

NAMI Connection Support Groups (CSG) are peer-based mutual support groups that meet for 90 minutes of safe, confidential personal sharing in a flexible group setting. The groups are open to any adult living with a mental illness and are designed to connect, encourage, and support participants using a structured support group model. The meetings are led by trained Support Group Facilitators living in recovery themselves. They have the charge to guide group members in a healthy and purposeful discussion that will help them address challenges of being affected by mental health issues.

Who can be a CSG Facilitator? Prospective facilitators are adults in recovery with mental illness. Successful facilitators are good listeners with an empathetic ear. There is no prerequisite that a prospective facilitator has taken NAMI Peer-to-Peer.

What will I learn from the training? Participants learn to facilitate ongoing NAMI Connection Support Groups for individuals living with a mental illness. The CSG model offers a set of tools for facilitators to use in common support group scenarios. There are clear guidelines to follow that encourage full group participation in support group meetings.

How long is the training? CSG Training is held over two days, typically on a weekend, from 9am to 6pm on Saturday and Sunday. To become a certified NAMI CSG Facilitator you must attend the entire training.

What is required of me after I take the training? In addition to adhering to the NAMI support group model, by taking this facilitator training you are committing to co-facilitate an on-going support group for a minimum of one year in coordination with your local NAMI affiliate. You will be required to provide your affiliate with specific attendance data for reporting to National and State NAMI Education Data tracking. (It is understood that unexpected life situations may necessitate flexibility and compassion in this policy).

Logistical information: NAMI NC covers the cost of materials, manuals, and lunches during the training for all participants. For participants who are not local to the training area, double occupancy hotel rooms will also be provided. If you require single occupancy, arrangements will need to be made prior to the training by the attendee and there will be additional costs which will be the responsibility of the attendee. NAMI NC does not cover the cost of mileage to get to the training site/hotel, nor does it cover the cost of any hotel incidentals (i.e. room service, room upgrades, movies ordered, etc.) Training dates and locations are listed on the NAMI NC website at <https://naminc.org/programs/classes/programtrainingcalendar/>

For additional questions, please call 919.788.0801 or e-mail programs@naminc.org

CSG FACILITATOR TRAINING HELD ON BOTH SATURDAY 9a-6p & SUNDAY 9a-6p.



Facilitator Application and Agreement

Date _____

Name _____

Street Address: _____

City _____ County _____ State _____ Zip _____

Phone: Home: _____ Mobile: _____ Work: _____

E-Mail _____

Military Status (please check): Active Vet Other _____

What language(s) do you speak fluently? _____

Your NAMI Local Affiliate _____ President Name _____

Do you have the support of your local affiliate President? _____

Are you a member of NAMI? Yes No

If not, are you willing to join? Yes No

Please tell us why you want to be a Connection Support Group (CSG) Facilitator :

Should you be selected to participate in training, do you have any special dietary or physical accommodations that we should be aware of? If so, please specify:

Program training begins Saturday morning. Those who are more than 30 miles away are provided lodging and will want to consider arriving Friday evening. Please complete the following information:

NAMI NC will try to accommodate roommate requests (check one):

I would like to Room with:

Please assign roommate – My gender is Male Female

I would like a single room and understand that I, the attendee, will be responsible for the additional amount associated with the single room and will be billed by NAMI NC for the cost.

Comments: _____

Do you know with who you want to co-facilitate? Yes No If yes, who? _____

Do you know where you want to facilitate? Yes No If yes, where? _____

CSG FACILITATOR REQUIREMENTS:

- ✓ Must be a NAMI Member with a mental health diagnosis and be at least 18 years of age
- ✓ Willing to adhere to NAMI Support Group Facilitator policies and to facilitate each meeting as prescribed by NAMI National and the approved curriculum--including working with a co-facilitator for each group.
- ✓ Committed to co-facilitate an ongoing group within 6 months of training.
- ✓ Commitment to help conduct regular, on-going support groups for a minimum of one year.
- ✓ Willing to communicate with NAMI NC state office as requested.
- ✓ Willing and able to provide group participant data/reporting to NAMI NC as required.
- ✓ Willingness to identify potential new facilitators from the support groups.
- ✓ Maintain a membership with NAMI and willingness to encourage participants to become NAMI members.
- ✓ Coordinate support groups with Affiliate or local support group leadership.
- ✓ Positive regard for, or personal experience with, mutual support.

AGREEMENTS:

It is important that you understand the requirements of the position and have a commitment to this role. Please review the following and indicate your agreement by initialing and signing where indicated.

1. I have read and understand the CSG Facilitator requirements above. _____(initial)
2. I understand that if there are more applicants than training slots, I may be placed on a waiting list for the Training. _____(initial)
3. I understand that my attendance at the CSG Facilitator training does not guarantee that I will be certified as a CSG Facilitator. _____(initial)
4. If selected to attend the CSG Facilitator training and received certification as a CSG Facilitator, I acknowledge that I am making a commitment to facilitate a group at least 10 times in two years. _____(initial)

5. Unless notified otherwise, my application will remain on file for future trainings for a period of one year. After that timeframe the applicant must reapply to be considered.

_____ (initial)

I, _____, have read, understand and agree to abide by the terms and conditions outlined in the NAMI Signature Program code of conduct and the NAMI Signature Program Operating Policies 2016.

I fully understand that violating any of the conditions outlined in either the NAMI Signature Program Code of Conduct or the NAMI Signature Program Operating Policies may result in the termination of my role as a NAMI Signature Program Educator, Facilitator, Mentor, Presenter, Trainer, or any other role designated as a leadership role in any of NAMI's Signature Programs. I agree to follow proper protocol, policies, and procedures and will conduct myself in a professional manner, representing NAMI NC and my local affiliate in the most positive light at all times.

_____ Date: _____
Signature of Applicant

AFFILIATE APPROVAL: (From local affiliate president – REQUIRED!)

_____ (President Initial) I acknowledge that this individual will be paired with another Program Leader to conduct the program in adherence to the NAMI model.

By signing my approval I agree that this person meets the requirements to attend this training and has the qualities to be a successful NAMI Program Leader. Additionally, our affiliate will work with this person to initiate or continue this program during the next year.

_____ Date: _____
Signature of Local Affiliate President

Completed form should be returned to:

US POSTAL SERVICE

NAMI North Carolina-Programs
309 W. Millbrook Road, Suite 121
Raleigh NC, 27609

OR E-MAIL

programs@naminc.org

OR FAX

919.788.0906

****Questions? E-mail programs@naminc.org or call 919.788.0801****