

Entity, agency or program name: _____ Date: _____

Please complete the Anonymity Code to ensure this completed scale can be returned to you without revealing your identify.

Anonymity Code: _____

1) First letter of your mother's first name _____

2) Last letter of your mother's last name _____

3) First digit of your social security number _____

4) Last digit of your social security number _____

Members: refers to you and your peers at this entity

For each of the following statements, please circle one number to indicate how much you agree or disagree with each statement.

	Strongly <u>Disagree</u>	<u>Disagree</u>	Slightly <u>Disagree</u>	Slightly <u>Agree</u>	<u>Agree</u>	Strongly <u>Agree</u>
A. I think this entity is a good program or agency	1	2	3	4	5	6
B. I am not planning on leaving this program or agency	1	2	3	4	5	6
C. For me, this agency or program is a good fit	1	2	3	4	5	6
D. Members can depend on each other in this agency or program ...	1	2	3	4	5	6
E. Members can get help from other members if they need it.....	1	2	3	4	5	6
F. Members are secure in sharing opinions or asking for advice.....	1	2	3	4	5	6
G. This entity is important to me	1	2	3	4	5	6
H. I have friends in this entity.....	1	2	3	4	5	6
I. I feel good helping this entity and the members	1	2	3	4	5	6

Please continue on the next page

Demographics

1. Gender: ✓ all that apply.....Female Male Trans

2. Race: ✓ all that apply African American or Black Alaska Native
 American Indian Asian Caucasian/White
 Hispanic/Latino Native Hawaiian/Other Pacific Islander
 Other: _____

3. Age....._____

4. Status: ✓ all that apply..... Single Married Separated Divorced Widowed

5. Role at this entity, agency or program: Client Direct service staff Administration
 Other: _____

5.a. How long?..... Months: _____ or Years: _____

6. Approximate number of entity members with whom you:have regular contact: _____
 are close to: _____

7. I am in recovery from:
 alcohol or other drug use. No Yes since: _____ Don't know
 a mental health condition. No Yes since: _____ Don't know
 a physical health condition No Yes since: _____ Don't know

Results

For each item (A-I) on the previous page, please enter the number (1-6) you circled in the corresponding space below. Then, total each column of numbers at the bottom.

A.		
	B.	
	C.	
	D.	
		E.
		F.
		G.
H.		
I.		
<i>Entity Total (E) =</i>	<i>Membership Total (M) =</i>	<i>Self Total (S) =</i>
<i>Your Sense of Community = (E) + (M) + (S) =</i>		

Your Sense of Community, Trust and Hope

From: Jason, L. A., Stevens, E., Ram, D. (2015) & Light (2016)

Distributed by George S. Braucht, LPC & CPCS; braughtworks.com

- A. The amount of social support and the quality of connections or relationships influence our emotional and physical well-being as well as the safety and health of our community
- B. This is commonly referred to as social capital.
- C. Your experiences with peers and staff in this agency or program affect your thoughts, feelings and behavior, including your willingness to be helped by others and to provide assistance to other members as a part of a dependable and stable peer support network.
- D. Three factors contribute to the sense of community: *Entity, Membership & Self*.
 - 1. *Entity*: the agency or program's perceived characteristics such as goals, objectives, purposes, the degree of experienced safety and security, meeting expectations, and effectiveness;
 - 2. *Membership*: the social relationship quality of members of the community including mutual responsibility, support, reliance, cooperation, help, voice and attitudes toward other members; and
 - 3. *Self*: the community's meaningfulness to one's identity or the importance to one's self including emotional commitment, connection, engagement, compensation, and influence.
- E. People with high scores on one or two of the three factors may not experience a strong sense of belonging to the community – high levels of entity, membership and self are needed.
- F. Participation in establishing mutually beneficial and meaningful social norms, activities, rituals, celebrations and ceremonies lead to developing a strong sense of community.
- G. A sense of community, particularly a high *Self* score, combined with a trust in mentors or confidants with common or similar recovery goals contributes to the overall sense of hope. Hopefulness is related to your level of engagement or commitment to your residence and the associated community.
- H. Write or record in your journal your *Entity, Membership* and *Self* scores plus the following.
 - 1. List your strengths, talents or passions.
 - 2. What groups do you belong to and how can your and your group member's strengths and recovery success stories appreciate or improve your residence and community?
 - 3. What are your next steps and who can help?

