

## **DBSA Peer Specialist Training**

November 26-30, 2012

## **Training Description**

DBSA Peer Specialist training prepares people who live with mental illnesses to use their experiences to work with others as peer specialists. Facilitated by nationally-recognized trainers, this comprehensive course delivers a foundation in recovery principles, intervention techniques, and ethical practice. Curriculum focuses on the use of peerdelivered services to support the recovery of others. DBSA Peer Specialist training is delivered in affiliation with Appalachian Consulting Group, Inc., innovators of the Georgia Certified Peer Specialist Project that pioneered Medicaid billable peer support services.

## Who Can Participate

- Individuals age 18 or older with personal experience as consumers of mental health services who wish to use this experience to assist others
- Those willing to publicly identify as a person living with a mental illness Please do NOT apply if you do not meet these first two standards.
- DBSA especially encourages people who currently hold a peer specialist position or who are actively seeking such a position (paid or volunteer) to apply, although this is not a requirement to participate.
- DBSA actively seeks a diverse group of training applicants with respect to race, gender, age, sexual orientation, diagnosis, and disability.

## Requirements

## Training participants must commit to

- attend and actively participate in all five days of training.
- participate in discussion and role-plays utilizing solely their personal experiences as mental health consumers rather than any clinical roles or training.
- take a written certification examination within four weeks of training completion.

### Location

The Johns Hopkins Hospital, Baltimore

Training begins on Monday, Nov. 26, 2012, at 9:30 a.m. and ends on Friday, Nov. 30, 2012, at approximately 12:00 p.m.

## **ALL APPLICATIONS MUST BE RECEIVED BY DBSA NO LATER THAN OCTOBER 19, 2012.**

Please mail or fax your completed application to: Training Department

DBSA

730 North Franklin Street, Suite 501 Chicago, Illinois 60654

Phone: (800) 826-3632 Fax: (312) 642-7243

## Do not submit payment with this application.

This is an application only and does not guarantee you will be selected.

**Selection:** Enrollment is limited, and participants will be selected through a competitive application process. All applicants will be notified of their status no later than October 26, 2012. Registration payment is due November 5, 2012.

## Registration Fee

\$975 per person includes training fee, all training materials, and post-training certification testing. Registration fees will be due at a later date. Do not submit payment with this application. Fee does NOT include hotel accommodations, travel, or meals. Participants are responsible for paying these costs or obtaining outside funding support.



Depression and Bipolar Support Alliance

730 N. Franklin Street Suite 501 Chicago, Illinois 60654

**DBSAlliance.org** (800) 826-3632

## Training topics include:

- Role of peer support in recovery
- Problem solving with individuals
- Effective listening and the art of asking questions
- Combating negative self-talk
- Dissatisfaction as an avenue for change
- Facilitating Recovery Dialogues©
- Peer Specialist ethics ... and more

# Application for Participation 2012 DBSA Peer Specialist Training

November 26-30, 2012

Please answer the following questions to the best of your ability. This is not a "test" about right and wrong answers. Your responses will help us get to know you and will assist the Selection Committee in identifying and selecting qualified applicants. Make sure to answer all questions and sign your application. Write your answers on a separate sheet of paper, and submit them along with this application. If you handwrite your answers, please make sure they are readable. THANK YOU!

## **Demographic Information**

Please provide the following optional information to help ensure diversity of the training group. Aside from using aggregate numbers, DBSA will not maintain or use this information in any way.

#### **GENDER**

☐ Male ☐ Female

## AGE

- □ 18–25
- □ 26–39
- □ 40**–**55
- □ 56+

#### PHYSICAL DISABILITY

☐ Yes ☐ No

#### **ETHNICITY**

- ☐ Asian/Pacific Islander
- ☐ American Indian
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ White (not of Hispanic origin)
- ☐ Other

## 1. Understanding and Interest

- A. Why do you want to become a peer specialist?
- **B.** What makes you a good candidate to work with other consumers in the mental health field?

## 2. Recovery Experience

- A. What does recovery mean to you?
- **B.** What were/are important factors in your own recovery?
- **C.** What types of experiences have you had in assisting, or advocating for, consumers of mental health services (for example, support group leadership, self-advocacy, public testimony, programs you started, etc.)? Please be specific.

## 3. Environment and Access

YOUR SIGNATURE

Environment und recess			
<b>A.</b> Do you currently hold a position where you will use	e the skills gained through		
Peer Specialist training and certification?	☐ Yes ☐ No		
If yes, do you receive pay for this position?	☐ Yes ☐ No		
Position title/location			
<b>B.</b> Are you a current candidate for a position where yo	u will use the skills gained		
through Peer Specialist training and certification?	_		
If yes, will you receive pay for this position?	☐ Yes ☐ No		
Position title/location			
NAME			
STREET ADDRESS			
CITY STATE ZIP			
PHONE NUMBER(S)			
FAX NUMBER E-MAIL			
NOTE ANY SPECIAL ACCOMMODATION REQ	IESTS		
NOTE ANT SPECIAL ACCOMMODATION REQ	OES13		
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Please initial all items below to indicate your understanding of each:I certify that I have personal experience as a consumer of mental health services.			
If I am chosen as a training participant, I understand that I am responsible for funding my own registration fee, travel, hotel accommodations, and mealsI understand that participating in the DBSA Peer Specialist training does not guarantee me			
		employment or a volunteer position.	
		I understand that payment is due by November 5,	ZU1Z.

**Important:** Each individual state or service delivery system sets its own peer specialist training and certification standards. Please check local requirements with your state certification body, office of consumer affairs, or service delivery system before making the decision to participate in this training course. DBSA can provide you with information on training curriculum content.

PLEASE ALSO PRINT YOUR NAME