

ADMH Application for Training: Certified Peer Specialist - Parent

Contact Information

Name:

Address:

Phone:

Email:

Please read before completing application:

Training is open to individuals who are interested in and willing to pursue employment as a Certified Peer Specialist - Parent. Priority is given to individuals already employed as parent peer specialists and those who have employment commitments pending certification.

Participation in the Alabama Certified Peer Specialist - Parent Training Program requires a significant and long-term commitment of time and energy. You are expected to participate in the full training, complete assigned homework, and you are expected to take the final exam.

Successful completion of Certified Peer Specialist - Parent training and exam does not guarantee you a job as a Certified Peer Specialist - Parent. Securing employment is the responsibility of each attendee.

Qualifications to Become a Certified Peer Specialist - Parent:

- Must be at least 18 years old,
- Must be an individual who has parented or is currently parenting a child experiencing either a serious emotional disturbance (SED) or a serious mental illness (SMI). This experience occurred prior to the youth's 21st birthday.
 - The CPS-P may be a birth parent, adoptive parent, family member standing in for an absent parent, or person chosen by the family or youth to have the role of parent.
 - Experience as a foster parent does not fulfill this requirement.
- Must have personal experience as a parent navigating the children's mental health (systems),

- Must have an understanding of recovery,
- Must be willing to assist other parents in their recovery process,
- Must be open minded,
- Must be willing to share personal experiences of parenting a child/adolescent with mental illness publicly,
- Must be a High School Graduate or have GED, and
- Must have successfully completed Certified Peer Specialist - Parent training and exam.

Required Knowledge and Skills:

- Ability to connect with parents and to establish and stay in a peer relationship with the parent/primary caregiver.
- Ability to assist the parent in collaborating with other youth serving systems as needed to achieve youth and family needs.
- Ability to assist families to identify their goals for treatment and support parents to take specific action to achieve these goals.
- Basic understanding of mental health conditions and the treatment services and/or recovery support services that are available to youth and families.
- Basic knowledge of empowerment and the goals and objectives of the Parent and Consumer Movements.
- Ability to work with individuals or groups.
- Basic knowledge of consumer rights and advocacy.
- Ability to communicate effectively.
- Ability to work a set schedule.
- Ability to understand the unique experience of mental illness.
- Ability to serve as a role model, showing by example that recovery and resiliency is possible.
- Ability to relay coping skills, positive attitude skills, and self-esteem.
- Ability to assist in establishing support systems and interface with agencies, organizations, and groups.
- Ability to facilitate peer support/self-help groups.

Application

Please select the statements that are true for you:

I have lived experience as a parent/caregiver of a child/adolescent who is/has received mental health services from a youth serving system (such as: mental health, co-occurring substance use, special education, juvenile justice, or child welfare).

I have applied for employment as a Certified Peer Specialist – Parent.

I am conditionally hired as a Certified Peer Specialist - Parent pending successful completion of this certification training.

I am currently employed as a Certified Peer Specialist – Parent.

____ I want to apply for employment as a Certified Peer Specialist – Parent.

Have you **previously been certified** as a peer specialist? Yes ____ No ____

Type of Certification: _____

Certifying Agency: _____

Date: _____

If you are **currently employed** as a parent peer specialist, or have been employed as a peer specialist in the past:

Agency, City, and State: _____

Program: CPS-P: First Episode Psychosis:
 Other: _____

Date of Hire: _____

____ Full Time OR ____ Part Time

Name of Supervisor: _____

If you are **applying to be employed** as a parent peer specialist, please provide the following information:

Agency, City, and State: _____

Program: CPS-P: First Episode Psychosis:
 Other: _____

Which consumer, peer support, and /or advocacy organizations are you connected to? Check all that apply.

____ Peer support group	____ RESPECT Initiative
____ Wings Across Alabama	____ In Our Own Voice
____ APPR/WRAP training	____ Alabama Institute for Recovery
____ NAMI	____ Drop-in Center
____ NAMI Family Support Group	____ Alabama Minority Consumer Council
____ National Federation of Families	Other: _____

Please answer the following questions in 2 - 5 sentences or bullet points.

Tell me a little about your lived experience parenting a child/adolescent with mental health needs. Age(s) of children at the time that you navigated the mental health system.

Please provide a short summary of your child/adolescent's treatment around their serious mental illness (SMI) or serious emotional disturbance (SED). Specify Inpatient and/or outpatient care to include hospitalizations.

Why are you interested in becoming a Certified Parent Peer Specialist?

What does recovery and resilience mean to you?

Certified Peer Specialists for Parent are required to share their own story of lived experience to inspire hope and model mental health and wellness for parents/caregivers. Are you willing to share your personal story with others?

What strengths and values do you have that you believe would help you succeed as a Certified Peer Specialist for Parents?

Do you have other skills, knowledge, or prior experience (previous work, volunteer, or leadership experience, for example) that you believe will help make you a successful Certified Peer Specialist for Parents?

What child-serving systems are/have you had experience with and had to navigate?

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Special Education – IEP/504 Plan
<input type="checkbox"/> Regular Education	<input type="checkbox"/> DHR/Child Welfare
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Intellectual Disabilities	
<input type="checkbox"/> Other _____	

Education

Name of School/ Institution	Dates attended	Did you Graduate? Yes or No	Graduation Date
High School			
GED			
College or Vocational School			
Graduate School			

Please contact the Office of Peer Programs if any special accommodations needed for the training:

Signature and Submission

Legal Name (Print):

Legal Name Signature:

Date:

Applications should be submitted by EMAIL to ADMH Office of Peer Programs:

Vonda Reeves
vonda.reeves@mh.alabama.gov

For additional Information Contact:

Office of Peer Programs
(334) 242-3456
1-800-832-0952
vonda.reeves@mh.alabama.gov