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A Hybrid Peer Support Training Model for Mental Health and Substance Use Disorder Treatment

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Abstract

Utah State University (USU) Extension created a hybrid educational program to address barriers to participation of the Certified Peer Support Specialist (CPSS) trainings before and during COVID 19. This article provides an overview of the CPSS pilot program and discusses early program outcomes.

Introduction

There is growing evidence that the use of peer support in mental health and substance use disorder (SUD) treatment has positive impacts on recovery (Tracy & Wallace, 2016). For example, Alcoholics Anonymous is a popular evidence-based model using peer support volunteers. Research and existing interventions demonstrate the effectiveness of peers in formal SUD treatments (Fallin-Bennett et al., 2020; Myrick & Del Vecchio, 2016; Tracy & Wallace, 2016). The State of Utah began providing para-professional peer support specialist certification in 2010. State-approved Certified Peer Support Specialist (CPSS) programs offer 40-hour trainings to individuals with at least six months of recovery (DSAMH, n.d.). The CPSS certification is a pathway to steady employment as a treatment professional. CPSS's services are Medicaid-reimbursable and include one-to-one treatments, patient advocacy, and support in accessing community resources. Until 2020, CPSS training programs were offered in-person only, which created barriers to participation during COVID 19.

Response and Target Audience

To address potential barriers to CPSS training, Utah State University (USU) Extension was authorized in 2019 to create a hybrid course to reduce the amount of in-person training time required to become a CPSS. Extension county faculty acquired grant funding and worked with state specialists, community representatives, and CPSS trainers to adapt the curriculum and develop evaluation measures to monitor and assess program effectivities and outcomes. The adapted hybrid course includes one three-hour synchronous broadcast class as an introduction to the course, independent work on 16 modules of online content completed over approximately a 30-day period, two days of in-person training, and a final certification exam.

The first cohort of 17 CPSS trainees were enrolled in September 2020, and an evaluation was conducted for this pilot group. The evaluation followed a mixed methods explanatory sequential design. Quantitative methods explored participants' attitude and knowledge changes, and qualitative methods assessed program strengths and weaknesses, participants' intentions to maintain certification, and program fidelity. A survey instrument was used to gathered quantitative data, and phone interviews were conducted to collect qualitative data.

Participants of the hybrid CPSS program were Utah residents who were at least six months in recovery and had approved applications from Utah's Division of Substance Abuse and Mental Health (DSAMH). The target population for the trainings included residents from Carbon, Duchesne, Emery, Tooele, Salt Lake, and Weber counties. Targeted areas have a shortage of mental health providers (HPSA Find, n.d.). All counties except Salt Lake and Weber are considered rural and are more likely to lack the necessary resources to support individuals affected by SUD.

Outcomes and Impact

Program participants were in recovery for an average of 3.75 years, and most participants identified as female (69%). A pretest indicated respondents had favorable attitudes towards the role of CPSS training. They also agreed that healing and recovery are possible and attainable (M = 4.88). However, respondents had lower levels of agreement about their understanding of the requirements to become certified (M = 3.94), maintain certification (M = 3.32), and the job responsibilities of a CPSS (M = 3.44). After the training, post-survey results showed that respondents had higher levels of agreement that peer support specialists are helpful on the road to recovery (M = 4.75), and are trained to uplift persons struggling with mental illness and substance abuse disorders (M = 4.69). In addition, results indicated a significant increase in participants' knowledge about the requirements of CPSS certification and the job opportunities for a CPSS in the State of Utah.

Qualitative interviews found an appreciation of the online learning format and a desire to have more check-ins. Compared to the online learning component, the in-person training allowed for more personal connection, easier learning, greater details on instruction, and increased perspective from shared experiences. One participant stated, "It was nice to connect with the people that were in the class and get different perspectives on things from people that [are] from different walks of life". Disadvantages included some disorganization in activities and a desire for less role-playing and repetitive questions. In terms of participants' attitude toward recovery, one participant shared:

> *…your experience is the most powerful path to healing, like that's the biggest tool in your toolbox…the idea of recovery is something that everybody's going through and everybody's at a different stage, not just people in recovery…that's the beauty of it…just reinforcing that idea in my everyday life, I think, is what the training did most for me.*

Public Value

The adapted hybrid pilot program resulted in increased accessibility of the CPSS training during COVID 19. Evaluation results indicated the hybrid model was effective with evidence of knowledge gain in several critical topic areas. However, results also showed the importance of maintaining the in-person component. CPSS candidates already possessed favorable attitudes toward the role of CPSS based on the results from the pre-survey, suggesting an informed candidate pool. The pilot evaluation identified multiple opportunities for improvement in instructional content and training implementation. As the evidence base grows to encourage the

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use of peer support in mental health and SUD treatment, there will be an increased need for accessible pathways to accreditation. Evaluation results of this pilot hybrid program can be used to fine-tune and improve future CPSS trainings. Mental health and substance use disorders are major concerns for Utah. In rural counties with low access to mental health providers, increased CPSS trainings support employment for those who are in recovery while building a treatment workforce. USU Extension will continue to update instructional content and increase hybrid trainings for affected and vulnerable populations in Utah.

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