



# CROHN'S & COLITIS FOUNDATION OF AMERICA

## Support Group Facilitation Application Packet

Hello,

Thank you for your interest facilitating a CCFA Support Group. Please review the roles and responsibilities of a Facilitator and then complete the attached application. Once that application has been completed, please click Submit and a staff person from your local chapter will reach out with next steps.

Steps to the Support Group Facilitation Process:

- Review facilitator roles and responsibilities
- Submit completed application
- Chapter submits application to the national office
- The Support Group Task Force (Volunteer committee of current CCFA Support Group Facilitators) will review the application
- A member of the Support Group Task Force will contact you for an interview
- Your chapter will notify you of the Task Force's decision

Total application time: 1 Month from receipt of that application at the national office.

We are very excited for this opportunity, thank you again for your support of the Foundation and interest in facilitating. Please contact us with any questions.

Many thanks,  
The Crohn's & Colitis Foundation of America

## ROLE OF SUPPORT GROUP FACILITATORS

Facilitators are essential to the success of the support group. Facilitators will adhere to these guidelines in the development of their group and in the assessment of the group's effectiveness.

- A. Work closely with the Education & Support Manager to manage the group.
- B. Establish frequency and time of meetings; assist in selecting the meeting site, advertising, recruiting and support group reminders.
- C. At the request of group members, invite guest speakers on topics of interest. Ensure all guest speakers are approved by the Education & Support Manager. Speakers usually present during the first half of group time; remaining time is reserved for group discussion and support.\*
- D. Support group Facilitators **do not** provide medical advice, treatment information or referrals. Professional and lay Facilitators provide education and create an open forum for group discussion. The support group is not a referral service or an opportunity for participants to seek a second option/medical advice.
- E. Facilitators with professional backgrounds (RN, MSW, MD, etc) need to submit a copy of their license and insurance coverage to the Education & Support Manager. All Facilitators with professional backgrounds are required to maintain their license and insurance coverage while volunteering for CCFA. If a change in coverage occurs the Facilitator is responsible for notifying the Education & Support Manager immediately.
- F. Meet at least twice a year with the Education & Support Manager, communicate regularly and provide information on the status of the group at least once a month.
- G. For each meeting, keep track of attendance (see Sign-in form) and provide this information on the next business day to the Education and Support Manager or National Manager of Patient & Professional Programs.
- H. Credentialed professionals who have a personal history of Crohn's disease or ulcerative colitis must be at least one year post diagnosis before facilitating a support group.
- I. Possess effective communication skills to encourage, impact and explain often difficult topics in an approachable way.
- J. Willingness to report support group attendance at the end of each program to the Education & Support Manager or
- K. A willingness to evaluate the support group and be evaluated by the chapter Education & Support Manager or National Manager of Patient & Professional Programs.
- L. Resignation: give at least three months notice of their intention to leave their group and inform the chapter Education & Support Manger and Manager of Patient & Professional Programs prior to the announcement to the group(s).
- M. Group leaders step down as for a variety of reasons such as conflict of interest, personal conflicts or poor group leadership. Terminations may be initiated by Manager of Patient & Professional Programs, Education & Support Managers, or the Chapter Executive Director. Should this occur the national office would work closely with all parties toward a resolution and/or the termination of the relationship. Each case will be handled on a case-by-case basis.
- N. Consult with the Manager of Patient & Professional Programs or the Education & Support Manager as soon as possible on problems with the group or regarding problems with the local chapter.
- O. When possible, attend CCFA sponsored training conferences for group Facilitators, which are designed to enhance knowledge of medical and psychosocial issues in Crohn's disease and ulcerative colitis.

\* No pharmaceutical representative speakers.



**CCFA Support Group  
Facilitation Application Form**

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Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

Best time to reach me: \_\_\_\_\_ Best to reach me by: Phone Email

Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Support Group Location (City and State): \_\_\_\_\_

Type of Support Group:  General  Pediatric/Parent  College  Other: \_\_\_\_\_

***Please check the appropriate response to the following questions.***

1. Are you over the age of 18?  Yes  No
2. Are you able to make at least a one-year commitment to being a Facilitator?  Yes  No
3. Have you reviewed the criteria for facilitating with the Education & Support Manager or a member of the chapter's staff?  Yes  No
4. Have you participated in a support group in the past?  Yes  No
5. Have you ever facilitated a support group in the past?  Yes  No

6. I am:

- Diagnosed with Crohn's disease       Diagnosed with ulcerative colitis  
 A healthcare professional       A family member or friend of an IBD patient

7. Are you at least one year post-diagnosis?       Yes       No       Does not apply

**Please answer the following questions as completely as possible.**

1. Why are you interested in facilitating a CCFA Support Group?

2. Describe your plan for maintaining communication with your support group co-Facilitator. If a miscommunication or disagreement occurred in your facilitation partnership, what steps would you take to resolve it?

3. What are your goals in facilitating a CCFA Support Group?

4. What skills do you bring that would enable you to facilitate a patient support group? Please describe your previous facilitation experience and list the organizations or institutions you have worked with in the past.

5. If applicable, please list any special licenses you possess (e.g. RN, MSW, LCSW, etc.).

6. Please describe how you would handle a participant that monopolizes the meeting.
  
7. Please describe how you would remain supportive to a participant that is actively involved but demonstrates disruptive behaviors (i.e. fidgeting or playing with paper) in the group and members of the group have expressed annoyance and displeasure regarding these behaviors.
  
8. Describe your prior involvement with the CCFA (How long have you been involved? Are you a member of CCFA). Please list any events you have attended.
  
9. Please list any other volunteer organizations you are involved with and your role there.
  
10. How many hours a month can you devote to facilitating a CCFA Support Group? How does this commitment impact your other volunteer activities or professional career?
  
11. How do you manage stress?
  
12. Please list topics/subjects that you would immediately feel comfortable leading the support group in discussing.

13. Have you ever been arrested or convicted of a crime? (Please do not list traffic violations).

Yes

No

If yes, please describe:

**Please list three references.**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I certify that the information contained on this form is accurate. I authorize the Crohn's & Colitis Foundation of America to verify the information stated above. I understand that if I am selected, I will undergo a formal background check.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Submit Form**

If you want to save form and submit later, please email form to [supportgroup@ccfa.org](mailto:supportgroup@ccfa.org). You must have Adobe Reader XI in order to use the Submit Form button. Please check Adobe Reader version number from the Help menu. You can go to [www.adobe.com](http://www.adobe.com) to download the latest version.