



Assessing the Training for Certified Peer Support Specialists Who Provide Mental Health and Substance Use Services

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INTRODUCTION

- The Certified Peer Support Specialist (CPSS) workforce is rapidly growing due to the pivotal role peers play in assisting people with recovery from mental health and substance use challenges.
- The CPSS workforce consists of individuals with lived experience and training in engaging community members with behavioral health needs.
- CPSS training and certification are crucial for imparting necessary knowledge and ensuring this workforce feels adequately prepared to provide services.
- As more states and insurers support and reimburse CPSS models of behavioral health care, the perspective of the CPSS workforce themselves is necessary to understand more about their training needs.
- Prior studies lack sufficient evidence on whether current CPSS training covers SAMHSA National Model Standards adequately and how this differs by state.

To address this gap in current research, this study examined:

- The workforce's perceptions about the training adequacy for CPSS certification and possible heterogeneity in the patterns of CPSS' perceptions.
- What additional topics and areas of training would be beneficial?

METHODS

Survey Distribution:

- An online survey was distributed to the peer support workforce in North Carolina, Kentucky, Virginia, and Tennessee.
- Respondents were recruited through messages sent by state coordinators of peer support programs via state listservs.
- The survey was open from February to March 2023.

Analytical Approaches:

- A binomial probability test was used to evaluate the proportion of CPSS who rated their training as adequate.
- Latent profile analysis identified distinct response patterns regarding training adequacy.
- Logistic regression was employed to examine associations between response patterns and sociodemographic factors.

OUTCOME VARIABLES

Post-Training Preparedness:

- Respondents rated their preparedness to provide peer support services on a six-point Likert scale ranging from "strongly agree" to "strongly disagree." This measure was transformed into a binary variable, with responses categorized as either prepared or unprepared.

Coverage of Core Competencies:

- Participants assessed the extent to which they believed the twelve SAMHSA core competencies were addressed during their training.
- Responses were collected using a Likert-style seven-point scale and reverse-coded for analysis.

A total of 677 CPSS responded to the survey, with the largest number of respondents coming from:

- North Carolina (n=266; 40%)
- Kentucky (n=192; 29%)
- Virginia (n=138; 21%)
- Tennessee (n=71; 11%)

Respondents identified as White (72%), female (73%), and had completed "Some college" or higher degree (83%). Most of the workforce (>90%) felt prepared to provide peer support services, regardless of their state.

Response Patterns:

Two distinct profiles emerged:

- Profile-1 (High competency group): Representing 88% of the sample, this group felt their training covered the core competencies comprehensively.
- Profile-2 (Moderate competency group): Comprising 12% of the sample, this group felt their training was less comprehensive.

Years of experience, state of residence, education level, race, and sense of preparedness were factors influencing these profiles.

Perceived Preparedness:

- A significant majority (93%) of CPSS respondents reported feeling prepared to provide peer support services after their training.
- Those who felt prepared were twice as likely to belong to the high competency group (Profile 1) compared to those in the moderate competency group (adjusted odds ratio [aOR]=2.24, 95% CI: 1.799, 2.785).

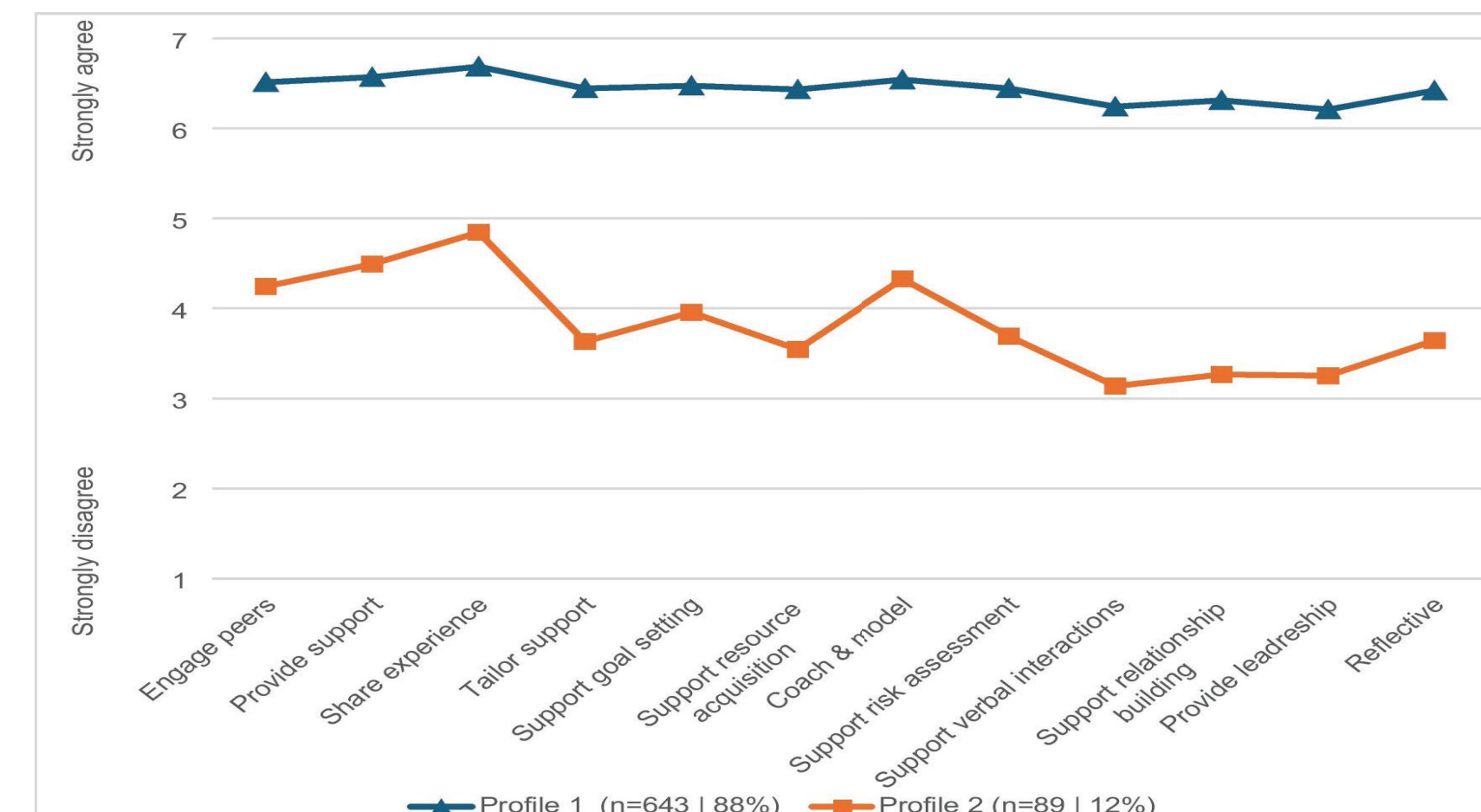
Topics CPSS Identified for Additional Training Needs

Theme	Specific Topics Requested
1. Trauma-Informed Practices	Underlying trauma; trauma-informed services
2. Innovative approaches to treatment (pathways to recovery)	Medication Assisted Treatment (MAT), harm reduction, art therapy, overdose prevention
3. Job-related training	Professionalism in the workplace; computer and software skill training; organizing and time management; peer supervision; scope of peer support for other professionals; effective communication; identifying community resources; documentation
4. Motivational interviewing	Peer support using motivational interviewing
5. Cultural competency	Working with diverse groups and cultures (e.g., Veterans, LGBTQ+)
6. Self-care and safety	Self-defense tactics; self-care; safety; de-escalation; burnout

RESULTS

Twelve SAMHSA Core Competencies for CPSS featured in the Survey	
Item	SAMHSA Core Competencies for Peer Support Specialist
1	Ability to engage peers in collaborative and caring relationships
2	Ability to provide support to peers
3	Ability to share lived experiences of recovery with peers
4	Ability to tailor or individualize support services provided to a peer
5	Ability to support and assist people in setting and accomplishing goals related to home, work, community, and health
6	Ability to help other peers acquire the resources, services, and supports they need to enhance their recovery within their communities and online resources
7	Ability to coach, model, or provide information about skills that enhance recovery
8	Ability to help peers to identify potential risks and to use procedures that reduce risks to peers and others
9	Ability to provide guidance to peers on how to interact verbally and in writing with colleagues and others
10	Ability to provide direction to peers on how to develop and maintain effective relationships with colleagues and others to enhance the peer support provided
11	Ability to provide leadership within behavioural health programs to advance a recovery-oriented mission of the services and advocate for the legal and human rights of other peers
12	Ability to become more reflective and competent in your practice

Figure 1. A two-profile solution showing CPSS who perceive the core competencies as sufficiently covered (Profile-1) vs. moderately covered (Profile-2).



CONCLUSION AND IMPLICATIONS

- Study findings suggest that most CPSS perceive their training as adequate for their roles.
- Most respondents felt prepared post-training and felt the SAMHSA core competencies were sufficiently covered in their training.
- Efforts to develop and provide continuing education and additional training would be beneficial. Recommendations include implementing booster training sessions or continuing education opportunities to maintain a well-prepared workforce.
- Further empirical studies are needed to evaluate the adequacy of CPSS training programs across more states and geographic regions.
- Findings indicate the potential for state reciprocity agreements, allowing trained CPSS to practice across state lines.
- Enhancing training content to address contemporary issues in mental health and substance use can further meet behavioral health needs.

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FUNDING STATEMENT & REFERENCES

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