



## NAMI Peer-to-Peer Participant Application

### Requirements to participate or attend this program

- \* Any adult with a mental health condition, an official diagnosis is not required
- \* All participants must be voluntary participants in the course.
- \* All candidates must attend the program of their own free will and be at least 18 years old.

**Peer-to-Peer is lead by a team of two mentors** - not teachers. Experience has brought us together and none of us claims to have special knowledge. The mentors assist participants through the course's ten sessions. The following is a chart of the Emotional Response to Trauma. NAMI Peer-to-Peer Recovery Education Course is based on the idea that having a mental illness is a traumatic experience.

### Stages of Emotional Response to Trauma

#### I. Catastrophic Event

Crisis  
Chaos  
Shock  
Denial  
Normalizing  
Hoping Against Hope

#### II. Learning to Cope

Anger/Guilt/Resentment  
Recognition  
Grief

#### III. Moving into Advocacy

Understanding  
Acceptance  
Advocacy/Action

Part of the course involves looking back at what has happened to us and that sometimes the material can feel quite emotional to some participants. The course is designed to make this as safe and as tolerable an experience as possible. At any time during the course a participant may "pass" on answering any question that may be asked.

Each session builds upon the one before so it is imperative that participants attend all 10 sessions. Please note: Session Four Story-Telling is mandatory for all. This is the one time that a participant cannot "pass" because it is in telling our own story and listening to the stories of others that we experience the truth that "We have more in common than not," one of the guiding principles of Peer-to-Peer.

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

1. Are you a member of NAMI? Yes \_\_\_\_\_ No \_\_\_\_\_

2. I want to take the class because:

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3. I am familiar with the NAMI Peer-to-Peer program. Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you been diagnosed with a mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What is your diagnosis? \_\_\_\_\_

6. Are you currently in treatment with a psychiatrist or other mental health care provider?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you currently in therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Will you agree to discuss your participation in the course with your doctor or therapist should the need arise?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Will you agree to keep confidential the disclosures of the other class participants? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Will you agree to speak to others only of your own experiences during class? Yes \_\_\_\_\_ No \_\_\_\_\_

11. How did you hear about Peer to Peer? \_\_\_\_\_

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12. Have you had the experience of talking openly with others about having a mental illness?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Are you comfortable in a group setting? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Do you enjoy getting to know other people? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Do you have any chemical sensitivities or allergies that make it hard for you to pay attention?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have any questions, please contact the NAMI IOWA office at (515) 254-0417.

**Please send one copy of this application to your local affiliate and one to NAMI IOWA. If needed, contact NAMI IOWA for the name and address of your local affiliate**

NAMI Iowa

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Des Moines, IA 50310

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Phone and Fax: 515-254-0417