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Abstract

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

Bernice K. Adjabeng, PhD, MA, MSW & Lisa de Saxe Zerden, PhD, MSW

Introduction

The behavioral health system's peer support workforce must be adequately trained to deliver peer support services to individuals in recovery. Despite the effectiveness of peer support services, evidence for the adequacy of certified peer support specialist (CPSS) training is minimal. Prior research lacks investigation into whether the current workforce perceives CPSS training as sufficiently covering the Substance Abuse and Mental Health Services Administration (SAMHSA) National Model Standards for Peer Support Certification, a collection of essential core competencies for building robust peer support programs across states. This study examined (a) the workforce's perceptions about the adequacy of their required training for CPSS certification, (b) possible heterogeneity in the patterns of perceptions, and (c) additional topical areas of training consideration.

Methods

An online survey was distributed to the peer support workforce across North Carolina ("NC"; n=266), Kentucky ("KY"; n=192), Virginia ("VA"; n=138), and Tennessee ("TN"; n=71) to measure their perceived post-training preparedness. A binomial probability test was used to conduct threshold analyses of the proportion of CPSS who adjudged their required training as adequate. Latent profile analysis was used to identify response patterns, and a logistic regression model was simultaneously specified to assess associations with respondents' sociodemographic background.

Findings

A total of 677 CPSS responded to the survey: 266 from NC (40%), 192 from KY (29%), 138 from VA (21%), and 71 from TN (11%). Most of the workforce (>90%) felt prepared to provide peer support services regardless of state location. Two distinct response profiles emerged regarding coverage of the SAMSHA core competencies: Profile-1 (high competency group, 88% of the sample) and Profile-2 (moderate competency group, 12% of the sample). Those who felt prepared to provide CPSS training following completion of peer support training were twice as likely to be in Profile-1 compared to the low competency group (adjusted odds ratio [aOR]= 2.24, 95%CI: 1.799, 2.785).

Respondents reporting desiring additional training in areas such as trauma-informed practices, job-related training, motivational interviewing, cultural competency skills training, new approaches to treatment, and self-care and safety.

Conclusions and Policy Implications

Many CPSS perceive their training as adequate for preparing them to serve in peer support roles. Findings support the need for providing training for persons with lived experience to ensure effective care in helping their peers navigate recovery. Booster training sessions or continuing education opportunities may help maintain a well-prepared workforce. More studies are needed to explore the adequacy of required CPSS training. It may be viable to consider state reciprocity agreements for recognizing how the trained workforce in one state may practice in other states. Findings also provide valuable insights into how content around contemporary issues around mental health and substance use disorders could help further meet behavioral health needs.