

Training Announcement **Parent Peer Specialist Certification (CPS-P) Training**

TO: Potential Candidates for Certified Parent Peer Specialists (CPS-P)

FROM: Anita Speed, GPSN

DATE: **July 19, 2022**

SUBJECT: **Training to Become a Certified Peer Specialist-Parent**

Please read the entire application and be sure to answer all questions. We ask that it be done in a professional and neat manner. Before sending your application in be sure to attach the section A, and B information of your story and a reference letter. If there are any questions that come up just let us know.

The Georgia Department of Behavioral Health and Developmental Disabilities and consumer leadership have worked collaboratively over the past 19 years to build a lived experience workforce supporting Recovery for individuals living with a mental health condition and/or with a substance use disorder. This lived experience workforce of Certified Peer Specialists for mental health and addiction has not only changed thousands of lives, it has impacted the culture of the behavioral health system, infusing respect, recovery, wellness and empowerment throughout the system. The DBHDD is now invested in expanding this highly valued workforce to include Parents of youth living with Mental Health Conditions, Substance Use Disorder (SUD) or Co-Occurring Behavioral Health (BH) disorders. The goal is to similarly impact the youth-serving systems by supporting family journeys to recovery and wellness.

Georgia Parent Support Network is now accepting applications from parent or guardian enrollees who meet the *lived experience* expectations and also must meet the following criteria:

Candidates must be the parent or legal guardian of a child or adult living with a mental illness, substance use and/or co-occurring diagnosis (*a mental health condition must be the primary diagnosis*) and one of the following:

1. Currently employed doing Peer Parent Support; **or**
2. Currently employed in the public sector Behavioral Health system as a paraprofessional and have the desire to distinguish themselves as a Parent CPS-P; **or**
3. Have related experience serving youth and families through participation in *community volunteering, support groups, family organizations and/or advocacy.*
4. **Have access to a laptop or desktop computer (cell phones or tablets will not be accepted).** You will not be able to take the test at the end of each day on a phone or tablet. It is a requirement for cameras to be on at all times during the training with no exceptions.

Priority will be given to those who are currently providing parent peer support services and those who intend to work in that role.

This training is scheduled **from 8:30 am – 4:30 pm on Zoom over a 5 day period.** Space is limited. Please complete and submit the application form below by the designated deadline. **Please include your personal email, phone number, and mailing address. Please, no work phone numbers, no work addresses, no work emails or P.O. Boxes.**

Name: _____

Complete Address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home/Cell Phone Number: _____

Date of Birth: _____ Personal Email: _____

Referring Agency/Organization: _____

Emergency Contact and Phone Number: _____

- A. Provide a reference letter from your current employer describing your peer support work experience or experience which meets the criteria listed above. Please include your current title, and history working as a peer parent support provider **OR** related experience through participation in community volunteering, support groups, family organizations and any advocacy work that demonstrates your ability to promote wellness, resiliency and family preservation.
- B. Provide a short paragraph of your lived experience making sure you address these areas:
1. Raising a child who has a Serious Emotional Disorder (SED), Substance Use Disorder (SUD) or Co-Occurring Disorder (this excludes youth with Autism Spectrum Disorder, unless there is also a co-occurring SED, SUD diagnosis)
 2. Experience navigating & accessing complex public health & child service systems
 3. An attestation that you are serving in a parental role as either:
 - 1) The biological parent and caregiver for a child living with a SED, SUD or co-occurring diagnosis
 - 2) The legal and permanent guardian for a child living with an SED, SUD or co-occurring diagnosis for a least 2 years (please provide documentation). * This excludes foster parents.
- C. If you are a Behavioral Health professional who does not intend to provide the service of Parent Peer Support (PPS), please provide details regarding how you intend to use the information gained from this training in your professional practice.

Please include your ability to commit to attend all 5 days of the training.

Please submit all documentation to cps-p@gpsn.org

Below you will find some guidelines and rules for the training, please initial beside each one to show you have read them. Thank you.

_____Cameras must be on at all times

_____No working at any time during the training

_____No distractions during training

_____No driving will be allowed during the training. If something comes up, you will need to sign out and make up any time missed.

_____Be in a safe space to respect others when sharing during the training

_____No Cell Phones or iPads will be allowed for the training

_____You will need to be where you have a reliable internet connection.

_____If you are using a virtual background, make sure you are visible at all times.

_____During stories we want everyone to be respected and have their safe space to tell their story, so we ask that you only ask clarifying questions and show love and support to each other through the chat. This is done to give each person telling their story an equal chance to do so.

Interview Questions for CPS-P Training

Name of Candidate: _____

Age: _____

Reminder: Must attend all five (5) days of the training to receive certification.

Can you commit to the five days? _____

Participants must have access to a computer, or laptop. Do you have access to a computer? _____

1. What is something during your own journey that will help you when it comes to giving support to another parent?
2. Tell us why you want to become a CPS-P and what you will do with the certification?
3. Tell us about your child's mental health diagnosis and/or substance abuse challenge?
4. When did you start taking responsibility for your wellness, and when did you notice things getting better?
5. If someone was providing peer support to you, how would you like to be supported?
6. What is one of your strongest personal qualities and how would you use it when offering peer support?

