Peers helping peers: Development and evaluation of a peer support worker training series

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Abstract

Background

Peer support workers (PSWs) are essential to the substance use treatment and recovery system, though they often lack access to professional development that accounts for the personal recovery experiences PSWs utilize in their work.

Methods

This study is an evaluation of a series of five training modules for PSWs designed in collaboration with PSW consultants. Evaluation consisted of pre-/post-test knowledge questions and qualitative feedback from individuals who completed all five modules.

Results

Knowledge scores increased for all five modules. Qualitative feedback was largely positive, with participants suggesting that integrating PSWs into the module development team made the finished product more relevant to PSWs.

Conclusions

Findings affirmed the importance of providing trainings designed by and for PSWs working with people with substance use disorders and suggested that PSW confidence can be improved through targeted trainings. This training development model demonstrates promise for future substance use training programs for PSWs.

Key Words: Peer Support; Online Training; Recovery Coaches

This study was approved by the University of Missouri St. Louis's Institutional Review Board (2071363-QI).

Introduction

Peer support workers (PSWs), individuals in recovery who help others through shared lived experience and mutual respect, have become essential to substance use disorder (SUD) treatment and recovery organizations. PSWs help reduce substance use (Tracy et al., 2012) and re-hospitalization rates (Sledge et al., 2011); increase treatment retention and satisfaction (Tracy et al., 2011); improve relationships with providers (Wright-Berryman et al., 2011); and increase housing stability and social support access (Boisvert et al., 2008). The expansion of PSW services in recent decades has exposed difficulties faced by PSWs in the workplace, including a lack of role clarity, low pay, and few opportunities for career growth (Almeida et al., 2020; Gagne et al., 2018; Lapidos et al., 2018; Mancini, 2018). This lack of role clarity can lead to a scope of work that does not match up with the skills and experiences that make PSWs effective (Adams et al., 2023; Scannell, 2021), which can reduce PSWs' sense of personal accomplishment and increasing emotional exhaustion (Weikel & Fisher, 2022). Low sense of accomplishment and high emotional exhaustion are two key indicators of burnout on Maslach's Burnout Inventory (MBI; Maslach et al., 2018; Maslach & Jackson, 1981; Scanlan et al., 2020).

Because burnout is correlated with turnover (Gharakhani et al., 2019; Marques et al., 2023), not addressing sources of PSW burnout, such as the need for additional training, could be leading experienced PSWs to leave the field. When PSWs leave their jobs, they tend to move on to another field entirely (Weikel & Fisher, 2022), leaving clients without the benefit of their expertise.

PSW training and training need

Many PSWs complete training to obtain certification, such as the Certified Peer Specialist (CPS) credential. Even with the certification, many PSWs feel unprepared for the

reality of PSW work (Rebeiro Gruhl et al., 2016) and would like more training options that align with their role (Almeida et al., 2020; Cronise et al., 2016). This has been found to be true in Missouri, where PSWs must pass an exam after completing a one-week training (Missouri Department of Mental Health, n.d.) covering such topics as models of recovery, methods of engagement, and ethics to become certified. In recent statewide recovery housing evaluations funded by the State Opioid Response (SOR) grant, PSWs, who often work as house managers, indicated a need to supplement their CPS training and lived experience with more job-specific training (Stringfellow et al., 2019; Wood et al., 2021). For instance, PSWs cited a lack of knowledge about Medication for Addiction Treatment (MAT) and a need to know *how* to discuss it with those they serve, particularly for those whose recovery path did not include MAT (Wood et al., 2021).

Because of the impact of chaotic drug use on their academic preparation and previous work experience (Robertson et al., 2021), PSWs may struggle to navigate the professional expectations of the behavioral healthcare systems in which they are employed, where much of their experience is as clients (Mancini, 2018). Within the field of peer support work, there are few formal mentors, without whom PSWs may struggle to overcome barriers to their career growth (Almeida et al., 2020; Gagne et al., 2018; Mancini, 2018). For PSWs, entering a complex field with little experience, brief training, and limited mentorship can contribute to low self-efficacy, decreased job satisfaction, and frequent turnover (Almeida et al., 2020; Gagne et al., 2018). While many PSW employers do provide some training for PSWs, they are often designed for other professionals (such as counselors) and do not consider the strategies and dynamics that make PSWs effective (Vélez-Grau et al., 2019). PSWs need access to high quality training

opportunities designed for the PSW role to gain knowledge, skills, and strategies to help them navigate their workplaces and succeed in their work.

Missouri's PSW-focused training program

Based on targeted interviews and focus groups with PSWs and those working in recovery housing settings (Stringfellow et al., 2019; Wood et al., 2021), Missouri's SOR grant staff developed a series of supplemental trainings to address the reported gaps in PSW continuing education options. Following a widely-circulated survey requesting input from PSWs, the team selected five module topics: 1) Professional expectations, ethics, and boundaries for the Certified Peer Specialist (CPS) role; 2) How to identify and address stress, compassion fatigue, grief, and secondary trauma; 3) How to talk about Medication for Addiction Treatment (MAT); 4) How to work with peers with co-occurring mental illness and substance use disorders; and 5) How to assess and refer individuals experiencing suicidality, domestic violence, and sex trafficking. An online format was also selected based on preferences expressed in the survey. Between January and April of 2021, the team collaborated with six PSW consultants to develop and deliver online module content. Module videos consisted of consultant-narrated presentations (e.g., summarizing existing research, in-depth discussions of the module topics, and explanations of tools available to PSWs) and video role-plays (acted out by consultants and a team member as practical demonstrations of the content and available tools).

The team and consultants used principles of adult learning theory (Collins, 2004; Howell & Buck, 2012; Knowles, 1978; Roumell, 2019) to design training modules with potential learners' life demands in mind. To best engage PSWs, the PSW consultants were the "actors" featured in each module, ensuring the viewers saw the presenters to be competent and the content to be relevant (Howell & Buck, 2012). Real-life examples from the consultants' work and

roleplays depicting common workplace encounters helped build connections between practical applications of content (Collins, 2004) and learners' existing knowledge and experience (Roumell, 2019). The training also incorporated best practices for online learning, which included using an approachable tone and limiting the amount of information participants see at one time (Mayer, 2019). The team contracted with a health communication firm that specializes in health literate material to turn the module content into polished, professional videos that are accessible to a range of health literacy levels.

This paper outlines the results from the mixed methods evaluation of these training modules, which focused on two questions: 1) How much did participants' knowledge of each topic increase after watching the modules?; and 2) Among the training participants, how applicable to their jobs did they find each module?

Materials and Methods

Procedure

Following IRB approval, recruitment of PSWs to complete the online modules occurred through a four-pronged approach: 1) periodic submission of the project flyer to statewide substance-use-focused mailing lists; 2) periodic posting on social media; 3) housing the flyer on the STR/SOR website; and 4) informal word-of-mouth advertising by the PSW consultants and project partners. Participants could visit the registration website via URL or QR code. After registration, participants received links to the modules via email.

Each module contained a pre-test, video, supplementary materials (e.g., Missouri Credentialing Board's Peer Code of Ethics), and post-test. Participants needed a score of 70% or higher on the post-test to pass each module. If they failed to reach a score of 70% or higher three times on a single module, participants had to re-take the module. Upon successful completion of

the module, participants were emailed a certificate of completion that was valid toward recertification credentials for CPS in Missouri. The modules were available for free. Individuals who completed all five modules were contacted three months after completing their final module to participate in follow-up qualitative feedback interviews.

Pre- and post-tests assessing changes in knowledge

Each module included a pre- and post-test consisting of 5-9 multiple choice knowledge questions (e.g., "True or False: methadone, buprenorphine, and naltrexone all work the same way in the body"). Participants were allowed to complete the post-test multiple times, but only the first attempt was used in analysis to avoid repeated test effects.

Qualitative feedback from participants

Of the 96 total participants, the 27 who completed all 5 modules were contacted for follow-up interviews. Interviews were conducted between March and June 2022 with the six individuals who agreed to participate. Four of the participants were men, five were White, one of whom identified as Latino, and one was Black. All six identified as being in recovery, and five were CPS.

Twenty-minute interviews were conducted between three and six months after participants completed the final module, through January 2022. Two team members conducted semi-structured interviews about participants' general reactions to the modules, practicality of the content, changes in practice since completing the modules, responses to PSW participation in the creation of modules, and topics for future trainings (e.g., "How helpful was it to see real-life scenarios that could be experienced on the job role-played in skits by the peers?" and "Since taking the training modules, have there been instances where you have had to apply what you

learned into a real-life scenario?"). Interview participants were compensated with $25 digital gift cards to either Walmart or Target.

Participants

Participants (defined as anyone who completed at least one module; *N*=96) were primarily White (88%; *n*=84), women (71%; *n*=68), and between the ages of 26 and 45 (61%; *n*=59). Most participants worked in Missouri (91%; *n*=87), identified as people in recovery from substance use (90%; *n*=87), and were CPS (87%; *n*=83). See Table 1.

[Table 1]

Data analysis

Pre- and post-tests assessing changes in knowledge

Wilcoxon signed-rank tests were used to compare total pre- and post-test scores (sum of the number of correct responses). A power calculation was conducted with an alpha level of .05 and a power of .80, which suggested a minimum sample size of 33 was needed to find an average difference as small as 0.3.

Qualitative feedback from participants

Data were analyzed using Braun and Clarke's (2006) thematic analysis techniques. After the first interview was conducted, four team members developed codes. The team planned to approach the transcript with provisional codes based on the interview questions but found that an inductive process using open coding better captured participants' responses. The remaining interviews were independently coded by two team members using Atlas.TI 8 (Version 8.4.26.0). Codes were revised and added as needed through discussion and agreement by both coders. After all interviews were coded, the full team reconciled differences between the two coders and

finalized the coded documents. The team arranged codes into thematic groups, summarized each theme, and selected representative quotations.

Results

Pre- & post-tests

Knowledge scores improved from pre-test to post-test in each of the five modules: Professionalism [$Z = -3.4$; $p < .001$; $r = -.4$], Grief and Compassion Fatigue [$Z = -3.4$; $p < .001$; $r = -.4$], MAT [$Z = -4.6$; $p < .001$; $r = -.6$], Co-Occurring Disorders [$Z = -3.0$; $p < .01$; $r = -.4$], and Assessing for Suicidality, Domestic Violence, and Sex Trafficking [$Z = -3.4$; $p < .001$; $r = -.5$]. See Table 2 for complete results.

[Table 2]

Qualitative feedback from participants

Qualitative feedback interviews were conducted with people who completed each of the five modules (n=6). Three themes were identified during analysis of these interviews: knowledge, PSW integration, and PSW learning needs.

Knowledge

Participants indicated that the modules built upon their existing knowledge and experience to deepen their understanding of the topics. One participant stated, “I knew a lot of it just because it’s what I do every day, but hearing someone else's perspective always gives you insight that you may not necessarily have had before. It just broadens your knowledge.” Another shared that reviewing material he had learned in the past “reminded me of the things that I had gotten lax on.” One participant described how they had been able to apply material from the modules in their job: “I deal with [suicide ideation] frequently in my role now, so being able to ask the direct questions makes a difference,” while another participant felt better prepared for

their work: “[The modules] gave me more insight and perspective to be able to do my job better and be better for the clients and the peers that I work with.” One participant described how new knowledge gained through the modules had normalized their experiences:

> I learned about things that I was experiencing that I didn't realize I was experiencing, as it pertained to the grief one especially. A client passed away a little bit before I did these trainings, and I was just, like, blown away by what I wasn't paying attention to in my own thoughts and feelings…I’m like, okay, well, if other people are putting that out there, that it affected them, like, I’m not alone.

Peer integration

Participants reacted positively to the integration of PSWs into the development team and their visible presence as training presenters. They stated that PSWs' unique experiences and perspectives make their input essential to any trainings designed for PSWs: “Who can give better insight than those who have actually experienced what they're trained to support the client with, in reference to recovery efforts, strategies, coping skills, and so forth?” They also discussed ways PSWs’ input made these modules particularly relevant to them and their work: “The peer experience just looks different than the clinical side of things. It makes it more relatable for me because I don't have a degree. I get very lost in clinical trainings.”

PSW learning needs

Participants appreciated that the modules had been designed to meet their learning needs. One participant indicated that the length of the modules was convenient to their schedule: “I didn't feel like it was rushed through, and I was never sitting there going, ‘I can't wait to get through this.’ I feel it was a pretty good length.” “My schedule gets pretty full, so it gives me an opportunity to do it at my pace and fit it in where I can,” said another. Although most

participants stated that they liked the online format, five participants indicated a desire to return to in-person learning. One stated, “I really do like instructor-led training better because it sticks with me better,” and another said he misses the “comradery” that can form during in-person training. Participants also indicated these PSW-led trainings held their attention better than the more clinical trainings they’ve been provided in the past: “The clinical trainings get very wordy. It gets very terminology [*sic*] and wordy, and I lose interest.”

Discussion

Trainings designed for and by PSWs which focus on information and skills specific to the peer role can help PSWs feel better prepared to do their jobs effectively. Pre-post comparisons show the training modules helped participants improve their knowledge about each of the five training topics (professional expectations; compassion fatigue and grief; MAT; co-occurring mental illness and SUD; and suicidality, domestic violence, and sex trafficking). Qualitative feedback revealed that even participants with existing understanding of module content learned new information, were refreshed on information they had forgotten, and perceived the modules to be a worthwhile time investment. Participants expressed appreciation for the ability to work on the trainings at their own pace, the inclusion of PSWs in the development and presentation of the modules, and the length of each module. This feedback suggests that strategically incorporating adult learners’ needs when developing online training modules facilitates learning transfer (Collins, 2004; Roumell, 2019), which increases the participants’ confidence in their ability to do their jobs well. These findings support the centering of the needs of the target audience in training development.

Limitations and future research

Some limitations to this study should be noted. First, the sample of participants lacked racial, gender, and geographical diversity. Given that the sample was largely White, women, and Missouri-based, these findings may not be generalizable across different demographic groups and geographical regions. Second, the sample of individuals who completed all five modules (*n*=27) was much smaller than the total unduplicated sample of people who completed any one of the modules (*n*=96). Since only individuals who completed all five modules were eligible for the follow-up qualitative feedback interviews, there was a relatively small pool of participants. Though this allowed the team to ask participants about all the modules, those who did not complete all modules could have valuable information, such as why they did not pursue them. The qualitative feedback participants were also predominantly White, so participants of other races may have had distinct experiences not represented here.

Future research should continue to examine how best to integrate members of target populations into the development of trainings and programs. There is a need to identify more strategic approaches to meeting the needs of PSWs and other paraprofessionals as their roles continue to expand in the social service and behavioral health fields. Additionally, research regarding practical application of skills from training modules designed for PSWs is necessary to understand learning transfer when utilizing this approach to training development, as well as the impact on PSW burnout and turnover. Finally, research focused on experiences from more racial, gender, and geographically diverse PSWs is necessary to help identify unique needs of these populations.

Conclusion

The available training in the mental health professions has historically not been designed for PSWs. This project sought to evaluate a “by peers, for peers” supplemental training series

intended to fill some knowledge gaps that PSWs have following certification. Qualitative feedback showed that investing in peer-specific training can help increase PSWs' feelings of competence in supporting clients and emphasized that connecting new information to existing knowledge, integrating PSWs into content development and presentation, and centering the learning needs of PSWs were helpful to participants. Despite limited opportunities for career advancement (Gagne et al., 2018; Lapidos et al., 2018), PSWs' engagement in a field in which their expertise has become essential may be enhanced through targeted supplemental trainings.

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No potential conflict of interest was reported by the author(s).

References

Adams, W. E., Duquette, R., de Wet, A., & Rogers, E. S. (2023). Competing allegiance in an unclear role: Peer and non-peer understanding of peer support in Massachusetts, United States. *SSM - Mental Health*, *4*, 100245. https://doi.org/10.1016/j.ssmmh.2023.100245

Almeida, M., Day, A., Smith, B., Bianco, C., & Fortuna, K. (2020). Actionable items to address challenges incorporating peer support specialists within an integrated mental health and Substance Use Disorder system: Co-designed qualitative study. *Journal of Participatory Medicine*, *12*(4), e17053. https://doi.org/10.2196/17053

Boisvert, R. A., Martin, L. M., Grosek, M., & Clarie, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: Participation as intervention. *Occupational Therapy International*, *15*(4), 205–220. https://doi.org/10.1002/oti.257

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Collins, J. (2004). Education techniques for lifelong learning. *RadioGraphics*, *24*(5), 1483–1489. https://doi.org/10.1148/rg.245045020

Cronise, R., Teixeira, C., Rogers, E. S., & Harrington, S. (2016). The peer support workforce: Results of a national survey. *Psychiatric Rehabilitation Journal*, *39*(3), 211–221. https://doi.org/10.1037/prj0000222

Gagne, C. A., Finch, W. L., Myrick, K. J., & Davis, L. M. (2018). Peer workers in the behavioral and integrated health workforce: Opportunities and future directions. *American Journal of Preventive Medicine*, *54*(6, Supplement 3), S258–S266. https://doi.org/10.1016/j.amepre.2018.03.010

Gharakhani, D., Islamic Azad University, Qazvin, Zaferanchi, A., & Islamic Azad University, Qazvin. (2019). The Effect of Job Burnout on Turnover Intention with Regard to the Mediating Role of Job Satisfaction. *Journal of Health*, *10*(1), 109–117. https://doi.org/10.29252/j.health.10.1.109

Howell, G. F., & Buck, J. M. (2012). The adult student and course satisfaction: What matters most? *Innovative Higher Education*, *37*(3), 215–226. https://doi.org/10.1007/s10755-011-9201-0

Knowles, M. S. (1978). Andragogy: Adult Learning Theory in perspective. *Community College Review*, *5*(3), 9–20. https://doi.org/10.1177/009155217800500302

Lapidos, A., Jester, J., Ortquist, M., Werner, P., Ruffolo, M. C., & Smith, M. (2018). Survey of Peer Support Specialists: Professional Activities, Self-Rated Skills, Job Satisfaction, and Financial Well-being. *Psychiatric Services (Washington, D.C.)*, *69*(12), 1264–1267. https://doi.org/10.1176/appi.ps.201800251

Mancini, M. A. (2018). An exploration of factors that effect the implementation of peer support services in community mental health settings. *Community Mental Health Journal*, *54*(2), 127–137. https://doi.org/10.1007/s10597-017-0145-4

Marques, T., Crespo, C. F., Pina e Cunha, M., Caçador, M., & Dias, S. S. (2023). Responsible leadership and turnover intentions in health-care professionals: The mediating role of burnout. *Leadership in Health Services*, *ahead-of-print*(ahead-of-print). https://doi.org/10.1108/LHS-11-2022-0109

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*, 99–113.

Maslach, C., Jackson, S. E., & Leiter, M. P. (2018). *Maslach Burnout Inventory* (4th ed.). Mind Garden, Inc. https://www.mindgarden.com/maslach-burnout-inventory-mbi/685-mbi-manual.html

Mayer, R. E. (2019). Thirty years of research on online learning. *Applied Cognitive Psychology*, *33*(2), 152–159. https://doi.org/10.1002/acp.3482

Missouri Department of Mental Health. (n.d.). *Peer Support Services*. Retrieved August 15, 2023, from https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/peer-support-services

Rebeiro Gruhl, K. L., LaCarte, S., & Calixte, S. (2016). Authentic peer support work: Challenges and opportunities for an evolving occupation. *Journal of Mental Health*, *25*(1), 78–86. https://doi.org/10.3109/09638237.2015.1057322

Robertson, I., Sagvaag, H., Bruland, L., Nesvaag, S., & Selseng, L. (2021). The hunt for a job: Narrating the process of gaining employment for people in recovery from lives dominated by drug use. *Drugs: Education Prevention and Policy*, *29*. https://doi.org/10.1080/09687637.2021.1973962

Roumell, E. A. (2019). Priming adult learners for learning transfer: Beyond content and delivery. *Adult Learning*, *30*(1), 15–22. https://doi.org/10.1177/1045159518791281

Scanlan, J. N., Still, M., Radican, J., Henkel, D., Heffernan, T., Farrugia, P., Isbester, J., & English, J. (2020). Workplace experiences of mental health consumer peer workers in New South Wales, Australia: A survey study exploring job satisfaction, burnout and turnover intention. *BMC Psychiatry*, *20*(1), 270. https://doi.org/10.1186/s12888-020-02688-9

Scannell, C. (2021). Voices of Hope: Substance Use Peer Support in a System of Care. *Substance Abuse: Research & Treatment*, 1–7. https://doi.org/10.1177/11782218211050360

Sledge, W. H., Lawless, M., Sells, D., Wieland, M., O'Connell, M. J., & Davidson, L. (2011). Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric Services*, *62*(5), 541–544. https://doi.org/10.1176/ps.62.5.pss6205_0541

Stringfellow, E. J., Lohmann, B., Richardson, K., Duello, A., Ilavarson, V., Kondai, R., Wood, C. A., & Winograd, R. P. (2019). *The recovery housing system in Missouri: Community-Based System Dynamics (CBSD) group model building workshop report* (pp. 1–32). University of Missouri St. Louis. https://static1.squarespace.com/static/5d3f05dde2442800011cca16/t/5eb064ca3c9e9c74eb305725/1588618459787/Recovery+Housing+Evaluation_CBSD+Report_FINAL.pdf

Tracy, K., Burton, M., Miescher, A., Galanter, M., Babuscio, T., Frankforter, T., Nich, C., & Rounsaville, B. (2012). Mentorship for Alcohol Problems (MAP): A peer to peer modular intervention for outpatients. *Alcohol and Alcoholism*, *47*(1), 42–47. https://doi.org/10.1093/alcalc/agr136

Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). Utilizing peer mentorship to engage high recidivism substance-abusing patients in treatment. *The American Journal of Drug and Alcohol Abuse*, *37*(6), 525–531. https://doi.org/10.3109/00952990.2011.600385

Vélez-Grau, C., Stefancic, A., & Cabassa, L. J. (2019). Keeping the peer in peer specialist when implementing evidence-based interventions. *Health & Social Work*, *44*(1), 57–60. https://doi.org/10.1093/hsw/hly037

Weikel, K., & Fisher, T. (2022). Burnout and Turnover Intention Among Peer Providers and Other Providers of Mental Health Services in a Rural Two-County Area. *Journal of Psychosocial Rehabilitation and Mental Health*, *9*(1), 33–43. https://doi.org/10.1007/s40737-021-00232-w

Wood, C. A., Lohmann, B., Richardson, K., Duello, A., Hourd, M., Anderson-Harper, R., & Winograd, R. P. (2021). *An evaluation of recovery housing in Missouri: Key outcomes and recommendations*. Addiction Technology Transfer Center (ATTC) Network. https://attcnetwork.org/centers/global-attc/evaluation-recovery-housing-missouri-key-outcomes-and-recommendations

Wright-Berryman, J. L., McGuire, A. B., & Salyers, M. P. (2011). A review of consumer-provided services on Assertive Community Treatment and intensive case management teams: Implications for future research and practice. *Journal of the American Psychiatric Nurses Association*, *17*(1), 37–44. https://doi.org/10.1177/1078390310393283

Table 1

Demographics (N=96)

	N	%
Race/Ethnicity		
African American/Black	8	8.3
Asian	1	1.0
Caucasian/White	84	87.5
Hispanic/Latino	3	3.1
Multi-Racial	1	1.0
Not Listed	2	2.1
Gender		
Man	27	28.1
Woman	68	70.8
Prefer Not to Answer	1	1.0
Age		
18-25	2	2.1
26-35	25	26.0
36-45	34	35.4
46-55	16	16.7
56-65	19	19.8
Location		
Missouri	87	90.6
Somewhere Else	9	9.4
In Recovery from Substance Use		
Yes	86	89.6
No	10	10.4
Certified Peer Specialist (CPS)		
Yes	83	86.5
No	13	13.5

Table 2

Pre-/post-test results

Module topic	***N***	**Pre-test**		**Post-test**		***Z***	***r***
		M	***SD***	***M***	***SD***		
Professionalism	84	7.5	1.2	8.1	1.1	-3.4**	-.4
Grief and Compassion Fatigue	70	7.9	1.2	8.5	0.7	-3.4**	-.4
Medication for Addiction Treatment (MAT)	65	5.3	1.4	6.1	1.0	-4.6**	-.6
Co-Occurring Disorders	71	6.8	1.0	7.1	0.9	-3.0*	-.4
Assessing for Suicidality, Domestic Violence, and Sex Trafficking	56	7.6	0.8	8.0	0.8	-3.4**	-.5

*** $p \leq .01$; ** $p \leq .001$**