

Depression and Bipolar Support Alliance

#### **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 nationallyrecognized trainers, this comprehensive course delivers a foundation in recovery principles, intervention techniques, and ethical practice. Curriculum focuses on the use of peer-delivered 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.

## **DBSA Peer Specialist Training**

January 23-27, 2012

#### Chicago, Illinois

#### 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

First United Methodist Church at the Chicago Temple 77 W. Washington St. Chicago, IL 60602

#### **Dates**

Training begins on Monday, Jan. 23, 2012, at 9:30 a.m. and ends on Friday, Jan. 27, 2012, at approximately 12:00 p.m.

# ALL APPLICATIONS MUST BE **RECEIVED BY DBSA NO LATER THAN DECEMBER 12, 2011.**

## Please mail or fax your completed application to:

Peer Services 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 Dec. 21, 2011. Registration payment is due Jan. 10, 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.



#### 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<sup>©</sup>
- Peer specialist ethics ... and more

## **Application for Participation 2011 DBSA Peer Specialist Training**

January 23-27, 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

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.

are readable. THANK YOU!

#### **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

A. Do you currently hold a position where you will use	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 you	u will use the skills gained		
through Peer Specialist training and certification?	□ Yes □ No		
If yes, will you receive pay for this position?	□ Yes □ No		
Position title/location			
NAME			
STREET ADDRESS	<del></del>		
CITY STATE ZIP			
PHONE NUMBER(S)			
FAX NUMBER E-MAIL			
NOTE ANY SPECIAL ACCOMMODATION REQUESTS			
Please initial all items below to indicate your under	rstanding of each:		
<ul> <li>I certify that I have personal experience as a consumer of mental health services.</li> <li>If I am chosen as a training participant, I understand that I am responsible for funding my own registration fee, travel, hotel accommodations, and meals.</li> <li>I understand that participating in the DBSA Peer Specialist training does not guarantee me employment or a volunteer position.</li> </ul>			
		I understand that payment is due by Jan. 10, 2012.	

*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