



Depression and Bipolar
Support Alliance

DBSA Peer Specialist Training

February 23–27, 2009

St. Louis, Missouri

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

Sheraton St. Louis City Center
400 S. 14th Street, St. Louis, MO 63103

Dates

Training begins at 9:30 A.M. on Monday, February 23, 2009, and ends at approximately 12:00 P.M. on Friday, February 27, 2009.

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**

ALL APPLICATIONS MUST BE RECEIVED BY DBSA NO LATER THAN JANUARY 26, 2009.

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
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 February 1, 2009. Registration payment will be due at that time.

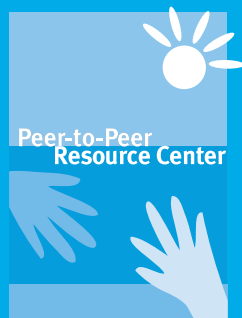
Selection: Enrollment is limited, and participants will be selected through a competitive application process.

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 **Sheraton St. Louis City Center**, 400 South 14th Street, St. Louis, MO, 63103, at the following rates: \$109/night plus tax (single or double)
\$119/night plus tax (triple)
\$129/night plus tax (quad)

For reservations, call (314) 231-5007 or toll-free (888) 627-8096 and provide the following information: (1) request rate for "DBSA 2009 Peer Specialist Training;" (2) arrival/departure dates; (3) room type request and other preferences; (4) name(s) and number of people in room; and (5) credit card number to guarantee reservation.

Reservation cut-off date is February 1, 2009, at 5:00 p.m. Central Standard Time (CST). After that date, reservations will be accepted based on space and rate availability.



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 2009 DBSA Peer Specialist Training

February 23–27, 2009

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 _____