



**nami**

National Alliance on Mental Illness

**Education, Training &  
Peer Support Center**

# NAMI Signature Programs Overview – 2014





# NAMI Education, Training & Peer Support Center Programs Overview

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# NAMI EDUCATION, TRAINING, & PEER SUPPORT CENTER

NAMI is unique among organizations advocating for individuals with mental illness for its commitment to peer education programs. These programs are successfully directed by NAMI members in a wide number of community settings. The NAMI Education, Training and Peer Support Center helps maintain NAMI's leading role in the creation of outstanding peer-directed programs in education and support.

This center is responsible for coordinating and expanding ten programs nationally, involving thousands of trained NAMI volunteers who bring these programs at no cost to families, individuals living with mental illness, and mental health and school professionals. NAMI's competitive advantage is our reliance on an ever-improving stable of high quality educational programs and content that takes advantage of rapidly evolving communication and dissemination channels.

## **NAMI signature programs are all based on a core set of beliefs:**

- Mental illness is a continuing traumatic event for the individual and the family.
- Families and individuals adjust to this traumatic experience in predictable stages over time.
- If families and individuals know which stage they are in, they can determine what they need.
- Family and individual strength, persistence and heroism in the face of overwhelming human challenges must be recognized and validated.
- Recovery and reconstruction of personal priorities must be a goal of treatment for the individual and the family.
- Family members and individuals living with mental illness make ideal teachers because of their lived experience.
- Peer-directed education courses provide a dimension of emotional healing not available in any other setting.

## **Specific techniques used in all NAMI signature programs:**

- Modeling that a path of transformation is attainable.
- Blame busters: "you can't know what no one has told you".
- Re-framing of the illness perspective.
- Validating that mental illness symptoms are real – not "just" bad behavior.
- Shifting from intense personal focus to group focus.
- Demonstrating family and individual strength.
- Using information overload to break through long held stereotypes.
- Providing an invitation to "let go" of "hoping against hope".

NAMI signature programs are all peer-led and utilize a ‘train the trainer’ model. They are each built around structured manuals to ensure fidelity to each program model and require participation in extensive training workshops to become certified to lead each program.

## NAMI SIGNATURE PROGRAM DESCRIPTIONS

### EDUCATION CLASSES

**NAMI Basics Education Program** is for parents and other family caregivers of children and adolescents who have either been diagnosed with a mental illness/ emotional disturbance or who are experiencing symptoms but have not yet been diagnosed. This course consists of six two-and-a-half hour classes.

**NAMI Family-to-Family Education Program** is for families, partners and friends of individuals with mental illness. The course is designed to facilitate a better understanding of mental illness, increase coping skills, and empower participants to become advocates for their family members. NAMI Family-to-Family was designated as an evidence-based program by SAMHSA. The course consists of 12 two-and-a-half hour sessions.

**NAMI Homefront Education Program** is for families, partners and friends of military Service Members and Veterans living with mental illness. The course consists of six two-hour classes designed specifically to help military families understand mental illness and improve the ability of participants to support their Service Member/Veteran.

**NAMI Peer-to-Peer Recovery Education Program** is a recovery education course open to any individual living with a serious mental illness. The course consists of 10 two-hour classes designed to encourage growth, healing and recovery among participants.

**NAMI Provider Education Program** is a five-session course offering 12.5 hours of in-service training to line staff at facilities providing mental health treatment services. The course is designed to expand the participants’ compassion for the individuals and their families and to promote a collaborative model of care.

### PRESENTATIONS

**NAMI Ending the Silence** is a 50-minute in-school presentation designed to teach middle and high school students about the signs and symptoms of mental illness, how to recognize the early warning signs and the importance of acknowledging those warning signs.

**NAMI In Our Own Voice** is a 60-90 minute presentation designed for the general public to promote awareness of mental illness and the possibility of recovery.

**NAMI Parents and Teachers as Allies** is a two-hour in-service presentation designed for teachers and other school personnel to raise their awareness about mental illness and help them recognize the early warning signs and the importance of early intervention.

## SUPPORT GROUPS

**NAMI Connection Recovery Support Group** is a 90-minute weekly or monthly support group for individuals living with mental illness.

**NAMI Family Support Group** is a 60-90 minute monthly peer-led support group for family members of individuals living with mental illness.

# THE NAMI EDUCATION, TRAINING, & PEER SUPPORT CENTER TEAM

The NAMI Education team can be divided into the following three areas:

## I. Oversight, Direction and Support for Programs and the Department

**Colleen Duewel** (cduewel@nami.org) provides strategic oversight and direction relating to department functions, budget, and future vision. You can think of this as oversight for everything outside of the content of the programs. (703) 516-7961

**Teri Brister** (tbrister@nami.org) is responsible for the development of new programs, assurance of the overall quality of program content and implementation of programs in the field. You can think of this as oversight for everything inside the programs. Teri also authored NAMI Basics and is responsible for program management of this program. (601) 825-5338

**Karen Gerndt** (kgerndt@nami.org) works with departmental directors and staff to provide project oversight and direct supervision of support staff to ensure all departmental deliverables are met. (703) 516-7975

## II. Program & Data Management

The following staff establish and maintain contact with NAMI State Organizations and NAMI Affiliates to offer consultation and technical assistance to sustain and expand NAMI's Education, Training and Peer Support Center programs. If you have questions such as how to grow your program or deal with difficult situations, or to share or hear about best practices, contact the person listed below:

**Teri Brister:** tbrister@nami.org, (601) 825-5338  
NAMI Basics

**Holly Swick:** hswick@nami.org, (571) 329-0824  
NAMI Ending the Silence, NAMI Parents and Teachers as Allies, NAMI Provider Education

**Julie Erickson:** jerickson@nami.org, (703) 516-7987  
NAMI Family Support Group, NAMI In Our Own Voice

**Sarah O'Brien:** saraho@nami.org, (703) 516-7226  
NAMI Connection Recovery Support Group, NAMI Peer-to-Peer

**Suzanne Robinson:** srobinson@nami.org, (571) 499-1610  
NAMI Family-to-Family, NAMI Homefront



**Karen Gerndt:** kgerndt@nami.org, (703) 516-7975

Data and outcomes for all NAMI programs

### III. Program Support and Coordination

The following staff work with the Education team to coordinate the growth, sustainability and accountability of NAMI's Education, Training and Peer Support Center Programs. If you have routine questions like those about intranets/extranets, program resources and location of program materials, contact the relevant person below:

**Abigail Colodner:** acolodner@nami.org, (703) 516-1105

NAMI Basics, NAMI Family-to-Family, NAMI Homefront, NAMI Provider Education

**Maria Cruz:** mcruz@nami.org, (703) 516-7997

NAMI Connection, NAMI Family Support Group, Bases y Fundamentos de NAMI, De Familia a Familia de NAMI, De Persona a Persona de NAMI, En Nuestra Propia Voz de NAMI, Grupo de Apoyo de Familia de NAMI, NAMI Conexión

**Jacqueline Higgins:** jhiggins@nami.org, (703) 600-1100

NAMI Ending the Silence, NAMI In Our Own Voice, NAMI Parents and Teachers as Allies, NAMI Peer-to-Peer



## NAMI BASICS/BASES Y FUNDAMENTOS DE NAMI



NAMI Basics/Bases y Fundamentos de NAMI is the signature education program for parents and other caregivers of children and adolescents living with mental illnesses. The development of this program was based on the success of other NAMI signature education programs available across the country for individuals living with mental illness and their families. NAMI drew on course elements which have been extensively tested and found to be highly effective in the field. These elements include:

- recognition of mental illness as a continuing traumatic event for the child and the family.
- sensitivity to the subjective emotional issues faced by family caregivers and well children in the family.
- recognition of the need to help ameliorate the day-to-day objective burdens of care and management.
- gaining confidence and stamina for what can be a life-long role of family understanding and support.
- empowerment of family caregivers as effective advocates for their children.

For families, emotional learning and practical insight occur most readily and dependably through the classes' guided group process.

The NAMI Basics Education Program includes six 2.5 hour classes of instructional material, discussions and interactive exercises which may be delivered as a series of consecutive weekly classes or on consecutive weekends to accommodate the time constraints faced by families of children and adolescents.

All reference to NAMI Basics implicitly includes Bases y Fundamentos de NAMI, unless specifically noted.

### **Intended audience**

The course is open to any parent or other primary family caregiver of a child or adolescent who has been diagnosed with an emotional disturbance or mental illness or who is experiencing symptoms but has not yet received a diagnosis.

### **Who can teach the course**

Any parent or other primary family caregiver of a child or adolescent who exhibited symptoms of an emotional disturbance or mental illness prior to age 13 (regardless of when they received

a diagnosis) may apply to become a NAMI Basics teacher. All potential teachers go through a screening process to determine whether the opportunity is a good fit for the individual and for the organization. NAMI Basics teachers attend an intensive training and are certified upon completion. All teachers must be members of NAMI.

### **By the numbers**

Year launched:

NAMI Basics: 2007

Bases y Fundamentos de NAMI: 2012

States offering: 38

National trainers: 5

State trainers: 112

Teachers trained from program inception (estimate): 1,200

Average annual teachers trained: 225

Participants from program inception (estimate): 6,400

Average annual participants: 1,500

### **Curriculum content**

**Class 1: Introduction: It's Not Your Fault; Mental illnesses are Brain Disorders**

Features of course, normative stages of reaction to trauma of mental illness, NAMI belief system and principles, mental illness as biological brain disorder.

**Class 2: The Biology of Mental Illness; Getting an Accurate Diagnosis**

Human development, brain development, current research, diagnostic process, types and subtypes of major mental illnesses.

**Class 3: Treatment Works**

Telling your stories, treatment options, "evidence-based practice" designations, types of mental health professionals, medication as a treatment option.

**Class 4: Objective and Subjective Family Burden**

Impact of mental illness on each family member, communication skills, problem solving, challenging behavior, crisis preparation and response, relapse plan.

**Class 5: The Systems Involved with your Child and the Importance of Record Keeping**

Record keeping, systems you may be involved with (mental health, school and juvenile justice), issues that arise as your child reaches adulthood.

**Class 6: Advocacy, Review, Sharing and Evaluation**

Advocacy teams, resources, NAMI, self-care.

## Research

A pilot study was conducted by Missouri State University on the NAMI Basics classes provided in three states between January and May 2008: Illinois, Utah and South Carolina. The study found that parents/caregivers who participated in the NAMI Basics Education Program demonstrated an increase in their knowledge about mental illness in children and adolescents and of the related assessment, treatment and advocacy. The study also found that the perception parents/caregivers had of themselves and of their reactions to their children's illnesses were improved after taking the course.

A second study was conducted on NAMI Basics classes by Dr. Barbara Burns (Duke University) and Dr. Kimberly Hoagwood (Columbia University) from 2009 to 2011. Results showed significant improvements in self-care, empowerment and "incendiary" family communication after participation in the program. Results suggest that NAMI Basics may improve both parental functioning and familial processes.

Copies of these studies are available on the NAMI Education Help Desk ([www.nami.org/eduhelpdesk](http://www.nami.org/eduhelpdesk)).

## What people are saying about NAMI Basics

*"I wish this course was available when my child was first experiencing difficulty."*

*"This class was unexpectedly wonderful! I did not expect to learn so very, very much! This program is well written with excellent segues between topics. It covers so much more than BASICS that the title doesn't do it justice."*

*"This program rescues parents and children and may improve the school system, mental health (public and private) system and the juvenile justice system as parents are empowered with information and confidence."*

*"Not only have I learned a lot of mental health and issues related to understanding my child, I have also learned much about NAMI and the concern they have and benefits of being a part of this organization."*

*"This is such a great step by step program that walks parents every step of the way. It is as if you are holding their hand through it all."*

*"I find it truly remarkable and unbelievable that this training is free to those who are interested."*

### Sample annual budget for NAMI Basics

Item Description	Quantity	Cost	Total
<b>Teacher Training per year: 2 State Trainers + 16 Trainees</b>			<b>\$8,000</b>
*Lodging: 18 people x 2 nights	36	\$100/night	\$3,600
*Meals: 18 people x 3 days	54	\$50/day	\$2,700
#Travel: 18 x 100 miles each	1,800	\$0.56/mile	\$1,008
Teacher Manuals	16	\$25	\$400
Blue Card Sets/teaching team - download	8	\$0	\$0
Chart Set/teaching team	8	\$8	\$64
Marketing Materials – brochures/team	8	\$4	\$32
Marketing Materials – pass-along cards/team	8	\$3	\$24
Marketing Materials – flyers/team	8	\$4	\$32
<i>Actual Total</i>			\$7,860
<b>Classes (4 per year)</b>			<b>\$2,500</b>
Participant Manuals (20 participants/class x 4 course offerings)	80	\$30	\$2,400
<i>Actual Total</i>			\$2,400
<b>State Teachers to NAMI Training of Trainers</b>			<b>\$2,000</b>
Registration: 2 trainees	2	\$450	\$900
Airfare: 2 trainees	2	\$500	\$1,000
*Meals: 2 trainees x 3 meals (travel days +1)	2	\$50	\$100
<i>Actual Total</i>			\$2,000
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$12,500</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.

## NAMI FAMILY-TO-FAMILY/DE FAMILIA A FAMILIA DE NAMI



The NAMI Family-to-Family education course, NAMI's flagship signature program, was developed in 1991 by psychologist and family member Dr. Joyce Burland. The course places emphasis on a trauma model of family healing, providing insights into, and resolution of, the profound distress experienced by families and their close relatives as they struggle to cope with the impact of mental illness on their lives. The curriculum helps caregivers not only learn a wide range of biomedical information about the illnesses, but also understand how the lived experience of these stigmatized conditions affects their loved one. In addition, the course helps family members deal with the trauma of coping with crisis, learn how to reinstate their own life plan as an essential element of self-care and take collective action to advocate for better treatment and recovery-oriented services for their loved one. The course includes special workshops on communication and problem solving that provide caregiver skills in handling the most common concerns that arise in caring for relatives with these brain disorders.

In 2013, the 5<sup>th</sup> Edition of NAMI Family-to-Family was launched following an extensive outside professional review by Dr. Anand Pandya, Vice-Chair for Clinical Affairs and Associate Professor of Clinical Psychiatry at the University of Southern California Department of Psychiatry and Behavioral Neurosciences. This review ensured that the science as well as the language was current and relevant to families. Additional reviewers were MaJose Carrasco, Director of NAMI's Multicultural Action Center reviewing cultural competence, and Sita Diehl, Director of NAMI State Policy and Advocacy reviewing advocacy.

In May 2013, the NAMI Family-to-Family program was listed on the National Registry of Evidence-Based Programs and Practices (NREPP), a directory of evidence-based programs (EBP) maintained by the Substance Abuse Mental Health Services Administration (SAMSHA). Scientific evaluation demonstrated that course participants gain a greater understanding of mental illness, cope better with the strains of illness, worry less and feel greatly empowered to navigate the health care and political systems to obtain better treatment and services.

In 2007, a three-year NAMI/Veterans Health Administration (VHA) Memorandum of Understanding (MOU) was signed and then extended three additional years, through 2013. The MOU stipulates offering at least one NAMI Family-to-Family class at a designated VHA facility or community-based out-patient clinic in each state with the goal of having 51% veteran family member class participants. To date, 46 NAMI State Organizations have completed classes and have offered additional classes at the designated sites.

In the United States and Mexico, De Familia a Familia de NAMI has been a life-changing experience for hundreds of Spanish-speaking family members. Ten states offer De Familia a Familia de NAMI.

All references to NAMI Family-to-Family implicitly include De Familia a Familia de NAMI, unless specifically noted.

### **Intended audience**

The course is open to any family member, partner or friend who has a relative or loved one living with mental illness (including schizophrenia, bipolar disorder, major depression, borderline personality disorder, panic disorder, obsessive compulsive disorder, post-traumatic stress disorder and dual diagnosis).

### **Who can teach the course**

Any family member or partner of an individual living with mental illness may apply to become a NAMI Family-to-Family teacher. All potential teachers go through a screening process to determine whether the opportunity is a good fit for the individual and for the organization. NAMI Family-to-Family teachers attend an intensive training and are certified upon completion. All teachers must be members of NAMI.

### **By the numbers**

Year launched:

NAMI Family-to-Family: 1991

De Familia a Familia de NAMI: 2003

States offering: 48 and Washington, D.C.

Other countries offering: Canada, Italy, Mexico

National trainers: 8

State trainers: 512

Teachers trained from program inception (estimate): 12,000

Average annual teachers trained: 675

Participants from program inception (estimate): 300,000

Average annual participants: 11,500

### **Curriculum content**

#### **Class 1 Introduction**

Normative stages of emotional reaction, NAMI belief system and principles, goals for your family member, illness symptoms.

#### **Class 2 Understanding Schizophrenia and Mood Episodes**

Features of psychotic illnesses, critical periods in these mental illnesses, crisis file.



- Class 3**    **Types and Subtypes of Mood Disorders, Borderline Personality Disorder, Panic Disorder, Obsessive-Compulsive Disorder (OCD); Post-Traumatic Stress Disorder (PTSD), Dual Diagnosis & Telling our Stories**  
Characteristic features, critical periods in these mental illnesses.
- Class 4**    **Basics About the Brain**  
Key brain areas, research, biological psychiatry, genetics, infectious and neurodevelopmental “second hits”, recovery.
- Class 5**    **Problem Solving Skills Workshop**  
Defining, sharing and solving problems, setting limits.
- Class 6**    **Medication Review**  
Medications, psychopharmacology, side effects, treatment issues, stages of adherence, warning signs of relapse.
- Class 7**    **Inside Mental Illness**  
Subjective experience of coping with a brain disorder, maintaining self-esteem and positive identity, gaining empathy.
- Class 8**    **Communication Skills Workshop**  
How illness impacts communication, communication skills.
- Class 9**    **Self-care**  
Family burden, sharing, handling negative feelings, personal life balance.
- Class 10**    **The Vision and Potential of Recovery**  
Rehabilitation, model programs of community support, first-person account of recovery (guest speaker living with mental illness).
- Class 11**    **Advocacy**  
Challenge stigma, change the system, advocate for change.
- Class 12**    **Review, Sharing and Evaluation**

## Research

Two scientific studies on the effectiveness of this program showed that participants had a significantly decreased subjective (emotional) burden of mental illness and an increased sense of empowerment regarding their mental health system, their community and their family.

A third study (a randomized controlled trial) was undertaken in 2007. Funded by a four-year grant from National Institute of Mental Health (NIMH), it involved over 300 family members. This research was conducted by Lisa Dixon, M.D., M.P.H., and the University of Maryland Division of Services Research. This study led to the May 2013 inclusion of NAMI Family-to-Family on the National Registry of Evidence-Based Programs and Practices (NREPP), a listing

of evidence-based programs (EBP) maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Copies of these studies are available at the NAMI Education Help Desk ([www.nami.org/eduhelpdesk](http://www.nami.org/eduhelpdesk))

### **What people are saying about the NAMI Family-to-Family**

*“It helped me save my son’s life!”*

*“I wish I’d known about this seven years ago when the problem began. I felt safe in this class. I was able to talk about things I haven’t been comfortable expressing elsewhere.”*

*“I thought my wife and I knew just about everything there is to know about the system and the illness. Boy, were we wrong. Without a doubt, this is the best support course I have had the privilege of taking part in, bar none.”*

*“The course gave me hope that it will be okay, that I am not alone and reduced a lot of shame, guilt and hopelessness.”*

### **What people are saying about De Familia a Familia de NAMI**

*“For me, this experience will impact my life forever. I will never forget this opportunity to be able to meet other Latinos and share my experience and pain.”*

*“Sin lugar a duda, este curso ha sido la herramienta más útil e informativa que se ha ofrecido en todos los años en los que he buscado respuestas... Me ha ayudado a comunicarme más efectivamente con mi hermano y a entenderlo mejor.”*

*“Este curso me ha ayudado a darme cuenta que mi hijo aún está dentro de su cuerpo que, muchas veces, está escondido debido a la enfermedad mental con la que vive y que no estoy sola en esto.”*

**Sample annual budget for NAMI Family-to-Family**

Item Description	Quantity	Cost	Total
<b>Teacher Training per year: 2 State Trainers + 16 Trainees</b>			<b>\$8,200</b>
*Lodging: 18 people x 2 nights	36	\$100/night	\$3,600
*Meals: 18 people x 3 days	54	\$50/day	\$2,700
#Travel: 18 x 100 miles each	1,800	\$0.56/mile	\$1,008
Teacher Manuals	16	\$35	\$560
Card Sets/teaching team	8	\$4	\$32
Chart Set/teaching team	8	\$19	\$152
Marketing Materials – brochures/team	8	\$4	\$32
Marketing Materials – pass-along cards/team	8	\$2.50	\$20
Marketing Materials – flyers/team	8	\$3.25	\$26
<i>Actual Total</i>			\$8,130
<b>Classes (4 per year)</b>			<b>\$2,000</b>
Participant Manuals (20 participants/class x 4 course offerings)	80	\$24	\$1,920
<i>Actual Total</i>			\$1,920
<b>State Teachers to NAMI Training of Trainers</b>			<b>\$2,000</b>
Registration: 2 trainees	2	\$450	\$900
Airfare: 2 trainees	2	\$500	\$1000
*Meals: 2 trainees x 3 meals (travel days +1)	2	\$50	\$100
<i>Actual Total</i>			\$2,000
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$12,200</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.

## NAMI HOMEFRONT



NAMI has chosen to provide education, support and encouragement to the families of Service Members and Veterans because of the growing need that is the result of recent wars. Other families also confront symptoms of mental illness and the challenge of navigating mental health care systems, but the circumstances of Service Members and Veterans are also unique in many ways.

NAMI has a history of partnership and collaboration with the Department of Veterans Affairs (VA). NAMI Family-to-Family classes have been taught in VA hospitals and clinics throughout the country since the late 1990s. Memoranda of Understanding (MOU) between NAMI and the VA were signed in 2008 and 2010 to offer NAMI Family-to-Family in VA facilities. Since the first MOU in 2008 the course has been presented 189 times in 114 different VA facilities in 46 states and the District of Columbia with great success.

NAMI Homefront addresses the very specialized needs of families of Service Members and Veterans living with mental illness. NAMI established an expert advisory group comprised of Veterans, NAMI leaders (family members and individuals), the VA, the Rand Corporation, United Health Services and the Rosalynn Carter Institute for Caregiving to guide the program.

### **Intended audience**

The course is open to any family member, partner or friend of Service Members and Veterans living with mental illness.

### **Who can teach the course**

Any family member, partner or caregiver of a Service Member or Veteran living with mental illness may apply to become a NAMI Homefront teacher. All potential teachers go through a screening process to determine whether the opportunity is a good fit for the individual and for the organization. NAMI Homefront teachers attend an intensive training and are certified upon completion. All teachers must be members of NAMI.

### **By the numbers**

Year launched: 2014

States offering: 6

National trainers: 2

State trainers: -

Teachers trained from program inception: -

Average annual teachers trained: -  
Participants from program inception: -  
Average annual participants: -

## **Curriculum content**

### **Class 1 Introduction to Family Education**

Normative stages of emotional reaction, NAMI belief system and principles, goals for your family member, illness symptoms.

### **Class 2 The Biology of Mental Illnesses & Getting a Diagnosis**

Key brain areas, research, diagnostic process, critical periods and symptom management, crisis file, sharing stories.

### **Class 3 Understanding Trauma, Overview of the Diagnoses and Treatment**

Understanding trauma, types of mental illness and co-occurring addictive disorder.

### **Class 4 Treatment Services and Crisis Management**

Treatment systems, types of mental healthcare professionals, treatment options, collaborative approach to treatment.

### **Class 5 Crisis Preparation and Communication Skills**

Impact of mental illness on family members, separating the illness from the person, communications skills, problem solving skills, crisis preparation, relapse plan.

### **Class 6 Family Roles, Recovery and Self-Care**

Challenges of family members by role, self-care, advocacy.

## **Research**

Research is currently underway on this program.

## **What people are saying about NAMI Homefront**

Pilot began in March 2014.

### Sample annual budget for NAMI Homefront

Item Description	Quantity	Cost	Total
<b>Teacher Training per year: 2 State Trainers + 16 Trainees</b>			<b>\$8,000</b>
*Lodging: 18 people x 2 nights	36	\$100/night	\$3,600
*Meals: 18 people x 3 days	54	\$50/day	\$2,700
#Travel: 18 x 100 miles each	1,800	\$0.56/mile	\$1,008
Teacher Manuals	16	\$35**	\$560
Card Sets/teaching team	8	tbd	
Chart Set/teaching team	8	tbd	
Marketing Materials – brochures/team	8	tbd	
Marketing Materials – pass-along cards/team	8	tbd	
Marketing Materials – flyers/team	8	tbd	
<i>Actual Total</i>			<i>\$7,868</i>
<b>Classes (4 per year)</b>			<b>\$2,000</b>
Participant Manuals (20 participants/class x 4 course offerings)	80	\$25**	\$2,000
<i>Actual Total</i>			<i>\$2,000</i>
<b>State Teachers to NAMI Training of Trainers</b>			<b>\$2,000</b>
Registration: 2 trainees	2	\$450	\$900
Airfare: 2 trainees	2	\$500	\$1000
*Meals: 2 trainees x 3 meals (travel days +1)	2	\$50	\$100
<i>Actual Total</i>			<i>\$2,000</i>
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$12,000</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

\*\*estimate of actual cost of manuals, for budgeting purposes only.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.

## NAMI PEER-TO-PEER/DE PERSONA A PERSONA DE NAMI



The NAMI Peer-to-Peer Recovery Education Course is a 10-session recovery education program for any individual living with a mental illness. The course is based on the fact that mental illness is a traumatic experience and the path to recovery occurs in predictable stages. The course is designed to offer an opportunity for growth regardless of which stage of recovery the individual is experiencing.

NAMI Peer-to-Peer classes are taught by a two-person team of trained mentors who are living in recovery. The course uses a combination of lecture, discussion and structured activities to promote awareness, provide information and offer opportunities to reflect on the impact of mental illness which can be experienced differently in each participant's life. NAMI Peer-to-Peer offers comprehensive information on: the biological bases of mental illness; personal and interpersonal awareness, effectiveness, and coping skills; and information on addictions, spirituality and basic self-care. Additionally, NAMI Peer-to-Peer provides participants with two tangible products related to preventing and accommodating relapse: a relapse prevention plan and a generic Advance Directive for mental healthcare decision making.

NAMI Peer-to-Peer was authored by Kathryn McNulty, a former provider in the mental health field who is an individual living with mental illness. In 2010, NAMI released a third edition of the program developed by Sarah O'Brien, a NAMI staff member also living with mental illness.

De Persona a Persona de NAMI was translated in 2006. All reference to NAMI Peer-to-Peer implicitly include De Persona a Persona de NAMI unless specifically noted.

### **Intended audience**

Any adult living with a mental illness is eligible to attend the NAMI Peer-to-Peer course.

### **Who can teach the course**

Any adult living in mental illness recovery that expresses an interest may apply to become a NAMI Peer-to-Peer mentor. All potential mentors must go through an interview and screening process to determine whether the opportunity is a good fit for the individual and for the organization. NAMI Peer-to-Peer mentors attend an intensive peer-led training and are certified upon completion of the training. All mentors must be members of NAMI.

### **By the numbers**

Year launched:

NAMI Peer-to-Peer: 2001

De Persona a Persona de NAMI: 2006

States offering: 31  
Foreign countries offering: Mexico  
National trainers: 5  
State trainers: 25  
Mentors (estimate): 2,650  
Mentors (average certified 2011- 2012): 275  
Participants from program inception (estimate): 20,000  
Average annual participants: 2,250

## **Curriculum content**

### **Class 1 Orientation**

Course orientation, NAMI core values.

### **Class 2 Mental Illness as a Traumatic Experience**

Course values, predictable stages of recovery, stigma.

### **Class 3 Mental illnesses are No Blame Disorders**

Brain biology and research, medication, relapse prevention.

### **Class 4 Sharing Personal Experiences**

### **Class 5 Mental Illness Overview**

Schizophrenia, Major Depressive Disorder, Bipolar Disorder, Schizoaffective Disorder and Borderline Personality Disorder.

### **Class 6 Mental Illness Overview**

Generalized Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Dual Diagnosis. Relapse prevention, substance abuse, acceptance in recovery.

### **Class 7 Personal Wellbeing**

Understanding emotions; experiences of joy, spirituality, physical and mental health.

### **Class 8 Self-care**

Suicide, isolation, disclosure, decision making tool, hospital stays, Advance Directive.



## **Class 9 Guest Speaker**

Family member guest speaker, hot buttons and triggers, working with providers, incarceration.

## **Class 10 Empowerment**

Advocacy, opportunities with NAMI.

## **Research**

Alicia Lucksted, Ph.D., conducted a research study between 2005 and 2006 that explored the efficacy of the NAMI Peer-to-Peer course. The study concluded that “NAMI Peer-to-Peer participants benefited in areas directly tied to the curriculum, specifically knowledge and management of their illness, feelings of being less powerless and more confident, connection with others, and completion of an advance directive.” A published article on the study can be found in *Psychiatric Services*, February 2009.

Copies of these studies are available on the NAMI Education Help Desk ([www.nami.org/eduhelpdesk](http://www.nami.org/eduhelpdesk)).

## **What people are saying about NAMI Peer-to-Peer**

*“This course has literally been a life saver. It has opened my eyes to better understanding my illness and methods of recovery I did not know about before taking the course.”*

*“This course has given me a sense of who I am. I understand what is going on with me and I am able to cope. I have gained employment and committed to my recovery. I’ve come a long way since I started.”*

*“I believe the course was extremely educational and I have learned tools and techniques to manage the day to day and long term stresses of having a mental illness. In addition, I have gained greater insight into my disorder.”*

*“I have made friends that will remain in contact after the course.”*

*“I feel I am more willing to examine to examine how my actions, behaviors, and thoughts come out of my illness and to be more forgiving of myself.”*

*“It made me feel I was not alone in coping with a mental illness; it gave me hope that I could recover and that my life would not always be filled with chaos, it gave me positive role models to inspire me to strive for recuperation and success in life.”*

**Sample annual budget for NAMI Peer-to-Peer**

<b>Item Description</b>	<b>Quantity</b>	<b>Cost</b>	<b>Total</b>
<b>Teacher/Mentor Training per year: 2 State Trainers + 16 Trainees</b>			<b>\$8,000</b>
*Lodging: 18 people x 2 nights	36	\$100/night	\$3,600
*Meals: 18 people x 3 days	54	\$50/day	\$2,700
#Travel: 18 x 100 miles each	1,800	\$0.56/mile	\$1,008
Mentor Manuals	16	\$24	\$384
Outreach DVD/teaching team	8	\$5	\$40
Marketing Materials – brochures/team	8	\$6	\$48
Marketing Materials – pass-along cards/team	8	\$2.50	\$20
Marketing Materials – flyers/team	8	\$3.25	\$26
Relapse Prevention Grids	1	\$24	\$24
<i>Actual Total</i>			\$7,850
<b>Classes (4 per year)</b>			<b>\$1,400</b>
Participant Manuals (20 participants/class x 4 course offerings)	80	\$16	\$1,280
Relapse Prevention Grids	4	\$24	\$96
<i>Actual Total</i>			\$1,376
<b>State Teachers to NAMI Training of Trainers</b>			<b>\$2,000</b>
Registration: 2 trainees	2	\$450	\$900
Airfare: 2 trainees	2	\$500	\$1,000
*Meals: 2 trainees x 3 meals (travel days +1)	2	\$50	\$100
<i>Actual Total</i>			\$2,000
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$11,400</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.

## NAMI PROVIDER EDUCATION



The NAMI Provider Education Program is based on the evidence-based NAMI Family-to-Family Education Program. It has been extensively rewritten to apply specifically to the learning needs of staff at healthcare facilities who work directly with individuals living with mental illness.

For staff convenience, the course is typically offered at the agency site. A maximum of 30 participants may attend the course, and class members are expected to come to every class. The curriculum format is short lectures, group discussion and group exercises. The course is provided through collaboration between the NAMI Affiliate and the healthcare organization. The course format may consist of a number of options, depending on agency schedules and needs including (but not limited to) the following:

- Once a week for five weeks.
- One class a day for a week.
- Three times the first week and two times the second week.
- Over a two day period (two classes the first day/three classes the second day or vice-versa).

NAMI Provider Education presents a penetrating subjective view of family and individual experiences of mental illness. Mental illness has a traumatic impact upon the lives of the individuals experiencing it, as well as their families. Adaptation over time involves learning how to manage a traumatic syndrome process and how simultaneously navigate complicated service systems to access the best opportunities for recovery. Although individuals move through stages of emotional resolution from disbelief to acceptance, it is difficult to put the trauma completely behind them. Given the episodic or chronic course of mental illness, the possibility of relapse is ever-present. The purpose of this course is to help providers realize the hardships that families and individuals endure and to appreciate their heroism in reconstructing lives which must be lived, through no fault of their own, in a continual state of awareness and apprehension as they await the potential return of symptoms.

The teaching team of NAMI Provider Education is one of its most distinct features. The team consists of five people: two family members who are trained NAMI Family-to-Family or NAMI Basics teachers; two individuals living with a mental illness who are knowledgeable about their own mental illness (preferably trained in NAMI Peer-to-Peer), have a supportive relationship with their families who are dedicated to their recovery; and a mental health professional who is also a family member or individual living with mental illness and functions as the team coordinator. The teaching team attends an intensive training workshop to prepare them for teaching the course.

## **Intended audience**

Staff/employees of healthcare organizations who work directly with individuals living with mental illness: including nurses, social workers, direct care workers, therapists, occupational therapists, secretaries and any other paid employees who interact with the individuals in the care of the facility. The course may also be offered to a broad range of professionals who work with individuals with mental illness such as mobile crisis workers, guidance counselors, group home workers, peer specialists, public defenders etc. Typically psychiatrists are not included in the classes.

## **Who can teach the course**

Any adult living in recovery with mental illness or family member of an individual living with mental illness may apply to become a NAMI Provider Education teacher. All potential teachers are screened to determine whether the opportunity is a good fit for the individual and for the organization. Prospective teachers attend an intensive training and are certified upon completion of the training. All mentors must be members of NAMI.

## **By the numbers**

Year launched: 1995

States offering: 22

Other countries offering: Canada

National trainers: 1

State trainers: 66

Teachers trained from program inception (estimate): 1,000

Average annual teachers trained: 50

Participants from program inception (estimate): 13,000

Average annual participants: 550

## **Curriculum content**

### **Class 1    Orientation**

Course principles, mutual respect and protection, trauma stories.

### **Class 2    Clinical Bases**

Secondary prevention/intervention, strategies for responding to trauma, family/individual living with mental illness emotional adaptation to mental illness, needs in critical periods of mental illness.

**Class 3    Responding Effectively to Individuals Living with Mental Illness and Families in Stage II**

Cascade of secondary traumas, symptoms as stressors, effects of psychotropic drugs, medication adherence, co-occurring brain and addictive disorders, trauma of incarceration and attempted suicide.

**Class 4    Inside Mental Illness**

Psychological impact of brain disorders, defensive coping strategies, trauma informed care, whole family experience.

**Class 5    Working Toward Recovery**

Confidentiality, collaborative work with an individual living with mental illness and their family, recovery as conscious choice.

**Research**

Research is currently underway on this program.

**What people are saying about NAMI Provider Education**

*“It is my privilege to speak to the quality and benefit of NAMI Provider Training. Our hospital currently has its 5<sup>th</sup> class in this training. In this time when each training effort has to be cost-effective, it is clear that our leadership has a strong appreciation of the benefit of this experience.*

*We have shared with the consumer and family instructors some of the most personal experiences of their lives. The sessions are personal and powerful. They teach us and move us to tears. We become humble as they challenge to reexamine our constructs of psychiatric illness and treatment. We walk in their shoes. We are moved, embarrassed, challenged, and we come away changed. The format is at first different, but it is the format that later facilitates the intimate sharing that has to occur.*

*I envy you the opportunity to embark on this journey with new eyes, an open heart and mind. You will be changed.”*

Susan Hardesty, M.D., Medical Director  
Institute of Psychiatry Medical University of South Carolina

*“NAMI Santa Clara County has offered the Provider Education Course to our staff during the past two years. This course is one of the highest rated trainings that we offer. We view this course as one of the key learning experiences for our staff as we transition to an organization that values wellness and recovery for our consumers. The attendees learn so much about the consumer and family member’s experiences and point of view, which helps to bridge the gap between providers and consumers. Most of the attendees have expressed that the course has profoundly affected their work. Many have stated that this was the best training they have ever taken.”*

Nancy Peña, Ph.D.  
Mental Health Director  
Santa Clara County Valley Health and Hospital System, California

## Sample annual budget for NAMI Provider

Item Description	Quantity	Cost	Total
<b>Teacher Training per year: 1 State Trainer + 16 Trainees</b>			<b>\$5,000</b>
*Lodging: 17 people x 1 nights	17	\$100/night	\$1,700
*Meals: 17 people x 2 days	34	\$50/day	\$1,700
#Travel for trainees: 17 x 100 miles each	1,700	\$0.56/mile	\$952
Teacher Manuals	16	\$18	\$288
Competent Caring DVD/team	8	\$5	\$40
Chart Set/teaching team	8	\$19	\$152
Marketing Materials – brochures/team	8	\$6	\$48
<i>Actual Total</i>			\$4,880
<b>Classes (4 per year)</b>			<b>\$1,100</b>
Participant Manuals (20 participants/class x 4 course offerings)	80	\$13	\$1,040
<i>Actual Total</i>			\$1,040
<b>State Teachers to NAMI Training of Trainers</b>			<b>\$1,000</b>
Registration: 1 trainee	1	\$450	\$450
Airfare: 1 trainee	1	\$500	\$500
*Meals: 1 trainee x 3 meals (travel days +1)	1	\$50	\$50
<i>Actual Total</i>			\$1,000
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$7,100</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.





## NAMI ENDING THE SILENCE



NAMI Ending the Silence (ETS) is a prevention and early intervention program that engages youth in a discussion about mental health. Teens learn how to recognize the early warning signs of mental illness and what to do if they or someone they know is exhibiting these signs. In addition, contact with an individual living well with mental illness dispels myths, instills a message of hope and recovery and encourages teens to reduce the stigma associated with mental illness.

This program provides youth with the unique opportunity to learn about mental illness directly from family members and individuals living with a mental illness. Teens are also able to ask these individuals with lived experience questions directly. In addition, by engaging them in a discussion about mental illness among their peers, teens dealing with mental health issues realize they're not alone.

NAMI Ending the Silence was developed by Brenda & Brian Hilligoss with NAMI DuPage County Illinois. The program has been available since 2007 in DuPage County, NAMI Affiliates in 6 additional states and statewide in California. The program had reached over 60,000 students by mid-2013 when NAMI DuPage generously gifted NAMI Ending the Silence to NAMI for national technical support and oversight. Since that time, ETS has been expanded to 14 additional states.

### **Presentation content**

- Presenter stories, educational slides, videos and discussion.
- Resources and tools for teens to help themselves, friends or family members who may be experiencing symptoms of a mental illness.
- Key messages:
  - Mental illness is a medical illness like any other physical illness.
  - Mental illness is not anyone's fault or something to be ashamed of.
  - There are specific, observable early warning signs of mental illness.
  - You are never alone and there are many resources you can turn to for support and information.
  - Recovery is possible and there is hope.

## **Intended audience**

NAMI Ending the Silence is designed for middle and high school age youth. The program is typically presented in a health, science or psychology class, but may also be provided to youth groups, clubs and after-school programs.

## **Who can present**

The program is delivered by a trained two-person team, one of whom is a young adult living in recovery with a mental illness. Any adult living in recovery with mental illness or family member of an individual living with mental illness may apply to be trained as a presenter for NAMI Ending the Silence. All potential presenters go through a screening process to determine whether the opportunity is a good fit for the individual and for the organization. Prospective presenters attend an intensive training and are certified upon completion. All presenters must be members of NAMI.

## **By the numbers**

Year launched: 2014

States offered: 21

National Trainers: 4

State Trainers: -

Presenters trained from program inception (2007): 410

Average annual presenters trained: -

Participants from program inception (2014): -

Average annual participants: -

## **Research**

No research has been conducted on this program.

## **What students are saying about NAMI Ending the Silence**

*“Thank you, Renee, for coming to my school and sharing our story. You have changed my life forever. The things you explained about your depression relate to how I feel. When I got home, I immediately talked to my parents and hopefully I will get some help. I have had many thoughts of suicide...” – Andrea R.*

*“I believe I’ve had depression since 7<sup>th</sup> grade. I have been holding it in for a really long time. After hearing the presentation I went home and told my mom. I told her I need help with this because it is not something I can fix myself; I have tried and tried. Now, after school today, I have a meeting with a psychiatrist. I am really scared, but I know I am doing the right thing.” – Peter B.*

*“I’m grateful for your presentation because it helped me get the courage to face a mental illness I think I might have and I feel encouraged to seek help.” – Jessica T.*

## **What presenters are saying about NAMI Ending the Silence**

*“Ending the Silence succeeds where so many other forms of outreach fail because of the genuine validity of our experience. Unlike many health teachers who work out of a book and have no personal context to draw on we have the lived expertise acquired through years of struggle. We understand the hurt and anguish like no other and have earned the authority to portray hope as more than a concept. To us hope is a way of life that does not diminish our pain or give power to it.” – Danny Gibbs, ETS Presenter*

*“By participating in NAMI Ending the Silence presentations, I get a chance to teach younger people about my illness, and story of recovery. It only took one person to normalize a very misunderstood health issue and be supportive for me to feel confident enough to seek treatment. I am passionate about the education of mental illness, and believe in striking up a conversation so others can also get help and no longer have to suffer.” – Devin Black, ETS Presenter*

*“Recently parents from two different families reached out to me after their children had seen NAMI Ending the Silence. Both were thanking me for the work we do along with being grateful to know about us as a resource. They were able to have very meaningful and open conversations with their children/students and happy they are getting this information in the school setting.” – Aileen Caravelli, ETS Presenter*

## Sample annual budget for NAMI Ending the Silence

Item Description	Quantity	Cost	Total
<b>In Person Presenter Training per year: 1 State Trainer + 16 Trainees + 4 NAMI Affiliate Program Coordinators<sup>†</sup></b>			<b>\$4,100</b>
*Lodging: 21 people x 1 night	21	\$100/night	\$2,100
*Meals: 21 people x 1 day (2 meals provided)	21	\$25/day	\$525
#Travel: 21 x 100 miles each	2,100	\$0.56/mile	\$1,176
Presenter Manuals	20	\$12	\$240
Marketing Materials – brochures/team	8	\$6	\$48
<i>Actual Total</i>			<b>\$4,089</b>
<b>Online Presenter Training: 25 Trainees</b>			<b>\$300</b>
Presenter Manuals	25	\$12	\$300
<i>Actual Total</i>			<b>\$300</b>
<b>Presentations (240 per school year)<sup>‡</sup></b>			<b>\$1,000</b>
Resource cards/bookmarks (35/presentation)	8,400	\$0.04	\$336
Wristbands/mood pencils (15/presentation, optional)	3,600	\$0.16	\$576
<i>Actual Total</i>			<b>\$912</b>
<b>State Presenters to NAMI Training of Trainers</b>			<b>\$1,000</b>
Registration: 1 trainee	1	\$450	\$450
Airfare: 1 trainee	1	\$500	\$500
*Meals: 1 trainee x 3 meals (travel days +1)	1	\$50	\$50
<i>Actual Total</i>			<b>\$1,000</b>
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$6,400</b>

<sup>†</sup> In person trainings are only required for NAMI Affiliates that are new to the ETS program. Subsequent trainings for these NAMI Affiliates may be online.

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: double-occupancy lodging, no lodging for individuals residing less than 30 miles from training location, donations such as local in-kind printing of manuals and/or meals.

## NAMI IN OUR OWN VOICE



NAMI In Our Own Voice (IOOV) was created as part of NAMI’s initiative to involve individuals living with mental illness in NAMI’s national effort to educate the general public about mental illness. More importantly, the goal is to change the attitudes, preconceived notions and stereotypes of what individuals living with mental illness look and act like.

Developed in 1996 under the name “Living with Schizophrenia,” the program was modified in 2006 to include information on other mental illnesses and the name was changed. The IOOV presentation includes a video, personal testimony and discussion between the presenters and the audience. IOOV is a one-time presentation that can range from 60 to 90 minutes given by two trained presenters.

The trained presenters relate their first-hand experience of living with mental illness and convey the NAMI treatment, acceptance and recovery message. Presenters effectively become advocates in their community, carrying messages that are powerful and heartfelt.

The testimonies put a face on mental illness while informing the audience of how individuals with mental illness recover and reclaim productive lives. Presenters benefit from the feelings of acceptance and achievement they receive from participation in this program

### **Presentation content**

- Dark days
- Acceptance
- Treatment
- Coping skills
- Successes, hopes and dreams

The presenters use the 15-minute NAMI IOOV DVD at each interval to share that part of their story and then engage the audience in a discussion on the topic. Through training, presenters acquire facilitation skills that help them identify specific discussion points for a variety of audiences. The presenters learn to tailor their presentation for others who live with mental illness, family members, health care providers, general audiences, politicians and law enforcement personnel.

### **Intended audience**

NAMI In Our Own Voice is open to the general public.

## Who can present

Any adult living in recovery with mental illness may apply to be trained as a presenter for NAMI IOOV. All potential presenters go through a screening process to determine whether the opportunity is a good fit for the individual and for the organization. Prospective presenters attend an intensive training and are certified upon completion. All presenters must be members of NAMI.

## By the numbers

Year launched:

NAMI In Our Own Voice: 1996

States offering: 44

National trainers: 10

State trainers: 60

Presenters trained from program inception (estimate): 9,000

Average annual presenters trained: 500

Participants from program inception (estimate): 750,000

Average annual participants: 65,000

## Research

### *Evaluating the Effects of NAMI's Consumer Presentation Program, In Our Own Voice*

Madeline Brennan, Richmond Community Services, Westchester, NY, and John H. McGrew, Indiana University-Purdue University, Indianapolis, *Psychiatric Rehabilitation Journal* 2013, Vol. 36, No. 2, 72-79

### *The Impact of In Our Own Voice on Stigma*

Laura C. Rusch, Jonathan W. Kanter, Alisa F. Angelone and Robyn C. Ridley, *American Journal of Psychiatric Rehabilitation* 2008, 11: 373–389, Taylor & Francis Group, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin, USA

### *Changing Stigmatizing Perceptions and Recollections About Mental Illness: The Effects of NAMI's In Our Own Voice*

Patrick W. Corrigan, Jennifer D. Rafacz, Julie Hautamaki, Jessica Walton and Nicolas Rüsçh, Illinois Institute of Technology; Deepa Rao, Northwestern University; Patricia Doyle, NAMI DuPage County; Sarah O'Brien, NAMI; John Pryor and Glenn Reeder, Illinois State University

### *Evaluating the Effectiveness of a Consumer-Provided Mental Health Recovery Education Presentation*

Amy L. Wood, George Mason University; Otto E. Wahl, University of Hartford Summer 2006, Vol. 30, No. 1 *Psychiatric Rehabilitation Journal*

*BRIEF REPORT: Evaluating the Effectiveness of a Consumer Delivered Anti-Stigma Program: Replication with Graduate-Level Helping Professionals*  
James O. E. Pittman, Department of Veterans Affairs, San Diego Healthcare System, The Center of Excellence for Stress and Mental Health; Sunghwan Noh and Daniel Coleman, Portland State University, *Psychiatric Rehabilitation Journal* 2010. Vol. 33. No.3. 236-238

Copies of many of these studies are available on the NAMI Education Help Desk ([www.nami.org/eduhelpdesk](http://www.nami.org/eduhelpdesk))

### **What people are saying about NAMI IOOV**

*"[The presenters] were able to communicate to the students what dozens of hours of lectures on psychopathology could never do. This is something that can't be learned by memorizing a list of signs and symptoms."*

*"The individuals who spoke really educated me. I have been employed in hospitals for a decade prior to becoming a police officer. I never had a chance to hear the consumer's thoughts, lifestyle, their stories - even though I have spent ¼ of my life working with people who suffer from mental illness."*

*"I had not considered the difficulty that people have in accepting their own mental illness. Several of the mental health staff stated that they saw recovery as a real option the first time ever [after seeing the presentation]."*

*"Thank you very much. You don't even know how insightful your presentation was. It will be very beneficial to us as clinicians. We greatly appreciated it!"*

### **What presenters are saying about NAMI In Our Own Voice**

*"Participating in the IOOV program is the single most effective thing I am doing to maintain my mental health. Time after time I see the audience respond with curiosity and interest. I can tell by their faces that stigma has been reduced and knowledge has replaced ignorance. I know that I have developed healthy new purposes for my life and that I am doing the work I am meant to do. I know I am changing the face of mental illness and that I have transformed my pain into the power to make a difference."*

**Sample annual budget for NAMI In Our Own Voice**

<b>Item Description</b>	<b>Quantity</b>	<b>Cost</b>	<b>Total</b>
<b>Presenter Training per year: two State Trainers + 16 Trainees</b>			<b>\$7,800</b>
*Lodging: 18 people x 2 nights	36	\$100/night	\$3,600
*Meals: 18 people x 3 days	54	\$50/day	\$2,700
#Travel: 18 x 100 miles each	1,800	\$0.56/mile	\$1,008
Presenter Manuals	16	\$12	\$192
NAMI In Our Own Voice DVD	16	\$5	\$80
Marketing Materials – brochures	16	\$6	\$96
Marketing Materials – pass-along cards	16	\$2.50	\$40
Marketing Materials – flyers	16	\$3.25	\$52
<i>Actual Total</i>			\$7,768
<b>Presentations (20 per year)</b>			<b>\$100</b>
Marketing Materials – audience pamphlets (25/presentation – 50 per order)	10	\$6	\$60
<i>Actual Total</i>			\$60
<b>State Presenters to NAMI Training of Trainers</b>			<b>\$2,000</b>
Registration: 2 trainees	2	\$450	\$900
Airfare: 2 trainees	2	\$500	\$1,000
*Meals: 2 trainees x 3 meals (travel days +1)	2	\$50	\$100
<i>Actual Total</i>			\$2,000
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$9,900</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.



## NAMI PARENTS & TEACHERS AS ALLIES



NAMI Parents & Teachers as Allies is an in-service mental health education program for current and future school personnel. This one to two-hour presentation familiarizes school personnel with the early warning signs of mental illness in children and adolescents. It also covers the lived experience of mental illness and how schools can best communicate with families about mental health related concerns. School teachers, counselors, nurses, administrators and support staff learn how to support students experiencing mental health challenges and how to effectively partner with families to connect these students to services early.

This program provides school personnel with the unique opportunity to learn about mental illness directly from family members and individuals living with a mental illness.

### **Presentation content**

- Presenter stories, educational slides and discussion.
- Early warning signs of mental illness.
- Communicating effectively with families.
- Classroom accommodations and strategies to create a supportive learning environment for students living with a mental illness.
- Key messages:
  - Mental illness is a medical illness like any other physical illness.
  - Mental illness is not anyone's fault or something to be ashamed of.
  - Anger, grief and denial are predictable and common responses when parents have a child or adolescent that is experiencing mental health issues.
  - There are specific, observable early warning signs of mental illness.
  - There are many ways school personnel can promote student success through simple and easy to implement accommodations.
  - The earlier children and adolescents with signs of mental illness receive treatment, the better.
  - Recovery is possible and there is hope.

### **Intended audience**

This program is designed for teachers, administrators, school health professionals and others working in schools in urban, suburban and rural communities.

## **Who can present**

The program is delivered by a trained team of individuals whose perspectives include a current or former educational professional who is also either an individual or a family member of an individual living with a mental illness, a parent/caregiver who's child experienced symptoms of mental illness while in school and an individual living with a mental illness who had symptoms as a child/adolescent. Any adult with one or more of these perspectives may apply to become a NAMI Parents & Teachers as Allies presenter. All potential presenters are screened to determine whether the opportunity is a good fit for the individual and for the organization. Prospective presenters attend an intensive, one-day training and are certified upon completion of the training. All presenters must be members of NAMI.

## **By the numbers**

Year launched: 2006

States offering: 22

National trainers: 3

State trainers: 78

Presenters trained from program inception (estimate): 1,000

Average annual presenters trained: 180

Participants from program inception (estimate): 9,500

Average annual participants: 1,200

## **Research**

NAMI is working with the University of Maryland on an evaluation component to measure the program's impact.

## **Spanish**

The Parents & Teachers as Allies guide has been translated into Spanish and is available at <http://www.nami.org/CAAC>.

## **What people are saying about NAMI Parents & Teachers as Allies**

*"Thank you so much for your professional and personal experience. Your stories and knowledge really helped me understand and become more aware of mental illness. Thank you for your frankness and vulnerability! You're making a difference!"*

*"Excellent presentations. Thank you all for sharing your deeply personal stories."*

*"Thank you for sharing such personal accounts related to mental illness. The presentation was very brave, moving, and insightful. I really appreciate the work that you do."*

*"This program gave me a new understanding of the importance of my role in early recognition of kids with symptoms of mental illness and the urgency of early intervention on their behalf."*

*"This presentation should be given to all teachers on a campus-by-campus basis. It would be very helpful to me as a special education teacher in gaining understanding from classroom teachers for my students and their families!"*

*"It was very powerful to hear the personal stories of the parents and the young girl with a mental illness diagnosis. This class should be required for all educators."*

*"I would love to see all teachers and administrators exposed to this workshop. As a parent who has a child that struggled with mental illness, I can say it's a hard enough road to travel without having to deal with people in the school system who don't have a basic understanding."*

*"Excellent presentation for all educators and families."*

## Sample annual budget for NAMI Parents & Teachers as Allies

Item Description	Quantity	Cost	Total
<b>Presenter Training per year: 1 State Trainers + 16 Trainees</b>			<b>\$3,500</b>
*Lodging: 17 people x 1 night	17	\$100/night	\$1,700
*Meals: 17 people x 1 day	17	\$25/day	\$425
#Travel: 17 x 100 miles each	1,700	\$0.56/mile	\$952
Presenter Manuals	16	\$9	\$144
DVD	16	\$5	\$80
Guide/monograph	16	\$1	\$16
Marketing Materials – brochures/presenter	16	\$6	\$96
<i>Actual Total</i>			\$3,413
<b>Presentations (50 per year)†</b>			<b>\$700</b>
Guide/monograph (25/presentation)	1,250	\$0.50‡	\$626
<i>Actual Total</i>			\$626
<b>State Presenters to NAMI Training of Trainers</b>			<b>\$1,000</b>
Registration: 1 trainee	1	\$450	\$450
Airfare: 1 trainee	1	\$500	\$500
*Meals: 1 trainee x 3 meals (travel days +1)	1	\$50	\$50
<i>Actual Total</i>			\$1,000
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$5,200</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

† This number may vary.

‡ Price for monograph when quantities of 250 or greater are ordered.

This budget does not contain facility rental fees.

Suggestions to decrease costs: double-occupancy lodging, no lodging for individuals residing less than 30 miles from training location, do not give each Presenter a DVD, or donations such as local in-kind printing of manuals and/or meals.



## NAMI CONNECTION RECOVERY SUPPORT GROUP/NAMI CONEXIÓN



The NAMI Connection Recovery Support Group Program is a peer-based, mutual support group program for any adult living with mental illness. NAMI Connection groups provide an opportunity for individuals living with mental illness to share and learn from their common experience. Groups are a safe space to confront the challenges that all people with mental illness face, regardless of diagnosis.

Each group:

- Meets for 90 minutes at least once per month, but ideally weekly.
- Offered free of charge to participants.
- Follows a flexible structure.
- Does not recommend or endorse any medications or other medical therapies.

All groups are confidential. Participants may share as much or as little personal information as they wish. NAMI Connection groups add to, but do not replace, the treatment plans determined by individuals and their mental health care providers.

NAMI Connection groups are led by two trained facilitators who are in recovery themselves. The groups maintain a positive atmosphere through sincere uncritical acceptance modeled by the facilitators, the guideline to “keep it in the here and now,” and the invitation for group members to share what has worked for them to advance recovery. These groups offer respect, understanding, encouragement and hope. The facilitators understand the daily challenges of living with mental illness and can offer encouragement and support. Using structures and processes, the facilitators’ responsibility is to keep the group talking. Facilitators are trained to lead, not to instruct or provide therapy.

NAMI Connection grew out of the NAMI Family Support Group model, which was developed in 1997 under the leadership of psychologist and family member Dr. Joyce Burland. The NAMI Family Support Group Facilitator Skill Training was modified explicitly for individuals with mental illness. Role-playing and training exercises were revised to reflect the issues and experiences of these individuals.

NAMI Conexión was launched in 2010. All reference to NAMI Connection Recovery Support Group implicitly includes NAMI Conexión, unless specifically noted.

## **Intended audience**

NAMI Connection Recovery Support Groups are open and available to any adult living with mental illness.

## **Who can facilitate a NAMI Connection Recovery Support Group**

Any adult living in recovery with mental illness that expresses an interest may apply to become a NAMI Connection facilitator. All potential facilitators must go through an interview and screening process to determine whether the opportunity is a good fit for the individual and for the organization. NAMI Connection facilitators attend an intensive peer-led training and are certified upon completion of the training, certified facilitators commit to a minimum of one year of service in which they co-facilitate a group. Groups may have more than two facilitators who share responsibilities. All mentors must be members of NAMI.

## **By the numbers**

Year launched:

NAMI Connection Recovery Support Group: 2007

NAMI Conexión, Grupo de Apoyo y Recuperación: 2010

States offering: 47

National trainers: 5

State trainers: 197

Facilitators trained from program inception (estimate): 3,500

Average annual facilitators trained: 540

Participants from program inception (estimate): 300,000

Average annual participants: 50,000

## **Research on NAMI Connection**

NAMI partnered with the University of Maryland to conduct a satisfaction survey on NAMI Connection in 2008. Over 450 support group attendee responses were gathered and analyzed. The participants reported a high level of satisfaction across the board as evidenced by the results listed below.

Survey Question	Percentage of People who Responded 'Somewhat' or 'A lot'
1. NAMI Connection is helpful because I can contribute to the group.	91%
2. NAMI Connection gives me a chance to talk and felt understood.	95%
3. NAMI Connection makes me feel better when I leave than when I came in.	92%
4. NAMI Connection gives me support from people like me who are going through similar circumstances.	93%
5. NAMI Connection allows me to talk openly all aspects of my illness (providers, meds, symptoms, side effect etc.).	92%
6. NAMI Connection has produced positive changes in my recovery.	88%
7. NAMI Connection gives me practical information to help me deal with my problems.	92%
8. NAMI Connection gives me a better understanding of the resources available in my community	85%
9. NAMI Connection's group discussions about medications have helped me make decisions about my treatment.	65%

### What people are saying about NAMI Connection

*"The Connection group is the best one because people can solve problems there. It isn't just a bunch of sad stories; people are coming up with solutions and stuff to do for the next week. One of our group attendees is taking her meds and getting herself to her counselor and is just about able to go back to her career in great part due to Connection."*

*"If just one word were to be used to describe NAMI Connection, that word would be lifesaver; but otherwise NAMI Connection is a word and meaning of its own, complete with a heart that beats by the many people that it has helped."*

*"NAMI Connection has helped not only me, but also my family, to accept my mental illness."*

*"I don't know where I'd be without NAMI Connection; it literally saved my life. I'm so grateful for my group and now I just want to share this program with everyone living with a mental illness."*

*"NAMI Connection has enabled me to take a good look at my illness and see that I am not alone. The program has given me additional tools to not only accept my illness, but to help others along the way."*



## Sample annual budget for NAMI Connection

Item Description	Quantity	Cost	Total
<b>Facilitator Training per year: three State Trainers + 18 Trainees</b>			<b>\$9,600</b>
*Lodging: 21 people x 2 nights	42	\$100/night	\$4,200
*Meals: 21 people x 3 days	63	\$50/day	\$3,150
#Travel: 21 x 100 miles each	2,100	\$0.56/mile	\$1,176
Facilitator Manuals	18	\$19	\$342
Facilitator Charts	18	\$19	\$342
Facilitator Sand Timers (one and two minute)	18	\$3.50	\$63
Marketing Materials – brochures	18	\$6	\$108
Marketing Materials – pass-along cards	18	\$2.50	\$45
Marketing Materials – flyers	18	\$3.25	\$58.50
<i>Actual Total</i>			<i>\$9,485</i>
<b>State Facilitators to NAMI Training of Trainers</b>			<b>\$2,000</b>
Registration: 2 trainees	2	\$450	\$900
Airfare: 2 trainees	2	\$500	\$1,000
*Meals: 2 trainees x 3 meals (travel days +1)	2	\$50	\$100
<i>Actual Total</i>			<i>\$2,000</i>
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$11,600</b>

\* Estimate only – check your areas actual per diem rates at [www.qsa.gov](http://www.qsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.

## NAMI FAMILY SUPPORT GROUP



The NAMI Family Support Group Program uses a model that is distinct from more traditional “share-and-care” models. Its innovative processes are specifically designed to help facilitators support caregivers dealing with mental illness. The program model was created in 1997 by psychologist and family member Dr. Joyce Burland, assisted by Kate Farinholt and Bette Stewart from NAMI Maryland and Shawne and Larry Beavers from NAMI Colorado.

The model encourages full group participation and results in upbeat and constructive support group meetings. Both seasoned and less experienced facilitators have found the model easy to use because it steers the group process through many problematic situations which commonly undermine support group effectiveness. Facilitators learn how to recognize cues that require a transition to a remedy allowing for an enhanced support group experience.

The NAMI Family Support Group model has four structures – Structured Agenda, Group Guidelines, Principles of Support, and Emotional Stages – and three group processes – Hot Potatoes, Group Wisdom, and Problem Solving. Each structure and group process exists to remedy a particular set of negative dynamics that commonly occur in support groups. The model allows facilitators to address many of the difficult questions that arise in a support group, including the following:

- How do you guarantee that the meeting will start and stop on time?
- How do you respond to disrespectful group members?
- What’s the best way to deal with “hot potato”/difficult subjects?
- What do you do when someone monopolizes the group’s time?
- How do you help a group do its own work and not look for direction at every turn?

During the two-day NAMI Family Support Group Facilitator training, trainees acquire techniques for shaping, invigorating and improving the support group experience. Trainees practice in small groups and participate in a demonstration of a support group meeting.

### **Intended audience**

NAMI Family Support Groups are open to any family member partner or friend of an individual living with a mental illness who is over the age of 18, regardless of that individual’s diagnosis.

### **Who can facilitate a NAMI Family Support Group**

Any family member (parents, siblings, adult children, spouse or partner) of an individual living with mental illness may apply to become a NAMI Family Support Group facilitator. All potential facilitators go through a screening process to determine whether the opportunity is a good fit

for the individual and for the organization. Prospective facilitators attend an intensive training and are certified upon completion. All facilitators must be members of NAMI.

### **By the numbers**

Year launched: 1999

States offering: 42

Other countries offering: Canada, Mexico

National trainers: 6

State trainers: 209

Facilitators trained from program inception (estimate): 4,000

Average annual facilitators trained: 340

Participants from program inception (estimate): 150,000

Average annual participants: 17,000

### **Research**

No research has been conducted on this program.

### **What people are saying about NAMI Family Support Group**

*“The most beneficial thing for me was that I am not alone. I found the support group at the time I really needed it!”*

*“I felt I received constructive practical and helpful information from group members.”*

*“The group hooked me up with some immediate resources from NAMI and the NAMI Affiliate.”*

*“The support group facilitators and attendees were respectful of other people’s experiences and were non-judgmental when there were different ways of handling things.”*

## Sample annual budget for NAMI Family Support Group

Item Description	Quantity	Cost	Total
<b>Facilitator Training per year: three State Trainers + 18 Trainees</b>			<b>\$9,300</b>
*Lodging: 21 people x 2 nights	42	\$100/night	\$4,200
*Meals: 21 people x 3 days	63	\$50/day	\$3,150
#Travel: 21 x 100 miles each	2,100	\$0.56/mile	\$1,176
Facilitator Manuals	18	\$17	\$306
Facilitator Charts	18	\$12	\$216
Facilitator Sand Timers (one and two minute)	18	\$3.50	\$63
Marketing Materials – brochures	18	tbd	
Marketing Materials – flyers	18	tbd	
<i>Actual Total</i>			\$9,111
<b>State Facilitators to NAMI Training of Trainers</b>			<b>\$2,000</b>
Registration: 2 trainees	2	\$450	\$900
Airfare: 2 trainees	2	\$500	\$1,000
*Meals: 2 trainees x 3 meals (travel days +1)	2	\$50	\$100
<i>Actual Total</i>			\$2,000
<b>Other items that might be included in program budget</b>			
Program Director Salary + fringe + travel			
Administrative costs (% of total program budget)			
<b>Amount to Budget</b>			<b>\$11,300</b>

\* Estimate only – check your areas actual per diem rates at [www.gsa.gov](http://www.gsa.gov).

# January 2014 federal mileage reimbursement rate.

This budget does not contain facility rental fees.

Suggestions to decrease costs: no or double-occupancy lodging, donations such as local in-kind printing of manuals and/or meals.



## NAMI SIGNATURE PROGRAM OPERATING POLICIES

2014 - REVISED

*These policies replace all previous versions of program policies*

NAMI signature programs are those programs developed and owned by NAMI. They include NAMI Basics, NAMI Connection, NAMI Ending the Silence, NAMI Family-to-Family, NAMI Family Support Group, NAMI Homefront, NAMI In Our Own Voice, NAMI Parents and Teachers as Allies, NAMI Peer-to-Peer, NAMI Provider Education and any cultural adaptations and/or translations of each of these programs. NAMI has invested considerable time and resources in the development, maintenance and technical support of each of these programs to ensure that they address the goals and mission of NAMI. Therefore NAMI is also invested in ensuring that when these programs are provided in communities that they represent NAMI accurately. The following operating policies have been developed to ensure the ongoing provision of consistent and quality programming at all levels of NAMI.

NAMI State Organizations (NSO) and NAMI Affiliates (NA), their board education committees and staff may not set policies at variance with the NAMI signature program policies stated below. These policies are also to be followed by NAMI program teachers, presenters, facilitators, mentors and trainers (program leaders).

Any operational issues not covered below should be addressed by the NSO in accordance with all applicable laws in their respective state.

### **Copyright**

- All NAMI signature program material is copyrighted. Permission to use any material in a setting other than a NAMI signature program must be sought from and given by NAMI in advance. In every case where permission is granted, NAMI must be referenced as the source of the material.
- No portions of any NAMI signature program can be used as a component of any other kind of program development or provision.
- No group or individual outside of NAMI can rewrite any of the NAMI signature program material.
- Permission to culturally adapt and/or translate NAMI signature programs and materials in either written or verbal form into another language must be sought from and given by NAMI in advance and follow NAMI procedures regarding cultural adaptation and/or translation.

## **Confidentiality**

All NAMI signature programs are built around the principles of mutual trust and respect among participants and leaders. All NAMI program leaders are trained in the importance of creating and maintaining an atmosphere of respect in NAMI classes, support groups and presentations that is conducive to participants' ability to gain valuable information and support regarding mental illness.

This atmosphere of respect includes the assurance of complete confidentiality regarding participation in NAMI programs as well as any information shared by participants about themselves or others. The only exception to this expectation of confidentiality is in a circumstance involving potential harm to a participant or someone else.

## **Research on NAMI signature programs**

Any research studies conducted on NAMI signature programs or using participants in NAMI signature programs must be approved in advance and in writing by the Director of the NAMI Education, Training and Peer Support Center. The individual/institution conducting the research must also be willing to share with NAMI the data, analysis and conclusions from the research project.

## **Presentation format for signature programs**

- The time frames and presentation format for NAMI signature programs must adhere to options provided and not be altered in any way. The classes, presentations and groups must be led by the number of trained leaders specified. The specific program presentations are described in **Table 1**.
- In NAMI education programs (NAMI Basics, NAMI Family-to-Family, NAMI Peer-to-Peer, and NAMI Provider Education) no more than a one-week hiatus may be taken for holidays which may occur during the course (e.g., Thanksgiving, spring break). More than a one-week break between classes creates too much of a disruption in content presentation.

## **Who can provide NAMI signature programs?**

- All NAMI signature program leaders<sup>1</sup> must be NAMI members.
- All NAMI signature program leaders must be trained and certified by National or State Trainers.
- All NAMI signature program leaders must be at least 18 years of age.
- Untrained individuals are not permitted to serve as teachers in a NAMI education program (NAMI Basics, NAMI Family-to-Family, NAMI Peer-to-Peer and NAMI Provider

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<sup>1</sup> Program leaders include NAMI teachers, mentors, presenters and facilitators.

Education). In cases where a teacher is unable to continue teaching the course, an untrained substitute may be appointed to help with lecturing. The substitute will not be allowed to teach the course again until they participate in a regular Teacher Training Workshop. Untrained individuals are not allowed to be substitutes in the other programs.

- Due to the investment of time and money to train volunteers, prospective NAMI signature program leaders are expected to meet outlined requirements of the NSO for the program for which they are training (for example, teach a minimum of two course cycles for education programs). It is understood that unexpected life situations may occur that will necessitate compassion and flexibility in this policy.
- Specific additional eligibility requirements for each NAMI signature program are listed by program in **Table 2**.

### **Who can participate in NAMI signature programs?**

- Only people who have the lived experience for a specific education program or support group meet the attendee qualifications to attend that program. These program specific requirements are listed in **Table 3**.
- Participation in NAMI presentation programs (NAMI In Our Own Voice and NAMI Parents & Teachers as Allies) is open to the general public
- Participation in NAMI Ending the Silence is open to students and schools.
- Professionals (mental health, school, day care workers, etc.) are not permitted to attend NAMI education programs or support groups, unless they also meet the lived experience requirements of that specific program.
- Observers are not permitted to sit in on any NAMI education program or NAMI support group.

### **Who can become a state trainer for NAMI signature programs?**

- All prospective state trainers for NAMI signature programs must be NAMI members.
- All prospective state trainers for NAMI signature programs must be recommended to attend a NAMI Training of Trainers event by their NAMI State Organization (either by the Executive Director or the President of the Board of Directors).
- Eligibility of a state trainer to train may be reviewed and eligibility withdrawn at any time by the NAMI State Organization.
- Program specific eligibility requirements to become a state trainer are detailed in **Table 4**.

### **Mandated Reporting**

- Any NAMI signature program leader who also has the designation of being a mandated reporter in his or her state is required to inform the participants in class/support group of their status at the beginning of the class or at the start of each support group session.



- Any NAMI signature program leader who is not a mandated reporter in his or her state, but who is concerned about something reported by a participant in their class/support group should discuss those concerns with the sponsoring NSO or NA and follow the policies and procedures of that organization which must comply with the laws in that state.

### **Program Fees and Stipends**

All NAMI signature programs are free to participants. Participants will not be charged a fee of any kind for enrolling and/or participating in any NAMI signature program.

With regard to the stipends discussed below, it is important that all NSOs and NAs be familiar with federal and state law regarding regulations on employees and contractors. Guidance on federal law can be found at [www.irs.gov/businesses/small](http://www.irs.gov/businesses/small). On that page, click on the title ***Independent Contractor (Self-Employed) or Employee***. Additional resources are available on the NAMI Education Helpdesk and on the NAMI intranet. Please consult resources in your state for laws specific to your state.

The information below regards suggested stipend amounts, though we recognize that is at the discretion of NSOs and NAs.

- NSOs and NAs are encouraged to contract with a state trainer for his or her services. We realize this may not always be possible, but when there is grant funding available, we suggest that each state trainer receive a minimum stipend of \$250 per training given, with the possibility of up to \$500 when funding is available. For online trainings, it is suggested that each trainer receive a minimum stipend of \$50. Trainers should also be reimbursed for all travel expenses, including any travel and meals in addition to their regular stipend.
- If a state trainer from one state agrees to help train in another state the trainer will receive the going rate established by the state hosting the training for its own trainers.
- Policies regarding stipends for NAMI signature program leaders vary by program and are described by program in **Table 5**.

### **State Trainings**

- State training schedule, format and content may not be altered or condensed in any way. Specific formats and trainer requirements are described in **Table 6**.
- Not all trainees are guaranteed certification; certification will be decided upon by the state trainers based on the trainee's ability to demonstrate the skills required and to adhere to the program model.
- State trainers shall be offered accommodations the night before and nights during trainings when travel is required.

- All trainings must be reported to NAMI through the online data reporting system six weeks prior to the training. A link to the online data reporting system can be found on the NAMI Education, Training and Peer Support Center Helpdesk..
- The NAMI state program director/coordinator must submit any documentation required for specific programs to NAMI at the conclusion of the training. This documentation is described in each of the NAMI signature program training manuals.

**TABLE 1: Presentation Formats**

Program	Presentation Format	Led/Taught By
NAMI Basics	Over a period of 6 consecutive weeks, one class per week; OR over a period of 3 consecutive weeks, 2 classes per week; OR across consecutive weekend days with no more than 2 classes taught on any one weekend day	2 co-teachers
NAMI Connection	Groups meet once a week for 90 minutes.	2 co-facilitators
NAMI Ending the Silence	Presentations given in 50 minutes	2 presenters
NAMI Family-to-Family	Classes are conducted over a period of 12 consecutive weeks, OR over a period of 6 consecutive weeks, 2 classes per week; OR across 6 consecutive Saturdays with 2 classes per Saturday	2 co-teachers
NAMI Family Support Group	Groups meet at least once per month for 60-90 minutes	2 co-facilitators
NAMI Homefront	Over a period of 6 consecutive weeks, one class per week; OR over a period of 3 consecutive weeks, 2 classes per week; OR across consecutive weekend days with no more than 2 classes taught on any one weekend day	2 co-teachers
NAMI In Our Own Voice	Presentations given in 60-90 minutes.	Two (2) presenters
NAMI Parents & Teachers as Allies	Standard presentation is 90 minutes but shorter presentations may be provided	4 presenters; 1 <b>Education Moderator</b> , 1 <b>Presenter</b> who is either a NAMI Family-to-Family or NAMI Basics Teacher, 1 <b>Parent</b> of someone who was symptomatic during their school years, and one <b>Young Adult</b> living with mental illness who was symptomatic in school
NAMI Peer-to-Peer	Classes are conducted over a period of 10 consecutive weeks, OR 5 consecutive weeks with 2 classes per week	2 co-mentors & 1 assistant
NAMI Provider Education	Classes are conducted based on requirements of host Provider but classes must be offered consecutively	5 presenters (2 NAMI Family-To-Family or Basics teachers, 2 P2P mentors and 1 mental health professional)

**Table 2: Program specific qualifications for program leaders**

Program	Program Leader Qualifications
NAMI Basics	Prospective teachers must be parents or other primary caregivers of an individual who exhibited symptoms of a mental illness prior to age 13 (the formal diagnosis may have been made years later, but symptoms were present prior to age 13). There is no prerequisite that a prospective teacher has to have taken the NAMI Basics course.
NAMI Connection	Prospective facilitators are adults living in recovery with a mental illness.
NAMI Ending the Silence	Prospective presenters must meet one of the following descriptions: (1) young adult living with mental illness in recovery [preferably who is also an IOOV or Parents & Teachers as Allies presenter], (2) an adult who is also a trained teacher/mentor for NAMI Basics, NAMI Family-to-Family or NAMI Peer-to-Peer.
NAMI Family-to-Family	Prospective teachers must be family members (parents, siblings, adult children, spouses or partners) of individuals who are living with mental illness. There is no prerequisite that a prospective teacher has to have taken the NAMI Family-To-Family course.
NAMI Family Support Group	Prospective facilitators must be family members (parents, siblings, adult children, spouses or partners) of individuals who have mental illness. There is no prerequisite that a prospective facilitator has to have taken the NAMI Family-To-Family course.
NAMI Homefront	Prospective teachers must be family members (parents, siblings, adult children, spouses or partners) of Service Members (active duty military or Veteran) who are living with mental illness. There is no prerequisite that a prospective teacher has to have taken NAMI Homefront.
NAMI In Our Own Voice	Prospective presenters are adults living in recovery with a mental illness.
NAMI Parents & Teachers as Allies	Prospective presenters must meet one of the following descriptions; (1) young adult with mental illness living in recovery, (2) parent of an individual who exhibited symptoms of mental illness as a child in school, (3) NAMI Family-to-Family Teacher who preferably is also a parent of an individual who was symptomatic in school, or (4) a school professional who is also either a family member of someone with mental illness or lives with mental illness themselves.
NAMI Peer-to-Peer	Prospective mentors and assistants are adults with mental illness living in recovery.
NAMI Provider Education	Prospective teachers must meet one of the following descriptions; (1) adult with mental illness living in recovery, preferably who is also a NAMI Peer-to-Peer mentor, (2) family member or partner of an individual living with mental illness, preferably who is also a NAMI Family-To-Family teacher, or (3) a mental health professional who is also either a family member of someone with mental illness or lives with mental illness themselves.

**Table 3: Requirements to participate/attend**

<b>Program</b>	<b>Who is Eligible to Attend</b>
NAMI Basics	Parents or other primary caregivers of an individual who developed a mental illness as a child or adolescent
NAMI Connection	Any adult living with mental illness
NAMI Ending the Silence	Presentations are open to the middle school and high school age students
NAMI Family-to-Family	Any adult who has a family member living with a mental illness
NAMI Family Support Group	Any adult who has a family member living with a mental illness
NAMI Homefront	Any adult loved one of a Service Member (active duty military or Veteran) living with a mental illness
NAMI In Our Own Voice	Presentations are open to the general public
NAMI Parents & Teachers as Allies	Presentations are open to the general public
NAMI Peer-to-Peer	Any adult living with mental illness
NAMI Provider Education	Any adult working in the mental health field: professionals, lay professionals as well as administrative staff

**Table 4: Program specific qualifications to become a state trainer**

<b>Program</b>	<b>Prerequisite for State Trainer Eligibility</b>
NAMI Basics	Must have taught one complete 6-session NAMI Basics course.
NAMI Connection	Must have at least 6-12 months experience facilitating a NAMI Connection group.
NAMI Ending the Silence	Must have given at least 5 NAMI Ending the Silence presentations.
NAMI Family-to-Family	Must have taught one complete 12-session NAMI Family-To-Family course.
NAMI Family Support Group	Must have at least 6-12 months experience facilitating a family support group utilizing the NAMI Family Support Group model.
NAMI Homefront	Must have taught one complete 6-session NAMI Homefront course.
NAMI In Our Own Voice	Must have given at least 5 NAMI In Our Own Voice presentations.
NAMI Parents & Teachers as Allies	Must have provided at least 2 NAMI Parents & Teachers as Allies presentations.
NAMI Peer-to-Peer	Must have taught one complete 10-session NAMI Peer-to-Peer course.
NAMI Provider Education	Must have taught at least one complete 5-session NAMI Provider Education course.

**Table 5: Stipends for NAMI signature program leaders**

<b>Program</b>	<b>Leader Stipend Associated with Program</b>
NAMI Basics	Teachers are volunteers and do not receive a stipend.
NAMI Connection	Facilitators are volunteers and do not receive a stipend.
NAMI Ending the Silence	NAMI recommends (but it is not mandatory) that each presenter receive a stipend of \$30 per presentation given. If the same presenter conducts 2-3 presentations at the same site on the same day, NAMI Recommends that each presenter receive a stipend of \$50 for the day.
NAMI Family-to-Family	Teachers are volunteers and do not receive a stipend.
NAMI Family Support Group	Facilitators are volunteers and do not receive a stipend.
NAMI Homefront	Teachers are volunteers and do not receive a stipend.
NAMI In Our Own Voice	NAMI recommends (but it is not mandatory) that each presenter receive a stipend of \$30 per presentation given.
NAMI Parents & Teachers as Allies	Presenters are volunteers and do not receive a stipend.
NAMI Peer-to-Peer	NAMI recommends (but it is not mandatory) that each Mentor receive a minimum stipend of \$250 ( <i>up to \$500 when possible</i> ), per 10-session course taught. Mentors should be reimbursed for all travel and any purchased course materials <i>in addition to their regular stipend</i> .
NAMI Provider Education	Teachers are volunteers and do not receive a stipend.

**Table 6: Program specific state training formats**

<b>Program</b>	<b>Training Format</b>	<b>Led/Taught By</b>
NAMI Basics	Day 1 begins at 3 pm and Day 3 ends at noon, or training can be held in 2 full days	2 state trainers
NAMI Connection	As of March 2013 the Connection training is a 2-day workshop. States may opt to continue to use the 3-day model if they choose.	1 state trainer for every 6 trainees plus the state coordinator or other designated staff member
NAMI Ending the Silence	One full day training workshop, or one 1.5 hour online training following viewing of a prerequisite 40 minute model presentation	1 state trainer
NAMI Family-to-Family	2.5-day training workshop	1 state trainers
NAMI Family Support Group	As of March 2013, the FSG training is a 2-day workshop. States may opt to continue to use the 3-day model if they choose.	1 state trainer for every 6 trainees
NAMI Homefront	Day 1 begins at 3 pm and Day 3 ends at noon, or training can be held in 2 full days	2 state trainers
NAMI In Our Own Voice	2-day training workshop	2 state trainers plus the state coordinator or other designated staff member
NAMI Parents & Teachers as Allies	1 full day training workshop	1 state trainer
NAMI Peer-to-Peer	3-day training workshop	2 state trainers plus the state coordinator or other designated staff member
NAMI Provider Education	1.5-day training workshop	1 state trainer

## NAMI SIGNATURE PROGRAM CODE OF CONDUCT

NAMI signature programs are built around the principles of mutual trust and respect among participants and leaders. Certified program leaders are representatives of NAMI and NAMI holds these leaders to certain standards of conduct during the provision of NAMI services. This Code of Conduct is covered during leader trainings and is included in all NAMI signature program manuals so that participants also know what to expect from NAMI programs.

### **What we ask of you as a NAMI signature program participant:**

- Attend programs with an open mind and open heart.
- Maintain the confidentiality of all participants by not discussing personal topics outside the program.
- Take from the program the information that you believe is most helpful for you.
- Find an atmosphere of support in the program that enables you to feel comfortable sharing with others, knowing that what you share will be respected and held in confidence by the other participants.

### **What we ask of you as a NAMI signature program leader:**

- Provide a safe and respectful environment for program participants.
- Prepare for each class, group meeting or presentation and conduct yourself, to the best of your ability, with courteous and respectful behavior.
- Actively pursue maintaining your own wellness and respect your own emotional and physical resources and limitations.
- Understand the difference between peer support and therapy and be careful not to act in the capacity of a therapist or mental health professional. Offer only the services that you have been trained to provide and ask for assistance as needed.
- Respect the cultural differences of program participants.
- Respect the privacy of program participants by creating an environment of confidentiality in the program setting and by holding in confidence sensitive, private and personal information. As a NAMI program leader, you must also be prepared to break confidentiality when you believe there is a danger of harm to a participant or others.
- Maintain appropriate boundaries by not engaging in romantic, physical or sexual relationships with participants in a NAMI program you are leading. Recognize that it is best practice for participants to attend a class or support group not led by someone with whom they are in a relationship, to avoid potential conflict and the discomfort of other participants.
- Remain accountable for your own behavior and keep personal opinions and actions separate from those made as a representative of NAMI. Understand that your actions and behaviors reflect on the integrity of NAMI signature programs and impact the public perception of NAMI as an organization.



## NAMI SIGNATURE PROGRAM CULTURAL ADAPTATION AND TRANSLATIONS OPERATING POLICIES AND PROCEDURES

The following operating policies and procedures have been developed to ensure the availability of cultural adaptations -- which include translations -- in order to promote continued quality programming for all NAMI signature programs. When these programs are provided to a specific cultural community, they must represent NAMI accurately.

NAMI State Organizations (NSO), NAMI Affiliates (NA) and their board education committees and staff may not set policies or procedures at variance with those stated below.

### **Requesting permission for a cultural adaptation and/or translation of a NAMI signature program**

1. The NSO or NA must request permission from NAMI, in writing, prior to pursuing any cultural adaptations and/or translations of NAMI signature programs.<sup>2</sup>
2. The written request for permission to pursue cultural adaptations and/or translations of NAMI signature programs must include descriptions of how the following requirements will be met:
  - The cultural adaptation and/or translation will be performed by credentialed individuals (credentials must be included in the request for permission).
  - The cultural adaptation and/or translation must be edited by another credentialed individual who operates independently from the first, to provide a proofread and a second opinion about the technical translation as well as dialectical and other cultural nuances specific to that culture. Credentials of the second individual must be included with the request for permission.
  - The NSO or NA must assure, in writing, that the most current version of the NAMI signature program will be used for the proposed cultural adaptation and/or translation.
  - The NSO or NA must assume responsibility for annual cultural adaptations and/or translations of updated and edited material for the NAMI signature program, as well

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<sup>2</sup> Consultation on grant applications may be necessary to ensure that stated deliverables are not in conflict with program goals or program effectiveness.

as for the process that will be used to make those updates available to their field leaders. The written plan for how this will be managed must be included with the request for permission.

3. The NSO or NA must create an advisory group of leaders from the target community to assist in reviewing the content intended for cultural adaptation and/or translation to obtain their input on what is culturally applicable to their community and what is not. Documentation of the advisory group members as well as a description of how they are being used must be included in the request for permission.
4. A statement of need identifying the target community for the adaptation and/or translation as well as and why the cultural adaptation and/or translation is needed must be included with the request for permission. The statement of need must incorporate the recommendations by the advisory group described in # 3.
5. Documentation that funding has been secured and confirmed in a signed contract with the funder must be included with the request for permission. Any deliverables contingent upon funding should be included in this documentation.
6. A written plan must be developed describing in detail how the NSO or NA will adhere to the Guidelines for Cultural Adaptations and/or Translations included below. This plan must include timelines and be submitted along with the request for permission.
7. The NSO or NA must identify a designated point person for the cultural adaptation and/or translation project and identify that person in the request for permission.
8. Once a NSO or NA has compiled the documentation described above, the complete packet, along with a cover letter providing an overview of the proposal, should be submitted to the Director of the NAMI Education, Training and Peer Support Center for approval.
9. NAMI Education, Training and Peer Support Center staff in collaboration with NAMI Multicultural Action Center staff will review all documentation and notify the requesting organization of the decision that the project is approved, denied or that more information is needed.
10. Once approval to begin a cultural adaptation and/or translation has been granted, NAMI will initiate a signed agreement with the requesting NSO or NA detailing the work to be performed and the timeline for completion.

## **Managing a cultural adaptation and/or translation of a NAMI signature program**

1. Upon completion of the cultural adaptation and/or translation of a NAMI signature program, the complete PDF and WORD document files for all manuals must be sent to NAMI.
2. All NAMI signature program materials are copyrighted; therefore, any cultural adaptations and/or translations of those programs also belong to NAMI.
3. The NSO or NA providing the cultural adaptation and/or translation is not authorized to share those documents or electronic files with another NSO or NA without written permission from NAMI.
4. The designated point of contact for the NSO or NA must notify NAMI in writing or by email of the first use of the NAMI signature program adaptation and/or translation in a class or support group in the target community.
5. The designated point of contact must submit to NAMI all participant evaluations from the class, presentation or support group in the target community, as well as the other routine data requirements for NAMI signature programs.
6. NAMI will arrange conference calls as needed with the NSO or NA-designated point of contact, advisory group members, teachers and facilitators leading the class or support group in the target community to assess program satisfaction and obtain recommendations for curriculum modifications/updates.
7. NAMI will provide annual updates of the designated NAMI signature program to the designated point of contact. The NSO or NA must provide a timeline for translating the annual updates, incorporating them into the full document file, communicating those updates to the appropriate individuals in the field and providing the cultural adaptations and/or translation of the updates to NAMI.
8. The NSO or NA must notify NAMI immediately if they find themselves unable to complete the cultural adaptation and/or translation of the annual updates for any reason. Upon receipt of this notification, NAMI will assess its capacity to continue support of the cultural adaptation and/or translation. If NAMI is unable to provide the necessary support, the designated cultural adaptation and/or translation will be considered no longer available for use in any NSO or NA.

## **Steps required to request cultural adaptations and/or translations of NAMI signature programs**

- The NAMI State Organization or NAMI Affiliate is required to develop a plan for working on cultural adaptations and/or translations that takes into consideration the definitions in Table 1 and addresses each of the tasks described in Table 2. This plan must be included in the request for permission to have a NAMI signature program culturally adapted and/or translated.
- The NAMI State Organization or NAMI Affiliate must create an advisory group of leaders from the target community to assist in reviewing the content intended for cultural adaptation and/or translation to obtain their input on what is culturally applicable to their community and what is not. Their feedback is crucial to warrant a culturally competent program. This advisory group should be formed, convened and consulted prior to the NAMI State Organization or NAMI Affiliate finalizing the decision to pursue a cultural adaptation and/or translation. No request for permission to culturally adapt and/or translate NAMI signature programs will be considered without documentation that this advisory group has been involved from the beginning.

**Table 1: Definitions as related to NAMI signature programs**

<b>Literal Translation</b>	A strict adherence to the original text's composition and grammatical structure. This may not accurately transfer the meaning of the original text to the target language.
<b>Cultural Adaptation</b>	Modifying cultural or social elements from the original text, in consideration of the relevance of the content to the target group.

**Table 2: Guidelines for Developing the Cultural Adaptations and/or Translations Plan**

Tasks	Key Points
Determine the target audience	<ul style="list-style-type: none"> <li>• Think about the overall characteristics of the target audience. This information will help to better adapt the program to fit the target community. The expert advisory group should be involved in this process</li> </ul>
Copy edit the English material	<ul style="list-style-type: none"> <li>• Materials should not go out for translation until this task is completed to ensure that the most current, accurate program material is translated</li> </ul>
Examine the cultural competence of the material for the target audience	<ul style="list-style-type: none"> <li>• Make sure the content is as relevant as possible to the target audience.</li> </ul>
Identify a translator	<ul style="list-style-type: none"> <li>• Any translation must be performed by a credentialed translator.</li> <li>• The translator being considered must be familiar with the cultural elements of the target language.</li> <li>• The translator being considered must provide samples of previous work.</li> <li>• The NSO or NA must provide guidance to the translator selected on NAMI Identify Guidelines (<a href="http://www.nami.org/identity">www.nami.org/identity</a>), NAMI Style Guide (<a href="http://www.nami.org/styleguide">www.nami.org/styleguide</a>) and other preferred wording.</li> </ul>
Copy edit the translated materials	<ul style="list-style-type: none"> <li>• The translated materials should read like something originally written in the target language.</li> </ul>
Elicit feedback from the target audience	<ul style="list-style-type: none"> <li>• Must select a group of reviewers from target group or host a focus group. This may be the same group that helped identify cultural considerations. It is important that individuals providing feedback on the translated materials have a proficient grasp of the language.</li> <li>• Representatives from the target audience should review your materials in order to share what is appropriate or not from their cultural point of view.</li> <li>• Provide reviewers a list of things to consider when reviewing the documents.             <ul style="list-style-type: none"> <li>• The difficulty level of the material.</li> <li>• Whether or not the text reads awkwardly due to literal translation.</li> <li>• If the content specifically addresses the community it targets (cultural considerations).</li> </ul> </li> </ul>
Review suggested adaptations	<ul style="list-style-type: none"> <li>• Adaptations must go through a final review by at least one NAMI leader with relevant program expertise. This will ensure that suggested adaptations align with the program goals and objectives and do not negatively impact program effectiveness.</li> </ul>