



UPENN COLLABORATIVE ON  
COMMUNITY INTEGRATION

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## **Certified Peer Specialist Training Program Descriptions**

**Compiled By**

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**Table of Contents**

3.....META Peer Employment Training Program (Arizona)  
8.....Georgia Certified Peer Specialist Project  
13.....The Hawaii Peer Specialist Certification Training Program  
16.....Certified Peer Specialist Training (Illinois)  
20.....The Georgia Model (Iowa)  
22.....Transformation Center (Massachusetts)  
24.....Peer Specialist Training Program in Michigan  
26.....Intentional Peer Support (New Hampshire)  
28.....Consumer Connections Peer to Peer Core Training (New Jersey)  
33.....Peer Specialist Training offered by the Mental Health Empowerment  
Project (New York)  
35.....The Oasis (North Carolina)  
37.....Institute for Recovery and Community Integration (Pennsylvania)  
42.....Certified Peer Support Specialist Training (South Carolina)

Foreword: An attempt was made to contact every Certified Peer Specialist (CPS) training program known in the United States in the Summer 2006. This document was produced using written or verbal information provided by each of the programs that are listed. The authors of this document and the Peer Specialist Alliance of America are not responsible for any factual errors, misrepresentations, or information published elsewhere. Readers are encouraged to contact programs for additional information.

## **META Peer Employment Training Program (Arizona)**

### **Description of training program**

The Peer Employment Training is a 70-hour class aimed at preparing individuals diagnosed with serious mental illness to develop skills needed to obtain competitive employment in the field of Peer Support. This training is an excellent opportunity for people with psychiatric experiences to take charge of their own recovery and then give back to their community by helping other individuals do the same. The Peer Employment Training Program recognizes that there is no better person to inspire hope in an individual new to mental health recovery than someone who has “walked the same path” as that individual. The Peer Support Specialist credential is I.T.E., “I’m the evidence.”

The Peer Support Training at META Services was conceptualized by two individuals who wanted to make a difference in the way psychiatric services were being provided in Maricopa County, Arizona: Eugene Johnson, President and CEO of META Services and Dr. Lori Ashcraft, the Executive Director of the Recovery Education Center at META Services. META has been in existence since 1990, providing services to people in the community with psychiatric experiences and substance abuse issues. In 2000, Eugene Johnson and Lori Ashcraft came to the conclusion that META’s focus needed to shift from not only on striving for excellence in service delivery but also on re-visioning or transformation of the entire service delivery model.

Believing in the power of peer support, META applied for an establishment grant from Arizona Rehabilitation Services Administration to fund the creation of a training center to teach mental health services recipients to work as peer support providers as part of META’s programs and service teams. With a small grant award from RSA, the first class of 15 Peer Support Specialists graduated in October 2000.

Today at META Services, six years after the beginning of Peer Employment Training program, over \$6,000,000 of Medicaid reimbursable peer support services are provided by META’s peer staff.

### **Competencies covered in the training**

The META PET curriculum is published in a copyrighted 227 page book *Peer Employment Training Workbook*, 2001, revised 2004. In addition the companion *Peer Employment Training Facilitators Guide* and *Peer Employment Training Supplement Guide* are available for META certified facilitators.

#### *Class structure*

- 16 modules, 70 hours. Can be delivered as a 2-week, 3-week, or 5-week course.
- Class size: 12-26 (optimum is 18-20). Learning is highly interactive, competency-based, and incorporating adult learning principles.

### *Content of the Training*

- Part I: Personal Development; Knowing Yourself
  - Recovery
  - The Power of Peer Support
  - Developing Self Esteem and Managing Self Talk
  - Community, Culture, and Environment
  - Meaning and Purpose
  - Emotional Intelligence
- Part II: Turning Point; Preparing Yourself for Work
  - Telling Your Personal Story
  - Employment as a Path to Recovery
- Part III: Skill Development
  - Communication Skills
  - Conflict Resolution
  - Recovery from Trauma and Developing Resilience
  - Recovery from Substance Abuse
  - Being with People in Challenging Situations
  - Peer Support in Action; Partnering with Professionals
  - Graduation

### **Eligibility criteria**

- Mental health lived experience
- Completed a WRAP
- Desire to attend

### **Certification process**

- Tests are given to establish competency in the required knowledge and skills. An 80% score is required on a comprehensive final exam.
- Attendance standards allow missing three classes with make-up homework and tests.
- Graduation event is very important to celebrate success.
- Students meeting the attendance and competency requirements are certified as “Certified Peer Support Specialists.”

### **Evaluations of initiative**

From Hutchinson, Anthony, Aschcraft, Johnson, et.al., “The Personal and Vocational Impact of Training and Employing People with Psychiatric Disabilities as Providers,” *Psychiatric Rehabilitation Journal*, Winter 2006, Volume 29 Number 3.

This study examined the feasibility of a structured peer provider training Program and its effect on peer providers with respect to their own personal and vocational recovery.

Methods: Sixty-six individuals participated in an evaluation of a 60-hour, 5-week long peer training program. Participants were assessed prior to and after the training on scales to measure recovery, employment, and self-concept. Analyses of variance were used to examine subjective changes in these measures. Job acquisition and retention data were also examined at posttest.

Results: Participants experienced gains in perceived empowerment, attitudes toward recovery and self-concept. Trainees went on to obtain peer provider positions within the mental health agency in which they received the training and 89% of those trained retained employment at 12 months. Twenty-nine percent of the initial jobs into which the peer providers were placed were full-time; 52% were part-time, and 19% were hourly.

Conclusions: Findings suggest that a standardized program designed to provide peer training was used successfully and participants' recovery and employability were improved.

### **Is training generic or geared towards particular jobs?**

The META Peer Employment Training is generic, preparing students for employment in a range of peer support jobs. Additional job specific training is provided after the peer is hired. Currently META Services employs over 225 Peer Support Specialists in a range of peer-run programs and in programs in which peers are integrated as part of multi-disciplinary recovery teams.

- Recovery Educators: Wellness Recovery Action Plan, Wellness and Empowerment in Life and Living (WELL), Recovery Instructors in the META Recovery Education Center licensed post-secondary school.
- Recovery Coaches in a range of programs: Peer Recovery Team providing peer support as a case management alternative, Self-Directed Recovery Program working as an integrated team member on traditional case management teams.
- Recovery Coach Supported Housing Specialists: Community Building permanent supported housing program; Restart, a temporary apartment living program providing "overnight hospitality" while working out a permanent plan; Another Chance providing mentoring in a HUD funding project for homeless individuals with substance use issues.
- Peer Advocacy Specialists: Peer Support Specialists working in nine units of the county's acute psychiatric inpatient units providing recovery education, discharge recovery planning, peer support, and advocacy support.
- Crisis Peer Specialist: Peer Support Specialists staffing the "Living Room" which provides a recovery alternative to the inpatient sub-acute crisis center.

### **Extent to which initiative is consumer-directed**

The *Peer Employment Training Workbook* was written by mental health peers on the META team and was subsequently revised by a group of peers who had graduated from the course and had been employed as Peer Support Specialists.

**Supervision**

At META Services a Peer Support Specialist career ladder has been established with experienced peers providing supervision as Team Leaders and Recovery Services Administrators. This is an important distinguishing feature of the META peer employment experience since “clinical supervision” is not required of peer support workers in Arizona to be reimbursed by Medicaid for “Peer Support”. Peer supervisors are provided leadership training in a course, “Leadership Essentials” and are required to document a minimum of one hour of supervision with each member of their team for every 40 hours worked.

**Willing to share curriculum with others?**

The META curriculum is proprietary and copyrighted, META provides a Peer Employment Training facilitator certification program. Trained facilitators are licensed to use the curriculum within their base of employment and also may teach the course in other settings licensed as META PET facilitators working directly under META’s supervision.

**Number of people who have completed training**

META instructors have taught the curriculum in over twelve states, New Zealand, and soon to be Scotland.

Locations where META PET has been delivered:

Location	# of Graduates
Arizona – Maricopa County	675
Other Arizona	55
California	45
Connecticut	25
North Carolina	75
West Virginia	75
New Mexico	30
Michigan	35
New Jersey	22
Alaska	25
Tennessee	20
Washington	35
Wisconsin	20
New Zealand	45
Total	1,182

**Key contact information**

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## **Georgia Certified Peer Specialist Project**

### **Description of training program**

Training is offered three times a year. It takes place for approximately 40 hrs for nine days over a two-week period in a group format.

Continuing education is offered twice a year, with each CPS required to have 12 contact hours of continuing education per year. In addition eight contact hours can be obtained by attending the annual GA Mental Health Consumer Network Conference in August of each year.

### **Competencies covered in the training**

- Welcome Introductions and Overview of the Training
- State System and the Role of the Training
- Five Stages in the Recovery Process: Overview
- Using Your Recovery Story as a Recovery Tool
- Five Stages in the Recovery Process: Dangers
- The Role of Peer Support in the Recovery Process
- Creating Program Environments that Promote Recovery
- Creating Relationships that Promote Recovery
- The Impact of Diagnosis On One's Self-Image
- Beliefs and Values That Promote and Support Recovery
- Effective Listening and The Art of Asking Questions - Part 1
- Dissatisfaction as an Avenue for Change
- Facing One's Fears
- Combating Negative Self-Talk
- Problem Solving with Individuals
- The Role of Spirituality in Recovery
- Self-Help and Mutual Support Groups
- Facilitating Recovery Dialogues
- Effective Listening and The Art of Asking Questions - Part 2
- Power, Conflict, and Integrity in the Workplace (3 Sessions)
- The Foundational Building Blocks of the Recovery Process
- Five Stages in the Recovery Process: Interventions
- Creating the Life One Wants: Accomplishing One's Recovery Goal
- Creating a WRAP (Wellness Recovery Action Plan)
- The second week of the training includes:
  - WRAP for Work
  - The Basics of Documentation
  - The Impact Cultural Competency on Mental Health Services
  - The CPS Code of Ethics
- Other State-Specific Topics, Including APS Healthcare, GA Crisis and Access Line



- **An understanding of their job and the skills to do that job**
  - Understand the basic structure of the state MHS and how it works
  - Understand the CPS job description and Code of Ethics within the state MHS
  - Understand the meaning and role of peer support
  - Understand the difference in treatment goals and recovery goals
  - Be able to create and facilitate a variety of group activities that support and strengthen recovery
  - Be able to do the necessary documentation required by the state
  - Be able to help a consumer combat negative self-talk, overcome fears, and solve problems
  - Be able to help a consumer articulate, set and accomplish his/her goals
  - Be able to teach other consumers to create their own Wellness Recovery Action Plan
  - Be able to teach other consumers to advocate for the services that they want
  - Be able to help a consumer create a Person Centered Plan
- **An understanding of the recovery process and how to use their own recovery story to help others**
  - Understand the five stages in the recovery process and what is helpful and not helpful at each stage
  - Understand the role of peer support at each stage of the recovery process
  - Understand the power of beliefs/values and how they support or work against recovery
  - Understand the basic philosophy and principles of psychosocial rehabilitation
  - Understand the basic definition and dynamics of recovery
  - Be able to articulate what has been helpful and what not helpful in his/her own recovery
  - Be able to identify beliefs and values a consumer holds that works against his/her recovery
  - Be able to discern when and how much of their recovery story to share with whom
  - An understanding of and the ability to establish healing relationships
  - Understand the dynamics of power, conflict and integrity in the workplace
  - Understand the concept of 'seeking out common ground'
  - Understand the meaning and importance of cultural competency
  - Be able to ask open-ended questions that relate a person to his/her inner wisdom
  - Be able to personally deal with conflict and difficult interpersonal relations in the workplace
  - Be able to demonstrate an ability to participate in 'healing communication'
  - Be able to interact sensitively and effectively with people of other cultures
- **An understanding of the importance of and have the ability to take care of oneself**
  - Understand the dynamics of stress and burnout
  - Understand the role and parts of the Wellness Recovery Action Plan (WRAP)
  - Be able to discuss his/her own tools for taking care of him/herself

## **Eligibility criteria**

- A primary diagnosis of mental illness (The primary diagnosis may not be addictive disease, although addictive disease may be a secondary diagnosis.)
- Must self-identify as a person with mental illness (current or former consumer of mental health services).
- G.E.D. or high school diploma
- Demonstrate strong reading comprehension & written communication skills as indicated by their responses on the pre-test
- Demonstrate experience with leadership, advocacy, or governance
- Be well grounded in recovery (one year between diagnosis & application to the training)

## **Certification process**

Participants who complete the training have one year from the month of the training date to take the certification test. Each participant can attempt to pass the exam three times during that year. After the third try, or the end of the year's period of time, they must reapply and retake the training before having an opportunity to take the exam again.

The exam is given approximately one month after the end of each training (three times a year). It consists of two sections: a written exam consisting of 18-20 short essay and multiple-choice questions and an oral exam of 9 questions. The written exam is un-timed, and usually takes from 1 ½ to 2 hours to complete. A panel of three CPSs (one must be a representative of the GA DHR Consumer Relations and Recovery Section usually the Project Director of the GA CPS Project) administers the oral test. Each person on the testing panel scores the oral test individually. These oral scores are then added together and averaged. This averaged score is then added to the written score to comprise a final test score. The test is on a 'Pass/Fail" basis, with a requirement of scoring a minimum of 71 points to successfully receive certification.

The criteria for "passing" is a demonstrated knowledge of the concepts and philosophies of Recovery, a strong grasp of consumer values, and demonstrated practical knowledge of the tools and interventions covered in the training.

Those who do not successfully pass the test are offered an optional two-day tutoring session before each testing date to prepare them for re-taking the exam.

## **Evaluations of initiative**

During the first three years of the Project Sita M. Diehl, M.S.S.W and Adam Darnell, M.A performed evaluations on an annual basis.

In addition, the Project has received the following awards and commendations:

- “Recommend Replicating Georgia Model Nationally” National Institute of Medicine
- “Innovative & Exceptional Practice” - Annapolis Coalition on the Mental Health Work Force, March 2006
- Community Resource Toolkit based on the GA Model to be released in 2007 by SAMHSA

### **Is training generic or geared towards particular jobs?**

While broad-based, the training does prepare the participants to work in Peer Support Groups, Psycho Social Rehabilitation Groups, Assertive Community Treatment Teams, Community Support Teams and as Community Support Individuals. Some are hired with the job title of Certified Peer Specialist while others are designated Social Service Technicians, depending on the service provider who hires them.

### **Extent to which initiative is consumer-directed**

The entire initiative and certification process is consumer directed. The Director of the State of GA Consumer Relations and Recovery Section, the GA CPS Project Director and the Executive Director of the GA Mental Health Consumer Network all have been certified as CPSs and oversee all aspect of operation of the project.

### **Supervision**

The nature of supervision differs with each Service Provider. Traditional clinicians or mental health professionals supervise some CPSs. Others are supervised by CPSs who also hold a licensed degree. Some CPSs serve as supervisors of the programs they work in.

### **Willing to share curriculum with others?**

CPSs willingly share their training, not only with the consumers they serve and other consumer groups, but also to educate the traditional providers they work with in the principles of Person Centered Planning and Consumer Values.

### **Number of people who have completed training**

Since the inception of the Project, 560 people have completed the Certification training. 391 of these have been certified as CPSs. Though the project primarily focuses on training GA consumers to become CPSs, the applications for the training are open to anyone. However, a limited number of out-of-state participants are selected for each training. Past trainings have included participants from the states of Florida, Alabama, West Virginia, New Jersey, Indiana, New York, Michigan, Virginia, Hawaii, Montana, and Washington, Massachusetts, as well as several from Canada.

## **Key contact information**

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## **The Hawaii Peer Specialist Certification Training Program**

### **Description of training program**

8 days of a 9-hr/day training, Maximum in class is 40 individuals. Activities are conducted with the whole group, partners, or small groups. . Code of Ethics says “continue education.” We have yet to set up an advisory council, but must go through our policies and procedures. We're looking at accumulating additional hours via state, national conferences, and trainings, or BRIDGES Education teaching and learning in our state. We hope to get them to eventually becoming Cert. Psychiatric Rehabilitation Practitioners with USPRA so they will be certified nationally. USPRA seeks 60 CEU hours in 3 years.

### **Competencies covered in the training**

- **An understanding of the job and the skills to do that job**
  - understand the basic structure of the state’s mental health system and how it works
  - understand the Certified Peer Specialist (CPS) job description and Code of Ethics within the state’s mental health system
  - understand the meaning and role of peer support
  - understand the difference in treatment goals and recovery goals
  - be able to create and facilitate a variety of group activities that support and strengthen recovery
  - be able to do the necessary documentation required by the state
  - be able to help a consumer to combat negative self-talk, overcome fears, and solve problems
  - be able to help a consumer articulate, set and accomplish his/her goals
  - be able to teach other consumers to create their own Wellness Recovery Action Plan (WRAP)
  - be able to teach other consumers to advocate for the services that they want
  - be able to help a consumer create a Person Centered Plan
- **An understanding of the recovery process and how to use their own recovery story to help others**
  - understand the five stages in the recovery process and what is helpful and not helpful at each stage
  - understand the role of peer support at each stage of the recovery process
  - understand the power of beliefs/values and how they support or work against recovery
  - understand the basic philosophy and principles of psychosocial rehabilitation
  - understand the basic definition and dynamics of recovery
  - be able to articulate what has been helpful and what not helpful in his/her own recovery

- be able to identify beliefs and values a consumer holds that works against his/her recovery
- be able to discern when and how much of their recovery story to share with whom
- **An understanding of and the ability to establish healing relationships**
  - understand the dynamics of power, conflict, and integrity in the workplace
  - understand the concept of 'seeking out common ground'
  - understand the meaning and importance of cultural competency
  - be able to ask open ended questions that relate a person to his/her inner wisdom
  - be able to personally deal with conflict and difficult interpersonal relations in the workplace
  - be able to demonstrate an ability to participate in 'healing communication'
  - be able to interact sensitively and effectively with people of other cultures
- **An understanding of the importance of and have the ability to take care of oneself**
  - understand the dynamics of stress and burnout
  - understand the role and parts of the Wellness Recovery Action Plan (WRAP)
  - be able to discuss his/her own tools for taking care of him/herself

### **Eligibility criteria**

Mental health consumers with Severe and Persistent Mental Illness, with a High School diploma or GED, and at least 1 year in recovery.

### **Certification process**

It's a pass/fail grade, 60% based on a written exam and 40% based on an oral exam. Cannot miss more than 3 hours of the training done by the previous CPS graduates, which is about 6 hours a day. Lunch speakers are brought in as the experts in the field such as our Adult Mental Health Division's Directors for Cultural Competency, Crisis/Access to Services, EBP, Clubhouse/PSR etc. Also, Social Security, our Hawaii Disability Rights Ctr. (PAIMI), Dept. of Vocational Rehabilitation, etc. may also be brought in.

### **Evaluations of initiative**

Formerly had a 1<sup>st</sup> and 2<sup>nd</sup> Week Evaluation, now we're looking at evaluations of each session done.

### **Is training generic or geared towards particular jobs?**

In our state, peer specialists could have different names in different organizations, (i.e., mentors, coaches, life skills, mental health technicians).. Some can be part-time and some full-time depending on what the individual can handle. Being "certified" means

they have taken the training and passed the examinations, but they can take the positions they feel comfortable with. Our Adult Mental Health Division (AMHD) personnel and some of our providers do call those that have passed “Certified Peer Specialists.”

### **Extent to which initiative is consumer-directed**

Done by and for consumers with Severe & Persistent Mental Illness as their first diagnosis, as compared to Substance Abuse.

### **Supervision**

Since their organization is responsible for hiring, these organizations provide supervisors whether its under the Case Worker Supervisor, or the ACT or ICM Team, unless the CPS feels that they would need my assistance. We educate the providers about what we have taught students (e.g., competencies, code of ethics). But unless its our own AMHD providers we try not to tell the providers detailed responsibilities of what the CPS should and shouldn't be doing. The main job of the CPS is support/advocacy/information/model for the consumers they are helping.

### **Willing to share curriculum with others?**

Yes.

### **Number of people who have completed training**

Hawaii has trained 125, but only 90 have become certified. Available only statewide to those in recovery. Georgia has asked me not to train other states.

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## **Certified Peer Specialist Training (Illinois)**

### **Description of training program**

Current Peer Specialist training consists of 30 hours of face-to-face group instruction, generally delivered over a 5-6 day period. Peer Specialist training has also been offered in two 2½ day blocks. We utilize 2-4 national trainers plus local resource people as needed. Training is followed by certification testing. Depression and Bipolar Support Alliance (DBSA) also offers further post-training technical assistance as well as provider training to help systems integrate Certified Peer Specialists and a recovery orientation into everyday practice.

### **Competencies covered in the training**

The Peer-to-Peer Resource Center's Certified Peer Specialist training focuses on educating individuals on recovery principles and philosophy, developing their skills for supporting their peers, and preparing them to operate effectively in the workplace. See attached for a basic curriculum description. A formal list of competencies is currently in development.

- Day One
  - Welcome/Introductions/Overview
  - The New Freedom Commission and Evidence-Based Practices
  - Telling Your Recovery Story
- Day Two
  - Is Recovery Possible? How Negative Messages are Sent
  - The Power of Negative Messages & Creating Recovery Environments
  - Psychosocial Rehabilitation and the Road to Recovery
  - The Impact of Diagnosis on One's Self-Image
  - Values and Beliefs that Support and Sustain Recovery
  - Facilitating Recovery Dialogues
- Day Three
  - Effective Listening and the Art of Asking Questions
  - Dissatisfaction as an Avenue for Change
  - Facing Your Fears
  - Combating Negative Self-talk
  - Problem Solving with Individuals
  - Wellness Recovery Action Plan (WRAP)
- Day Four
  - The Role of Peer Support in Recovery
  - Goal Setting: Helping Peers Create the Lives They Want
  - Cultural Competency
  - Consumer Rights and Advance Directives
  - Navigating Services and Benefits
  - Employment and Recovery



- Day Five
  - Symptoms and Treatments for Mental Illness
  - Effective Communication
  - Power, Conflict and Integrity in the Workplace (Part 1)
  - Power, Conflict and Integrity in the Workplace (Part 2)
  - Ethics, Professionalism and Confidentiality
  - Effectiveness in the Workplace
- Day Six
  - Testing/Processing the Training
  - Preparing for the Certification Exam
  - Evaluation and Closing Celebration

### **Eligibility criteria**

People who consider themselves to be mental health consumers with an interest in using their recovery experiences to support others in their recovery. We utilize a written application process which gathers information on applicants and assures their commitment to training. Our collaborating training partners occasionally set additional requirements for participation.

### **Certification process**

Training participants complete a written certification examination approximately 2-3 weeks after the close of training, offered online and/or in person according to participant preferences. Participants must achieve a score of 70% or higher to earn certification. Tutoring and re-testing is available to participants requiring additional assistance. Eighty-five percent of participants testing have become certified as of October 2006.

### **Evaluations of initiative**

The Peer-to-Peer Resource Center's (PPRC) 2004 pilot training was evaluated by the Center on Mental Health Services Research and Policy of the University of Illinois at Chicago which concluded that "statistically significant increases were observed in participants' knowledge about the mental health system, supportive counseling skills, and peer-to-peer service provision." An evaluation of 2005 training outcomes is currently in progress with UIC.

The Peer-to-Peer Resource Center's pilot Peer Specialist training took place at the Holiday Inn Select in Decatur, Georgia, over the week of June 20-25, 2004. The pilot training involved the delivery of a 30-module draft Peer Specialist curriculum to prepare consumers to work with their peers on self-directed recovery and employment, with the ultimate goal of a meaningful life in the community for all participants. Forty-one consumers from 14 states took part in 30 hours of training over six days. The PPRC funded all trainee expenses, including travel to/from the training site, hotel accommodations, and meals.

### **Is training generic or geared towards particular jobs?**

To date, our training has been in partnership with systems that are preparing to hire (or who have already hired) Peer Specialists in a variety of full- and part-time roles. Some training participants choose to utilize their skills as volunteers. In 2007, the Peer-to-Peer Resource Center will be conducting training to prepare individuals for employment under the Veterans Administration's new Peer Specialist job description.

### **Extent to which initiative is consumer-directed**

DBSA is the nation's largest consumer-directed mental health organization with staff and governance composed mostly of people living with mental illness. The Center's initial training curriculum was developed under a cooperative agreement with the Center for Mental Health Services as a National Consumer Self-Help Technical Assistance Center during 2003-04.

### **Supervision**

Employed Peer Specialists are, in general, supervised by mental health professionals. DBSA has experience in providing training and facilitated discussions around integrating peer support into mental health delivery systems to professionals and consumer-providers.

### **Willing to share curriculum with others?**

The Peer-to-Peer Resource Center is open to collaboration and resource sharing to further the consumer-provider movement wherever appropriate. All delivery of DBSA's Peer-to-Peer Resource Center Certified Peer Specialist Training curriculum is done by Peer-to-Peer Resource Center staff and consultants.

### **Number of people who have completed training**

As of October 2006, the Peer-to-Peer Resource Center has trained 177 individuals nationwide in collaboration with the following organizations:

- Access Behavioral Health/Consumer Action Council – Pensacola, FL
- Center for Health Studies/Group Health Cooperative – Seattle, WA
- Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
- Illinois Department of Human Services, Divisions of Mental Health and Rehabilitation Services
- Texas MHMR agencies (Heart of Texas/Dallas, San Antonio, and Tarrant County)
- Veterans Administration Desert Pacific Healthcare Network, Mental Illness Research, Education, and Clinical Center (VISN 22 MIRECC)
- Veterans Administration Heart of Texas Healthcare Network (VISN 17)

**Key contact information**

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## **The Georgia Model (Iowa)**

### **Description of the training program**

Program is modeled after Larry Fricks' efforts. The program is responsible for both training students and helping students find employment as Peer Support Specialists by contracting with mental health organizations. No structured continuing education is offered.

### **Competencies covered in the training**

The training program's curriculum is composed of four basic topics: clinical supervision, emergency procedures, education about basic diagnoses and the DSM, and basic communication skills.

### **Eligibility criteria**

Consumers are self-identified and in the recovery process. No written documentation of mental health services is needed.

### **Certification process**

There is no certification per se in Iowa.

### **Evaluations of initiative**

There has not been any formal evaluation or outcome study of the program to date.

### **Is training generic or geared towards particular jobs?**

Training is primarily oriented toward the Peer Support Specialist position, but there are some general topics covered in the training such as how to deal with legislators, policy, and other issues that are not intrinsic to role as PSS.

### **Extent to which initiative is consumer-directed**

Almost entirely consumer-directed in the spirit of the curriculum used by Larry Fricks.

### **Supervision**

Supervision will be provided by mental health organizations in the community which contract with the training program. Supervision consists of biweekly sessions with licensed persons to discuss issues in the field.

**Willing to share curriculum with others?**

Yes.

**Number of people who have completed training**

50 consumers have completed the training.

**Key contact information**

Stephen Johnson, Chief Clinical Officer

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## **Transformation Center (Massachusetts)**

### **Description of the training program**

8-day, 38-hour training

### **Competencies covered in the training**

- The Shift from Maintenance to Recovery
- Using Your Recovery Story as a Tool
- The Disabling Power of Mental Illness
- The Role of Peer Support in the Recovery Process
- The Power of Negative Program Environments
- Creating Program Environments that Promote Recovery
- The Impact of Diagnosis on One's Self-Image
- Beliefs and Values that Promote and Support Recovery
- Effective Listening and The Art of Asking Questions
- Dissatisfaction As an Avenue for Change
- Facing One's Fears
- Combating Negative Self-Talk
- Problem Solving with Individuals
- Five Stages of the Recovery Process: Dangers & Interventions
- Power, Conflict and Integrity in the Workplace
- Deciding the Life One Wants: Determining One's Recovery Goals
- Using Support Groups to Promote and Sustain Recovery
- The Role of Spirituality in the Recovery Process
- Creating the Life One Wants: Accomplishing One's Recovery Goals
- The Building Blocks of the Recovery Process
- Using Language Skillfully & Diplomatically
- Culture and Healthcare Disparities
- Person-Centered Planning in an Imperfect World
- Creating a Wellness Recovery Action Plan (WRAP)
- Trauma and Recovery

### **Eligibility criteria**

- Candidates must have a primary diagnosis of mental illness and a strong desire to identify themselves as a person who used or uses mental health services in their own experience of the recovery process
- The primary diagnosis of any applicant may not be addictive disease, although addictive diseases may be a secondary diagnosis
- Applicants must hold a GED or high school diploma
- Applicants must demonstrate strong reading and comprehension and written communication skills.

- Applicants must have demonstrated experience with leadership, advocacy, or governance and be well grounded in their own recovery (a minimum of one year between diagnosis and application to this training)

### **Certification process**

Successful passing of oral and written exam.

### **Evaluations of initiative**

No research studies have been conducted of this initiative.

### **Is training generic or geared towards particular jobs?**

N/A

### **Extent to which initiative is consumer-directed**

The trainers and curriculum developed were all completed by Certified Peer Specialists.

### **Willing to share curriculum with others?**

In August 2005, the first class of 30 peer specialists were trained. Testing for this class will take place in September. Two more trainings are scheduled for this year.

### **Key contact information**

Deborah Delman  
Executive Coordinator, Transformation Center  
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## **Peer Specialist Training Program in Michigan**

### **Description of the training program**

Five days of training plus an additional two days of applied group training program and one day of follow-up training. Total of eight days. In process of creating a continuing education program.

### **Competencies covered in the training**

In all there are twenty-four modules/competencies including:

- Wellness Recovery Action Plan (WRAP)
- Effective Listening
- Effects of Diagnosis on Self-Image
- Role of Peer Support in the Recovery Process
- Using One's Recovery Story as a Tool
- Shifting from Maintenance to Recovery
- Description of the Recovery Process
- Person-Centered Planning
- Self-Determination
- Employment and Housing

### **Eligibility criteria**

- Self-reported consumer in Michigan.
- Must have ten hours of work as a peer before training.
- Must be willing to tell one's recovery story.

### **Certification process**

There is a three-hour exam to certify peers.

### **Evaluations of initiative**

None as of yet.

### **Is training generic or geared towards particular jobs?**

Training as a whole is designed for the peer specialist position, although there are the sub-topics of housing, homelessness, and unemployment.

### **Extent to which initiative is consumer-directed**

- Almost entirely consumer-directed



- Statewide coordinator and trainers are consumers

### **Supervision**

Supervision is provided by the jobs peers take.

### **Willing to share curriculum with others?**

N/A

### **Number of people who have completed training**

- 92 certified peers
- 120 have completed the training

### **Key contact information**

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## **Intentional Peer Support (New Hampshire)**

### **Description of the training program**

The length of the program can vary from 5 days to 2 weeks, and the size of the training program can vary between 15 to 70 consumers. Continuing education and consultation is recommended but not required.

### **Competencies covered in the training**

The first day is “how to” and theoretical and contains four areas of concentration: connection, worldviews, mutuality and mutual responsibility, and problem solving. The second through fifth days apply theory. The second day emphasizes “listening differently,” the third and fourth days emphasize remaining in mutuality despite being scared, and the fifth day emphasizes self-care and supervision (practicing skills for yourself and assessing your actions with others).

### **Eligibility criteria**

Self-identified consumers all over world. Not limited to the state of New Hampshire.

### **Certification process**

No formal certification process. Criteria for passing is generally up to the people in mental health agencies who have hired Ms. Mead as a consultant.

### **Evaluations of initiative**

A 3-year study of program and its impact on overall culture was conducted out of the state of Maine. A copy of the research article is available on Ms. Mead’s website (<http://www.mentalhealthpeers.com>).

### **Is training generic or geared toward particular jobs?**

Training is both generic and geared toward particular specific titles and responsibilities. On the one hand, it can go across settings and has common principles. On the other hand, it is geared toward training Peer Support Specialists.

### **Extent to which initiative is consumer-directed**

Completely consumer-directed.

### **Supervision**

Co-supervision: a process by which peers supervise each other. In other words, peers are able to help their colleagues analyze and assess their interactions in relation to the

values of peer support. It's important that it go both ways as that helps promote personal self-reflection as well as an ability to think critically about values in action.

**Willing to share curriculum with others?**

Program is willing to share the outline but the curriculum needs to be purchased because it's in a workbook format.

**Number of people who have completed training**

Training program initiated in 1995. A couple of thousand people have completed the training program.

**Key contact information**

Shery Mead  
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## **Consumer Connections Peer to Peer Core Training (New Jersey)**

### **Description of the training program**

N/A

### **Competencies covered in the training**

Training provides consumers of mental health services with the *basic communication and job skills training necessary* to maximize their employability by mental health and human service providers in providing peer to peer services. This training consists of 102 hours of training over a 17 day period.

#### *Curriculum*

- Assessment (6 Hours)
  - Participants will understand the basic components of assessment.
  - Participants will recognize different types of assessment and how to utilize them.
  - Participants will recognize various symptoms of disorders.
  - Participants will review DSM IV and its use in assessment.
  - Participants will learn to distinguish between the role of helper vs diagnostician.
  - Participants will understand the purpose of a mini mental status exam
- Counseling Skills (12 Hours)
  - Participants will understand how communication impacts on relationships.
  - Participants will have an understanding of the qualities and characteristics that would promote a feeling of empathy and trust.
  - Participants will recognize the need to communicate with assertiveness and self-confidence.
  - Participants will be able to identify the difference between feeling and content responses and will be able to choose an appropriate response.
  - Participants will recognize that listening is an active process, critical to understanding the other person, and will practice active listening techniques.
  - Participants will be able to identify roadblocks to effective communication.
  - Participants will learn and practice counseling techniques.
  - Participants will learn the four stages of helping.
  - Participants will explore the complexities of the helping relationship.
- Crisis Intervention and Trauma (6 Hours)
  - Participants will understand guidelines necessary to ensure their personal safety and the safety of others.
  - Participants will have an understanding of how to use both verbal and non-verbal cues to assess whether they are at risk of harm.
  - Participants will receive tips and techniques on how to manage an agitated client.
  - Participants will be able to define psychological trauma and its causes.
  - Participants will be able to identify signs of crisis and symptoms of trauma.

- Participants will be able to define emotional resilience and its significance within the context of trauma.
- Basic Principals of Case Management (6 Hours)
  - Participants will begin to understand what is case management and what are its goals, and what is the role of a case manager.
  - Participants will recognize some of the challenges/barriers case managers face
  - Participants will learn effective record keeping techniques.
  - Participants will learn about the complexities of the various systems involved in case management services.
  - Participants will learn about the continuum of available services and resources and how to access them.
- Health and Human Services/New Jersey Systems (3 Hours)
  - Participants will have an understanding of how the various components that make up the health and human services systems coordinate.
  - Participants will discover where there are gaps in the service continuum.
  - Participants will gain additional knowledge regarding effective strategies to access these systems.
  - Participants will have a rudimentary perception of advocacy on a systems level.
- Basics of Treatment Planning (6 Hours)
  - Participants will recognize the importance of client choice in articulating treatment goals.
  - Participants will learn about the specific components of a good treatment plan document.
  - Participants will learn how to develop and create overall rehabilitation goals, supporting goals, objectives, and interventions.
  - Participants will learn to document client contacts as they relate to treatment planning.
- Psychoeducation (18 Hours)
  - Participants will be able to define mental health.
  - Participants will be able to list the classifications and specifics of mental health diagnosis.
  - Participants will gain understanding and familiarity of utilization and components of DSM IV including multiaxis diagnosis
  - Participants will understand the definition of MICA.
  - Participants will explore the complexities of co- occurring disorders.
  - Participants will learn major signs and symptoms of substance abuse & dependency
  - Participants will learn to identify and clarify substance use symptoms that mimic psychiatric symptoms and vice versa
  - Participants will be exposed to the Stages of Change
  - Participants will explore models of working with co-occurring disorders
  - Participants will understand the dimensions of wellness.
  - Participants will recognize the proactive role of wellness techniques.

- Participants will have an understanding of the importance of including families and other significant people in effective treatment.
- Medication Education & Universal Precautions (6 Hours)
  - Participants will gain knowledge of the categories of psychiatric medications.
  - Participants will explore medication interactions and side effects.
  - Participants will explore issues relating to medication compliance.
  - Participants will understand the importance of utilizing universal precautions.
- Ethics and Legal Issues (6 Hours)
  - Participants will explore boundary and role confusion issues.
  - Participants will have an understanding of the importance of maintaining confidentiality.
  - Participants will learn about ethical implications, such as the duty to warn/protect.
  - Participants will learn about the rules governing the Health Insurance Portability and Accountability Act (HIPAA).
- Advocacy (3 Hours)
  - Participants will be able to define and differentiate among the various types of advocacy: personal, peer, and systems.
  - Participants will understand how to advocate within systems effectively.
- Professional Development & Utilizing Supervision (6 Hours)
  - Participants will have an understanding of types of issues that are appropriate for supervision.
  - Participants will learn how to use constructive criticism as a learning tool.
  - Participants will explore the role of introspection as it relates to supervision.
  - Participants will learn about the types of supervision (individual, group, peer, clinical) and the functions of supervision (educational, administrative, supportive).
  - Participants will recognize their own strengths and challenges as they relate to specific jobs.
  - Participants will begin to become familiar with different resource information to enhance professional development.
- Cultural Competency (6 Hours)
  - Participants will have a beginning understanding of the definition and elements of culture.
  - Participants will learn that all people are influenced by their cultural heritage.
  - Participants will understand that cultural identity can influence the dynamics in communication.
  - Participants will recognize that cultural identity shapes the helping process.
- SSA and Entitlement Programs (6 Hours)
  - Participants will learn about the various types of entitlement programs, such as SSI, SSDI, VA, welfare, food stamps, and housing subsidies.
  - Participants will learn about the application processes of various programs, and how to assist their clients in applying for benefits and entitlements.
  - Participants will learn how employment will affect these benefits.

## **Eligibility criteria**

N/A

## **Certification process**

*Professional Credentialing* provides graduates of the *Peer to Peer Core training* with the opportunity to earn professionally recognized certifications in Community Mental Health Associate, (CMHA) addictions, co-occurring disorders residential and peer to peer services. The CMHA Mental Health Specialty, and Co-Occurring Specialty is governed and administered by the NJ Certification Board Inc. and is designed for entry level peer positions. It is not a private practice credential. Those applying for this credential must have a minimum of 2000 hours of work experience in the Mental Health/ Co-occurring Disorders field, as well as completion of 110 hour Supervised Practicum provided by a Licensed Professional within the specialty.

## **Evaluations of initiative**

We plan to develop and implement a method to track the results of our training, and follow up with our core training graduates to track-work related outcomes.

## **Is training generic or geared towards particular jobs?**

Our consumer-providers work in a wide range of jobs they are as follows:

- Peer Outreach Support Teams (POST)
- Self Help Centers Managers
- Case Managers ICMS and PACT
- Mental Health Technicians – PES and Psychiatric Screening Centers
- Peer Support Partial Care programs – includes group facilitation
- Peer Advocates
- Peer Support – residential settings
- Wellness Team Associate

## **Extent to which initiative is consumer-directed**

The New Jersey Certification Board has consumers on its board, and also participates in the review process of test scores and oral case presentations.

## **Supervision**

It is the responsibility of the employer to provide all its employees with proper supervision. Consumer Connections also provides an ongoing Work and Wellness Forum for those employed in the mental health field. Our **Support Network** provides access to a system of individual and group supports for consumer–providers employed within the mental health and human service system. This forum focuses on mutual peer support, with emphasis on managing transition issues from consumer to consumer

provider, and the importance maintaining personal wellness and Recovery. Consumer Connections provides Project Ready for those who are interested in constructing a Wellness and Recovery Action Plan (WRAP).

**Willing to share curriculum with others?**

Yes.

**Number of people who have completed training**

N/A

**Key contact information**

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## **Peer Specialist Training offered by the Mental Health Empowerment Project (New York)**

### **Description of the training program**

Based on the Georgia model. Program lasts two weeks.

### **Competencies covered in the training**

Program includes intensive conversations and on-the-job workshops.

### **Eligibility criteria**

Self-identified consumers within New York State.

### **Certification process**

USPRA (US Psychiatric Rehabilitation Model) Certification Criteria

### **Evaluations of initiative**

None to date

### **Is training generic or geared towards particular jobs?**

No information

### **Extent to which initiative is consumer-directed**

Entirely consumer-directed

### **Supervision**

Supervisor has to be a peer (not a clinician).

### **Willing to share curriculum with others?**

Yes

### **Number of people who have completed training**

40-45 peer specialists in New York State.

**Key contact information**

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## **The Oasis (North Carolina)**

### **Description of the training program**

All of the staff have been through group training which has included the following; the development of their own WRAP (16 hours), Peer Support Specialist Training (80 hours), WRAP facilitators training (40 hours), Trauma informed Peer Support (40 hours) and each Friday a skills training which is a two hour period in which to review values and focus on a particular issue that is important to the group to continue to learn more about. Some of the topics are: confidentiality, personal limits, personal safety, providing peer support to a person who is stuck.

### **Competencies covered in the training**

All of the following trainings have curriculums and modules that end with some form of competencies afterwards. Mary Ellen Copeland's manuals for WRAP and WRAP Facilitators training were used. The trainer was certified through the Copeland training center. Our Peer Support Trainers training also had a manual which was the compilation of work from Mary Ellen Copeland, Shery Mead, Stephen and the META services in Phoenix Arizona. Trauma Informed Peer Support has a curriculum that Shery Mead has completed.

### **Eligibility criteria**

Anyone can take the individual WRAP classes. Persons who have completed their individual WRAP classes are interested in continuing their learning, are in recovery, and are encouraged to take the Peer Support classes. Persons who have completed their individual WRAP classes are interested in continuing their learning, are in recovery, have facilitating skills, and have completed the Peer Support Specialist class are encouraged to take the Wrap Facilitators class.

### **Certification process**

Attendance is mandatory in all of the classes; there are 4 skills that need to be completed in the WRAP facilitator's class as well as attendance. Attendance and passing a test are the two criteria for receiving a certification for Peer Support Specialist training.

### **Evaluations of initiative**

We have yearly evaluations of our full time staff. We are also doing some evaluation within the context of our weekly skills training which focus on the manner in which we honor our creed: "Are we providing peer support or something else".

### **Is training generic or geared towards particular jobs?**

At the Oasis we have three full-time staff and five part-time employees. All of our staff has completed the above trainings. No individual is hired without completing the trainings.

### **Extent to which initiative is consumer-directed**

The process is entirely consumer-driven by persons who are in recovery from life challenges. The individuals that have developed the trainings are all individuals who are in recovery. All of the full-time and part-time staff at the Oasis are in recovery.

### **Supervision**

Each full-time staff member is required to engage in a yearly evaluation by the LME (Local Management Entity). As part of the development of this recovery community we have all agreed to challenge individuals who have a difficult time honoring our mission and values. Challenging means that we take time out to speak with the individual who is struggling with a particular topic. We sit with them in a manner that is non-threatening to share the differences that we have. We attempt to provide the person with honest feedback of the model of belief in peer support. In our Fridayskill meeting everyone is invited to come and join us. I have noticed that this is another time when we honestly reflect back on the week.

### **Willing to share curriculum with others?**

Yes, we hope that we can do more of this. There is a fee for the actual trainings.

### **Number of people who have completed training**

For individual WRAP there have been approximately 800 persons since 2002. For the Peer Support Specialist training there have been approximately 100; for the WRAP facilitators there have been approximately 80 persons. We have attempted to have outside persons come to the trainings (they are encouraged to attend).

### **Key contact information**

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New Bern, NC 28560  
[sstansberry@neusecenter.org](mailto:sstansberry@neusecenter.org)

## **Institute for Recovery and Community Integration (Pennsylvania)**

### **Description of the training program**

The course material has been developed within the framework of a ten-session format. It is designed for a maximum of 20 participants. Each session corresponds to one day of training. Additionally, each session contains two modules (a morning module and an afternoon module), sometimes covering distinct topics, and sometimes a continuation of the same topic. The training sessions are designed to run from 9:00AM – 5:00PM Monday through Friday. Each module is approximately 3 ½ hours in length with a scheduled 15-minute break. A one-hour lunch period is included in this time frame.

This curriculum is designed to give a general overview, or a thorough introduction to the topics presented. It is comprehensive in its scope in that it covers a wide variety of material. It is also a curriculum that is designed to be presented in 10 days. As such, it cannot present all the material that there is to know about a particular topic. Participants will use this training experience as a starting point as well as a stepping-stone to increasing their knowledge and expertise in providing peer support services.

Participants' prior knowledge of the material and current understanding of the material as it is presented can serve as an assessment for their understanding of their own developmental needs as peer support specialists. That is to say, it will ground them in the key philosophies of recovery and peer support, develop and/or enhance their helping skills set, and identify the areas where they need continued growth and education.

### **Competencies covered in the training**

- Orientation to Certified Peer Specialist Program
  - Program Orientation and Participant Introductions
  - The Emergence of Recovery Concepts in Behavioral Health
- Recovery and Peer Support
  - Visioning Our Recovery Module
  - Exploring Peer Support
- Introduction to WRAP: The Wellness Recovery Action Plan
  - Key Recovery Concepts and Developing a Wellness Toolbox
  - The Daily Maintenance Plan and Identifying Triggers
  - Early Warning Signs and When Things Are Breaking Down
  - Crisis Planning Post Crisis Planning
- Communication Skills
  - Active Listening
  - Active Listening Skills Practice/Test Part I
- Managing Our Differences
  - Cultural Competency.
  - Group Facilitation
- Working With People Who Appear Unmotivated

- The Cycle of Engagement
- Problem Solving
- Co-occurring Disorders and Boundary Issues in Peer Support
  - Introduction to Co-Occurring Disorders
  - Boundary Issues in Peer Support
- Workplace Issues and Practices
  - Workplace Practices
  - Test Part II

### **Eligibility criteria**

- Must be self identified current or former, mental health consumer or co-occurring consumer who can relate with others with similar experiences
- High School diploma or GED
- Demonstrated proficiency in verbal and written communication
- Have maintained, within the last three (3) years, at least 12 months of successful full or part time paid or voluntary work experience or one year post secondary education experience totaling 24 credit hours.
- Ability to demonstrate recovery expertise (knowledge of approaches to support others in recovery) and has the ability to demonstrate own efforts at self-directed recovery
- Commitment to consumer choice and empowerment
- Ability to establish relationships with peers

### **Certification process**

All facilitators meet after each week to discuss participants using the following weighted performance evaluation. Feedback should be provided to participants at the beginning of the second week about their strengths and areas of improvement as well as the points they are accomplishing. The purpose of this is to allow the participant to successfully meet the requirements and gauge where they stand mid-way. Facilitators should use the sign in sheets to track attendance, indicate punctuality, and note whether home work was shared. Participants must have at least 140 points total for certification.

The following is a weighted scale to judge the participants progress. For each week divide in half. Below is the total score for the two weeks.

- Exam 60 points (60 questions)
- Attendance 30 points ( -5 for each unexcused day absent)
- Punctuality 10 (-1 Each day participant is 5 minutes late -2 if 10 min or more)
- Participation: 100 points
  - Participant demonstrates active listening in group activities and class discussion: 20 points

- Participant volunteers as a speaker or recorder for the group; shares homework or discloses personal story to enhance classroom discussion pertinent to the topic: 20 points
- Participant asks relevant questions frequently: 20 points
- Demonstrates understanding of new material in class discussion: 20 points
- Interacts with peers in group consistent with the principles of peer support: 20 points

### **Evaluations of initiative**

- Customer Satisfaction Surveys – administered to stakeholders, agencies
- Training Evaluation forms – Each day is evaluated by all the participants in the training. It is later analyzed and sent back to the trainers for appropriate feedback.

### **Is training generic or geared towards particular jobs?**

Peer support services are specialized therapeutic interactions conducted by trained professionals who are self-identified current or former consumers of behavioral health services. On an ongoing basis, individuals receiving the service are given the opportunity to participate in and make decisions about the activities conducted. Services are self-directed and person-centered with a recovery focus. Peer support services facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, crisis management support, and skills training.

Peer support service content includes various structured therapeutic activities. The activities undertaken by staff providing peer support shall include the following descriptions. These descriptions are provided as examples only and not intended to be prescriptive.

- *Crisis support*: Assisting the individual with the development of a Wellness Recovery Action Plan ([WRAP](#)) or a [Psychiatric Advance Directive \(PAD\)](#). Learning to recognize the early signs of relapse and how to implement their identified coping strategies or request help in order to head off a crisis. Assisting individuals learn how to use less restrictive alternatives that prevent hospitalization, incarceration and the use of emergency services when appropriate.
- *Development of community roles and natural supports*: Assisting the individual in gaining information about going back to school or job training. Learning about going back to full/part-time paid work. Facilitating the process of obtaining reasonable accommodations for psychiatric disability (mental health day, flex time, etc.) Assisting the individual on learning how to be an active community member in the neighborhood/community where they live, learn, and work.
- *Housing*: Assisting the individual on learning how to access and maintain stable housing or learning how to improve or change an inadequate housing situation.

- Individual advocacy: Discussing concerns about medication or diagnosis with the Physician or Nurse at the individual's request. Assisting with the arrangement of necessary treatment at the individual's request and guiding them toward a proactive role in his or her own treatment.
- Self help: Cultivating the individual's ability to make informed, independent choices. Helping the individual develop a network of contacts for information and support who have been through similar experiences.
- Self improvement: Planning and facilitating practical activities leading to increased self worth and improved self concepts.
- Social network: Assisting the individual with learning how to develop and maintain positive personal/social support networks (friends, family, associates), learning how to improve or eliminate unhealthy personal relationships, learning how to start a new relationship (such as going to a movie with a new friend, meeting someone new at a social gathering), and learning how to improve communications with family members and others.

### **Extent to which initiative is consumer-directed**

The process is completely consumer-directed. To qualify for the program, all people who enroll must have received a diagnosis of a serious mental illness. The trainers who teach the class are also consumers.

### **Supervision**

- The supervisor of peer specialists shall be the on-site program manager or supervisor.
- A full time equivalent (FTE) supervisor may supervise no more than seven FTE peer specialists.
- Supervisors shall maintain a minimum of one face to face meeting per week with additional support as needed or requested. Supervisors shall document and maintain a log of supervisory meetings.
- The supervisor shall ensure that peer specialists within the agency are given opportunities to meet with or otherwise receive support from other peer specialists both within and outside the agency.
- The program's mental health professional is ultimately responsible to ensure that the services and supervision provided are consistent with the service requirements.
- Peer specialists shall receive no less than six hours of direct supervision/mentoring by the mental health professional or peer specialist supervisor, in the field, prior to working independently off-site.
- Although each peer support service provider shall be separately identified with its own supervisor and staff, supervisors may also supervise other services within the agency.
- Peer support service staff may work in another program or agency, but their time shall be pro-rated and their hours of service in each service clearly and separately identified. No staff person may have duplicate or overlapping hours of



service in a peer support program and another employment agency. Peer support staff will disclose (to appropriate program management/administration) when they are co-employed with another program or agency.

- Supervisors shall successfully complete an OMHSAS approved peer specialist supervisor's orientation/training course. The supervisor's orientation course will be completed within 6 months of assuming the position of peer specialist supervisor.

### **Willing to share curriculum with others?**

Yes.

### **Number of people who have completed training**

Two hundred fifty people so far have completed the CPS training. As long as the person meets the requirements the training is open to anyone, regardless of geographical location.

### **Key contact information**

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## **Certified Peer Support Specialist Training (South Carolina)**

### **Description of the training program**

Two weeks (30) hours of intensive training.

#### *Continuing Education Requirements:*

The Education and Training Advisory Steering Committee for PSS was established to promote the peer support service and develop/clarify implementation and continuing education guidelines for Certified Peer Support Specialists. To maintain certification to bill Medicaid for the Peer Support Service, the Education and Training Advisory Steering Committee has established the following training hour/continuing education requirements for Certified Peer Support Specialists: Twenty hours yearly are required to maintain billing certification. Of those, a minimum of 12 face-to-face hours are required; approved SCDMH and/or SC SHARE training.

The remaining 8 hours can be accomplished through video-conferencing, Pathlore computer training, approved conference attendance, and/or approved reading.

#### *Face-to-Face Training:*

Approved trainings include but are not limited to SCDMH Case Management Training, SC SHARE WRAP and Recovery for Life training, SCDMH Office of Client Affairs trainings developed for CPSS's.

#### *Pathlore computer training:*

Includes SCDMH assigned employee curriculums.

#### *Video Conferencing:*

The Office of Client Affairs offers video-conference training, new training schedules are sent to each peer support specialists as they are finalized. Each conference counts as 1 training hour. Topics include but are not limited to:

- Spirituality and PSS
- Group dynamics
- Recommended reading
- Partnering with clinicians on the plan of care
- Getting a client motivated especially when they are “stuck”
- Goal setting
- Grief
- Navigating services/benefits
- Employment
- Symptoms of mental illness
- Ethics, professionalism and confidentiality

- Power, conflict and resolution – integrity in the workplace
- Introduction to substance abuse
- Introduction to computers

*Approved reading:*

The Office of Client Affairs has established a “lending library”. A list of titles will be sent to all CPSS’s in January 2006. Other titles should be submitted for prior approval for continuing education credit.

*Approved Conference Attendance:*

All conference titles/subjects should be submitted for prior approval for continuing education credit.

**Competencies covered in the training**

- Core Curriculum Part I
  - Role of the CPSS in the SC DMH
  - CPSS Job Description
  - SCDMH Organization
  - CPSS Training Standards
  - CE Requirements to Maintain Certification
  - Medicaid Regulation for PSS
  - Role of Peer Support in Recovery
  - Telling Your Recovery Story
  - Is Recovery Possible Debate / How Negative Messages are Sent
  - Power of Negative Messages / Creating Recovery Environments
  - Psychosocial Rehabilitation as the Road to Recovery
  - Impact of Diagnosis on One’s Self-Image
  - Beliefs and Values that Strengthen and Support Recovery
  - Dissatisfaction as an Avenue for Change
  - Combating Negative Self-Talk
  - Facing Your Fears
  - Problem Solving with Individuals
  - Effective Listening and the Art of Asking Questions
  - Facilitating Recovery Dialogues
  - Introduction to WRAP: Wellness Recovery Action Plan
  - Creating the Life You Want
- Core Curriculum Part II
  - Medicaid Documentation
  - Cultural Competence
  - Introduction to Diagnosis, Medications, DSM IV and GAF
  - Introduction to Addiction and Substance Abuse

### **Eligibility criteria**

Anyone who is willing to self-identify as a current or former recipient of mental health services.

### **Certification process**

Students must pass both a written and oral exam with a grade of 70 or better on each.

### **Evaluations of initiative**

The evaluation is done by Katherine Roberts, and consists of 1-year worth of primarily self-report satisfaction data, Recovery Questionnaires and Satisfaction with CPSS, etc. The current year's data is undergoing analysis now. Supervisory and Center Director Satisfaction questionnaires were added as requested by Medicaid. Will soon be looking at pre- and post- peer support clients' information systems data on hospitalizations, crisis events, jail diversion, employment etc. This portion is still under development.

### **Is training generic or geared toward particular jobs?**

Training is geared toward specific employment positions and responsibilities. Foremost is the State of South Carolina Position Description of the "Human Services Specialist I / Peer Support." A Peer Support Specialist guides clients towards the identification and achievement of specific goals defined by the client and specified in the Individual Treatment Plan. The Specialist will serve as an active member of the client's treatment team. He/she will:

- advocate for services requested by the client
- cultivate the client's ability to make informed, independent choices, to set goals, and assist the client in gaining information and support from the community
- plan activities with the client that lead to improved self concepts through empowerment and self determination opportunities
- teach and role model the importance of medication monitoring, clear communication with doctors and other caregivers, developing a WRAP plan, Psychiatric Advance Directive, and/or crisis plan to facilitate or avoid/shorten hospitalization
- assist the client with learning how to maintain stable housing and employment
- provide support and encouragement to both the client and their family members, when it is the choice of the client to do so
- offer clients hope of recovery from mental illness by sharing their own recovery stories and by teaching clients how to tell their own recovery stories effectively

- use their unique recovery experience to model the value of every individual's recovery experience and to teach effective coping techniques and self-help strategies
- with assistance from a supervising mental health professional, document the following on the client's treatment plan:
  - Person-centered strengths, needs, abilities and recovery goals
  - Interventions to assist the consumer with reaching their goals for recovery.
  - Progress made towards goals
- Maintain a working knowledge of current trends and developments in the areas of mental health through relevant materials and through continuing education when offered by the Office of Human Affairs and SCDMH

**Extent to which initiative is consumer-directed**

Only persons who are current or former recipients of the mental health services can be a CPSS. Almost all of the trainers are current or former clients (including Katherine Roberts). There is a steering committee to help with implementation of the service. The goal of the PSS Training and Advisory Steering Committee is to promote peer support services and develop/clarify guidelines for certified peer support specialists. It includes representatives from the client run advocacy organization, center directors, PSS supervisors, CPSS's, and the medical director for SCDMH.

**Supervision**

A mental health professional must be available for supervision and shall assure that the Peer Support Specialist provides services in a safe, efficient manner in accordance with accepted standards of clinical practice and certification-training standards for Peer Support Specialists as approved by the South Carolina Department of Health and Human Services (DHHS)

**Willing to share curriculum with others?**

No. The initiative is not at liberty to share because the core curriculum belongs to Ike Powell -Empowerment Partners.

**Number of people who have completed training**

Approximately 65 individuals have completed the training.

**Key contact information**

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