

**NEBRASKA**

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DEPT. OF HEALTH AND HUMAN SERVICES

**PEER SUPPORT &  
WELLNESS  
SPECIALIST SKILLS  
TRAINING  
APPLICATION  
HANDBOOK**

Dates of Training: June 19 – June 23, 2017

Location: Lincoln, NE

Application release date: 03/20/2017

Application Close date: 05/18/2017

Nebraska Department of Health and  
Human Services  
Division of Behavioral Health Office of  
Consumer Affairs



## Dates of Training June 19<sup>th</sup> – June 23<sup>rd</sup>, 2017 Lincoln, NE

<p><b>Submit via Fax</b></p> <p>ATTN: Teresa Gruber 402-471-7859</p> <p><b>Submit via Email</b> <a href="mailto:DHHS.DBHPeerCert@nebraska.gov">DHHS.DBHPeerCert@nebraska.gov</a></p>	<p><b>Submit via Mail</b> Cynthia Harris Division of Behavioral Health P.O. Box 95026 Lincoln, NE 68509</p>	<p><b>Email Assistance:</b> <a href="mailto:Cynthia.harris@nebraska.gov">Cynthia.harris@nebraska.gov</a></p> <p><b>Phone Assistance:</b> Teresa Gruber 402-471-7736</p>
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**Please note, applicants only need to submit pages 11-15 of this handbook.**

**DEADLINE FOR APPLYING:  
Thursday May 18, 2017 5:00 p.m. CST.**

**If accepted to the training, you will be notified via email or telephone on or  
around  
May 26<sup>th</sup>, 2017.**

**Please note that due to capacity, space is limited.**



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## Introduction

Thank you for your interest in applying for the upcoming Peer Support and Wellness Specialist Skills Training! This 60 hour training from members of the Nebraska Office of Consumer Affairs Facilitator's Circle will be an excellent opportunity to enhance your skills and get plugged in with the network of peers that are dedicated to moving Peer Support to the next level as a profession in Nebraska.

The content of this training will include Nebraska specific material from Focus on Recovery United, Shery Mead Consulting, and Yale University, as well as important components from statewide peer leadership.

This training is designed for individuals with lived experience with behavioral health conditions and/or trauma who want to utilize their lived experience to serve others. Priority in the selection process is given to those who are currently working/volunteering in the behavioral health field serving veterans, individuals, families, and/or children/youth who have been impacted by a behavioral health condition and/or trauma. Please note: all eligible and interested individuals are encouraged to apply regardless of current employment/volunteer status.

Participants who have successfully completed the full training will receive a certificate of completion and are then eligible to complete an oral and written examination to become certified as a Peer Support and Wellness Specialist by the Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs (DHHS-DBH-OCA).

Please note that this training is specifically designed to prepare participants for providing peer support to the adult population. In addition, certification as a Peer Support and Wellness Specialist does not guarantee you employment. This is a training opportunity to enhance your skills and to achieve eligibility for certification through DHHS-DBH-OCA. If you are interested in learning more about other types of peer support training, such as Family Peer Support Training, please contact us and we will connect you with possible opportunities in your area. Thank you for your interest and good luck with your application!

Sincerely,

Cynthia Harris, M.S., CPSWS  
Administrator  
Division of Behavioral Health Office of Consumer Affairs  
[Cynthia.Harris@nebraska.gov](mailto:Cynthia.Harris@nebraska.gov)  
402-471-7766  
301 Centennial Mall South  
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Lincoln, NE 68509



## Overview of Peer Support

Peer support is many things to many people and it should be an individualized and tailored experience. The one thing all peer support specialists do have in common is that each one has personal lived experience and has been impacted by that personal lived experience. Certification and training is a great opportunity for those who are working/volunteering in the behavioral health field serving military, veterans, individuals, families, and/or children/youth who have been impacted by a behavioral health condition and/or trauma. Peer support specialists take on many titles and are integrated all throughout the Nebraska Behavioral Health System. See below for a list of job titles:

- Addiction Support Peer Specialist
- Behavioral Health Outreach Advocate
- Certified peer support and wellness specialist
- Community Readiness Consultant
- Community Support Provider
- Consumer Affairs Manager
- Consumer Specialist
- Director of Consumer Recovery
- Employment Specialist
- Executive Director
- Family Advocate
- Family Navigator
- Family Peer Support Specialist
- Independence Coordinator
- Peer Companion
- Peer Partner
- Peer Recovery Facilitator
- Peer Supporter
- Peer to Peer Mentor/Family Advocate
- Program Administrator
- Program Coordinator
- Volunteer
- Youth Advisor
- Youth and Family coordinator
- Youth Peer Support Specialist

### What are peer support services (Adult, family, and transition age youth)?

Regardless of the population being served, all peer support services are designed to be holistic and recovery-oriented. The core element of this service is the development of a relationship based on shared experience and mutuality. It is consumer-and-family focused and supports dignity, self-advocacy, and empowerment. Services are provided directly by a trained individual who can role model recovery, resiliency, and personal transformation while utilizing their personal experiences. For family peer support, services are provided by an individual who has experience parenting a child/youth with a behavioral health challenge. Peer support services are trauma-informed/culturally-sensitive. They provide activities that promote mutuality, empowerment, community, voice, self-determination, development of natural supports, wellness education, and community living. Peer support services are strengths-based, tailored to meet individual needs, and are driven by a philosophy of wellness rather than illness.



## Overview of training and expectations

Through this training you will gain a deeper understanding of the recovery/resiliency journey and learn to:

- ✓ Interact with people in ways that will enable them uncover their personal strengths and discover how they can use these strengths to support their personal recovery and wellness journey.
- ✓ Effectively share core concepts of recovery/resiliency including hope, personal responsibility, education, self-advocacy, and support.
- ✓ Support others as they develop wellness tools and strategies.
- ✓ Empower and help motivate people to move towards recovery and resiliency – feeling the way they want to feel, making their lives the way they want them to be, and moving toward meeting their life goals.
- ✓ Use evidence-based interaction and presentation styles and strategies that enhance recovery.

Attendees are expected to have a solid working knowledge of recovery, resiliency, and peer support and be able to share their experiential knowledge of how recovery is possible. Participants in this course will be expected to participate in interactive learning activities and demonstrate their own experience and expertise. Before making a commitment to attending the training and moving towards possible certification, you may want to know some of what will be expected of you. When you accept the certificate that qualifies you as a Certified Peer Support and Wellness Specialist, you will be making an explicit agreement to uphold a clear set of values and ethics. These values and ethics will be made much clearer when you go through your training, but for now please visit [http://dhhs.ne.gov/behavioral\\_health/Documents/FinalDraft-CodeofEthics.pdf](http://dhhs.ne.gov/behavioral_health/Documents/FinalDraft-CodeofEthics.pdf)

In addition, the International Association of Peer Supporters has identified the following core ethical guidelines for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open minded
4. Peer supporters are empathetic
5. Peer supports are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

<https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>



### Overview of certification process

To be recognized as a Certified Peer Support and Wellness Specialist (CPSWS) in the State of Nebraska, individuals must pass an exam administered through the Division of Behavioral Health Office of Consumer Affairs. Before taking the certification test, applicants must have successfully completed an approved Peer Support Training Program including a minimum of 40 hours of instruction and have received a certificate of attendance/completion from training facilitators of the program.

#### **Exam process:**

1. CPSWS applicants select a date to take the exam. Dates can be found on the Office of Consumer Affairs webpage  
[http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_mh\\_mhadvo.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_mhadvo.aspx)
2. Applicants then complete an application to take the exam which is submitted to the Office of Consumer Affairs along with the required certificate of completion from an approved peer support training program.
  - a. Participants must be able to provide a detailed agenda of the training if requested.
3. The Office of Consumer Affairs will review all applications and send applicants a letter of confirmation with details and further instructions. If an applicant is deemed ineligible for testing, s/he will be contacted by the Office of Consumer Affairs with an explanation for the decision.
4. Exam day format:
  - a. A thirty-four (34) question written exam is administered.
  - b. A seven (7) question oral exam is administered.
5. Applicants who have taken the exam will be notified of the results within ten (10) working days after the scoring of exams is complete. Those who do not pass are invited to re-take the exam at a later date.

**Disclaimer:** Certification as a Peer Support and Wellness Specialist certifies that you have successfully completed the minimum requirement of a forty hour (40) peer support training program and then have successfully passed the certification exam. Training programs are designed as workforce development program to provide tools while working as a peer specialist, however additional training may be required by various employers. Certification does not guarantee employment.





## Prior to start of course

The skills and information taught in this training are essential to the practice of high-quality peer support. In order to be as effective as possible, the training includes a mix of in-person, personal study, and online training. Prior to the start of the course participants are required to complete the following readings and activities. Participants who have not completed these prerequisites will be considered unprepared for the training and as a result may be required to participate in another course at a later time. If a person feels that they are not able to complete the pre-training requirements then the OCA must be notified with reasonable advance notice so they can review.

<p>Training modules through the New York Academy of Peer Services</p> <p>*Must submit certificates of completion</p>	<ol style="list-style-type: none"> <li>1) Historical roots of the peer movement</li> <li>2) Peer Delivered Service Models</li> <li>3) Action planning for prevention and recovery                             <ol style="list-style-type: none"> <li>a. If you have taken WRAP seminar 1, you have met the requirement for #3. Be sure to submit your certificate along with your application.</li> </ol> </li> </ol> <p>*More information is below.</p>
<p>SAMHSA's Definition of Recovery</p>	<p><a href="http://content.samhsa.gov/ext/item?uri=/samhsa/content/item/10007447/10007447.pdf">http://content.samhsa.gov/ext/item?uri=/samhsa/content/item/10007447/10007447.pdf</a></p>
<p>SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach</p>	<p><a href="http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf">http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf</a></p>
<p>Cultural and Linguistic Appropriate Standards</p> <p>*Must submit certificates of completion</p>	<ol style="list-style-type: none"> <li>1. <a href="http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&amp;lvlid=53">http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&amp;lvlid=53</a></li> <li>2. <a href="https://www.youtube.com/watch?v=6wpcpqWSiMA&amp;feature=youtu.be">https://www.youtube.com/watch?v=6wpcpqWSiMA&amp;feature=youtu.be</a></li> </ol> <p>*Must complete this survey to receive certificate of completion</p> <ol style="list-style-type: none"> <li>3. <a href="https://www.surveymonkey.com/r/OHDHE_CLAS_Review">https://www.surveymonkey.com/r/OHDHE_CLAS_Review</a></li> </ol>
<p>In Eight Dimensions of Wellness-Self Care</p>	<p><a href="http://www.state.nj.us/humanservices/dmhas/resources/mental/CSP_Wellness_8_Dimensions.pdf">http://www.state.nj.us/humanservices/dmhas/resources/mental/CSP_Wellness_8_Dimensions.pdf</a></p>

These materials and courses will help you prepare for the NE Peer Support Training Course. Participants must submit certificates of completion for the online training modules prior to receiving a certification of completion for the Nebraska Peer Support training course. The total time commitment prior to the start of the course is between 15-20 hours.





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### Online courses

Online training modules are free and provided through the Academy of Peer Services which was developed in partnership with the New York State Office of Mental Health Office of Consumer Affairs and their academic partners at Rutgers University School of Health Related Professions. Information about taking the courses

- Once you start a class you can stop and then come back to the place you left off
- Some classes provide opportunities to interact with classmates through forum postings
- Upon completion of the course you take the post test
- Score of 75% is required to pass
- After you pass the test you must take the end of course survey to help improve future courses
- You can then print your Certificate of Completion

### Directions for online courses

- ✓ Create an account at <http://www.academyofpeerservices.org/>
- ✓ Select the courses you wish to enroll in and follow the instructions
- ✓ Required courses
  1. Historical roots of the peer movement
  2. Peer Delivered Service Models
  3. Action planning for prevention and recovery
    - a. If you have taken WRAP seminar 1, you have met the requirement for #3. Be sure to submit your certificate along with your application.

If time allows, please feel free to review this additional information to help you prepare

1. Cultural Competency for Peers (Academy of Peers Course)
2. Ethics in Navigating complex relationships (Academy of Peers Course)

### Computer access

If a person does not have access to a computer, the online courses will work on a smart phone. If a person does not have access to either, then they would be able to do the work at a library or office of their local Regional Behavioral Health Authority. If neither option is available, please contact your regional consumer specialist.

### Self-care

The Office of Consumer Affairs encourages the use of self-care tools while attending this training. If selected to attend the training you will be assigned self-care homework at the end of each training day. Participants are encouraged to practice self-care because there is the possibility that the training may elicit strong emotions when various topics are discussed. Training facilitators are trained to support class participants when strong emotions arise;



however, we recognize that self-care is based on individual needs, so we ask that you come to class with a list of tools that will work for you if strong emotions arise. We recognize that there are many self-care tools and we encourage you to learn more about what works well for you. The document above, *In Eight Dimensions of Wellness*, serves as one of those tools.

### **Pre-training conference calls**

If accepted, it is strongly recommended that participants participate in a pre-training conference call. This is an opportunity to ask questions and learn more about what to expect. There will be two options available. Calls can range from twenty to sixty minutes in length. Call information will be included in your acceptance packet.

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Pete Ricketts, Governor

# Application



### Contact Information:

Name:
Telephone:
Mailing Address (including city and zip) :
Home email:
Current Work/Volunteer Title (if applicable):
Work/Volunteer Business Name (if applicable):
Work status (check one): Paid _____ Volunteer _____
Work/Volunteer Address (if applicable):
Work email (if applicable):
How did you hear about this training?

Please list any accommodations or scheduling conflicts (accommodations are not based on personal preferences):





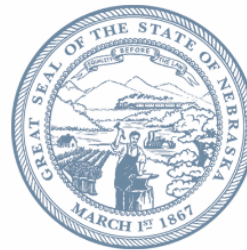
Applicant's Full Name: \_\_\_\_\_ Date \_\_\_\_\_

5. Peer Support Specialists come into contact with a variety of people, all with a unique background. There is a need to understand other people's viewpoints and experiences and to communicate with people with differing backgrounds. Please describe your ability to relate to others from different backgrounds.

6. Please describe how you will implement peer support to help make a difference in the lives of others and how you will reach those whom you wish to serve.

7. Have you received previous recovery-related training or have experience in supporting or advocating for individuals who have been impacted by behavioral health challenges? (For example, support group leadership, self-advocacy, public testimony, programs you started, etc.)? Please be specific listing location and dates if possible.

8. Please describe a time of when you advocated for yourself.



Applicant's Full Name: \_\_\_\_\_ Date \_\_\_\_\_

9. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

10. Do you currently hold a position where you will use the skills gained through The Nebraska OCA Peer Support training? Please select \_\_\_\_ Yes **or** \_\_\_\_ No

a) If yes, do you receive pay for this position? \_\_\_\_ Yes \_\_\_\_ No

11. Please submit a resume. Resume should include summaries of any education, work, and/or volunteer experiences.

12. Please submit one letter of recommendation. Letter should cover the following:

- Nature of your relationship and years known
- Skills, qualities, areas of knowledge, and other assets that make training applicant stand out
- Why reference believes the applicant has the ability to make a difference in the lives of others and why the peer support training will be beneficial in achieving personal goals.





Applicant's Full Name: \_\_\_\_\_ Date \_\_\_\_\_

**13. Please check all that apply**

\_\_\_\_\_ YES, I attest I am willing to self-identify my personal lived experience while in the role of a peer supporter and when appropriate.

\_\_\_\_\_ NO, I do not want to disclose my personal lived experience with a behavioral health condition, trauma, and/or recovery while in the role of a peer supporter.

**Optional: If no, please explain** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I understand that I am responsible for all costs associated with transportation, food, and lodging arrangements.

\_\_\_\_\_ In respect to my lived experience, I have been in recovery for at least one year.

\_\_\_\_\_ I understand that this training does not guarantee employment, but rather is an opportunity to enhance my skills while in the role of a peer support specialist.

\_\_\_\_\_ If selected, I understand that I must complete the pre-training requirements prior to the start of the course and that if I do not complete them I may be asked to take training at a later time.

\_\_\_\_\_ I understand that I must submit my resume and letter of recommendation along with my application and that my application is not considered complete until this has been submitted.

**Once you have completed the application please sign and date that you understand its contents.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**If you have any further questions please contact the Office of Consumer Affairs**  
Cynthia Harris, MS, CPSWS, [Cynthia.harris@nebraska.gov](mailto:Cynthia.harris@nebraska.gov) , 402-471-7766 (office phone)