DBSA

Depression and Bipolar Support Alliance

DBSA Peer Specialist Training

December 8–12, 2008

Chicago, Illinois

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 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.

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 five full 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

DBSA National Office
730 N. Franklin, Ste. 501, Chicago, IL 60654

Dates

Training begins at 9:30 A.M. on Monday, December 8, 2008 and ends at approximately 12:00 P.M. on Friday, December 12, 2008.

Registration Fee

$950 per person includes training fee and all training materials, beverage breaks, continental breakfast (Monday–Friday) 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 other than breakfast. Participants are responsible for paying these costs or obtaining outside funding support.

DBSA has reserved a block of rooms at the Hard Rock Hotel, 230 N. Michigan Ave., Chicago, IL, at a rate of $120/night plus tax. For reservations, call (866) 966-5166 or (312) 345-1000 and provide the following information: (1) DBSA's block code 120708; (2) arrival/departure dates; (3) room type request and other preferences; (4) names and number of people in room; and (5) credit card number to guarantee reservation. **Reservation cut-off date is November 17, 2008**. After that date, reservations may be accepted (but are not guaranteed) at the block rate, based on availability.

ALL APPLICATIONS MUST BE RECEIVED BY DBSA NO LATER THAN NOVEMBER 12, 2008.

Please mail or fax your completed application to:

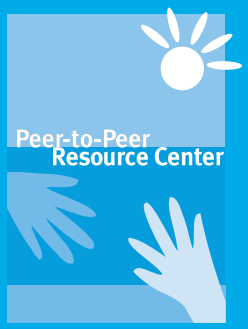
Peer Services Department
DBSA
730 North Franklin Street, Suite 501
Chicago, Illinois 60610

Phone: (800) 826-3632, Ext. 155
Fax: (312) 642-7243

E-mailed applications are NOT accepted.

Do not submit payment with this application. This is an application only and does not guarantee you will be selected. All applicants will be notified of their status no later than November 15, 2008. Registration payment will be due at that time.

Selection: Enrollment is limited, and participants will be selected through a competitive application process.



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

2008 DBSA Peer Specialist Training

December 8–12, 2008, Chicago, Illinois

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

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, 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 REQUESTS

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 other than breakfast.

___ I understand that participating in the DBSA Peer Specialist training does not guarantee me employment or a volunteer position.

YOUR SIGNATURE PLEASE ALSO PRINT YOUR NAME