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Policy Brief

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

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Introduction

The behavioral health system's peer support workforce is rapidly accelerating due to its pivotal role in assisting people with recovery from mental health and substance use challenges.1,2 This workforce, comprising persons with lived experience of behavioral health issues, must be adequately trained to deliver peer support services to individuals in recovery.1,3 Despite the effectiveness of peer support services, empirical evidence for the adequacy of certified peer support specialist (CPSS) training is minimal.4 CPSS training and certification requirements serve a dual purpose of imparting an essential knowledge base on the workforce and establishing sustained program funding and reimbursement-eligible services, with state funding and Medicaid plans as the financial backbones for reimbursement of CPSS-provided care. Prior studies lack investigation into whether the current CPSS workforce perceives their 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. The present study examines the perspectives of current CPSS regarding their training preparedness and whether it sufficiently addressed the SAMHSA core competencies.

Research Questions

To better understand the adequacy of the required training for peer support certification to provide peer support services, this study posed the following research questions: (1) Is the proportion of CPSS who adjudge their required training adequate in preparing them for their peer support roles significantly higher than those who do not perceive it as adequate? (2) What distinct subgroups can be identified based on CPSS' response patterns to questions about the sufficiency of the required training in preparing them for their peer support roles? (3) What topical areas would be beneficial in additional or continuing education training for CPSS?

Methods

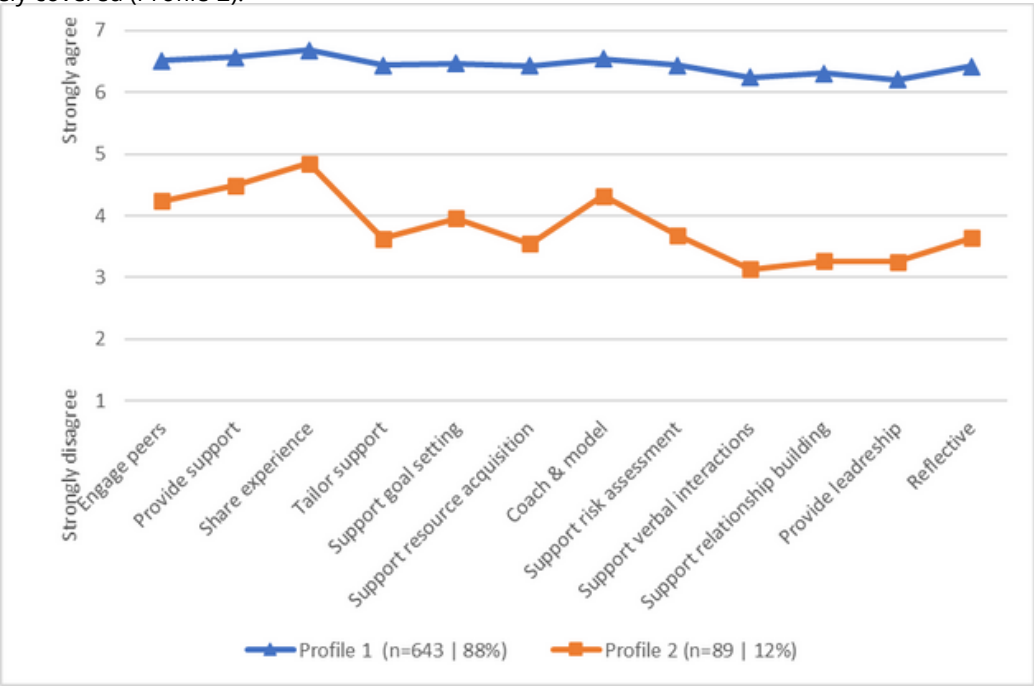
A self-administered online survey was distributed to the CPSS workforce across four southeastern states (North Carolina, Kentucky, Virginia, and Tennessee) to measure their perceived post-training preparedness and thoughts on whether their CPSS training covered SAMHSA's core competencies. Respondents were recruited through messages distributed by state coordinators of peer support programs through state listservs of all registered CPSS.

The survey was open for four weeks in February-March 2023. 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.

Key Findings

A total of 677 CPSS responded to the survey, with the largest number of respondents coming from North Carolina (n=266; 40%), followed by Kentucky (n=192; 29%), Virginia (n=138; 21%), and Tennessee (n=71; 11%). Most 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. Two profiles emerged as two distinct response patterns regarding coverage of the SAMSHA core competencies: Profile-1, a high competency group representing 88% of the sample, and Profile-2, a moderate competency group comprising 12% of the sample. Respondents' years of experience, state of residence, education level, race, and sense of preparedness predicted the probability of fitting into either profile (Figure 1). 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 moderate competency group (adjusted odds ratio [aOR]= 2.24, 95%CI: 1.799, 2.785).

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



CPSS experiences and perspectives on supplemental training topics aligned across states. Specifically, Table 1 offers a summary of respondents' desired topics for additional training and continued education opportunities.

Table 1. Categories of recommendations for additional areas of training

Theme	Specific Recommendations for training topics/areas
1. Trauma-Informed Practices	Underlying trauma; trauma-informed services
2. New 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; role and 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 different groups and cultures (e.g., Veterans, LGBTQ+)
6. Self-care and Safety	Self-defense tactics; self-care; safety; de-escalation; burn-out

Policy Implications

Study findings indicate that most CPSS perceive their training as adequate for preparing them to serve in peer support roles. Binomial t-test results show 93% of respondents reported feeling prepared post-training, and the latent profile analysis demonstrated that 88% feel the SHAMSHA core competencies were sufficiently covered in their training. This finding supports the training benefits of providing CPSS specialized training to ensure effective care in helping their peers navigate recovery. Combining research-informed training with lived experience may enable CPSS to optimally contribute to addressing mental health and substance use issues amidst a worsening behavioral health crisis and workforce shortages. Although CPSS deemed their training adequate, booster training sessions or continuing education opportunities should be factored into efforts to maintain a well-prepared workforce. More empirical studies are needed to explore the adequacy of required CPSS training. Study findings suggest 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 about contemporary issues around mental health and substance use disorders could help further meet behavioral health needs.

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