIS. More specifically, in evaluating their satisfaction with all aspects of SIS combined, the entire staff of the project were either satisfied or very satisfied. The principal investigator responded that SIS was more than fulfilling his expectations as conceived of in his grant proposal for the project. The project director was very satisfied with the proportion of staff time and energy invested in SIS and thought SIS was very useful in furthering the attainment of the overall research goals of the project. Three student staff thought that their participation

in SIS was very or somewhat useful in expanding their knowledge base of self-help groups and research. One student staff did not find his/her participation in SIS useful in expanding his/her knowledge base and suggested that students be given structured orientation sessions to the project and more of an opportunity to consult with the staff. All four research assistants thought their involvement with SIS was very useful experience for their professional growth.

Project staff were satisfied with the way SIS handles referrals to self-help groups. Three staff thought that consistent and explicit procedures for using the potential member inventory could improve the quality of the referral service delivered by SIS. One suggested more publicity of the service and better coordination with Tri-County Information and Referral as a means of improving SIS.

The most frequently mentioned responses for improving the functioning of SIS were the development of explicit, written procedures for processing potential member contacts and a larger publicity and public relations campaign to increase the volume of both self-help groups and potential members using the service. In addition, two staff thought better collaboration and cooperation with Tri-County Information and Referral Service was needed for a consistently high quality of service delivery and to ensure the achievement of the project's research goals. The project director recommended the assignment of at least one staff person to oversee the entire operation of SIS and the assignment of responsiblity for the management of particular operations of SIS with specific staff persons. Furthermore, she recommended that SIS operations and procedures be systematized and written into protocol with built-in quality assurance checks.

Summary

Nearly all staff were satisfied with all aspects of the self-help group inventory process: the time required, the usefulness of the inventory form, and the procedures and directions for inventorying the groups; the potential member process; and the information campaign. Self-Help Project staff were satisfied with the amount of time spent working at Tri-County Information and Referral Service, believing they had received satisfactory training to work at the service. Self-Help Project staff perceived the attitudes of the Tri-County I & R staff towards them as positive. Furthermore, the majority of the staff was satisfied with the overall performance of SIS in meeting its objectives, the broader project objectives, and the staff's own personal objectives. Simply stated, Self-Help Project staff satisfaction with SIS was high.

I & R STAFF QUESTIONNAIRE

Utilization Data

The Self-Help Information Service is a collaborative effort involving Tri-County Information and Referral and the Self-Help Project.

Data provided by I & R shows that SIS has had an impact on the number of calls coming into I & R during the nine month period of July 1980 through March 1981. The service started up in January 1981 and the data shows a noticeable 300 percent increase in calls asking for self-help information starting at that time. The subsequent decline may indicate the need for repeated bursts of "advertising" for the service. (See Figure 1).

FIGURE 1

IMPACT OF SIS ON NUMBER OF CALLS TO I & R
ASKING FOR SELF-HELP INFORMATION
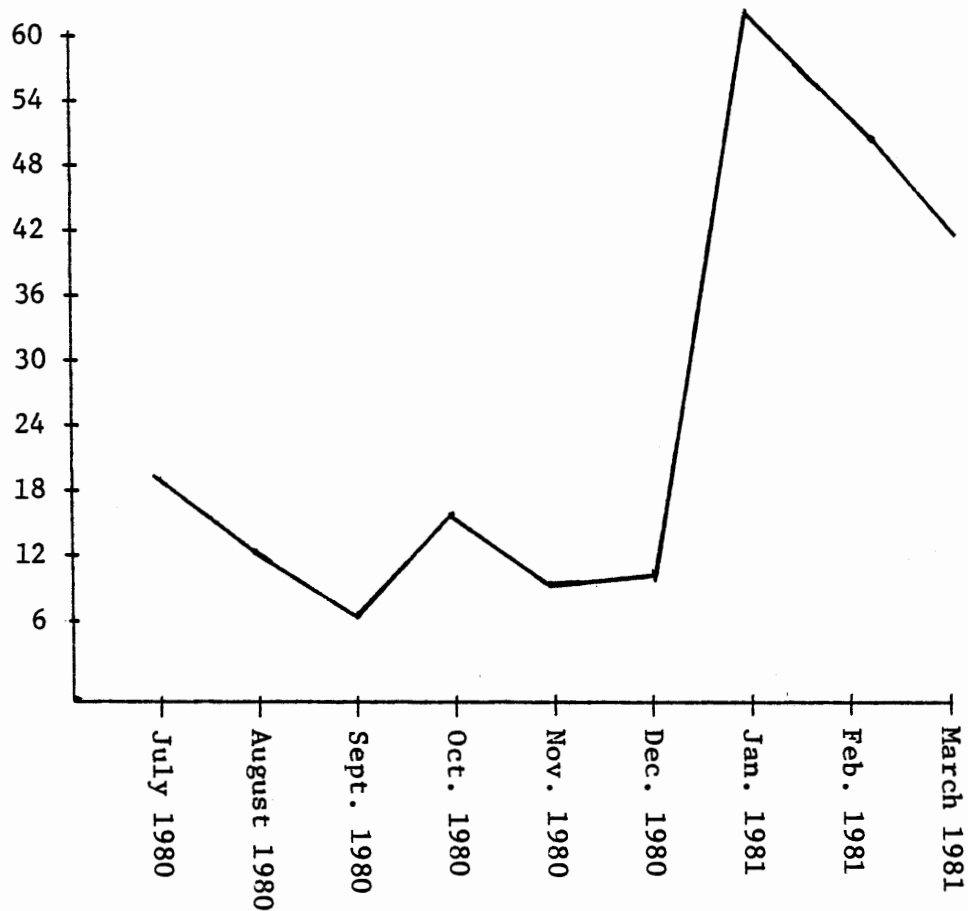
Sample

The six staff (100 percent sample) of Tri-County I & R were asked

about the main procedures for using the Potential Member forms, procedures

for using the Group Inventory Form, satisfaction with the referral

procedures, satisfaction with the exchange of services between I & R

and SIS and general satisfaction with SIS. (See Appendix L for question-

naire and Appendix H for questionnaire results).

Findings

The results of this survey of I & R staff indicate that satisfaction
with SIS is high even though imperfect procedural understanding and
coordination is evidenced at this time.

The first part of the questionnaire was designed to assess the
knowlege of I & R staff regarding the appropriate uses of the Potential
Member forms and the Group Inventory forms. The use of these forms
constitutes the major tasks SIS staff asks I & R to perform. These forms
provide the informational base for the Self-Help Information Service
and also are important for furthering the attainment of the research
goals of the Self-Help Project.

Regarding the use of the Potential Member forms, the I & R worker
was asked to describe the procedures for use of the form in two different
instances--when a self-help group is available for referral and when a
self-help group is not available for referral. When a group is available,
the worker should proceed through five steps. No one on the staff
stated all five steps; most of the steps were mentioned by only one and
sometimes two workers. When a group is not available, the worker should
proceed through three steps. These procedures were better known by I & R
staff with five workers mentioning two of the steps involved. There are
four steps involved in the procedures around the Group Inventory forms;
about half of the staff were knowledgable of these steps.

One-half of the I & R workers felt clear or somewhat clear orienta-
tion had been given to work with the potential member forms. When
questioned about the Group Inventory forms, only one worker thought
clear directions and training had been given. Most of the staff thought
they did not have a picture of the total system of the Self-Help Information

Service such as where the forms go and when and how the forms are used. When the staff was asked if orientation designed to give a view of the total system would be helpful, almost all responded affirmatively.

An assessment of the impact of the potential member procedures on the functioning of the staff at I & R was made. One-half of the workers are comfortable responding to telephone requests for referrals or further information about SIS. However, two workers think the procedures are cumbersome while two think they are comprehensive and adequate. Regarding the Group Inventory forms, almost all of the staff are comfortable responding to telephone calls from self-help group members asking to register their groups with SIS or for further information about the service. Two workers think these procedures are cumbersome while three think the procedures are comprehensive and adequate.

One-half of the staff responded when asked how Potential Member procedures might be improved. All of these respondents wanted to limit the data collected to name, telephone number and concern of the caller because time and tact limit their ability to obtain all the desired information at the time of initial contact, and they thought Project staff could collect the rest of the information at the time of re-contact. When asked how Group Inventory procedures might be improved, one person responded recommending that inventory procedures be incorporated into the data collection and file up-dating system of Tri-County Information and Referral.

To summarize responses on the Self-Help Information Service procedures, all of the staff felt the procedures were smooth (non-disruptive) and two workers felt the service had a facilitative impact on I & R.

Well over half of the staff thought that referrals are made promptly to potential members when a group is available and that referrals are appropriate. Almost all of the staff did not know if they were satisfied with the way SIS handles referrals when a group is not immediately available for the caller and the contact information is sent to SIS staff. Two workers suggested that feedback to I & R would be helpful. Specifically suggested were informing the I & R worker when the call-back will be made by SIS and what action (i.e. referral) was taken with the potential member.

The collaborative, exhange arrangement of "person power" and resources between I & R and Project staff is described as being satisfactory or very satisfactory by all of the I & R staff. Likewise, all of the staff state that the attitudes of SIS staff toward the I & R worker have been satisfactory or very satisfactory.

The extent to which SIS has reached its goal of expanding the scope of I & R resources to include self-help groups in the Tri-County area was measured; most of the staff felt SIS had greatly expanded or somewhat expanded I & R resources. The I & R staff was also asked to evaluate the effectiveness of SIS in reaching the over-all goals of increasing I & R resources, linking self-help groups and prospective members and providing accurate information about self-help groups to prospective members; all of the staff felt SIS was effective or very effective in reaching the stated goals. Suggestions for making the service even more effective focused on the need for more publicity--one person said "time, experience and exposure" would add to the effectiveness. All of the staff thought the Self-Help Information Service improved or greatly improved Tri-County Information and Referral efforts.

Summary

  I & R staff were considerably lacking in knowledge of the procedures
for using the Potential Member forms and the Group Inventory forms.

  While one-half of the workers thought clear orientation had been
given for using the forms, most workers stated they did not have a
picture of the total system of the Self-Help Information Service. Almost
all staff thought orientation designed to give a view of the system would
be helpful.

  Suggestions for improving the service were to limit the amount of
data collected at I & R and to receive feed-back from Project staff
about the action taken with referrals such as when the person was called
back and what referral was made.

  All of the staff felt SIS was effective in reaching the stated goals
of the service and agreed that SIS efforts improved the Tri-County
Information and Referral Service.

SELF-HELP GROUP QUESTIONNAIRE

  Twenty-four of the 136 self-help groups inventoried were contacted
and completed questionnaires. The questionnaires asked about self-help
group contact with SIS, helpfulness of SIS, and satisfaction with SIS;
comments and criticisms were also solicited from the groups. (Appendix M.)

Findings

  In brief, the groups contacted were evenly divided regarding
whether SIS had been helpful to the group or not, but a majority of the
groups were satisfied with their contact with SIS. More specifically, one
self-help group (.04 of the total sample) thought that having their group
registered with SIS had been very helpful to the group (i.e. provided

the group with new members, favorable notice, etc.), .38 of the total

sample thought that registration with SIS had been helpful, .38 thought

that registration was unhelpful and .20 of the groups did not know

whether registration of their group had been helpful or not. In the

process of implementing the self-help group questionnaire, ambiguity

became evident regarding the response "unhelpful." For the purposes of

evaluation, an "unhelpful" response was defined as being equivalent to a

response of "made no difference."

When asked how satisfied they were with their contact with SIS,

.38 of the self-help group contact persons responded very satisfied,

.33 responded satisfied, and .29 responded that they did not know how

satisfied they were with their contact with SIS. Two prominent reasons

emerged during the evaluation for a contact person not knowing how

satisfied s/he was with SIS. One was that the individual contacted

for the interview had never personally had any contact with SIS (i.e. other

group members had contacted SIS) and s/he was unfamiliar with the group's

relationship with SIS. Another frequent reason given for unknown satis-

faction with SIS was that the contact person had no way of knowing whether

SIS had a favorable impact on their group (i.e. provided new member

referrals to the group) or not.

Self-Help Group Suggestions/Criticisms Regarding SIS. The most

frequent comment or suggestion given by self-help group contact persons

for improving the operation of SIS was that more publicity of SIS was

needed. This would generate more referrals to the self-help groups

inventoried by SIS which was the next most frequently mentioned

suggestion for improving SIS. In addition, more information about the

operation and functions of SIS was desired by the groups so that they

would better know how to maximize their group's benefit from SIS. Some respondents thought that an increased role of SIS, inclusive of follow-up on self-help group referrals and the provision of auxilary services (including clerical resouces and technical advice on launching and maintaining self-help groups) would enhance their group's benefit from SIS and hence improve the functioning of SIS.

Summary

The self-help groups surveyed were almost evenly divided regarding whether or not SIS had been helpful to their group. However, none of the groups surveyed thought that SIS was a hindrance to their group. In addition, .71 of the groups were satisfied with their contact with SIS and the remaining groups did not know how satisfied they were with SIS (no group was dissatisfied with SIS). These results indicate that SIS has had a favorable influence on a large proportion of the groups inventoried. (See Appendix I for the actual results.)

CALLER QUESTIONNAIRE

Sample

As Figure 1 shows, 112 people called SIS to obtain varied information about self-help groups during January and February 1981, the time during which this evaluation was done. Of these 112 callers, 44 were referred to the Self-Help Project because the referral could not be made immediately by the I & R worker. Therefore, the 68 callers who were immediately referred to a group by I & R or given information are not included in the sample of callers involved in this evaluation of the service. The I & R staff have been asked by Self-Help Project staff to

inform the latter of all referrals made through the Self-Help Informa-
tion Service so that when an evaluation is done in the future the sample
will include all consumers of the service and not just those participants
for whom a group was not immediately available and a referral could not
be made. Obviously, if callers who could not immediately be helped are
the only consumers surveyed, the results may reflect a negative bias.

The 44 consumers (callers) of the Self-Help Information Service
were contacted (see Appendix N) and asked to participate in an evalua-
tion of the service. Of the 44 in the population, one person could not
remember being contacted by the service due to memory loss and one person
was mistakenly included--she had never actually had contact with SIS.
Therefore, N=42 in this discussion of the results of the Caller Question-
naire. (See Appendix J for the actual questionnaire results.)

Findings

Although only 7 percent of the callers are still participating
in self-help groups as a result of their contact with SIS, almost all of
the respondents were satisfied with the service they received from SIS.

Most of the respondents contacted Tri-County I & R (222-5555) about
a self-help group. Of these, almost all indicated the worker at I & R
was friendly and helpful. Very few of the callers were referred by
Self-Help Project staff to I & R or by I & R to Project staff, but
of these, most said both places gave consistent information. Most of the
callers indicated they had no difficulty finding out about or contacting
SIS. Of the few who did have difficulties, three people indicated
they were unaware of SIS because there was not enough publicity. One
person said I & R lacked the specific information she needed about self-

help groups; one person said it took a couple of months to get a group launched; one person said the SIS person she was to talk to was out of the office and one person said call-backs by SIS took too long.

Almost all of the callers felt neutral to very positive about calling the service and called about membership for themselves in self-help groups. Of the respondents not calling for membership in a group, three were professionals calling for clients, three wanted further information, two were calling for a friend and one was interested in a directory of self-help groups. Most of the callers indicated they were very satisfied or satisfied with the responses to their requests which they received from the service.

Over half of the callers were referred to a group, either immediately or later. (See Figure 2 for a graph depicting the way in which the respondents funnel down through the referral process described in this paragraph.) Of these, most had no trouble contacting a group representative. Of the callers referred to a group, less than half had attended group meetings and most of these people had attended only one meeting. Of the people who had not attended meetings, four respondents said the group had not started yet, five said they were too busy and had not had time to contact the group and six respondents stated various reasons such as lack of transportation or that it was too far to travel to the self-help group which they had been referred to. Of the callers who attended a group meeting at least once, almost all stated that the referral was an appropriate one. Of the nine respondents who had attended at least one group meeting, two indicated they felt much better, two said they felt better, and four indicated they felt just the same. About half stated the concerns and interests of the group members were

similar to theirs and were still attending group meetings. Of the five

respondents who said they are not still attending meetings, one person

said the group was not what s/he wanted in a group; one person was too

busy to attend and had a time conflict; one person was a professional

observing the meeting; one person said the age range of the group was

"wrong" and one said the group was too depressing. Of the four callers

who were still attending meetings, three stated their needs and concerns

are being met by the group and that they plan to continue attending

meetings in the future.

FIGURE 2

HOW RESPONDENTS FUNNEL DOWN THROUGH
THE REFERRAL PROCESS

N=42	N=24	N=9	N=8	N=4	N=3
Total number of callers not immediately referrable to a group; respondents of the study	Respondents referred to a group	Respondents who have attended at least one group meeting	Respondents who thought the referral was appropriate	Respondents who stated the concerns and interests of the group meeting were similar to theirs and were still attending group meetings	Respondents who plan to continue attending group meetings

Of the total population of callers, slightly over one-half were asked to be on a waiting list to form a group; almost all of these agreed to be on a list and indicated they were satisfied with this arrangement.

Most of the respondents were told that the SIS staff would re-contact them and of these, the SIS staff did recontact four-fifths of them. Almost all the callers who were re-contacted stated that the SIS person was friendly and helpful.

Of the total population of respondents, slightly less than half stated they would be available and willing to help form a group if the opportunity arose. Of these, most had not yet had the opportunity to help form a group. Of the two respondents who had been involved in launching groups, both stated the procedures for forming a group develo-oped by SIS staff were helpful.

Most of the callers stated that SIS provided them with accurate information and said they would refer a friend or relative to the service. Overall, almost all respondents were satisfied or very satisfied with the service they received from SIS.

When asked for specific reasons for satisfaction/dissatisfaction with the service, three-fourths of the responses were positive, making comments about (a) the friendly service, (b) SIS supplying needed infor-mation in a meaningful, helpful way, (c) SIS staff being concerned about the individual and (d) the positive feeling conveyed by SIS staff that something could be done to help the caller. The reasons for dissatisfac-tion were: (a) that it took too long to get a group going, (b) one person was not re-contacted as promised, (c) one referral was inappropriate and (d) much of the potential for SIS was "unrealized" yet.

Summary

Slightly more than half of the callers initially unreferrable were referred to a self-help group after a second contact at a later point in time. Less than half of those referred actually attended a group meeting and one-third (three) of those people plan to continue attending meetings. In spite of this low number of people actually linked to groups, almost all respondents were satisfied with the service they received, stating SIS was friendly, helpful, concerned, optimistic and able to supply needed information.

CHAPTER VII

SUMMARY, RECOMMENDATIONS AND DISCUSSION

Summary of Findings

The Self-Help Information Service. The majority of the Self-Help
Project Staff were satisfied with the overall implementation performance
of SIS in meeting the service's objectives, the research project's
objectives and the staff's own personal objectives. In addition, most
project staff were satisfied with the self-help group inventory process,
the potential member inventory process, the information campaign and the
amount of time each spent working at Tri-County Information and Referral
Service.

All of the I & R staff thought SIS was effective in reaching the
stated goals of the service and agreed that SIS efforts improved the
I & R service resource base. Referrals to self-help groups through
I & R tripled upon the advent of SIS. I & R staff were lacking in
procedural knowledge of SIS and did not have an understanding of the
total system of the Self-Help Information Service. The staff agreed
that orientation designed to give a view of the system would be helpful
to them.

The self-help groups surveyed indicate that SIS has had a favorable
impact on a large proportion of the groups inventoried. One-half of the
groups indicated SIS had been helpful and three-fourths indicated they
were satisfied with their contact with the service.

Almost all of the callers for whom there had been no immediate referral possible were satisfied with the service they received from SIS. They felt the service was friendly, helpful and able to supply needed information. Seven percent of these callers are currently participating in self-help groups as a result of their contact with SIS.

In summary, the results of the survey of staff and consumer satisfaction with SIS indicate both I & R and Project staff were satisfied with the overall performance of SIS and agreed SIS was effective in reaching the stated goals of the service. Of the consumers surveyed, the groups were satisfied with their contact with SIS and the callers indicated they were satisfied with the service they had received.

The SIS and Other Projects. Three other self-help information and referral services were located in the United States: (1) the Long Island Self-Help Clearinghouse, Old Westbury, New York, (2) the New York City Self-Help Clearinghouse, New York, New York, and (3) the Westchester Self-Help Clearinghouse, White Plains, New York. (See Appendix A.) SIS and the three New York clearinghouses all utilize a group inventory form to collect the basic information necessary for referrals to be made to a group. The clearinghouses, like SIS, also provide consultation to groups, assist in launching new groups for which there is an unmet need, and conduct research on various aspects of self-help groups. The self-help clearinghouses are very similar to SIS in terms of the breadth and scope of the services offered to self-help groups and the community. In addition, they also have a similar interest in expanding the knowledge base of self-help groups by conducting research on the groups. Though SIS developed independently of the three New York clearinghouses, great similarities and no major differences are apparent

between the organizations. The Self-Help Project plans to contact these services to compare factors such as cost, volume, administrative structure and organizational linkages.

RECOMMENDATIONS

In reviewing the results of the four questionnaires, the most frequently mentioned recommendation for improving the operation of SIS was that a larger public relations campaign was needed. The community must know the service exists and that they may access it. Greater publicity of the service would increase the volume of referrals to self-help groups and the number of groups inventoried.

Another frequent suggestion for improving SIS was the development of specific, systematic, written procedures with built in quality assurance checks for processing contacts with potential group members. These procedures are in preparation.

Collaboration between Tri-County I & R and the Self-Help Project should be improved by having a training program for Tri-County staff to orient them to the SIS. The program should provide Tri-County I & R staff with an overview of the system and training in the specific procedures used for the operation of SIS.

More detailed recommendations and actions are under consideration by Project staff.

DISCUSSION

This participant satisfaction study is seen as the initial piece of a jigsaw puzzle of evaluation for a self-help information service. It

is important to communicate to other actual or potential self-help information services the detail of this particular piece of the puzzle and the outline of its future companion pieces.

The Self-Help Information Service is still in its infancy, having been in operation for only two months at the time of this evaluation. Therefore, we are measuring a time period corresponding to the initial implementation of a fledgling system.

It is appropriate during early system stages to focus on participant satisfaction, specifically the reactions of the staff persons involved in launching a system, and the reactions of groups and callers to the instigation of the service. This important information reassures administrators when participants, whatever their position, experience high satisfaction with the system and, the recommendations provide invaluable aid to fine-tuning the service.

It is appropriate in this early stage evaluation to focus on process variables and emphasize outcome variables minimally. It is necessary in subsequent evaluations to look more closely at the volume and effectiveness with which the system functions.

Specific results indicate to program developers specific small studies necessary to maximizing the program. For instance, our initial follow-up suggests that many callers do not follow through with referrals given them. A small focused telephone follow-up of persons who planned to attend groups but did not is now in progress in order to learn something of the experience and barriers to attending a group.

As the analyses proceed on the inventory of self-help groups, Project staff can better assess the breadth and depth of the self-help groups which exist and perhaps the converse, the areas of need in which

self-help groups do not exist. The callers who request groups for con-
cerns which are not represented in existing groups are a prime source
of information for groups to be launched. Areas such as more women's
groups, mixed-sex rap groups, step-parent groups, etc., provide indica-
tion of groups which may be launched later in the research-action sequence.

In sum, we domonstrate initially that people who have taken part in
the information service experience high satisfaction and that such a
service can be done for a reasonable amount of effort over a relatively
short span of time. In order for this to happen, collaboration, good
will and frequent cross-communications with existing information and
referral services were necessary. The evaluation of this service gives
both administrative reassurance and direction to improve the project.

Episodic replication of this evaluation and additional focus on
system effectiveness, needs of the community, group resources within the
community, and the dynamics of non-participation round out this admini-
strative evaluation of the Self-Help Information Service.

This research project described the development, implementation,
and evaluation of the Self-Help Information and Referral Service. Be-
cause of the authors' beliefs in the value and efficacy of self-help
groups, it is hoped that similar projects across the country undertake
to develop such services for their communities. Certainly a paucity
exists in the literature of current detailed descriptions of the
development of information services aimed at self-help groups. It is
hoped that this research may prove useful to others who undertake
such a project in the future. The evaluation provides specific recom-
mendations which will be used to modify the service in an attempt to
enable SIS to better serve the needs of self-help groups and the community.

APPENDIX A

OTHER SELF-HELP GROUP PROJECTS

INTRODUCTION

The following projects and organizations were identified as key
informants in the area of self-help information and referral service.
Their contributions were solicited for their potential assistance and
collaboration in the development and operation of SIS and in achieving
the overall goals of the research project. Three self-help information
and referral services were located: Long Island Self-Help Clearinghouse,
New York City Self-Help Clearinghouse, and Westchester Self-Help
Clearinghouse. All are located in New York. Other projects were
located which publish self-help group directories but none that provide
a telephone self-help information and referral service. The three
New York clearinghouses utilize a group inventory form and a self-help
group typology similar to those employed by SIS. In addition, they are
similar to the Self-Help Project in Portland in terms of their approach
towards the phenomena of self-help and the scope of their activities.
A summary of the responses received by the various projects follows.

TRI-CITY FAMILY PROJECT

The Tri-City Family Project in Geneva, Illinois periodically
publishes a self-help group directory as a newspaper supplement. The
directory staff have found that the leadership and contacts of self-help

groups are too fluid (i.e. change too rapidly) for an annually published directory. The self-help groups are listed under thirteen different rubrics, including adoption, alcohol, consciousness raising, health, etc. In addition, the directory includes a listing of self-help group resources, such as agencies or organizations who offer services to self-help groups and their members.

LONG ISLAND SELF-HELP CLEARINGHOUSE

Long Island Self-Help Clearinghouse (LISHC) was founded "to serve as a locus from which to stimulate links between professional human services and natural support systems." Among the activities of LISHC are catalyzing new self-help groups, providing consultation and education for self-help groups and the community, conducting research of self-help groups, and providing a self-help information and referral system. LISHC constructed a group inventory form to collect specific information about each self-help group participating in their information and referral service. In their search for self-help groups, LISHC used a flexible typology loosely based on Levy's and Gartner and Riessman's work (Levy, 1976; Gartner & Riessman, 1977). Thus the project's inventory includes some professionally sponsored and/or controlled groups which have components of self or mutual help.

The research goals of LISHC are focused on examining the purposes and functions of self-help groups and their relationships with human service professionals. Additionally, the project's research efforts have included identifying populations with needs capable of being met by self-help groups. The staff of LISHC are involved in facilitating the

development of social support networks with former in-patients from a
state psychiatric facility.

NEW YORK CITY SELF-HELP CLEARINGHOUSE

The New York City Self-Help Clearinghouse was founded to "organize
and disseminate information on the hundreds of self-help mutual aid groups
in the five boroughs." Among the many services offered by the Clearinghouse
are self-help information and referral, a self-help group directory, a
self-help newspaper, a manual entitled "How to Organize a Self-Help Group,"
and self-help workshops and consultation. The clearinghouse defines a
self-help group as a group of persons who share similar problems or
concerns and who mutually assist each other with their problems or concerns.
The essential ingredient is that the group relies on its members or peers
for most of the support in addressing their concerns, but professionals
may also be supplementally involved.

The New York City Self-Help Clearinghouse's Directory of Self-
Help Groups has self-help groups categorized under 18 rubrics including
addiction, health, mental health, sexuality, and women. The clearing-
house has developed a group information form to collect the information
necessary for the directory and the information and referral service.
Of the mental health groups listed, five groups address problems and
concerns experienced by the chronically mentally ill and/or their families:
Depressives Anonymous, Recovery From Depression, Inc., Emotions Anonymous,
Friends and Relatives of the Schizophrenic, and Project Release. In
addition to the publication "How to Organize a Self-Help Group," the
clearinghouse has also developed a two-page document elaborating the
basic issues concerning self-help group formation. The clearinghouse's

research focus is on the characteristics of the self-help process, the effects of self-help groups on their members, and relationships between self-help groups and professionals.

AMERICAN INSTITUTES FOR RESEARCH

The Cambridge, Massachusettes branch of the American Institutes for Research (AIR) received a two year grant from the National Institute of Mental Health to develop a project to provide technical assistance to self-help groups serving six specific populations. The project conducted a survey of mutual help groups in the greater Boston area to determine the organizational needs and resources of self-help groups serving the target populations. The project has worked collaboratively with selected groups in developing technical assistance materials which are designed to serve as models for use with other self-help groups. To help facilitate the goals of the study, a review of the literature was conducted focusing on self-help group needs and resources.

PROJECT HOPE-NORTHEASTERN ILLINOIS UNIVERSITY

Project Hope at Northeastern Illinois University publishes a Directory of Self-Help Groups for Serious and Chronic Illnesses and Bereavement and collaborates with Leonard Borman, Director of the Self-Help Institute at Northwestern University's Center for Urban Affairs. The process of locating the information contained in the Directory was assisted by Project Hope participants and by students at the University. The Directory was compiled with the intention of locating as many self-help groups as possible in the Chicago area.

The project states that difficulties arose in locating groups not connected with institutions or other organizations. Further difficulties arose due to confusion over the term "self-help" and the subsequent problems in categorizing which groups are and which are not self-help. The distinction was made by self classification by the representative of the group being interviewed. Groups are classified as "self-help" or as a "resource." A group listed in the resource section is one which states that a professional is actively involved in the group's treatment. The groups are also categorized according to afflictions of organs of the body and psychological condition. In addition to information about self-help groups, the directory includes resources of other organizations and a bibliography of appropriate books geared to the layperson.

If persons in the Chicago area cannot find self-help groups to meet their needs, Project Hope or the Self-Help Institute will list their names and put people who want to communicate with others in similar circumstances in contact with each other. The project and institute will also support efforts to launch self-help groups with suggestions and organizational help.

MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO

During 1980 volunteers of the Mental Health Association of San Francisco formed the Self-Help Project to increase the public's awareness of self-help groups, to assist self-help groups requesting aid, and to encourage and assist in the formation of new groups. The Association published a directory of self-help groups in 1980 and publishes a list of revisions and additions to the directory periodically. The Association

also publishes a newsletter called "The Self-Help News" which serves
as a forum to exchange ideas, share experiences, promote activities and
celebrate the achievements of self-help group members in the San Francisco
area.

FRANKLIN/HAMPSHIRE COMMUNITY MENTAL HEALTH CENTER-MASS.

The Franklin/Hampshire Community Mental Health Center provides
consultation and assistance to self-help groups through its Consultation
and Education Team. The Center publishes a directory of self-help groups
to make these groups more visible and accessible to those who need them.

SELF-HELP INFORMATION SERVICE-LINCOLN, NEBRASKA

The SIS in Lincoln gleans most group contact information from notices
of meetings in the three local newspapers. The groups are contacted by
phone. Groups should be peer, that is composed of people with a common
problem,sharing experience, strength,and hope and preferably following
national guidelines.

The directory is limited to Lincoln, Nebraska, but consultation
is provided to groups throughout the state. Five thousand directories
(in brochure form) are distributed free about four times a year. The
service is completely volunteer and different agencies donate printing.

WESTCHESTER SELF-HELP CLEARINGHOUSE

The Westchester Self-Help Clearinghouse is a nonprofit service
sponsored by the Westchester County Department of Community Mental Health,
Harlem Valley Psychiatric Center, and Pace University. The Clearinghouse
was developed in response to a growing need for easier access to self-

help, mutual aid programs in the Westchester area. The Clearinghouse provides confidential information and referral to self-help group leaders, assists existing self-help groups, and educates the community about how we can help ourselves and each other. Initiated in late 1979, the Clearinghouse is part of the county's overall effort to prevent mental illness by reducing isolation and stress and, at the same time, increasing individual strengths and coping skills.

Self-help is defined in terms of whether or not a fee is charged for services for the purpose of profit-making for an agency or professional. There is not necessarily a distinction made by professionally led vs. non-professionally led groups. Groups that charge a fee for profit are not defined as self-help groups and are not included in the directory, which is a comprehensive list of self-help services.

When people call the Clearinghouse for a referral to a self-help group which does not yet exist in the area, assistance will be provided in forming a new group. The Clearinghouse offers free training for self-help group leaders to teach basic counseling and group leadership skills. The Clearinghouse provides consulting services to existing self-help groups and is preparing to offer a free workshop for professionals to teach how professionals can best be involved with self-help groups. The Clearinghouse developed two questionnaires both asking for a brief description of the group, contact persons and telephone numbers, and information about membership. One questionnaire collects information about groups in the area and one about groups outside of the area. The Clearinghouse also compiles a general needs assessment of the types of services that would be useful to the groups in the program.

GROUP RESOURCE INVENTORY

REFERENCED UNDER: IDENTIFYING NUMBER: INFORMATION REFERS TO:

_____   _____   Specific Group   _____

_____   Central Organization   _____

****

1. a. What is the legal name of the group?_____
   b. What is the common name of the group?_____
   c. What are any previous names of the group?_____

2. Who are two contact persons for the group?
   a. Name:_____telephone (day)_____(night)_____
   b. Name:_____telephone (day)_____(night)_____

3. What is the mailing address of the group?_____

   _____

4. What is the purpose of the group?_____

   _____

5. In general, what types of people are in the group? (i.e. age, sex, race, marital
   status, parental status, occupational status, etc.)_____

   _____

6. MEMBERSHIP PROCESS:

   a. Who is eligible to join the group?_____

   b. Is the group accepting new members?_____Possibly in the future?_____
   c. Will the group accept referrals from the information and referral service?_____
   d. What is the procedure for becoming a new member?_____

   e. What membership duties are required? dues:_____attendance:_____
      other (please specify)_____
   f. What membership duties are encouraged but not required?_____

   g. Is member participation in the group process required?_____
   h. How long does the average member participate in the group?_____

7. MEETINGS

   a. Are there group meetings which are open to the public? yes_____no_____
      If yes; time_____place_____
      Is the meeting place accessible to the handicapped? yes_____no_____ By public
      transportation? yes_____no_____ Bus number_____
      What is the average number of people who attend a meeting?_____
      What is the total number of members in this group?_____

   b. Are there group meetings which are closed to the public? yes_____no_____
      If yes, time_____place_____
      Is the meeting place accessible to the handicapped? yes_____no_____ By
      public transportation? yes_____no_____ Bus number_____
      What is the average number of people who attend a meeting?_____
      What is the total number of members in this group?_____

   c. Are there group activities outside of scheduled meeting times?_____
      If yes, what is the frequency?_____Purpose?_____

   d. Are group meetings confidential?_____Exceptions?_____

   e. What is the expected duration of the group? Ongoing_____
      Time limited (please specify)_____

8. SERVICES PROVIDED:

Are any of the following services provided?

SUPPORT_____   ADVOCACY (POLITICAL ACTION)_____
EDUCATION/INFORMATION_____   PHYSICAL ASSISTANCE_____
CONSULTATION/LIAISON (LINKING)_____   MATERIAL ASSISTANCE_____
REFERRAL_____   RECREATIONAL ACTIVITIES_____
THERAPY_____   ACTIVITIES OF DAILY LIVING_____
PERSONAL GROWTH_____   PERSONAL/SOCIAL ADJUSTMENT (REHAB)_____
OTHER (PLEASE SPECIFY)_____.

9. PROFESSIONAL INVOLVEMENT:

a. Are there any professionals involved with the group? yes_____ no_____
   If yes, are professionals involved in any of the following capacities? (please
   indicate expected duration of involvement):
   LEADER_____FACILITATOR_____
   THERAPIST_____OBSERVER_____
   CONSULTANT_____OTHER (PLEASE SPECIFY)_____

b. Who controls the group? Members_____Professionals_____
   Other (please specify)_____

10. ORGANIZATIONAL STRUCTURE

a. When was the group established?_____
b. Does the group receive any funds? yes_____no_____ If yes, please specify
   the source(s) of funds:_____
c. Is the group linked with any other groups, agencies, and/or persons?_____
   If yes, please specify the linkage (affiliation, sponsor, etc.):_____
   _____
d. Does the group fall within any of the following categories:
   PUBLIC_____PRIVATE_____PROFIT_____
   NON-PROFIT_____INCORPORATED_____LICENSED_____BOARD OF DIR._____
e. Does the group have any designated leaders? yes_____no_____ If yes, are the
   leaders elected by the members_____appointed (if so, by whom)_____
   other (please specify)_____
f. Does the group publish literature? yes_____no_____ If yes, how frequently?____
   _____ Is there a fee?_____
   Would the group please send us copies of any publications to:

   RRI, PORTLAND STATE UNIVERSITY, P.O. BOX 751, PORTLAND, OR 97207

g. If the group initiated contact with SIS, how did the group learn of SIS?_____
   _____

11. PERSONS INTERVIEWED:
    Name:_____Date interviewed:_____
    by:_____
    Name:_____Date interviewed:_____
    by:_____

12. INTERVIEWER COMMENTS:

_____

_____

TRI-COUNTY INFORMATION AND REFERRAL RESOURCE INVENTORY

TRI-COUNTY COMMUNITY COUNCIL
INFORMATION AND REFERRAL SERVICES

DATE_____   TELEPHONE_____

_____

LEGAL NAME OF ORGANIZATION_____

ABBREVIATED OR COMMON NAME_____

AFFILIATION_____

STREET ADDRESS_____CITY_____ZIP_____

MAILING ADDRESS_____CITY_____ZIP_____

BRANCH ADDRESS (if any)_____

_____

NAME AND TITLE OF PERSON IN CHARGE_____

NAME AND TITLE OF CONTACT PERSON_____

HOURS_____

SUMMARY OF SERVICES (please be specific and concise)_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

ELIGIBILITY CRITERIA_____

_____

APPLICATION PROCEDURE_____

_____

FEES_____

CAPACITY (if applicable)_____

GEOGRAPHIC AREA SERVED_____

_____

SOURCE OF FUNDING_____

_____

(If more than one, please list primary source first)

NUMBER OF STAFF_____NUMBER OF VOLUNTEERS_____

TYPE OF ORGANIZATION:

     PUBLIC_____ PRIVATE_____ PROFIT_____ NON-PROFIT_____ INCORPORATED_____

     LICENSED_____ BOARD OF DIRECTORS_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is the particular target population served by your agency? (e.g.youth, seniors)_____

_____

How long has the agency/service been in operation?_____

_____

Is the building in which your service is located barrier-free? (for handicapped people)____

_____

Is the service accessible by public transportation?_____ If so, please indicate bus

line number (s)_____

Are there any interpreter services available?_____ If so, what are they? (e.g.

Spanish, Vietnamese, sign language, etc.)_____

Does your agency or organization publish a newsletter or distribute literature?_____

Frequency?_____Fee?_____

Is your agency or organization listed in the Tri-County Community Council's Directory of

Community Services?_____ In Where to Turn?_____

                                    SIGNATURE_____

                                    DATE_____

                                    INTERVIEWED BY:

                                    _____

COMMENTS:_____

_____

_____

_____

APPENDIX D

PROTOCOL FOR USING THE RESOURCE INVENTORY

Hello. My name is _____ and I'm working with Portland State University and Tri-County Information and Referral to link Self-Help Groups in the community with people interested in joining groups. We'd like to get some information from you specifically about your group so that, if your group wishes, we could let interested callers know more about you. Would you be interested in this?

IF YES, PROCEED WITH INTERVIEW

IF GROUP MEMBER HAS RESERVATIONS, ASK IF WE CAN CALL BACK AFTER THE PERSON DISCUSSES OUR OFFER WITH THE GROUP. PLEASE NOTE STATUS OF THE CALL-BACK AND PAPERCLIP TO THE INVENTORY.

IF NO, COULD WE ASK SOME QUESTIONS ABOUT YOUR GROUP--WE'D KEEP THE INFORMATION CONFIDENTIAL AND WILL USE IT SOLELY FOR OUR FILES.

NOTE: If questions arise as to the nature or definition of a self-help group, refer to the following definition:

A Self-Help Group is an interacting face-to-face group...

1) whose members experience a sense of group identity related to their common core of life experiences and concerns.
2) whose members exchange helping (efforts, skills, knowledge and concerns) based on the belief of peers as a primary source of help.
3) whose members, rather than professionals or agencies have control over the group itself.
4) whose sanction for existence rests with the members themselves rather than an external agency or authority.

(Questions for testing control (#3) and sanction (#4) would be: If the professional withdrew, would the group disband? If funding was withdrawn would the group disband?)

**LEAVE THE PORTION OF THE FORM ABOVE THE ASTERISKS BLANK; START THE INTERVIEW WITH QUESTION #1.

#1) Proceed through parts (a) (b) & (c).
#2) Obtain as many contact names and telephone numbers for each group as possible. Use extra lines under #12, Interviewer Comments--on the reverse side, if necessary. **Ask the contact person to call us if there are any changes in group or contact person information.
#3) If there is any question or confusion arising from the use of several different addresses, ask, "What is the best place to send mail to the group?".
#4) Proceed.
#5) Proceed with this question probing for the characteristics listed.
#6) (a) Find out who is eligible to join, but also probe for restrictions regarding who can not join the group.
    (b)--(h) Proceed.
#7) (a)--(e) Proceed.

#8) THE SERVICES ARE DEFINED BELOW:
  SUPPORT: the offering of emotional comfort, reassurance, or strengthening gestures including the cultivation of a sense of belonging or community.
  EDUCATION/INFORMATION: the dissemination of knowledge or information.
  CONSULTATION: meeting to examine a concern and share ideas.
  REFERRAL: the linking of a person with needs to the resources capable of meeting the needs.
  THERAPY: actions intended to alleviate or reverse a person's problem or concern by increasing his or her coping ability.
  PERSONAL GROWTH: activities intended to enhance the quality of a person's own life.
  ADVOCACY: to plead or press a cause on behalf of one or more individuals to a group or organization.
  PHYSICAL ASSISTANCE: the provision of bodily help (i.e. sharing rides, pushing wheelchairs, baby-sitting, etc.).
  MATERIAL ASSISTANCE: the provision of goods and/or money (i.e. sharing or trading clothes, books, tools, money, etc.).
  RECREATIONAL ACTIVITIES: gathering together for the purpose of play, amusement and/or relaxation inside or outside of the scheduled group meeting time.
  ACTIVITIES OF DAILY LIVING: training of individuals to acquire skills in independent living (habilitation).
  PERSONAL/SOCIAL ADJUSTMENT: training persons to facilitate their functioning within the limits of a disability or to regain skills lost due to a disability (rehabilitation).

#9) Proceed.

#10) (a) & (b) Proceed.
  (c) When asking about linkage and affiliation, probe also for religious orientation.
  (d) THE CATEGORIES ARE DEFINED BELOW:
  PUBLIC: primarily funded by the government
  PRIVATE: not funded by the government
  PROFIT: money-making organization—no restrictions on profit accumulation
  NON-PROFIT: legally, must return excess money to its programs
  INCORPORATED: a legally recognized entity
  LICENSED: officially licensed
  BOARD OF DIRECTORS: method of governing an organization
  (e) Proceed.
  (f) Ask for copies if there is no charge.
  (g) Proceed.

#11) Proceed.

#12) Please add any thoughts or comments you may have about the interview or the group.

FURTHER INSTRUCTIONS:

Please do not define services unless specifically asked for such information; it is best to let the group member describe the services of his/her group and then fit that information into categories on the resource inventory.

Collect information on all groups that have some self-help components, even if the group does not meet all the criteria under the given self-help group definition.

APPENDIX E

CODING

A multi-dimensional coding system was developed by Project staff
since a unidimensional coding of concern could not accurately describe
and categorize the vast number and types of groups that were to be
classified.

The major features of the coding system are concern, role and
function. The concerns are clustered under the broad categories of
violence, health and mental health, life status, personal growth/
cultural adaptation, religion, co-ops, politics and other.

Other self-help group features were also coded--each group was
described as either a pure self-help group, a mixed group (some self-
help components and some not self-help components), not a self-help
group or other type of group. The location of the group meeting place
is an important determinant of member accessibility and was coded by
the quadrant of the meeting place.

Each group is assigned an identifying number which is entered
on a master list--the groups are numbered as they are contacted. As
of this writing there are 136 groups listed with SIS.

POTENTIAL MEMBER RESOURCE INVENTORY

REFERENCE NUMBER_____

Note: When returning calls to potential group members, do not leave messages
from the "Self-Help Project" which may cause embarrassment.

POTENTIAL MEMBER INTERVIEW

1. What is your name?_____

2. Telephone (home)_____(work)_____

3. Address_____

4. What is your concern?(i.e. What type of group are you interested in?)_____
    _____
    _____
    _____

5. Are there any special circumstances which might affect your participation
    in a group (i.e. physical handicap, etc.)?_____
    _____

**Refer to the file of available self-help groups and see if there is an appropri-
  ate group to meet the caller's need(s). If there is a group available, make the
  referral and proceed with question 7; if there is no group available proceed
  with question 6. (Note referral and date under Status of Indiv. Contact below).

6. If there is no Self-Help Group to fit the caller's need, ask:
    "Would you be willing to be on a waiting list to form a group"?_____
    "Would you be willing to help launch the group"?_____

7. Explain that the following information is optional and for our book-keeping
    and filing purposes only:

    a. What is your age?_____   Living Situation:
        What is your sex?_____   Individual_____
        What is your Ethnic I.D.?_____   Couple_____
        Are you employed? yes___no_____   Single Parent_____
        If yes, what is your occupation?   Two Parent_____
        _____   Number of Children_____

    b. If the potential member contacted us, ask:
        "How did you learn of the Self-Help Information Service?"_____
        _____

INTERVIEWED BY:_____DATE_____

INTERVIEWER COMMENTS:_____
_____
_____
_____
_____

        DATES   STATUS OF INDIVIDUAL CONTACT

    _____   _____
    _____   _____
    _____   _____

APPENDIX G

SELF-HELP PROJECT STAFF RESPONSES TO THE
SIS EVALUATION QUESTIONNAIRE

This section includes the questions and responses of the Self-Help
Project staff to the Self-Help Information Service. The mission of the
Self-Help Information Service was summarized as being the expansion of
the quality and scope of human services available to meet community mem-
bers' needs. Specifically, the goals of the Self-Help Information Service
(SIS) were described as being to search out and inventory all self-help
groups in the Tri-County area and to link potential members in the
community with the appropriate self-help groups available to meet those
needs. The Self-Help Project staff were asked to evaluate their involve-
ment in three aspects of SIS: (a) the Self-Help Group Inventory, (b) the
potential member inventory, and (c) the information campaign. The initial
portion of the questionnaire encompassed three parallel sections for each
of the three aspects. Note, since the N=10 for this population, frequencies
only (and not proportions) are given. Also note that the numbering
system parallels that used on the actual questionnaire (see Appendix K)

I.A1 Inventory of Self-Help Groups--Project staff were asked how
many hours per week for the last four months they worked on locating self-
help groups and collecting information for the Self-Help Group Inventory
form. The total number of responses was ten. One staff spent five hours
per week, one spent four hours per week, four spent three hours per week,

one spent two hours per week, one spent one hour per week, and two spent
zero hours per week working on the inventory in the last four months.

TABLE I

STAFF TIME WORKING ON THE GROUP INVENTORY

Response	Frequency
Worked 5 hrs/wk on Inventory of SHG's over last 4 months	1
Worked 4 hrs/wk on Inventory of SHG's over last 4 months	1
Worked 3 hrs/wk on Inventory of SHG's over last 4 months	4
Worked 2 hrs/wk on Inventory of SHG's over last 4 months	1
Worked 1 hr/wk on Inventory of SHG's over last 4 months	1
Worked 0 hrs/wk on Inventory of SHG's over last 4 months	2
Total	10

I.A2 Question two asks how satisfactory the amount of time working
on the Self-Help Group Inventory has been for each staff member. The total
number of responses was ten. Seven responded that the amount of time was
"very satisfactory," three responded that it was "satisfactory," none
responded that it was "unsatisfactory," and none responded that it was
"very unsatisfactory."

TABLE II

STAFF SATISFACTION WITH TIME SPENT
ON THE GROUP INVENTORY

Response	Frequency
Very satisfactory	3
Satisfactory	7
Unsatisfactory	0
Very Unsatisfactory	0
Total	10

I.A3 Question three probed for the reasons for an unsatisfactory response to the amount of time working on the Self-Help Group Inventory. No responses.

I.A4 Question four asks for staff opinions regarding how useful the Self-Help Group Inventory form is for compiling facts necessary for the project. The total number of responses was ten. Seven responded that it was "very useful," and one responded that it was "useful," none responded that it was "not useful," and two responded that they "did not know."

TABLE III

USEFULNESS OF THE
INVENTORY FORM

Response	Frequency
Very useful	7
Useful	1
Not useful	0
Don't know	2
Total	10

I.A5 Question five asks for staff opinions regarding the Self-Help Group Inventory procedures or protocol. The total number of responses was ten. Two thought the procedures were "cumbersome," seven thought they were "adequate and comprehensive," none thought they were "sketchy and inadequate," and one "did not know."

TABLE IV

STAFF OPINION OF GROUP
INVENTORY PROCEDURES

Response	Frequency
Cumbersome	2
Adequate and comprehensive	7
Sketchy and inadequate	0
Don't know	1
Total	10

I.A6 Question six asks staff opinion regarding whether they received clear directions for using the Self-Help Group Inventory. The total number of responses was ten. Seven responded "yes," one responded "no," none responded "somewhat," and two responded "not applicable."

TABLE V

CLARITY OF GROUP INVENTORY
DIRECTIONS

Response	Frequency
Yes	7
No	1
Somewhat	0
Not Applicable	2
Total	10

I.A7 Question seven asks for staff feelings in contacting self-help groups to inventory. The total number of responses was ten. Six responded "yes" they were comfortable, one responded "no," two responded "somewhat," and one responded that the question was "not applicable."

TABLE VI

STAFF COMFORT CONTACTING
GROUPS

Response	Frequency
Yes	6
No	1
Somewhat	2
Not applicable	1
Total	10

There were three responses to an open-ended question probing for the reasons for not being comfortable contacting self-help groups to inventory. Two of the respondents mentioned that they felt it took too much of the group member's time. One response was simply that it was not the staff person's job. Other responses included lacking adequate knowledge to answer contact questions about SIS, that the questionnaire is repetitious, and that group contacts offer more information than there is room for on the questionnaire.

I.B1 Potential Member Inventory--Project staff were asked how many hours per week they worked contacting potential members and filling out Potential Member Inventory forms. The total number of responses was ten. Three staff spent four hours per week in the last four months, one staff person spent three hours per week, no staff person spent two hours per week, two staff persons spent one hour per week and four staff spent zero hours per week.

TABLE VII

STAFF TIME WORKING ON THE POTENTIAL MEMBER INVENTORY

Response	Frequency
Worked 4 hrs/wk on Member Inventory over last 4 months	3
Worked 3 hrs/wk on Member Inventory over last 4 months	1
Worked 2 hrs/wk on Member Inventory over last 4 months	0
Worked 1 hr/wk on Member Inventory over last 4 months	2
Worked 0 hrs/wk on Member Inventory over last 4 months	4
Total	10

I.B2 Question two probes staff opinion about how satisfactory the amount of time worked on the potential member questionnaire was for each staff member. The total number of responses was ten. Six responded that the amount of time was "very satisfactory," three responded that the amount of time was "satisfactory," and one responded that he/she "did not know."

TABLE VIII

STAFF SATISFACTION WITH TIME
SPENT ON POTENTIAL
MEMBER INVENTORY

Response	Frequency
Very satisfactory	6
Satisfactory	3
Unsatisfactory	0
Very unsatisfactory	0
Don't know	1
Total	10

I.B3 Question three probed for reasons that the amount of time was unsatisfactory. No responses.

I.B4 Question four probes for staff opinion regarding the usefulness of the Potential Member Questionnaire in capturing the needed facts. The total number of responses was ten. Six responded "very useful," two responded "useful," and two responded "don't know."

TABLE IX

USEFULNESS OF THE POTENTIAL
MEMBER QUESTIONNAIRE

Response	Frequency
Very useful	6
Useful	2
Not useful	0
Don't know	2
Total	10

I.B5 Question five asks staff opinion regarding the adequacy of the procedures for using the Potential Member Questionnaire. The total number of responses was ten. Six responded that the procedures were "comprehensive and adequate," two that the procedures were "sketchy and inadequate," and two "did not know."

TABLE X

STAFF OPINION OF POTENTIAL MEMBER
INVENTORY PROCEDURES

Response	Frequency
Cumbersome	0
Adequate and comprehensive	6
Sketchy and inadequate	2
Don't know	2
Total	10

I.B6 Question six asks for staff opinion regarding the clarity of
the directions given to them for utilizing the Potential Member Question-
naire. The total number of responses was ten. Seven responded "yes,"
one responded "no," and two responded "not applicable."

TABLE XI

CLARITY OF POTENTIAL MEMBER
INVENTORY DIRECTIONS

Response	Frequency
Yes	7
No	1
Somewhat	0
Not Applicable	2
Total	10

I.B7 Question seven asks how comfortable each staff person is con-
tacting potential members. The total number of responses was ten. Nine
responded "yes" they were comfortable and one responded "no."

TABLE XII

STAFF COMFORT CONTACTING
POTENTIAL MEMBERS

Response	Frequency
Yes	9
No	1
Somewhat	0
Total	10

I.C1 Information Campaign--Project staff were asked how many hours
per week they worked on the information campaign, i.e. delivering posters,
sending press releases, etc., in the last four months. The total number of
responses was ten. One of the staff spent six hours per week, two staff

spent four hours, one staff spent two and one-half hours, one staff
spent one and one-half hours, four staff spent one hour, and one staff
spent zero hours.

TABLE XIII

STAFF TIME WORKING ON THE INFORMATION CAMPAIGN

Response	Frequency
Worked 6 hrs/wk on Information Campaign in last 4 months	1
Worked 5 hrs/wk on Information Campaign in last 4 months	0
Worked 4 hrs/wk on Information Campaign in last 4 months	2
Worked 3 hrs/wk on Information Campaign in last 4 months	1
Worked 2 hrs/wk on Information Campaign in last 4 months	1
Worked 1 hr/wk on Information Campaign in last 4 months	4
Worked 0 hrs/wk on Information Campaign in last 4 months	1
Total	10

I.C2 Question two asks for staff opinion regarding how satisfactory
the amount of time spent on the information campaign was. The total number
of responses was ten. Three responded that this amount of time was "very
satisfactory," six responded "satisfactory," one responded that it was
"unsatisfactory."

TABLE XIV

STAFF SATISFACTION WITH TIME SPENT
ON THE INFORMATION CAMPAIGN

Response	Frequency
Very Satisfactory	3
Satisfactory	6
Unsatisfactory	1
Very unsatisfactory	0
Total	10

I.C3 Question three probed for reasons for dissatisfaction. There was one response total that mentioned that the poster delivery took too long and involved too much person power and was not a good use of the Project Director's time.

I.C4 Question four asks for staff opinion regarding how useful the SIS poster is for conveying the needed facts. The total number of responses was ten. Four responded "very useful," and six responded "useful."

TABLE XV

USEFULNESS OF POSTER IN CONVEYING
NECESSARY INFORMATION

Response	Frequency
Very useful	4
Useful	6
Not useful	0
Don't know	0
Total	10

I.C5 Question five asks for staff opinion regarding the campaign procedures. The total number of responses was ten. Six responded that the procedures were "adequate and comprehensive," two responded "sketchy and inadequate," and two responded "don't know."

TABLE XVI

STAFF OPINION OF INFORMATION
CAMPAIGN PROCEDURES

Response	Frequency
Cumbersome	0
Adequate and comprehensive	6
Sketchy and inadequate	2
Don't know	2
Total	10

I.C6 Question six asked for staff opinion on the clarity of the directions received for the information campaign. The total number of responses was ten. Seven responded "yes" that the directions were clear, two responded "no," and one responded "not applicable."

TABLE XVII

CLARITY OF DIRECTIONS FOR
INFORMATION CAMPAIGN

Response	Frequency
Yes	7
No	2
Somewhat	0
Not applicable	1
Total	10

I.C7 Question seven asked how comfortable each staff member was disseminating information about SIS. The total number of responses was ten. Eight responded "yes" they were comfortable, one responded "no," and one responded "somewhat."

TABLE XVIII

STAFF COMFORT DISSEMINATING
SIS INFORMATION

Response	Frequency
Yes	8
No	1
Somewhat	1
Total	10

There were two responses regarding reasons for discomfort: one response was "no time to do it," and another response was "I felt like a salesman."

II.A There were ten responses to the question of satisfaction regarding the way SIS handles referrals in general. Three responded "very satisfied," five responded "satisfied," one responded "dissatisfied," and one responded "don't know."

TABLE XIX

SATISFACTION WITH REFERRAL PROCEDURES

Response	Frequency
Very satisfied	3
Satisfied	5
Dissatisfied	1
Very dissatisfied	0
Don't know	1
Total	10

II.B There were four responses to the question of how the handling of referrals might be improved. Two responded that there was too long a call back time or inconsistent call back procedures. Additionally, there was one response for "more publicity and public relations," for a "more comprehensive filing system," and for "better coordination with Tri-County Information and Referral."

III. The third section summarized the collaborative relationship that exists between the Self-Help Project and Tri-County Information and Referral. The Self-Help Project used Tri-County's resource inventory and expertise in the inventory of self-help groups. Tri-County I & R also provides a 40 hour per week telephone service to collect and disseminate information for SIS. In return, the Self-Help Project provides 16 to 24 hours of "volunteer" time to staff Tri-County's phones.

III.A Self-Help staff were probed as to how many hours per week they spend at Tri-County I & R. The total number of responses was ten. Five

responded that they spent between four and six hours per week, two spent between one and three hours per week, and three spent zero hours per week.

TABLE XX

STAFF TIME SPENT AT TRI-COUNTY I & R

Response	Frequency
4-6 hr/wk spent at Tri-County I & R in last 4 months	5
1-3 hr/wk spent at Tri-County I & R in last 4 months	2
0 hr/wk spent at Tri-County I & R in last 4 months	3
Total	10

III.B Self-Help staff were asked how satisfactory this arrangement (i.e. time spent at I & R) was to them. Of ten responses, six responded "very satisfactory," three responded "satisfactory," and one responded "less than satisfactory."

TABLE XXI

STAFF SATISFACTION WITH TIME
SPENT AT TRI-COUNTY I & R

Response	Frequency
Very satisfactory	6
Satisfactory	3
Less than satisfactory	1
Very unsatisfactory	0
Not applicable	0
Total	10

III.C Of the ten responses regarding how satisfactory the training was for work at I & R, three Self-Help staff responded "very satisfactory," four responded "satisfactory," one responded "unsatisfactory," and two responded "not applicable."

TABLE XXII

STAFF SATISFACTION WITH
I & R TRAINING

Response	Frequency
Very satisfactory	3
Satisfactory	4
Unsatisfactory	1
Very unsatisfactory	0
Not applicable	2
Total	10

IV.A Self-Help Project staff were probed as to how the attitudes of other Self-Help Project staff towards them, as a co-worker, have been. Of the ten responses, seven responded "very satisfactory," two responded "satisfactory," and one responded "less than satisfactory."

TABLE XXIII

ATTITUDES OF OTHER SELF-HELP
PROJECT STAFF

Response	Frequency
Very satisfactory	7
Satisfactory	2
Less than satisfactory	1
Very unsatisfactory	0
Total	10

IV.B Six Self-Help staff responded that the attitudes of the I & R staff towards them, as a co-worker, have been "very satisfactory," three responded "satisfactory," and one responded "unsatisfactory," for a total of ten responses.

TABLE XXIV

ATTITUDES OF TRI-COUNTY
I & R STAFF

Response	Frequency
Very satisfactory	6
Satisfactory	3
Unsatisfactory	1
Very unsatisfactory	0
Don't know	0
Not applicable	0
Total	10

V.A Overall, the Self-Help Project staff were probed regarding their satisfaction with SIS. Of the ten total responses, five were "very satisfied," and five were "satisfied."

TABLE XXV

OVERALL STAFF SATISFACTION
WITH SIS

Response	Frequency
Very satisfied	5
Satisfied	5
Dissatisfied	0
Very dissatisfied	0
Don't know	0
Total	10

V.B There was a total of nine responses to the question of what would make the staff more satisfied with the Self-Help Service. Three respondents saw a need for more efficient potential member procedures and systems, three responses mentioned a need for a greater publicity and public relations campaign for SIS, two respondents wanted to see less Self-Help Project staff time at I & R and more on the Self-Help Project, two respondents suggested a need for better collaboration and cooperation

between I & R and the Self-Help Project; one respondent thought that better management of students and their tasks would be beneficial; another response mentioned the need for better communication and information flow between Self-Help Project staff; one respondent desired more Self-Help Project staff time available for the operation of SIS; and one respondent thought there was too long a time lag for students starting their tasks.

VI.A1 The Principal Investigator was probed regarding his evaluation of whether SIS was meeting his expectations as conceived of in the grant. The response was that SIS was "more than fulfilling expectations."

VI.B1 The Project Director was probed for satisfaction with SIS in regard to the overall goals of SIS and specifically regarding the coordination of staff time and energy in meeting those goals. The Director's response was that she was "very satisfied" with the proportion of staff time and energy invested in SIS.

VI.B2 When probed about how staff time and energy might be improved in terms of effectiveness, the Director had the following suggestions: have at least one person oversee SIS and have particular individuals responsible for particular parts of SIS, systematize SIS tasks, have students commit evening hours to SIS, have built-in quality checks in the operation of SIS, mail the remaining posters out, and coalesce SIS procedures into written statements.

VI.B3 The director responded that SIS was "very useful" in furthering the attainment of overall research goals by "facilitating contact between Project staff, self-help groups, and potential group members." However, she also felt that greater volume (i.e. more groups and potential members) is needed.

VI.C1 The students involved in the operation of SIS were asked how useful their involvement with the Self-Help Information Service has been toward expanding their knowledge of basic research and self-help groups in general. Of the four total responses, two responded "very useful," one responded "somewhat useful," and one responded "not useful."

TABLE XXVI

STUDENT OPINION OF INVOLVEMENT
WITH SIS

Response	Frequency
Very useful	2
Somewhat useful	1
Not useful	1
Don't know	0
Total	4

VI.C2 There was one response regarding how to improve student experience with the project. The response included having structured orientation sessions on the project and about self-help groups and more opportunities to consult with other project staff.

VI.D1 The Research Assistants were probed as to how useful their involvement with SIS has been in providing work experience useful for professional advancement. Of the four total responses, all responded that involvement with SIS was a "very useful" experience.

TABLE XXVII

RESEARCH ASSISTANT OPINION
OF INVOLVEMENT WITH SIS

Response	Frequency
Very useful	4
Somewhat useful	0
Not useful	0
Don't know	0
Total	4

APPENDIX H

DESCRIPTION OF I & R STAFF QUESTIONNAIRE RESULTS

1A.) This question was designed to "test" the knowledge of the staff regarding the appropriate use of the Potential Member form. The worker was asked to describe the procedures for the use of the form for two different instances: a) when a self-help group is available for referral and b) when a self-help group is not available for referral. The following table gives responses for situation a:

TABLE XXVIII

PROCEDURES WHEN A GROUP IS AVAILABLE FOR REFERRAL

Response	Frequency
Make referral	5
Explain about evaluation of SIS	0
Fill out Yellow Sheet	1
Note referral made on Yellow Sheet	1
Place in box for pick-up	2
Total	9

One worker (1/6) felt it was not applicable for her to know this information, so the total in any category could not exceed five.

The following table gives responses for situation b, when a group is not available for referral:

TABLE XXIX

PROCEDURES WHEN A GROUP IS NOT AVAILABLE FOR REFERRAL

Response	Frequency
Explain that SIS will recontact w/i one week	2
Fill out Yellow Sheet	5
Place in box for pick-up	5
Total	12

1B)   The worker is asked if clear directions and/or training were given to work with the Potential Member forms.

TABLE XXX

WORKER TRAINING TO USE POTENTIAL MEMBER FORMS

Response	Frequency
Yes	1
No	0
Somewhat	2
Not Applicable	3
Total	6

1C)   The worker is asked if she is comfortable responding to Potential Member telephone calls asking for a referral or for further information about the Self-Help Information Service.

TABLE XXXI

WORKERS COMFORTABLE RESPONDING TO
POTENTIAL MEMBER REQUESTS
FOR FURTHER INFORMATION

Response	Frequency
Yes	3
Somewhat	2
No	0
Not Applicable	1
Total	6

1D) This question asks the worker to describe the procedures for

handling Potential Member calls in terms of "interference" with on-line

functioning.

TABLE XXXII

HOW POTENTIAL MEMBER PROCEDURES AFFECT ON-LINE FUNCTIONING

Response	Frequency
Cumbersome	2
Comprehensive & Adequate	2
Sketchy and Inadequate	0
Not Available	2
Total	6

1E) This question is open-ended and asks how might the Potential

Member procedures be improved. The three people (1/2) who responded all

wanted to limit the data collected on the Yellow Sheet to name, telephone

number and concern as time and tact limit their ability to get all the

desired information at the time of initial contact. All three respondents

felt the Self-Help Project staff could get the rest of the information on

the Yellow Sheet at the time of recontact.

2A) This question was designed to "assess" the knowledge of the staff regarding the intended use of the Group Inventory Form. The worker was asked to describe the procedures for use of the form.

TABLE XXXIII

PROCEDURES FOR USE OF THE GROUP INVENTORY FORM

Response	Frequency
1. The purpose of SIS:	
a. Linking function	3
b. Explain SIS will recontact w/i one week	1
2. Fill out the appropriate spaces on the white form	4
3. Place in box for pick-up	3
Total	11

Two people (1/3) felt it was not applicable for them to know this information so the total in any response category could not exceed 4.

2B) This question asks if the worker was given clear direction and/or training to work with the Group Inventory forms.

TABLE XXXIV

WORKER TRAINING TO USE GROUP INVENTORY FORMS

Response	Frequency
Yes	1
No	2
Somewhat	2
Not Applicable	1
Total	6

2C) This question asks if the worker is comfortable responding to telephone calls from Self-Help Group members -- asking to register their group with SIS or for further information about SIS.

TABLE XXXV

WORKERS COMFORTABLE RESPONDING TO
SELF-HELP GROUP REQUESTS FOR
FURTHER INFORMATION

Response	Frequency
Yes	5
No	0
Somewhat	0
Not Applicable	1
Total	6

2D) The worker is asked to describe the procedures for handling Group Inventory contacts in terms of interference with on-line functioning.

TABLE XXXVI

HOW GROUP INVENTORY PROCEDURES AFFECT ON-LINE FUNCTIONING

Response	Frequency
Cumbersome	2
Comprehensive & adequate	3
Sketchy & inadequate	0
Not Applicable	1
Total	6

2E) This question is open-ended and asks how might the Group Inventory procedures be improved. One person (1/6) responded recommending that inventory procedures be incorporated into the data collection and file updating system of Tri-County I & R.

3A)   This question asks if referrals are made promptly to potential members when a group is available.

TABLE XXXVII

HOW OFTEN REFERRALS ARE MADE PROMPTLY WHEN A GROUP IS AVAILABLE

Response	Frequency
All of the time	4
Most of the time	1
Some of the time	Q
Never	0
Don't know	0
Not applicable	1
Total	6

This question also asks if the referrals are appropriate.

TABLE XXXVIII

HOW OFTEN REFERRALS MADE ARE APPROPRIATE

Response	Frequency
All of the time	1
Most of the time	2
Some of the time	1
Never	0
Don't know	1
Not applicable	1
Table	6

3B)   This question asks if the worker is satisfied with the way the Self-Help Information Service handles referrals when a group is not available for referral to the caller and the contact information is sent to the SIS staff.

TABLE XXXIX

SATISFACTION WITH SIS REFERRAL PROCEDURES
USED BY SELF-HELP
PROJECT STAFF

Response	Frequency
Very satisfied	0
Satisfied	0
Less than satisfied	0
Don't know	5
Not applicable	1
Total	6

This question also asks an open-ended question eliciting information about how the handling of referrals might be improved. The two workers (1/3) who responded both suggested that feedback to I & R would be helpful. Specifically suggested were to let I & R know when call-back was made and to let I & R workers know what action (referral) was made with the potential member.

4A) This question asks if I & R has any written material incorporating the Self-Help Information procedures into the more general Information and Referral procudures.

TABLE XL

WORKERS HAVING KNOWLEDGE OF WRITTEN I & R
PROCEDURES INCORPORATING SIS
INTO I & R

Response	Frequency
Yes	0
No	6
Don't Know	0
Total	6

4B)   This question asks if the worker has a picture of the total system of the Self-Help Information Service, such as where the forms go and when and how the forms are used.

TABLE XLI

WORKERS HAVING A PICTURE OF THE TOTAL SYSTEM OF SIS

Response	Frequency
Yes	1
No	4
Somewhat	1
Not applicable	0
Total	6

4C)   This question continues that if the worker does not have a picture of the total system would the worker find orientation designed to give that view helpful.

TABLE XLII

ORIENTATION NEEDED TO GIVE A VIEW
OF THE TOTAL SYSTEM

Response	Frequency
Yes	5
No	1
Somewhat	0
Not applicable	0
Total	6

4D)   This question looks for information about how SIS procedures have impacted day-to-day on-line functioning.

TABLE XLIII

IMPACT OF SIS ON DAY-TO-DAY ON-LINE FUNCTIONING

Response	Frequency
Disruptive	0
Smooth	4
Facilitative	2
Total	6

5) This question asks how satisfied I & R workers are with the collaborative (exchange) arrangement with SIS staff.

TABLE XLIV

SATISFACTION WITH COLLABORATION BETWEEN SIS AND I & R

Response	Frequency
Very satisfactory	5
Satisfactory	1
Unsatisfactory	0
Very unsatisfactory	0
Don't know	0
Total	6

6) This question asks how attitudes of the Self-Help Information Service Staff have been toward the I & R worker.

TABLE XLV

ATTITUDES OF SIS STAFF TOWARD THE I & R WORKER

Response	Frequency
Very satisfactory	5
Satistactory	1
Unsatisfactory	0
Very unsatisfactory	0
Don't know	0
Total	6

7) This question asks to what extent the SIS goal of expanding the scope of I & R resources to include Self-Help groups in the Tri-County areas has been reached by the Self-Help Information Service.

TABLE XLVI

EXTENT SIS REACHED GOAL OF EXPANDING I & R RESOURCES

Response	Frequency
Resources greatly expanded	2
Resources somewhat expanded	3
Resources barely expanded	1
Resources not expanded	0
Total	6

8) This question asks the worker to evaluate the effectiveness of SIS in reaching the overall goals of increasing I & R resources, linking self-help groups and prospective members and to provide accurate inform-ation about self-help groups to prospective members.

TABLE XLVII

EFFECTIVENESS OF SIS IN REACHING OVERALL GOALS

Response	Frequency
Very effective	3
Effective	2
Somewhat effective	1
Ineffective	0
Very ineffective	0
Don't know	0

9) This question asks for general feed-back about the Self-Help Information Service.

TABLE XLVIII

IMPACT OF SIS ON I & R SERVICE

Response	Frequency
Greatly improved I & R service	1
Improved I & R service	5
Had no effect on I & R service	0
Had somewhat negative impact on I & R service	0
Had great negative impact on I & R service	0
Total	6

This question also asks the open-ended question "What would make SIS more effective?" There were two responses with one caller suggesting more radio and television publicity and another responding "more time, experience and exposure" would improve the effectiveness of SIS.

APPENDIX I

SELF-HELP GROUP RESPONSES TO THE SIS EVALUATION QUESTIONNAIRE

From the total inventory of 136 self-help groups, a random sample
of 25 groups was selected. Twenty-four of the 25 group sample were
contacted and completed the evaluation questionnaire. One group was
defunct and unable to be contacted for the evaluation. Following are
the results of the evaluation.

I. The first question asked whether or not the self-help group
had contacted the Self-Help Information Service (SIS) to register their
group with the service. Of the twenty-four total responses, six responded
"yes" they did contact SIS to register a group, seventeen responded
"no," and one "did not know."

TABLE XLIX

SIS CONTACTED BY SELF-HELP GROUP

Response	Frequency	Proportion
Yes	6	.25
No	17	.71
Don't Know	1	.04
Total	24	1.00

II. Question two asks for the self-help group contact person's
opinion regarding whether having the group registered with SIS has
been helpful to the group, e.g. brought the group new members or favor-
able notice, etc. Of twenty-four total responses, one responded "very

helpful," nine responded "helpful," nine responded "unhelpful," none
responded "a hindrance," and five responded "don't know."

TABLE L

HELPFULNESS OF SIS REGISTRATION
TO SELF-HELP GROUP

Response	Frequency	Proportion
Very helpful	1	.04
Helpful	9	.38
Unhelpful	9	.38
A hindrance	0	0.00
Don't know	5	.20
Total	24	1.00

III. Question three asked about group satisfaction with their
contact with the Self-Help Information Service. Of the twenty-four
total responses, nine responded "very satisfied," eight responded
"satisfied," none responded "less than satisfied," none responded
"very dissatified," and seven responded "don't know."

TABLE LI

SELF-HELP GROUP SATISFACTION WITH SIS CONTACT

Response	Frequency	Proportion
Very satisfied	9	.38
Satisfied	8	.33
Less than satisfied	0	0.00
Very dissatisfied	0	0.00
Don't know	7	.29
Total	24	1.00

IV. Question four probed for any comments or suggestions the
group member might have about improving the SIS. There were 10 respondents
who gave a total of 15 responses. Four respondents mentioned a need for

more publicity of the SIS, three mentioned that more referrals to their

group were needed, three respondents desired more information about SIS,

two thought that follow-up of SIS referrals to self-help groups was

needed, one mentioned a need for various support service (such as

xeroxing, clerical resources, etc.) to be provided to self-help groups

by SIS, one wanted more information about launching self-help groups,

and one wanted more volunteer energy from SIS.

TABLE LII

SELF-HELP GROUP SUGGESTIONS FOR IMPROVING SIS

Response	Frequency
SIS needs more publicity	4
More referrals to groups needed	3
More information needed about SIS	3
Follow-up of referrals needed	2
Support services for SHGs needed	1
Technical assistance	1
Staff assistance	1
Total	15

APPENDIX J

CALLER EVALUATION OF SIS

IA. This question asked the interviewee if he/she talked to Tri-County I & R about a self-help group.

TABLE LIII

CONTACT WITH TRI-COUNTY I & R

Response	Frequency	Proportion
Yes	30	.71
No	11	.26
No answer	1	.03
Total	42	1.00

IB. This question asked if the persons with whom contact was made at Tri-County I & R were friendly and helpful.

TABLE LIV

FRIENDLY AND HELPFUL I & R STAFF

Response	Frequency	Proportion
Yes	28	.94
No	1	.03
No answer	1	.03
Total	30	1.00

IIA. This question asked if the interviewee talked to Portland State University (RRI) about a self-help group.

TABLE LV

CONTACT WITH PSU

Response	Frequency	Proportion
Yes	20	.48
No	22	.52
Total	42	1.00

IIB. This question asked if the personnel from PSU were friendly and helpful. All responses to this question were yes.

TABLE LVI

FRIENDLY AND HELPFUL PSU STAFF

Response	Frequency	Proportion
Yes	20	1.00
No	0	0.00
Total	20	1.00

IIIA. This question asked if Tri-County I & R referred the interviewee to PSU or if PSU made a referral to Tri-County.

TABLE LVII

I & R REFERRAL TO PSU OR PSU
REFERRAL TO I & R

Response	Frequency	Proportion
Yes	6	.35
No	11	.65
Total	17	1.00

IIIB This question asked those who were referred by one to the other if Tri-County I & R and PSU gave consistent information.

TABLE LVIII

CONSISTENT INFORMATION GIVEN
BY I & R AND PSU

Response	Frequency	Proportion
Yes	4	.67
No	2	.33
Total	6	1.00

IV. This question asked if the interviewee had any difficulty finding out about or contacting sis. Most respondents indicated no trouble.

TABLE LVIX

DIFFICULTY CONTACTING SIS

Response	Frequency	Proportion
Yes	7	.17
No	32	.76
Don't know	3	.07
Total	42	1.00

This question also asked what difficulties were encountered by those seven respondents who answered "yes" above.

TABLE LX

DIFFICULTIES ENCOUNTERED IN CONTACTING SIS

Response	Frequency	Proportion
Not enough publicity of SIS	3	.4300
Too many months of contact to get a group	1	.1425
I & R lacked specific needed information on self-help groups	1	.1425
SIS person out of the office when respondent tried to contact	1	.1425
Call-backs took too long	1	.1425
Total	7	1.0000

V.   This asked of the respondents to describe their feelings about calling SIS. Most feelings were neutral to positive.

TABLE LXI

RESPONDENTS' FEELINGS ABOUT
CALLING SIS

Response	Frequency	Proportion
Very negative	0	0.00
Negative	1	.02
Neutral	9	.22
Positive	10	.24
Very positive	19	.45
No answer	3	.07
Total	42	1.00

VIA.   This question asked if the interviewee called about membership for her/himself in a self-help group. Most answered "yes."

TABLE LXII

CALLERS ASKING FOR MEMBERSHIP

Response	Frequency	Proportion
Yes	33	.79
No	9	.21
Total	42	1.00

VIB. This question asked what the person called for if not for
information about membership in a self-help group.

Table LXIII

CALLERS ASKING FOR INFORMATION OTHER THAN MEMBERSHIP

Response	Frequency	Proportion
People were professionals calling for a client	3	.34
People were simply calling for someone else	2	.22
People just wanted further information	2	.22
Person was interested in a directory	1	.11
Person wanted information about how SIS works	1	.11
Total	9	1.00

VIC. This question asked the interviewees how satisfied they are
with the responses to their requests which they received from SIS. Most
respondents indicated satisfaction.

TABLE LXIV

CALLER SATISFACTION WITH RESPONSES FROM SIS

Response	Frequency	Proportion
Very satisfied	12	.29
Satisfied	16	.38
Dissatisfied	5	.12
Very dissatisfied	0	0.00
Not applicable	2	.05
No Answer	7	.16
Total	42	1.00

VII. This question asked if the person was referred to a group.

TABLE LXV

CALLERS REFERRED TO A GROUP

Response	Frequency	Proportion
At once	11	.26
Later	13	.31
Not referred	18	.43
Total	42	1.00

VIIIA. This question asked which group the respondent was referred to.

TABLE LXVI

GROUPS REFERRED

Response	Frequency	Proportion
Women's Support Group	5	.21
New Hope Positive Singles	2	.08
Step-parents	6	.25
Diabetic Support	2	.08
Other	9	.38
Total	24	1.00

VIIIB. This question asked if the interviewee had any difficulty contacting a group representative.

TABLE LXVII

DIFFICULTIES IN CONTACTING
A GROUP REPRESENTATIVE

Response	Frequency	Proportion
Yes	2	.08
No	16	.66
Don't know	1	.05
Did not try	5	.21
Total	24	1.00

VIIIC. This question asked if the interviewee has attended any group meetings.

TABLE LXVIII

ATTENDANCE AT GROUP MEETINGS

Response	Frequency	Proportion
Yes	9	.38
No	15	.62
Total	24	1.00

This question also asked of the respondents answering "yes" how many meetings they had attended.

TABLE LXIX

NUMBER OF MEETINGS ATTENDED

Response	Frequency	Proportion
One meeting	7	.78
Two	1	.11
Three	1	.11
Over three	0	0.00
Total	9	1.00

This question asked of the respondents answering "no" what their reasons were for not attending.

TABLE LXX

REASONS FOR NON-ATTENDANCE

Response	Frequency	Proportion
Lack of transportation	1	.07
It was too far to the self-help group	1	.07
An emergency came up	1	.07
The group hadn't started yet	4	.26
Pregnancy interfers with attendance now	1	.07
Too busy and hadn't had time to call	5	.32
The referral came too late for her client	1	.07
It was "not the group he wanted"	1	.07
Total	15	1.00

VIIID. This question asked if the referral which was made was appropriate.

TABLE LXXI

REFERRALS APPROPRIATE

Response	Frequency	Proportion
Yes	8	.89
No	1	.11
Don't know	0	0.00
Total	9	1.00

VIIIE. This question asked if the concerns and interests of the group members were similar to the interviewee's

TABLE LXXII

GROUP MEMBERS' CONCERNS SIMILAR TO
RESPONDENTS' CONCERNS

Response	Frequency	Proportion
Yes	4	.44
Somewhat	4	.44
No	4	.12
Don't know	0	0.00
Total	9	1.00

VIIIF. This question asked if the interviewee is still attending group meetings.

TABLE LXXIII

CONTINUING ATTENDANCE AT
GROUP MEETINGS

Response	Frequency	Proportion
Yes	4	.44
No	5	.56
Total	9	1.00

This question also asked of those who were not still attending meetings why not.

TABLE LXXIV

REASONS FOR TERMINATING ATTENDANCE AT GROUP MEETINGS

Response	Frequency	Proportion
The group was not what he wanted in a group	1	.20
Too busy to attend and had time conflict	1	.20
Professionally checking out the meeting	1	.20
The age range of the group was "wrong"	1	.20
The group was depressing	1	.20
Total	5	1.00

This question also asked of those who were still attending meetings if their concerns or needs are being met by the group. All gave a positive answer.

TABLE LXXV

CONCERNS/NEEDS MET BY GROUP

Response	Frequency	Proportion
Yes	3	.75
No	0	0.00
Somewhat	1	.25
Don't know	0	0.00
Total	4	1.00

This question also asked of those who were still attending meetings if they plan to continue attending.

TABLE LXXVI

PLANS TO CONTINUE ATTENDING
GROUP MEETINGS

Response	Frequency	Proportion
Yes	3	.75
No	1	.25
Don't know	0	0.00
Total	4	1.00

Of those who will not continue, why is asked: One person said s/he was moving away.

IX. This question asked the interviewees who had attended group meetings if the group had made a difference in the way they felt about their concerns.

TABLE LXXVII

IMPACT OF GROUP ON CALLERS' FEELINGS
ABOUT THEIR CONCERNS

Response	Frequency	Proportion
Much better	2	.22
Better	2	.22
Just the same	4	.44
Worse	0	0.00
Much worse	0	0.00
No answer	1	.12
Total	9	1.00

XA. This question asked the interviewees if they were asked to be

on a waiting list. Over half said yes.

TABLE LXXVIII

REQUESTED BY STAFF TO BE ON
A WAITING LIST

Response	Frequency	Proportion
Yes	22	.52
No	17	.40
Not applicable	2	.05
No answer	1	.03
Total	42	1.00

XB. This question asked if the interviewees who were asked to be

on a waiting list agreed to be on a waiting list.

TABLE LXXIX

AGREED TO BE ON A WAITING LIST

Response	Frequency	Proportion
Yes	21	.95
No	1	.05
Total	22	1.00

XC. This question asked the interviewees who agreed to be on a waiting list how satisfied they were with being put on a waiting list if there was no group available to refer them to. Most indicated satisfaction.

TABLE LXXX

SATISFACTION WITH PLACEMENT ON WAITING
LIST WHEN NO GROUP AVAILABLE

Response	Frequency	Proportion
Very satisfied	3	.14
Satisfied	14	.66
Less than satisfied	2	.10
Very dissatisfied	1	.05
No answer	1	.05
Total	21	1.00

XIA. This question asked the interviewees if they were told the SIS staff would re-contact them. The great majority said "yes."

TABLE LXXXI

TOLD SIS STAFF WOULD RE-CONTACT

Response	Frequency	Proportion
Yes	32	.76
No	7	.17
Not applicable	3	.07
Total	42	1.00

XIB. This question asked of those who said "yes" if the SIS staff actually did re-contact them.

TABLE LXXXII

SIS STAFF DID RE-CONTACT

Response	Frequency	Proportion
Yes	26	.81
No	6	.19
Total	32	1.00

XIC. This question asked of those who were re-contacted if the SIS person was friendly and helpful.

TABLE LXXXIII

SIS STAFF FRIENDLY AND HELPFUL

Response	Frequency	Proportion
Yes	25	.96
No	1	.04
Total	26	1.00

XIIA. This question asked the interviewees if they agreed to help form a group.

TABLE LXXXIV

AGREED TO HELP FORM A GROUP

Response	Frequency	Proportion
Yes	18	.43
No	19	.46
Not applicable	5	.11
Total	42	1.00

XIIB. This question asked the interviewees who agreed to help form a group if they have had the opportunity to do so.

TABLE LXXXV

HAVE HAD OPPORTUNITY TO
HELP FORM A GROUP

Response	Frequency	Proportion
Yes	2	.11
No	16	.89
Total	18	1.00

XIIC. This question asked of those who have had the opportunity to help form a group if the procedures for forming a group were helpful or not.

TABLE LXXXVI

HELPFULNESS OF PROCEDURES
FOR FORMING A GROUP

Response	Frequency	Proportion
Very helpful	0	0.00
Helpful	2	1.00
Unhelpful	0	0.00
A hindrance	0	0.00
Total	2	1.00

XIIIA. This question asked the interviewees if SIS provided them with accurate information.

TABLE LXXXVII

SIS PROVIDED ACCURATE INFORMATION

Response	Frequency	Proportion
Yes	33	.79
No	2	.05
Don't know	7	.16
Total	42	1.00

Of the two who said "no," one person said, "The referral I was given is not now sponsoring a group," and one person said, "Longer than two weeks for the call-back."

XIIIB. This question asked if the interviewees would refer a friend or relative to SIS.

TABLE LXXXVIII

WILLING TO REFER A FRIEND
OR RELATIVE TO SIS

Response	Frequency	Proportion
Yes	36	.86
No	1	.02
Don't know	5	.12
Total	42	1.00

XIVA. This question asked the interviewees how satisfied they are with the service they received from SIS, all things considered.

TABLE LXXXIX

OVERALL SATISFACTION WITH SIS

Response	Frequency	Proportion
Very satisfied	15	.36
Satisfied	20	.48
Dissatisfied	3	.07
Very dissatisfied	0	0.00
Don't know	4	.09
Total	42	1.00

XIVB. This question asked for specific reasons for satisfaction/ dissatisfaction.

TABLE XC

REASONS FOR SATISFACTION/DISSATISFACTION

Response	Frequency	Proportion
No response to her call in December	1	.02
No information received about a group	1	.02
Felt she was always being referred to someone else	1	.02
"There is no group yet"	2	.04
Inappropriate referral	1	.02
Too long to get a group going	1	.02
Follow-up	1	.02
Much unrealized potential	1	.02
Friendly service	1	.02
Got needed information	5	.12
SIS supplied information in a meaningful, helpful way	12	.29
Experienced SIS staff who are concerned about the individual	5	.12
Positive feeling that "something could be done	3	.07
No comment	7	.20
Total	42	1.00

XV. This question asked the interviewees for any further comments, criticisms or suggestions about SIS.

TABLE XCI

FURTHER COMMENTS ABOUT SIS

Response	Frequency	Proportion
More publicity needed	6	.14
Disappointed--waiting	4	.10
Praise for SIS	5	.12
Transportation services needed	2	.04
Appreciated SIS staff re-contacting	1	.02
SIS should screen for desperate people who need help immediately	2	.04
Inappropriate referral	1	.02
Request for guidelines in regard to forming a group	1	.02
The poster is vague	1	.02
Who/what is SIS	1	.02
Screen for age, interests, needs before referring	1	.02
Be concerned for handicapped in regard to referrals	1	.02
Contact didn't have immediate information and took too long	1	.02
Self-help groups a good idea	1	.02
Need a master list available for those who request one	2	.04
Wants to be re-contacted as appropriate group surfaces	1	.02
No comment	13	.32
Total	42	1.00

APPENDIX K

SELF-HELP PROJECT STAFF QUESTIONNAIRE

Date of Interview_____   Name of Interviewee_____

Name of Interviewer_____   Position/Title
Of Interviewee_____

    The mission of the Self-Help Information Service (SIS) is to expand the quality and scope of human services available to meet community members' needs via the development and maintenance of an Information and Referral Service.

    More specifically, the goals of SIS are to search out and inventory all self-help groups in the Tri-County area and to link potential members in the community with specific needs to available and appropriate groups to meet those needs.

    Please evaluate your involvement in the following tasks associated with developing the Self-Help Information and Referral Service:

I. Approximately how many hours per week have you spent in the last 4 months?

IA. 1) <u>Inventory.</u> Searching for and collecting information on self-help groups, i.e. filling out the white sheets?_____. (If 0, go to #A4)	IB. 1) <u>Potential Inventory.</u> Recontacting potential members to explain the SIS, i.e. working on yellow sheets?_____. (if 0, go to #B4)	IC. 1) <u>Information Campaign</u> Working on the information campaign, i.e. delivering posters, sending press releases?_____. (If 0, go to #CA)
2) This amount of time was: ____Very Satisfactory ____Satisfactory ____Unsatisfactory ____Very Unsatisfactory	2) This amount of time was: ____Very Satisfactory ____Satisfactory ____Unsatisfactory ____Very Unsatisfactory	This amount of time was: ____Very Satisfactory ____Satisfactory ____Unsatisfactory ____Very Unsatisfactory
3) If Unsatisfactory, why:_____ _____ _____ _____	3) If unsatisfactory, why:_____ _____ _____ _____	3) If unsatisfactory, why:_____ _____ _____ _____
4) For capturing the needed facts are the inventory forms: ____Very Useful ____Useful ____Not Useful ____Don't Know	4) For capturing the needed facts, is the potential member questionnaire: ____Very Useful ____Useful ____Not Useful ____Don't Know	4) For conveying the needed facts to groups and potential members, the poster is: ____Very Useful ____Useful ____Not Useful ____Don't Know

Inventory	Potential Members	Information Campaign
5) A. Are inventory procedures:	5) B. Are potential member procedures:	5) C. Are information campaign procedures:
____Cumbersone ____Adequate & Comprehensive ____Sketchy & Inadequate ____Don't Know.	____Cumbersome ____Adequate & Comprehensive ____Sketchy & Inadequate ____Don't Know	____Cumbersome ____Adequate & Comprehensive ____Sketchy & Inadequate ____Don't Know
6) A. Were you given clear directions for the inventory?	6) B. Were you given clear directions for the questionnaire?	6) C. Were you given clear directions for the information campaign?
____Yes ____No ____Somewhat ____Not Applicable	____Yes ____No ____Somewhat ____Not Applicable	____Yes ____No ____Somewhat ____Not Applicable
7) A. Are you comfortable contacting groups to inventory?	7) A. Are you comfortable contacting potential members?	7) C. Are you comfortable disseminating information about SIS & SHP?
____Yes ____No ____Somewhat If not, why?_____	____Yes ____No ____Somewhat If not, why?_____	____Yes ____No ____Somewhat If not, why?_____

II.A. Are you satisfied with the way Self-Help Information Service (SIS) handles the referrals in general?

____Very Satisfied

____Satisfied

____Dissatisfied

____Very Dissatisfied

____Dont Know

B. If you are not satisfied, how might the handling of referrals be improved?

III. SIS Project Staff used the Information and Referral resource list and files as a starting point in their search for self-help groups. Information and Referral also provides a 40-hour per week phone service to collect and disseminate information for SIS. In return, SIS staff and students provide 16-24 hours of "volunteer" time to help on the phones and keep Information and Referral current of new self-help group resources.

A. Approximately how many hours per week do you spend at I & R?

_____4-6

_____1-3

_____None

B. Is this arrangement:

_____Very Satisfactory

_____Satisfactory

_____Less than Satisfactory

_____Very Unsatisfactory

_____Not Applicable

C. Was your training for work at Information & Referral:

_____Very Satisfactory

_____Satisfactory

_____Unsatisfactory

_____Very Unsatisfactory

_____Not Applicable

IV.A. Attitudes of Self-Help Program staff toward you as a co-worker have been:

_____Very Satisfactory

_____Satisfactory

_____Less than Satisfactory

_____Very Unsatisfactory

B. Attitudes of Information & Referral staff toward you as a co-worker have been :

_____Very Satisfactory   _____Very Unsatisfactory

_____Satisfactory   _____Don't Know

_____Unsatisfactory   _____Not Applicable

V. A. Overall, how satisfied are you with the Self-Help Information Service?

_____Very Satisfied   _____Very Dissatisfied

_____Satisfied   _____Don't Know

_____Dissatisfied

B. What would make you more satisfied with the service?

_____

_____

VI. A. <u>TO THE PRINCIPAL INVESTIGATOR</u>

1) Is the Self-Help Information Service fulfilling your expectations as you conceived of SIS in the grant?

___More than fulfilling expectations

___Fulfilling expectations

___Not fulfilling expectations

___Don't know

2) If SIS is not fulfilling your expectations (as per the grant), what should be done differently?

_____

_____

B. <u>TO THE PROJECT DIRECTOR:</u>

In terms of the over-all goals of the self-help project, and more specifically around the coordination of staff time and energy in meeting those goals:

1) How satisfied are you with the proportion of staff time and energy invested in SIS?

____Very Satisfied   ____Not Satisfied

____Somewhat satisfied   ____Don't Know

2) In terms of effectiveness, how could staff time and energy be improved?

_____

_____

3) How useful and instrumental is SIS in furthering the attainment of the overall research goals?

_____Very Useful   _____Useful   _____Don't Know

WHY?_____

_____

VI. C. TO THE STUDENTS

1) How useful has your involvement with the Self-Help Information Service been toward expanding your knowledge base of research and self-help groups in general?

_____Very Useful   _____Not Useful

_____Somewhat Useful   _____Don't Know

2) If not useful, what would have made your experience better?

_____

_____

_____

VI. D. TO THE STAFF

How useful has your involvement with the Self-Help Information Service been in providing work experience useful for professional advancement?

_____Very Useful

_____Somewhat Useful

_____Not Useful

_____Don't Know

APPENDIX L

TRI-COUNTY INFORMATION AND REFERRAL STAFF QUESTIONNAIRE

Date_____   Name of Interviewee_____

Name of Interviewer_____   Title of Interviewee_____

1. The major task you have been asked to perform by the SIS staff is
   filling out the Potential Member Interview forms (yellow sheets).

   A. Please describe procedures for using the Potential Member forms:

      If group available:

      _____1. Make referral
      _____2. Explain about evaluation of SIS
      _____3. Fill out yellow sheet (at least name, concern & number)
      _____4. Note what referral was made on yellow sheet
      _____5. Place in Self-Help Project box for pick-up by SIS staff

      If group not available:

      _____1. Explain that a SIS team member will re-contact within
                 one week
      _____2. Fill out yellow sheet (at least name, concern, number
                 and if person is willing to be on a waiting list)
      _____3. Place in SIS box for pick-up by SIS staff

   B. Were you given clear directions and/or training to work with the
      forms?

      ____Yes   ___No   ___Somewhat   ___Not applicable

   C. Are you confortable responding to Potential Member calls?

      ____Yes   ___No   ___Somewhat   ___Not applicable

   D. Are the procedures for handling Potential Member calls:

      _____Cumbersome

      _____Comprehensive and adequate

      _____Sketchy and inadequate

E. How might the Potential Member procedures be improved?

_____

_____

2. The second major task you have been asked to perform by SIS is
    partially filling out the Group Inventory form (the white sheet).

    A. Please describe procedures for using the Group Inventory forms:

        _____1. Explain the purpose of SIS

              _____a. Linking function

              _____b. Explain SIS staff will re-contact within week

        _____2. Get name of the group, two contact person's names and
                  phone numbers and the purpose of the group. Fill out
                  the appropriate spaces on the white sheet.

        _____3. Place in SIS box for pick-up by SIS staff

    B. Were you given clear directions and/or training to work with
        the forms?

        _____Yes   _____No   _____Somewhat   ____Not Applicable

    C. Are you comfortable responding to calls from Self-Help Groups?

        _____Yes   _____No   _____Somewhat   ____Not Applicable

        If No or Somewhat, what are you uncomfortable with?

        _____

        _____

    D. Are procedures for handling Group Inventory contacts:

        _____Cumbersome

        _____Comprehensive and adequate

        _____Sketchy and inadequate

    E. How might the inventory procedures be improved?_____

        _____

        _____

        _____

3. A. Potential members call I & R for information and referral for various concerns. If a group is available, is the referral made promptly?

_____All the time   _____Never

_____Most of the time   _____Don't know

_____Some of the time

Are the referrals appropriate?

_____All the time   _____Never

_____Most of the time   _____Don't know

_____Some of the time

B. If a group is not available, the contact information (yellow sheet) is sent to the SIS staff. Are you satisfied with the way SIS then handles the referrals?

_____Very satisfied   _____Less than satisfied

_____Satisfied   _____Don't know

If you are not completely satisfied, how might the handling of referrals be improved?_____

_____

_____

4. A. Does your agency have any written material incorporating SIS procedures into the general Information and Referral procedures?

_____Yes   _____No   _____Don't know

B. Do you have a picture of the total system of the service (i.e. where the yellow and white forms go and when and how the forms are used)?

_____Yes   _____No   _____Somewhat   _____Not applicable

C. If no, would orientation designed to give a view of the SIS system be helpful to you?

_____Yes   _____No   _____Somewhat   _____Not applicable

D. In day-to-day on-line functioning, have SIS procedures been:

_____Disruptive   _____Smooth   _____Facilitative

5. Project staff used the I & R resource list and files as a starting point in their search for self-help groups. I & R also provides a 40-hour per week phone service to collect and disseminate information for SIS. In return, Self-Help project staff and students provide 16-24 hours of "volunteer" time to help on the I & R phones and keep I & R current of new Self-Help group resources.

    A. Is this arrangement:

    _____Very satisfactory   _____Very unsatisfactory

    _____Satisfactory   _____Don't know

    _____Unsatisfactory

6. A. Attitudes of the SIS staff to you have been:

    _____Very satisfactory   _____Very unsatisfactory

    _____Satisfactory   _____Don't know

    _____Unsatisfactory

7. A. A major goal of the Self-Help Information Service is to expand the scope of I & R resources to include Self-Help Groups in the Tri-County Area. To what extent has this goal been reached by SIS?

    _____Resources greatly expanded

    _____Resources somewhat expanded

    _____Resources barely expanded

    _____Resources not expanded

8. The major goals of SIS are increasing I & R resources, to help link self-help groups and prospective members, and to provide accurate information about self-help groups to prospective members. Overall, how effective do you think SIS is in reaching these goals?

    _____Very effective   _____Very ineffective

    _____Effective   _____Don't know

    _____Ineffective

    What would make SIS more effective?_____

    _____

    _____

9.   In general, the Self-Help Information Service has:

_____Greatly improved I & R service

_____Improved I & R service

_____Had no effect on I & R service

_____Had somewhat negative impact on I & R service

_____Had great negative impact on I & R service

APPENDIX M

GROUP QUESTIONNAIRE

Date of Interview_____   Name of Interviewee_____

Name of Interviewer_____   Title of Interviewee_____

   I.   Did you call to register a self-help group?

              _____YES   _____NO

  II.   If YES, has registering your group been helpful to you, e.g.
        brought new members or favorable notice, etc?

              _____Very Helpful   _____Unhelpful

              _____Helpful   _____A Hindrance

 III.   How satisfied were you with your contact with the Self-Help
        Information Service (SIS)?

              _____Very Satisfied   _____Very dissatisfied

              _____Satisfied   _____Don't Know

              _____Less than satisfied

  IV.   Do you have any comments or suggestions for improving SIS?

        _____

        _____

        _____

        _____

        _____

APPENDIX N

CALLER QUESTIONNAIRE

Date_____   Name of Interviewee_____

Name of Interviewer_____   Title of Interviewee_____

We understand that you have recently called about a Self-Help group. We would like for you to help us evaluate the Self-Help Information Service. Would you take about five minutes to answer a few questions about how your call was received?

First, we would like to understand the contact that you have had with the Self-Help Group Information Service.

1. a. Did you talk to Tri-County I & R about a Self-Help Group (222-5555)?

    _____Yes   _____No

    b. Were they friendly and helpful?

    _____Yes   _____No

2. a. Did you talk to Portland State University about a Self-Help Group (229-4040)?

    _____Yes   _____ No

    b. Were they friendly and helpful?

    _____Yes   _____No

3. a. Did either number refer you to the other?

    _____Yes   _____No

    b. Did the two places give you consistent information?

    _____Yes   _____No   _____Not applicable

4. Did you have any difficulty finding out about or contacting the Self-Help Group Information Service (SIS)?

_____Yes _____No _____Don't know

If Yes. what was/were the difficulty/difficulties you encountered?

_____

_____

5. How would you describe your feelings about calling the Self-Help Group Information Service?

_____Very negative   _____Positive

_____Negative   _____Very Positive

_____Neutral

6. a. Did you call to ask about membership for yourself in a Self-Help Group?

   _____Yes   _____No

   b. If no, what request did you make? (If Yes, go to #7)

   _____

   _____

   c. How satisfied were you with the response to your request which you received?

   _____Very satisfied   _____Very Dissatisfied

   _____Satisfied   _____Not applicable

   _____Dissatisfied

7. Were you referred to a group:

____At once   ____Later   ____Not referred (If not referred, skip
                                                  to #10)

8. a. What group were you referred to?_____

   b. Did you have any difficulty contacting a group representative?

   ____Did not try   ____Yes   ____No   ____Don't know

c. Have you attended any group meetings?

_____Yes   _____No

If Yes, how many?_____

If none. what were your reasons for not attending--then go to #10:_____

_____

d. Was that an appropriate referral?

_____Yes   _____No   _____Don't know

e. Were the concerns and interests of the members similar to yours?

_____Yes   _____No   _____Somewhat   _____Don't know

f. Are you still attending meetings?

_____Yes   _____No   _____Not applicable

If not, why not?_____

_____

1) If yes, are your concerns or needs being met by the group?

_____Yes   _____No   _____Somewhat   _____Don't know

2) Do you plan to continue attending meetings?

_____Yes   _____No   _____Don't know

If not, why not?_____

_____

9. Did the group make a difference in the way you feel about your concern? Do you feel:

_____Much better   _____Worse

_____Better   _____Much worse

_____Just the same   _____Not applicable

10. a. Were you asked to be on a waiting list for any groups?

_____Yes   _____No   _____Not applicable

b. Did you agree to be on a waiting list?

_____Yes   _____No   _____Not applicable

c. If there was no existing group to refer you to, how satisfied
    were you with being put on a waiting list?

_____Very satisfied   _____Very dissatisfied

_____Satisfied   _____Don't know

_____Less than satisfied   _____Not applicable

11. a. Were you told that the Self-Help staff would re-contact you?

_____Yes   _____No   _____Not applicable

b. Did they?

_____Yes   _____No   _____Not applicable

c. If Yes, were they friendly and helpful?

_____Yes   _____No   _____Not applicable

12. a. Did you agree to help form a group?

_____Yes   _____No   _____Not applicable

(If yes, specify which group)_____

b. Have you had the opportunity to help form a group?

_____Yes   _____No   _____Not applicable

(If yes, specify which group)_____

c. If yes, were the procedures for forming a group:

_____Very helpful   _____Unhelpful

_____Helpful   _____A hindrance

d. How could these procedures be improved?_____

_____

_____

13. a. Has the Self-Help Information Service provided you with accurate information?

_____Yes   _____No   _____Don't know

If no, what was inaccurate?_____

_____

b. Would you refer a friend or relative to the Self-Help Information Service?

_____Yes   _____No   _____Don't know

14. a. All things considered, how satisfied were you with the service you received from SIS?

_____Very Satisfied   _____Very Dissatisfied

_____Satisfied   _____Don't know

_____Dissatisfied

b. What were your reasons for being satisfied/dissatisfied?

_____

_____

_____

_____

15. Do you have any further comments, criticisms or suggestions about the self-Help Information Service?

_____

_____

_____

_____

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