DBSA

Depression and Bipolar Support Alliance

DBSA Peer Specialist Training

May 3–7, 2010

Itasca, 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

Eaglewood Resort & Spa, 1401 Nordic Rd., Itasca, IL 60143

Dates

Training begins on Monday, May 3, 2010, at 9:30 a.m. and ends on Friday, May 7, 2010, at approximately 12:00 p.m.

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 **Eaglewood Resort & Spa**. For reservations, **call toll-free (877) 285-6150**, and be sure to request the "Depression and Bipolar Support Alliance room block." The rooms are reserved at $95.00 per night plus tax (single or double).

Reservation cut-off date is April 8, 2010. After that date, reservations will be accepted based on availability at the regular room rate. ***Room cancellations must be made no later than 72 hours before your scheduled arrival date.***

ALL APPLICATIONS MUST BE **RECEIVED BY DBSA NO LATER THAN MARCH 22, 2010.**

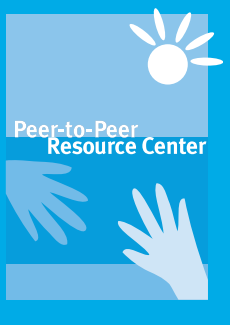
Please mail or fax your completed application to:
Peer Services Department
DBSA
730 North Franklin Street, Suite 501
Chicago, Illinois 60654

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

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 March 29, 2010. 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

2010 DBSA Peer Specialist Training

May 3–7, 2010

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

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.