



DBSA Peer Specialist Training

November 2–7, 2015

1-day Supplemental Peer Specialist Training

Includes Dual Diagnosis Recovery

November 7, 2015

DBSA Training & Consultation Roanoke, Virginia

Training Description

DBSA Peer Specialist training prepares people who live with mental health conditions 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 peer-delivered services to support the recovery of others. DBSA Peer Specialist training was developed 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 standards.

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 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 DBSA online examination within two weeks of training completion.

Location & Dates

Roanoke, Virginia

Full training course, including supplemental training (46 hrs.)

Nov. 2–7, 2015

Supplemental Peer Specialist course only (6 hrs.) Nov. 7, 2015

For individuals seeking Virginia peer certification

This DBSA training course will be accepted for Virginia peer certification during the current grandparenting period. Total available training consists of 46 hours, including 6 hours of content (Saturday) related to dual diagnosis recovery and the role of peer support services.

Saturday's hours meet the criteria for the 6 additional hours needed by Virginia Peer Recovery Specialist certification candidates who have completed one of the 40-hour approved training courses. For additional information related to Virginia certification or your particular situation, please contact the Virginia Certification Board:

Website: www.vacertboard.org

Email: info@vacertboard.org

Phone: (804) 741-2319

46 Hour Curriculum Includes:

- 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
- **Small group coaching sessions ... and more**

ALL APPLICATIONS

**MUST BE RECEIVED BY DBSA NO LATER THAN
October 2, 2015.**

Please mail, e-mail, or fax your completed application to:

Training Department

DBSA

55 E. Jackson Blvd., Ste 490

Chicago, Illinois 60604

Fax: (312) 642-7243

Email: Training@DBSAlliance.org

Phone: (800) 826-3632

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 7, 2015. Registration payment is due October 16, 2015.

Registration Fee

- Full training course, including supplemental training (46 hrs.): \$1,100
- Supplemental Peer Specialist course only (6 hrs.): \$125

Per person fees include training fee, all training materials, and post-training certification testing. Registration fees will be due at a later date.

Fees do NOT include hotel accommodations, travel, or meals.

Participants are responsible for paying these costs or obtaining outside funding support. Please see DBSAlliance.org/FindingFunds for funding ideas.



Depression and Bipolar
Support Alliance

55 E. Jackson Blvd., Ste 490
Chicago, Illinois 60604
DBSAlliance.org
(800) 826-3632

Application for Participation

DBSA Peer Specialist Training
November 2–7, 2015

Supplemental Peer Specialist Training
November 7, 2015

Roanoke, Virginia

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 us in 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+

ETHNICITY

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

Check one

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1. Understanding and Interest

- A. Why do you want to work as a peer support specialist?
B. What makes you a good candidate to work with your peers in the mental health field?

2. Personal 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

- 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. Are you a current candidate for 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

NAME _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE NUMBER(S) _____

E-MAIL _____

SPECIAL ACCOMMODATION REQUEST _____

EMERGENCY CONTACT _____

PHONE _____

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 meals.
___ I 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 October 16, 2015.

YOUR SIGNATURE _____

PLEASE ALSO PRINT YOUR NAME _____

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.