

Training and Facilitation Forms

Training Forms

- Emergency Contact Information – hand in at the beginning of Day One
- Facilitator Profile – turn in no later than the beginning of Day Two
- “Aha” Experience – complete when an epiphany moment occurs
- Facilitator Training Evaluation – fill out as training goes along and turn in at end of training

Facilitation Forms

- Support Groups Data Survey – fill out after every meeting (either online or in hardcopy form, depending on your NAMI State Organization or NAMI Affiliate)
- NAMI Support Group Evaluation and Demographics – contact your NAMI State Organization or NAMI Affiliate for how and when to distribute to support group attendees

Emergency Contact Information

Attendee's name _____

1. Contact name _____

relationship _____

day phone _____

cell phone _____

evening phone _____

2. Contact name _____

relationship _____

day phone _____

cell phone _____

evening phone _____

Facilitator Profile

Facilitators will facilitate local support groups with a trained co-facilitator. NAMI Connection Recovery Support Group facilitators use the skills they learn to provide a support group faithful to the NAMI Connection Recovery Support Group model in which they were trained.

Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Email _____

Job Requirements:

- ✓ Willingness to undergo training and adhere to fidelity to program model is required
- ✓ Commitment to perform work in this capacity for a minimum of one year (or time required by sponsoring organization)
- ✓ Ability to provide group participant data as required
- ✓ Willingness to identify potential new facilitators from their support groups
- ✓ Positive regard for, or personal experience with, mutual support
- ✓ Maintain active NAMI membership as a requirement for leading NAMI Programs

Your Commitment:

Can NAMI rely on you to make a minimum one year commitment (or time required by sponsoring organization) to your support group?

YES: _____ NO: _____

Fidelity:

Can NAMI rely on you to facilitate your support group according to the model you were taught in training? YES: _____ NO: _____

(Date)

(Signature)

(NAMI Affiliate)

Aha! Experience

A Story from a NAMI Connection Recovery Support Group

Participants in a NAMI Connection Recovery Support Group are invited to share their experiences of Aha! moments they have had in training or a group meeting. Facilitators and group members alike can tell others the story of when the light bulb went on for them. These stories, these testimonials, will help NAMI to provide evidence of the important role that the Recovery Support Groups plays in the lives of individuals who are learning to live well with mental illness.

Here are some options for sharing your story:

- Write a couple of sentences here or on a separate piece of paper and email it to namieducation@nami.org or turn it in to one of the trainers
- Put your name and phone number or email address on this sheet and send it in and ask to be called so that you can us more about your experience
- Include your name, or remain anonymous if you'd like – just share your story!

Optional information:

Name _____ Phone _____

Email _____

Facilitator Training Evaluation

Small Group Leader _____

Please use this scale in rating each training session:

1) untrue 2) somewhat untrue 3) uncertain 4) somewhat true 5) true

(untrue → true)

1 – 2 – 3 – 4 – 5

1) The **Introduction to the Model** presentation helped me understand the NAMI Support Group model. (Entire Group)

Comment:

2) The **NAMI Support Group Model Demonstration and Discussion** oriented me to the model. (Entire Group)

Comment:

1 – 2 – 3 – 4 – 5

3) The **Group Dynamics and Cues and Remedies** presentation helped me understand the development of the NAMI Support Group model. (Entire Group)

Comment:

1 – 2 – 3 – 4 – 5

4) The **Understanding the Five Strategies Section and Strategy Practice Exercise** was effective in teaching me how to use AID US. (Small Groups)

Comment:

1 – 2 – 3 – 4 – 5

Rating scale: 1) untrue 2) somewhat untrue 3) uncertain 4) somewhat true 5) true

Learning to Use the Structures

5) The **Understanding the Agenda Structure Section and Ad Lib Role Plays** were effective in teaching me how to use this structure. (Small Groups)

(untrue → true)

1 – 2 – 3 – 4 – 5

Comment:

6) The **Understanding the Group Guidelines Section and Role Plays** were effective in teaching me how to use this structure. (Small Groups)

1 – 2 – 3 – 4 – 5

Comment:

7) The **Principles of Support Exercises** were effective in teaching me how to use this structure. (Small Groups)

1 – 2 – 3 – 4 – 5

Comment:

8) The **Emotional Stages Exercises** were effective in teaching me how to use this structure. (Small Groups)

1 – 2 – 3 – 4 – 5

Comment:

9) The **Fidelity and Working Together** presentation helped me to understand the importance of fidelity to the model and how to talk with my co-facilitators. (Entire Group)

1 – 2 – 3 – 4 – 5

Comment:

Rating scale: 1) untrue 2) somewhat untrue 3) uncertain 4) somewhat true 5) true

Learning to Use the Group Processes

10) The **Tough Topics Exercises** were effective in teaching me how to use this process during group sessions.
(Small Groups)

(untrue → true)
1 – 2 – 3 – 4 – 5

Comment:

11) The **Group Wisdom Exercises** were effective in teaching me to use this process during group sessions.
(Small Groups)

1 – 2 – 3 – 4 – 5

Comment:

Cue Practice

12) The **Cue Practice Exercises** were effective in teaching me what to listen for during group sessions in order to know when to direct or help the group. (Small Groups)

1 – 2 – 3 – 4 – 5

Comment:

13) The **Cue Practice Exercises** were effective in teaching me what to do and when to do it during group sessions.
(Small Groups)

1 – 2 – 3 – 4 – 5

Comment:

Rating scale: 1) untrue 2) somewhat untrue 3) uncertain 4) somewhat true 5) true

14) The **NAMI 101** presentation oriented me to the mission and work of NAMI (the National Alliance on Mental Illness). (untrue → true)
(Entire Group) **1 – 2 – 3 – 4 – 5**

Comment:

15) The material presented in the Taking it Home section will be useful to me when I get back home. (Please rate each portion.) **1 – 2 – 3 – 4 – 5**

• The Next Steps after Training **1 – 2 – 3 – 4 – 5**

• Facilitating Fundamentals (Tips for Facilitating a Support Group) **1 – 2 – 3 – 4 – 5**

• Facilitator's Guide to Preparing for Support Group Meetings **1 – 2 – 3 – 4 – 5**

• Addressing Possible Challenges **1 – 2 – 3 – 4 – 5**

• Outreach Suggestions **1 – 2 – 3 – 4 – 5**

Comment:

Overall

16) The NAMI Support Group model will be helpful when facilitating a mutual support group.

Comment: **1 – 2 – 3 – 4 – 5**

17) Please rate your trainers' abilities to effectively teach the skills and exercises necessary to learn this model.

poor→**excellent**
1 – 2 – 3 – 4 – 5

Comment:

18) Would you recommend this training to others wishing to facilitate a support group? (circle one)

YES

NO

NOT SURE

Comment:

19) Please add any other comments about the facilitator training that you would like us to know.

Thank you so much!



NAMI Program Evaluations

Evaluations can be:

- distributed as paper evaluations, collected and then entered manually by the facilitators or the supporting NAMI Affiliate
- distributed as paper evaluations, collected and faxed to NAMI
- sent to participants via an email link generated by NAMI 720 and submitted directly to NAMI 720 for collection
- sent to participants as a QR code generated by NAMI 720 and submitted directly into NAMI 720 for collection.

Demographic Questions

When generating program evaluations from NAMI 720, participants will also receive a series of demographic questions. Participants can opt out of any questions or the survey all together. All answers are anonymous.



SUPPORT GROUP EVALUATION

NAMI Affiliate:

Date:

Support Group:

NAMI Connection	NAMI Family Support Group
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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Do you agree or disagree with the following?					
The support group was helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support group facilitators communicated effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support group provided me with resources and skills to help make the best treatment decisions for myself or my loved one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support group helped me understand that the symptoms of mental illness are separate from the person who has the condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support group helped me understand that mental illnesses are biological conditions that are no one's fault.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support group provided me with information and resources that will help manage crisis situations related to mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support group helped me have hope for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How likely are you to recommend the support group to someone else?

0	1	2	3	4	5	6	7	8	9	10
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Not likely at all

Extremely likely

3. How could we improve the support group?

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4. Was this your first time attending the support group?

Yes	No
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5. How likely are you to continue attending the support group?

Very unlikely	Unlikely	Unsure	Likely	Very likely
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6. Now that you've attended a support group, what other information would be helpful?

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7. How did you hear about the support group?

Local NAMI affiliate	Email from NAMI	NAMI.org website	Social media
Family or friend	Mental health professional	Other:	

8. Other comments?

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DEMOGRAPHIC SURVEY

NAMI Affiliate:

Date:

Support Group:

NAMI Connection

NAMI Family Support Group

All questions are optional. NAMI takes your privacy seriously and always handles your data confidentially and with great care. Your data will **never** be shared outside of NAMI in a way that identifies you.

1. How old are you? _____

2. What is your ZIP code? _____

3. What is your race, ethnicity or origin? Choose as many as you like.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino or Spanish origin
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- I use another term: _____

4. Which most closely describes your gender? Choose as many as you like.

- Agender
- Man
- Nonbinary, gender fluid, or gender non-conforming
- Questioning/unsure
- Transgender
- Woman
- Prefer not to answer
- I use another term: _____

5. What is your sexual orientation? Choose as many as you like.

- Asexual
- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Pansexual
- Queer
- Questioning/unsure
- Prefer not to answer
- I use another term: _____

6. Have you served in the U.S. Armed Forces, Reserves or National Guard?

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Currently on active duty
- On active duty in the past, but not now (veteran/former military)
- Prefer not to answer

7. Do physical, mental or emotional challenges cause you difficulty with:

- Hearing or severe hearing impairment (such as deafness)
- Seeing or severe vision impairment (such as blindness)
- Remembering, concentrating, or making decisions
- Walking, climbing stairs, using your hands, reaching, lifting, or carrying
- Dressing, bathing, or getting around inside the home
- Going outside the home alone (for example, to shop or go to the doctor's)
- Finding, keeping, or having a job
- None of the above
- Prefer not to answer

8. What challenges, if any, do you face accessing physical and mental health care?

- Child care
- Concerns about what others will think about me
- Financial (lack of insurance, insufficient coverage, or co-pay)
- Transportation
- Work (can't get time off, etc.)
- None of the above
- Prefer not to answer
- Questioning/unsure
- Something else: _____