REPORT / PEER SPECIALIST TRAINING AND CERTIFICATION PROGRAM
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Peer Specialist Certification and Training Evaluation:

The Via Hope Peer Specialist Training and Certification Program

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Chapter 1: Introduction

Peer Specialist Training and Certification

Peer specialists are individuals with lived experience of recovery from mental health issues who are employed to support people receiving mental health services (Davidson, Chinman, Sells, & Rowe, 2006; Gates & Akabas, 2007). Research has found that peer specialists improve outcomes for people with mental health issues by increasing their engagement and activation in other mental health services (Craig, Doherty, Jamieson-Craig, Boocock, & Attafua, 2011; Druss et al., 2010), reducing their number of hospitalizations (Clarke et al., 2000), and increasing their socialization abilities (Craig et al., 2011; Rivera, Sullivan, & Valenti, 2007).

Across the country, training and certification programs have been developed to promote and establish a standardization of the peer specialist role. As of 2016, 41 states and the District of Columbia have established programs to train and certify peer specialists (Kaufman, Kuhn, & Stevens Manser, 2016). The development of such training programs is important because they help to ensure that peer support services are delivered with fidelity to the guiding principles and ethical standards of the position (Kaufman et al., 2016). In a national survey of peer specialists, respondents identified three different areas of focus of the training programs they attended: 1) the peer relationship, 2) direct peer support, and 3) policy, legislation, advocacy, and rights protection. The broadness of these topics may indicate that there is variability in the focus of training content of certification programs across the nation (Cronise, Teixeira, Rogers, & Harrington, 2016). According to the same survey, 80% of the peer specialists that completed a training program felt they had received adequate training to work as a peer specialist. The perception of training sufficiency was a predictor of overall job satisfaction (Cronise et al., 2016).

Peer Specialist Training in Texas

During the 85th Texas Legislature Session, the passage of House Bill 1486 provided for the development and adoption of rules to define Peer Support as a Medicaid Benefit (Health and Human Services Commission [HHSC], 2018a). Per House Bill 1486, to define the new benefit, the HHSC established a Peer Support Stakeholder Workgroup for the purpose of providing input for the development of rules relating to peer specialists and the provision of peer services under Medicaid (HHSC, 2018a). In light of these new rules, it is possible that the demand for training and certification programs for peer specialists will grow due to the expansion of funding sources for the peer specialist role.

Currently, Via Hope is the only training and certification entity for peer specialists that is recognized by the HHSC. Each year, Via Hope offers several trainings to aspiring peer specialists. As of May 2018, Via Hope has trained and certified 1143 mental health peer specialists (Via Hope, 2018a). As of May 2018, there were 625 active Certified Peer Specialists in Texas (Via Hope, 2018a)

Given the expansion of training and certification programs across the country, and the legislative revisions occurring in Texas, it is important to examine the strengths and areas of improvement of peer specialist training and certification programs in order to build the evidence for both training curricula as well as the competency of peer specialists (Kaufman et al., 2016). Further, efforts to do so should involve examining the perspectives of various stakeholders (e.g., supervisors, trainees), examining multiple aspects of a training program (e.g., the application process, curriculum, exam), and examining multiple time points (e.g., satisfaction during the training, post-training

outcomes and perspectives) in order to gain a comprehensive understanding of the strengths and improvement areas in a program.

Evaluation of the Via Hope Peer Specialist Training and Certification Program

The Texas Institute for Excellence in Mental Health (TIEMH) conducts research and evaluation, implementation support, workforce development and training, and policy and strategic support all with the purpose of improving the social, emotional and behavioral health of Texans (TIEMH, 2018). For the 2018 fiscal year, TIEMH was contracted by the HHSC to conduct an evaluation of the Via Hope Peer Specialist Training and Certification (PSTC) program. The purpose of this evaluation was to examine multiple aspects of the PSTC program, in order to inform efforts to train and certify peer specialists at the state level.

Chapter 2 of this report presents results of the process evaluation of the PSTC program conducted by researchers at the TIEMH, including a review of the training application process, the application scoring process, and all relevant training documents for five trainings conducted in the 2018 fiscal year. Additionally, for the first three trainings, a fidelity assessment, an analysis of trainee satisfaction, and a review of the examination scores were conducted.

Chapter 3 of this report presents results of an analysis conducted on the Via Hope Texas Certified Peer Specialist exam. Results of an older version of the certification exam (administered in April, June, and July of 2017 to 63 trainees) were compared with results of the new exam (administered in November 2017, December 2017, and February 2018 to 67 individuals).

Chapter 4 of this report presents results of trainee and supervisor surveys. A survey was administered to trainees who completed the PSTC program in order that examined: 1) trainees' experiences related to the training, 2) trainees' perceived skill levels in areas relevant to working as a Certified Peer Specialist developed from training objectives, 3) information about employment status as a mental health peer specialist, and 4) questions about the recovery orientation of services at their organization. Another survey was administered to the supervisors of trainees who completed the PSTC program to examine their perceptions of: 1) how well the training prepares peer specialists to do their jobs, 2) the importance of peer specialists being trained and certified, 3) any additional training and skills that would prepare peer specialists to do their jobs more effectively, 4) the required qualifications for a peer specialist at their organization, and 5) questions about the recovery orientation of services at their organization.

Finally, in Chapter 5 of this report, results of 24 in-depth interviews that were conducted with PSTC trainees and supervisors of trainees to assess key strengths and areas of improvement for the PSTC program as well as key training needs for peer specialists in Texas are presented.

Taken together, the data presented in this report provide key insights into the strengths of and areas for improvement for the state-recognized Via Hope PSTC program. The final chapter of this report (Chapter 6) summarizes the results of this report and provides recommendations regarding improvements to the current state-based PSTC program.

Chapter 2: Process Evaluation of the Via Hope PSTC Program

Introduction

Researchers at the TIEMH conducted a process evaluation of five PSTC trainings: November 2017, December 2017, February 2018, April 2018, and June 2018. This process evaluation is described in this chapter, broken down into the following six sections: 1) Peer Specialist Certification Training Application, 2) Rubric and Certified Peer Specialist Training Application Scoring Guide, 3) Document Review, 4) Fidelity Assessment, 5) Satisfaction Surveys, and 6) Exam Outcomes. The first three sections of the process evaluation were conducted on all five trainings. Researchers attended the first three trainings; therefore, the Fidelity Assessment, Satisfaction Surveys, and Exam Outcomes sections were only analyzed using data from those three trainings.

For the **Peer Specialist Certification Training Applications section** of this chapter, researchers collected and reviewed all applications submitted for all five trainings. The application submission process changed mid-way through the fiscal year, from a paper application to an online application. Therefore, researchers documented both types of application submission processes. The training application was divided into five sections: 1) an eligibility checklist, 2) contact information, 3) demographics, 4) employment information (deemed Recovery Experience), and 5) a final section that asked applicants about their background and prior experience, as well as open-ended items on definitions and examples of concepts related to recovery (Background and Open-Ended Items section). The training application document, application process, and descriptive information on applicants are described in Section 1.

For the **Rubric and Certified Peer Specialist Training Application Scoring Guide section** of this chapter, researchers obtained the scoring guide used to score applications to each training. The scoring guide was examined, in addition to the process by which applicants were scored. The scoring process changed when the application submission process changed. Thus, both types of scoring processes were reviewed. Descriptive information on applicant scores is provided in Section 2.

In the **Document Review section**, all pertinent documents related to the training were reviewed. Documents included: 1) the Peer Specialist Training Application Supplement / Via Hope Peer Specialist Readiness for Training Guide, 2) Texas Certified Peer Specialist Program Policy and Procedure Manual, 3) Certified Peer Specialist Training Application, 4) Certified Peer Specialist Training Application Scoring Guide, 5) the Certified Peer Specialist Pre-Training Workbook, 6) Certified Peer Specialist Student Manual, and 7) Certified Peer Specialist Facilitator Manual and PowerPoint Slides. Results from the document review are discussed in Section 3.

In the **Fidelity Assessment section**, results of researchers' assessments of fidelity of the training curriculum are discussed. Subsequent to the document review, researchers developed a Fidelity Assessment Tool to evaluate the extent to which trainers adhered to the curriculum at the first three trainings. Researchers assessed whether all content was presented and whether time guidelines were followed. Researchers also made notes on trainee perceived receptiveness to elements of the curriculum, whether there were questions posed, trainee engagement with different sections of the curriculum, and other observations. Results of the fidelity assessment and observations from the first three trainings are discussed in Section 4.

In the **Satisfaction Survey section**, results of satisfaction surveys administered at the conclusion of each training day and at the conclusion of the weeklong training are examined. In collaboration with Via Hope, researchers modified the original Via Hope training satisfaction surveys. On a daily basis, trainees responded to questions related to their satisfaction with the student manual, training modules, and trainers. They also were able to relate their perceptions of the most useful aspects of the day's training, along with areas that could be improved. At the conclusion of the training, trainees were able to reflect on these areas of the training for the entire week. Results of the satisfaction surveys are discussed in Section 5.

In the **Exam Results section**, descriptive information about the Texas Certified Peer Specialist Exam results are presented. In addition, researchers examined factors that were related to passing the certification exam, including applicant characteristics, fidelity of the training attended, and satisfaction with the training. Results of the analysis of exam results is discussed in Section 6.

Section 1: Peer Specialist Certification Training Applications

Method

Applicants

Applicants include all persons who applied for any of the five trainings under review. A total of 240 unique applications were reviewed. Of these, 20 applications were not included in the evaluation: 13 applications were for veterans (these applications were held over for the separate Veteran Certified Peer Specialist training); two applications were incomplete and could not be scored; two applications were from individuals who lived out-of-state; one application was subsequently withdrawn prior to scoring; and one application was submitted in error (by a person intending to apply for peer specialist recertification). Of the 220 valid applications, 58 were to the November training, 41 to the December training, 34 to the February training, 42 to the April training, and 45 to the June training.

Instrument

The current Via Hope Peer Specialist Certification Training Application is available on the Via Hope website during the application periods for upcoming trainings (Via Hope, 2018b). Presently, the training application is submitted online. However, for the first three trainings (November, December, and February), training applications were downloaded, completed, and submitted by email, mail, or fax.

For all five trainings, the content of the training application was generally the same. Sections of the training application included an eligibility checklist, demographics, and contact information, as well as a section on the applicant's employment history (Recovery Experience section) and additional background information (Background and Open-Ended Items section). Background information included items asking about prior development of a Wellness Recovery Action Plan (WRAP), language fluency, experience as an applicant to a prior training, eight open-ended questions on additional training and experience as a peer, and perceptions about recovery and wellness.

There were some differences between the paper and online training applications. The new online training application reflected a lower cost of training attendance ($650, down from $750), because hotel costs were no longer included in this fee. Applicants accepted to the April and June trainings, or their employers, would need to pay for their own accommodations the week of the training. The online training application also stated that the training attendance fee was due two weeks prior to the training, as opposed to one week prior, from the paper training application. The online training application asked applicants to list the type of employer for each of the agencies they listed under their employment history (e.g. LMHA, hospital, etc.). The online training application also gave applicants more space to report their job duties. Finally, the online training application omitted a question about a person's ethnicity (Hispanic/Latino or not).

Data Collection

Via Hope described the application submission process to the TIEMH researchers during face-to-face meetings and through email communication. To apply for the first three trainings, applicants downloaded a PDF version of the training application from the website. Completed applications were submitted to Via Hope by email, fax, or mail. To

apply for subsequent trainings, applicants completed an electronic training application available on the Via Hope website.

For each training, the application submission period opened 8 to 10 weeks before the start of the training and closed 5 to 6 weeks before the training, allowing approximately 3 to 4 weeks to complete and submit applications. Applicants were notified three weeks prior to the training whether or not they were accepted.

Data Analysis

Application data were entered into SPSS for analysis. Descriptive statistics for quantitative variables were generated for each training cohort based on the different sections of the training application, including demographics, employment information, implementation of a Wellness Recovery Plan (WRAP), fluency in a second language, and status as a prior applicant. The responses to the eight open-ended items were not analyzed in this section of the report. However, scoring for these items is available in the Rubric and Certified Peer Specialist Training Application Scoring Guide section of this chapter (Section 2).

Results

Demographics

Applicant demographics were similar across the trainings. The age category (in years) most represented across the trainings was 36-55, followed by 26-35, and 55+; a minority of respondents were aged 18-25. More than half of applicants to each of the five trainings identified as White, followed by African American, and Other. There was also representation of Asian/Pacific Islander and Indian/Native American at two and three of the five trainings, respectively. See Table 1 for a complete description of applicant demographics. The majority of applicants to all five trainings were women, ranging from 63.0% to 70.0% of the total applicants. The April and June training applications did not ask applicants about Latino ethnicity.

Table 1. *Applicant demographics by training cohort.*

		Nov *n* (%)	Dec *n* (%)	Feb *n* (%)	April *n* (%)	June *n* (%)
Age	18-25	1 (1.8%)	4 (10.5%)	2 (6.5%)	3 (7.1%)	-----
	26-35	11 (20.0%)	13 (34.2%)	8 (25.8%)	11 (26.2%)	7 (15.6%)
	36-55	32 (58.2%)	10 (26.3%)	15 (48.4%)	17 (40.5%)	32 (71.1%)
	55+	11 (20.0%)	11 (28.9%)	6 (19.4%)	11 (26.2%)	6 (13.3%)
Race	African American	12 (22.6%)	5 (13.9%)	5 (17.9%)	5 (11.9%)	13 (28.9%)
	White	32 (60.4%)	27 (75.0%)	19 (67.9%)	24 (57.1%)	26 (57.8%)
	Asian/Pacific Islander	------	1 (2.8%)	------	------	1 (2.2%)
	Indian/Native American	2 (3.8%)	------	1 (3.6%)	2 (4.8%)	------
	Other	7 (13.2%)	3 (8.4%)	3 (10.7%)	11 (26.2%)	5 (11.1%)
Gender	Female	34 (63.0%)	23 (69.7%)	21 (70.0%)	27 (64.3%)	30 (69.8%)
	Male	20 (37.0%)	10 (30.3%)	9 (30.0%)	14 (33.3%)	13 (30.2%)
	Transgender	------	------	------	1 (2.4%)	------
Latino or Hispanic	Yes	11 (20.4%)	9 (25.7%)	9 (30.0%)	Not collected	Not collected
	No	43 (79.6%)	26 (74.3%)	21 (70.0%)	Not collected	Not collected

Recovery Experience

The Recovery Experience section of the training application asked about employment or volunteer experience as a peer specialist. The training application included different sections for paid employment, volunteer work, prior paid employment or volunteer work, job offers pending peer certification, and whether the applicant was currently looking for employment. Applicants were able to complete sections for as many types of employment as were applicable to them. Other categories of employment (offered, previously, or seeking) were scored only if an applicant was not currently employed or volunteering as a peer. Applicants were asked to describe their job duties for any type of employment in order to ensure that their job duties accurately reflected the work of a peer.

The tenure and number of hours of volunteer work data was not collected for the June training due to a technical error. For this training, Via Hope called applicants who indicated that they did volunteer to ask for their tenure and number of hours, in order to determine if this was the type of employment that should be scored. For all five trainings, 86 applicants were currently employed in a peer specialist role and 10 were employed as recovery coaches. However, some (N = 9) also reported that they were seeking work. This might indicate that they intended to find employment after becoming certified. Thirty-six applicants reported they were both volunteering and paid to work in a peer capacity. Average employment tenure was around one year for all trainings. Average volunteer tenure varied more, from one year and five months in April to three years and eight months in February. The average hours of employment for all five trainings was approximately 33 hours a week. Volunteer hours were also more variable, from

7 hours a week in February to 24 hours a week in November. The average hourly wage for paid employees ranged from $12.15 to $14.10, excluding one outlier from the December cohort. See Table 2 for a complete breakdown of the characteristics of applicants' employment history.

Applicants worked and volunteered at a variety of types of organizations. The most common employer type for all five trainings (*N* = 125) was LMHA (60.6%), followed by Other (21.6%), SUD (5.6%), state hospital and homelessness services (4.0%). Finally, 3.2% of all applicants worked at peer-run organizations. Volunteer agency type (*N* = 48) followed a similar pattern; most applicants volunteered at Other types of organizations (50.0%), followed by LMHAs (20.8%), SUD organizations (14.6%), and organizations that provided services to individuals experiencing homelessness (8.3%).

Table 2. *Applicant employment history by training cohort.*

		Nov ***n* (%)**	**Dec** ***n* (%)**	**Feb** ***n* (%)**	**April** ***n* (%)**	**June** ***n* (%)**
Employment type	Employed	35 (60.3%)	28 (68.3%)	19 (55.9%)	21 (50.0%)	22 (48.9%)
	Volunteer	19 (34.5%)	10 (26.3%)	8 (25.0%)	10 (23.8%)	13 (31.7%)
	Offered Position	10 (27.8%)	6 (21.4%)	2 (8.3%)	2 (4.9%)	1 (2.2%)
	Previously Employed	7 (15.9%)	1 (3.1%)	4 (12.9%)	3 (7.3%)	5 (11.4%)
	Seeking Employment	23 (51.1%)	10 (30.3%)	13 (44.8%)	18 (43.9%)	18 (40.9%)
		Nov ***M (SD)***	**Dec** ***M (SD)***	**Feb** ***M (SD)***	**April** ***M (SD)***	**June** ***M (SD)***
Tenure in months	Employed	10 (12)	11 (18)	12 (10)	10 (15)	19 (29)
	Volunteer	18 (11)	20 (24)	44 (60)	17 (16)	-----
Hours per week	Employed	34 (9)	32 (11)	32 (12)	33 (13)	34 (10)
	Volunteering	24 (20)	13 (8)	7 (5)	10 (8)	-----
Hourly wage in dollars	Employed	12.74 (3.07)	12.15 (2.75)	13.39 (2.74)	14.10 (6.52)	13.52 (3.11)

Note: *M* = mean, *SD* = standard deviation

Applicants who indicated that they were paid employees and/or volunteers were asked to state their job title. Most individuals who were employed reported that their job title was peer support specialist (*N* = 90), including adult mental health, geriatric, youth, employment, and assisted living specializations. Two of these were managers of their peer programs. Eighteen individuals reported that their job title included peer recovery coach, including opioid and community re-entry specializations. Other job titles of individuals who were employed included veteran service coordinator, housing liaison, client intake worker, residential support specialist, director, care provider, advocate, consultant, team leader, president, facilitator, and direct care staff.

Many volunteers reported that their job title was peer support specialist (*N* = 23), including housing and community re-entry specializations. Two individuals reported that their job title included recovery support specialist. Other job titles of individuals who were volunteering included women's housing manager, shelter monitor, outreach

coordinator, president, sponsor, mental health and addiction advocate, member services liaison, care provider, counselor, facilitator, and executive director.

Applicants who were employed or who volunteered in a peer capacity were also asked to list their job duties. These job duties encompassed an array of responsibilities, including both peer and non-peer work tasks. Researchers summarized and categorized the applicants' reported job duties. These summaries of peer and non-peer related tasks were ranked by frequency and the most frequently reported job tasks are included in Table 3 for paid employees and Table 4 for volunteers.

Table 3. *Most frequently reported job tasks/duties of paid employee applicants.*

	Nov *n*	Dec *n*	Feb *n*	April *n*	June *n*	Total *n*
One-on-one peer support	18	17	12	15	12	**74**
Facilitating support groups	14	6	7	10	7	**44**
Assist with connecting to resources	8	4	7	5	10	**34**
Assistance with goal-setting	6	8	6	6	4	**30**
Share recovery story	8	6	6	6	4	**30**
Education/skills building	6	7	5	6	4	**28**
Working on a treatment team	2	3	2	4	5	**16**
Administrative tasks	3	3	5	2	1	**14**
Advocating for people	3	3	3	2	2	**13**
Model recovery/wellness	2	1	3	3	2	**11**
Navigation of services	4	1	2	1	3	**11**
Direct service provision (not described as peer support)	1	2	2	3	2	**10**
Outreach/engagement	2	3	0	3	2	**10**
Provide transportation	3	0	2	3	2	**10**

Less frequently reported job duties of paid employees to all trainings included:

- program development and management (*N* = 7);
- assessment and helping people advocate for themselves (*N* = 6 each);
- facilitating WRAP development and service or treatment coordination (*N* = 5 each);
- staff trainings, home visits, housing assistance, liaising with staff, medication administration or management, and case management (*N* = 4 each);
- transportation assistance and housing facility operations (*N* = 3 each);

- progress monitoring, community outings, supervising other peer specialists, serving on workgroups or committees, monitoring treatment adherence, and organizational development or start-up (*N* = 2 each); and
- community organization, treatment planning, supporting transition to outpatient, scheduling, education staff about peer services, and HIV testing (*N* = 1 each).

Table 4. *Most frequently reported job tasks/duties of volunteer applicants.*

	Nov *n*	Dec *n*	Feb *n*	April *n*	June *n*	Total *n*
One-on-one peer support	10	6	4	4	0	**24**
Facilitating support groups	7	2	1	1	0	**11**
Share recovery story	5	2	3	0	1	**11**
Assisting people with connecting to resources	2	4	0	2	0	**8**
Education/skills building	2	1	1	2	1	**7**
Administrative tasks	1	1	0	1	0	**3**
Medication administration	2	0	1	0	0	**3**
Advocating for people	2	0	0	0	0	**2**
Assistance with goal-setting	1	1	0	0	0	**2**
Housing facility operations	1	0	1	0	0	**2**
Outreach/engagement	0	0	0	1	1	**2**
Cooking	1	0	1	0	0	**2**
Organization management (not peer related)	0	0	0	2	0	**2**

Less frequently reported job duties of volunteers to all trainings included community organization, direct service provision (described as non-peer support), educating staff about peer services, liaising with staff, assessment, organizational development and start-up, program management, facilitating WRAP development, arts and crafts, office duties, group and event planning, hygiene coaching, and acclimating animals to human presence (*N* = 1 each).

WRAP Status, Language Fluency, and Prior Applications

For all five trainings, 39.5% of applicants had developed a WRAP plan (*N* = 220). Additionally, 4.6% of applicants were trained as WRAP facilitators. See Table 5 for a description of the number of applicants who had developed a WRAP or who were WRAP facilitators for each of the five trainings.

Table 5. *WRAP development and facilitation by training cohort.*

	Nov *n* (%)	Dec *n* (%)	Feb *n* (%)	April *n* (%)	June *n* (%)
WRAP Plan	29 (50.0%)	15 (36.6%)	13 (41.2%)	18 (42.9%)	11 (24.4%)
Wrap Facilitator	3 (5.5%)	2 (4.9%)	1 (2.9%)	2 (4.8%)	2 (4.4%)

Overall, 74 applicants (33.8%) reported that they had applied to multiple trainings; some of these represented applications to trainings that occurred prior to this evaluation. Most of these applicants reported that they had applied to one other training (82.9%), followed by two other trainings (10%), three other trainings (2.9%), and four other trainings (1.4%). Over half of the applicants to the June training reported that they had applied to take the training before (62.2%). Conversely, only a minority of applicants to the April training had applied previously (14.3%). See Table 6 for a description of the number and percent of applicants that had applied to a previous training.

For all five trainings, 23.4% of applicants were fluent in a second language. Second language-applicants were verbally fluent in included Spanish (90.5%), Portuguese (2.4%), American Sign Language (4.8%) and Laotian (2.4%). One applicant was also fluent in German as a written language. See Table 6 for a description of the second language fluency of applicants.

Table 6. *Previous application and language fluency by training cohort.*

	Nov *n (%)*	Dec *n* (%)	Feb *n* (%)	April *n* (%)	June *n* (%)
Previous Applications	19 (33.3%)	9 (22.5%)	12 (34.3%)	6 (14.3%)	28 (62.2%)
Second Language Fluency	11 (25.6%)	8 (29.6%)	7 (25.9%)	10 (23.8%)	7 (15.6%)

Discussion

Many more individuals applied (N = 220) for the PSTC program than were accepted. This suggests that there is a great interest statewide in becoming a CPS. It may be beneficial to consider expanding the training program to provide more applicants the opportunity to attend, develop introductory trainings for those without work experience, and to clearly specify selection criteria and provide feedback to unselected applicants so they understand why they were not selected for training.

Application Process

Over the course of the year, several veterans applied to the general PSTC program instead of the veteran-specific PSTC program. This could be avoided by providing a link to the Veterans' Peer Specialist Certification training application webpage and by clarifying this in the instructions at the beginning of the training application.

Changes to the application process, from paper training application to online training application, resulted in some issues. For the April and June trainings, the online training application did not include a question on Ethnicity; this meant that applicants did not report if they were Hispanic or Latino, as they had in applying for the first three trainings. Additionally, there was an error in the June online training application that resulted in loss of data on

volunteer status of applicants. Finally, there were several duplicate applications for the April training. Over the course of the year, Via Hope identified errors in the application process and continually worked to resolve the issues.

A benefit of the new online application submission system is that applicants can save incomplete applications and come back to complete them at a later time. Applicants also receive an email upon submission. In addition to verification of submission, the online training application may lend to greater validity of application data by managing what data applicants can enter. For instance, incomplete phone numbers, zip codes, or email addresses could be managed with input validation functions. Further, the new online training application could be adapted to function with adaptive software to accommodate low vision, reading challenges (e.g. dyslexia) or other challenges with processing written language. The online training application avoids some of the issues observed when applicants hand wrote the responses; legibility of handwriting will not be something to hinder application review.

There could also be possible barriers to accessing the online training application. Some organizations limit access to outside websites for security purposes and have restrictive firewalls. For individuals without computers, there would be limited access, although paper submission would still require online access to download the training application from the website. People could access the training application from a library computer, but if the link to complete the training Application depends upon cookies, this would mean a person could lose all their application data. They would have to complete an application in one sitting.

In general, the online training application improves standardization of the process, but paper options should continue to be available to potential applicants with limited online access.

Application Questions

Based on responses in the applications that were submitted, some questions on the training application may be unclear. Many applicants filled in the same information for all of the employment status options (currently employed, volunteering, previously employed, offered employment). Thus, the employment section should provide further detail on which section the applicant should complete given their specific employment circumstances. The intent of one item on the training application was to determine how the applicant assists people in recovery outside the scope of their current employment; however, many individuals reported ways that they assist people in their recovery within the scope of their employment. It would be helpful to include some clarification of these questions.

Applicant Characteristics

Within the *Texas Statewide Behavioral Health Strategic Plan* (HHSC, 2016), one of the guiding principles established was to ensure that the state behavioral health programs and services "reflect the cultural, racial, ethnic and linguistic differences of the population they serve" (p. 7). TIEMH obtained demographic data from the Texas Local Mental Health Authorities (LMHAs) for all people who received services between March 1, 2017 and February 28, 2018 (HHSC, 2018b). Of those individuals, 23.3% identified as Hispanic. In the sample of PSTC applicants, 24.4% of applicants identified as Hispanic or Latino. This suggests that regarding Ethnicity, PSTC applicants may be representative of the LMHA population.

In terms of race, in the general population, 22.5% of individuals receiving services identified as Black, 72.7% as White, the remaining 3.9% were split between identifying as multiple races, Asian, American Indian, and Native Hawaiian. In

the PSTC applicant sample, Asian or Pacific Islander and Native American or Indian were over-represented slightly, but within one percentage point. Among PSTC applicants, 14.3% identified as "other", the description of which included multiple races. In the general population, 3.5% identified as multiple races, specifically. Both black and white demographic populations were slightly underrepresented in PSTC applicants. See Table 7 for a description of the demographics of the LMHA population, compared with the PSTC applicants.

Table 7. *Demographics of population of individuals seeking services in Texas compared with PSTC applicants.*

	Black (%)	**White (%)**	**Asian (%)**	**Native Hawaiian (%)**	**Native American (%)**	**Multiple (%)**
LMHA population	22.5	72.7	0.1	0.1	0.3	3.5
	Black (%)	**White** (%)	**Asian or Pacific Islander** (%)		**Indian or Native American** (%)	**Other** (%)
PSTC applicants	19.6	62.7	1.0		2.5	14.3

Within the population of people receiving services in Texas, 46.7% identified as male; of the PSTC applicants, 32.7% identified as male. This may suggest a need for additional recruitment of as male applicants. One applicant to the PSTC program identified as transgender. Unfortunately, the LMHA data did not include information about people receiving services who identify as transgender or any other gender than male or female.

Application Feedback

Several applicants applied to more than one training. Currently, Via Hope notifies people of their acceptance or non-acceptance into the training but does not provide any feedback related to the reason for non-acceptance. For applicants who are not accepted, it may be helpful to provide feedback on why the applicant was not accepted, so that in the event they decide to apply to another training they have guidance in improving their future application

Section 2: Rubric and Certified Peer Specialist Training Application Scoring Guide

Method

Scoring Process

For the first three trainings, a panel of 4-6 reviewers evaluated each application and then came to a consensus score for each question on the training application. After the online training application was launched, the scoring process changed. Three to four reviewers independently evaluated and scored each application in an online forum. Scores from each reviewer were then summed and averaged to determine the applicant's final score. Applicants with the highest scored applications were accepted to the training. For the first two trainings, some applicants with the next-highest scores were retained on a wait list and drawn upon in the event that another applicant cancelled prior to the training. For the last three trainings, there was no waitlist established.

Certified Peer Specialist Training Application Scoring Guide

The Certified Peer Specialist training application scoring guide was divided into the same five sections as the training application: eligibility checklist; demographics; contact information; employment history (Recovery Experience section); and a final section that asked for additional background information and open-ended questions on prior experience as a peer, applicant qualifications, and beliefs about recovery concepts (i.e., Background and Open-Ended Items section). The eligibility checklist, demographics, and contact information sections were reviewed for completion, but not scored. Applications could be rejected if these sections were not complete. The Recovery Experience and Background and Open-Ended Items sections were scored using a variety of scales.

Recovery Experience

In the Recovery Experience section of the training application, applicants were asked about their current employment status and employment history. They were able to complete as many sections as were applicable to them, from the following types: employed (currently a paid employee), volunteer (currently volunteering), offered employment (contingent on attending the PSTC program and becoming certified), previously employed, and seeking employment. Applicants who indicated that they were employed, volunteering, and/or previously employed were also asked about their job duties, tenure, and number of hours worked per week. Reviewers scored each type of employment an applicant indicated, and only the single-highest score was retained for the purposes of calculating a final score.

Per the Scoring Guide, the highest number of points available for the Recovery Experience section of the training application was ascribed to the paid employment and volunteering sections. Thus, if one of these sections was completed by an applicant, indicating that they were a paid employee and/or volunteer, it would be retained in the scoring process. If an applicant indicated that they were both a paid employee and a volunteer, the type with the highest score would be retained. Scores were based on length of tenure and number of hours worked per week, with higher scores given for longer tenure and more hours worked per week. Recovery Experience scores were reduced by a number of points if the applicant was not currently working or volunteering at a "priority organization" (e.g., Local Mental Health Authority, State Hospital, or selected peer-run organizations).

If an applicant was not currently employed or volunteering, the next highest scores were for applicants who were previously employed or who had been offered employment contingent on completing the PSTC program and becoming a CPS. Scores for prior employment were also based on tenure and hours worked, with higher scores given for longer tenure and more hours worked per week. Scores for individuals who were offered a position were based on the number of hours per week the applicant would be working at the proposed organization, with higher scores given for more hours worked per week.

Individuals who were seeking employment received zero points for this section of the training application but did not receive a negative score. Individuals who were not working, volunteering, had no prior experience, no offer pending, and were not seeking work received a discrete negative score for the Recovery Experience section of the training application (-10). The possible range of scores for the Recovery Experience section of the training application ranged from -10 to 24 points.

Background and Open-Ended Items Section

In the last section of the training application, applicants were asked to respond to eight open-ended items, including their perception of recovery and the peer specialist role, additional training they had received, and ways they achieved and maintained their wellness. Finally, a set of objectively scored questions asked if the applicant had completed a Wellness Recovery Action Plan (WRAP), was certified in WRAP facilitation, had applied to the PSTC program previously, and if they were fluent (verbal or written) in any language other than English.

In the open-ended section of the training application, scores were subjectively rated by a panel of reviewers. Some items were scored on a scale of 0-3, others on a scale from 0-5. An applicant's score was based on the specificity and relevance of the responses.

Applicants received an objective number of points each for having developed a WRAP and for being certified as a WRAP facilitator. Applicants also received points if they had applied to a prior Via Hope training. Finally, applicants received a number of points if they were fluent in a second language. The possible score range for this section was 0-51 for the first three trainings and 0-54 for the last two trainings; this was because the number of points possible for applying to one or more previous Via Hope trainings increased when the application submission process changed from paper to online.

Data Collection and Analysis

Via Hope provided researchers at the TIEMH with a copy of the scoring guide. After Via Hope reviewers scored all of the applications for a given training, scores were sent to researchers at the TIEMH. The scoring data were reviewed to determine whether scoring totals were correctly calculated. Rubric scores were then entered into the same SPSS dataset as an applicant's original application. Descriptive statistics were generated, including overall scores and scores to the training application subsections for each training, as well as to all trainings as a whole. Scores of applicants who were accepted to the training were compared with the overall averages. Additionally, average scores of accepted applicants were compared with scores of applicants who were not accepted. Finally, for applicants who applied to multiple trainings, outcomes and scores for their different applications were compared.

Results

Of the 240 submitted applications, 220 were retained for review by both Via Hope and researchers at the TIEMH (see Section 1, Peer Specialist Certification Training Applications, for a list of exclusion criteria). Of these 220 retained applications, 205 were scored by Via Hope. In the scoring process for the first training, several applications (*N* = 15) were not scored completely; many items that were completed by applicants received no score.

See Table 1 for a description of the number of applicants (N = 220) to each of the five trainings. A total of 24 applicants applied to two different trainings. See Appendix A for a summary of the scores of applicants who applied twice.

Table 1. *Number of applicants to each of the five trainings.*

	Nov	Dec	Feb	April	June	Total
Applications	58	41	34	42	45	**220**

Scoring Observations

All applications to the December, April, and June trainings were scored completely. Two anomalies were noted in the scoring process for November and February. First, 15 applications for the November training were not completely scored, despite being submitted as complete. Three of these were assigned a score of -10 for Recovery Experience and not scored for the remainder of the application, despite responses to the subsequent questions; the remaining 12 were assigned either a score of 0, or not scored. Via Hope reported that due to the large number of applications for the November training (*N* = 58), applications were given a cursory review, and some were disqualified prior to a full review to save time. Upon consultation with researchers, Via Hope reported that they would endeavor to completely score all applications for future trainings. Seven of the 15 applicants that did not receive a score applied to a subsequent training. Upon their second submission, four of the unscored applicants were accepted to the second training to which they applied (see Appendix A).

Second, in the scoring process for the February training, 15 of the applications had a score of 0 recorded for each of four questions in the Background and Open-Ended Items section of the training application, despite that the questions were completed by the applicant. All four questions had a combined potential for 20 points. All four were open-ended items, scored subjectively; thus, researchers could not determine the score that would have been assigned by Via Hope reviewers and it was not possible to tell if any applicants who were not accepted might have been if they had been assigned an appropriate score. However, eight of these 15 applicants were accepted into the training program despite not being scored for these four items due to their high scores on other sections of the training application.

In addition, items that should have been objectively scored (e.g., WRAP development, WRAP facilitator, and second language fluency) were inconsistently scored throughout the training year. In several cases, applicants received scores that were not listed on the scoring guide (i.e., individuals were given scores of 2.5 for fluency when the objective scores were 0, 5, and 10 depending on the response). In other cases, individuals reported that they did meet the criteria for items assigned a specific objective number of points but were not assigned the associated score. In these

cases, researchers noted the discrepancies between assigned scores and the objective scores that should have been applied but did not make any corrections to the scores assigned by Via Hope.

In this section of the report, all scores calculated and reported are based on the scores assigned by Via Hope to the applications. The scoring results do not include the score discrepancies noted above by TIEMH researchers. Thus, some of the objectively scored items have totals differing from what is reported in the Peer Specialist Certification Training Applications section of this report. For example, we found that seven individuals reported being fluent in a second language in the February set of applications. However, only five of these individuals were scored as fluent.

Scoring Results

A total of 137 applicants were accepted into the training. In addition, a total of seven applicants were placed on a waitlist for the first two trainings. Table 2 summarizes the number of individuals accepted into each training. Via Hope indicated that applicants were only placed on a waitlist for the November and December trainings.

Table 2. *Number of applicants accepted, waitlisted, and not accepted to each training group.*

		Nov	Dec	Feb	April	June
Accepted	*n*	30	26	22	26	33
	%	51.7	63.4	64.7	61.9	73.3
Waitlist	*n*	2	5	-----	-----	-----
	%	3.4	12.2			
Not accepted	*n*	26	10	12	16	12
	%	44.8	24.4	35.3	38.1	26.7

Twenty-four applicants applied to more than one training under the review year (see Appendix A). Five of these 24 had been accepted to the first training to which they applied but had to cancel, as they could not be in attendance for various personal reasons. Four of the five applicants that had to cancel were accepted to the second training to which they applied. Of the 24 applicants that re-applied, seven applied for the first time in November and were not completely scored. Four of these seven applicants were accepted to the second training to which they applied.

Scoring Results for All Applicants

The average application score for each of the five trainings was highly variable. November training applicants had the highest average application score, with an average of 40.2 out of 75 possible points (*SD* = 8.7). However, for this training group, 15 applications were not completely scored. Had those 15 applications been completely scored and included in this average, this training might have had a much lower average application score. February training applicants had lowest average score, with an average of 26.0 points (*SD* = 12.2) out of a possible 75. However, this average was influenced by the number of applications with scores of 0 recorded for the four open-ended questions, which were completed by applicants but not scored via the Scoring Guide. Table 3 summarizes the average score for each training group.

For the Recovery Experience section of the applications, November had the highest average score, with 16.2 points (*SD* = 4.8) on a scale from -10 to 24. February and April had the lowest average Recovery Experience scores, 9.1 points (*SD* = 9.6 and *SD* = 7.8, respectively), on the same scale of -10 to 24.

The average score for the Background and Open-Ended Items section of the training applications, including the questions on WRAP, prior application, and language fluency, followed the same pattern as the overall scores and Recovery Experience scores; November had the highest average, 24.0 (*SD* = 6.8), and February had the lowest average, 16.9 (*SD* = 9.4), out of 51 possible points. See Table 3 for the average scores for each section of the training application for each training group. Note that the number of points possible for the Background and Open-Ended Items section changed from 51 points in the November, December, and February trainings to 54 points for the April and June trainings. Also, note that the inconsistent scoring of applications from November and February likely influenced these averages.

Table 3. *Average overall and section scores for applications from each training group.*

		Nov	Dec	Feb	April	June
Overall	*M*	40.2	32.6	26.0	30.8	33.4
	SD	8.7	11.2	12.2	9.8	12.6
Recovery Experience	*M*	16.2	11.2	9.1	9.1	11.1
	SD	4.8	9.3	9.6	7.8	10.0
Background and Open-Ended Items	*M*	24.0	21.4	16.9	21.7*	22.0*
	SD	6.8	5.2	9.4	4.3	5.4

Note: M = mean, *SD* = standard deviation,* indicates total possible score increased from 51 points to 54 points

In the Recovery Experience section of the application, applicants were able to select and complete sections for as many types of employment as applied to them, from the following: employed, volunteering, previously employed, seeking employment, and offered employment (see Section 1 for a description of the application and submission process). However, for scoring purposes, only the highest scored type of employment was retained for the applicant's final score. Table 4 summarizes the type of employment, or Recovery Experience, that was retained and scored for applicants from each training group.

Table 4. *Type of employment retained and scored for all applicants to each training group.*

		Nov	Dec	Feb	April	June
Employed	*n*	33	26	16	20	24
	%	76.7	63.4	47.1	47.6	53.3
Volunteer	*n*	7	3	3	7	8
	%	16.3	7.3	8.8	16.7	17.8
Offered a Position	***n***	**1**	-----	**1**	-----	-----
	%	2.3		2.9		
Previous Employment	*n*	1	-----	-----	-----	2
	%	2.3				4.4
Seeking Employment	*n*	1	9	13	15	8
	%	2.3	22.0	38.2	35.7	17.8
Not Seeking	*n*	-----	3	1	-----	3
	%		7.3	2.9		6.7

For all cohorts, the highest percent of applicants were scored based on current employment as peer specialists. November had the highest percentage of applicants scored as employed (76.7%), followed by December (63.4%), June (51.1%), April (47.6%), and February (47.1%). However, in November 15 applications were not scored, despite some of these applications listed Recovery Experience. June had the highest percentage of applicants scored as volunteering (17.8%). February had the highest percentage of applicants scored as seeking employment (38.2%). Only two applicants for all trainings were scored based on an offer of employment pending CPS certification. Additionally, only three applicants for all trainings were scored based on previous employment. Overall, seven applicants were scored as not seeking employment (receiving a score of -10).

Scoring Results for Accepted and Waitlisted Applicants

For the purpose of describing individuals who were accepted into the training, individuals who were put on the waitlist for the first two trainings are grouped with applicants that were accepted to the training (henceforth referred to as 'accepted'). The accepted applicants to the November training had the highest average overall scores (M = 43.9, SD = 6.3), Recovery Experience scores (M = 17.6, SD = 4.2), and Background and Open-Ended Items section scores (M = 26.3, SD = 6.1). February applicants had the lowest average scores for both Recovery Experience (M = 12.7, SD = 8.5) and the Background and Open-Ended Items section (M = 19.3, SD = 10.2). However, 15 individuals in February were assigned a score of "0" for four open-ended items, which likely influenced the low average score for this training group. See Table 5 for a summary of the accepted applicants' average overall, Recovery Experience, and Background and Open-Ended Items section scores.

Table 5. *Average overall and section scores of accepted applicants.*

		Nov (*N*=32)	Dec (*N*=31)	Feb (*N*=22)	April (*N*=26)	June (*N*=33)
Overall	*M*	43.9	37.8	32.0	36.9	39.5
	SD	6.3	6.6	9.9	5.9	6.5
Recovery Experience	*M*	17.6	15.4	12.7	13.8	16.0
	SD	4.2	5.3	8.5	5.2	5.4
Background and Open-Ended Items	*M*	26.3	22.4	19.3	23.1*	23.2*
	SD	6.1	5.2	10.2	4.6	4.6

Note: M = mean, *SD* = standard deviation, * indicates total possible score increased from 51 points to 54 points

For all five trainings, the majority of accepted applicants were scored as currently employed as a peer specialist. The November training had the highest majority of applicants scored as currently employed peer specialists (81.3%). The highest percentage of applicants scored as working in a volunteer role were to the April (23.1%) and June (21.2%) trainings. February had the highest percentage of applicants scored as seeking employment (22.7%). See Table 6 for a breakdown of the number of accepted applicants to each training that were scored for each type of employment status.

Table 6. *Type of employment retained and scored for accepted applicants to each training.*

		Nov (*N*=32)	Dec (*N*=31)	Feb (*N*=22)	April (*N*=26)	June (*N*=33)
Employed	*n*	26	25	14	19	22
	%	81.3	80.6	63.6	73.1	66.7
Volunteer	*n*	4	3	2	6	7
	%	12.5	9.7	9.1	23.1	21.2
Offered	*n*	-----	-----	1	1	-----
	%	-----	-----	4.5	3.8	-----
Previous Employment	*n*	1	-----	-----	-----	2
	%	3.1	-----	-----	-----	6.1
Seeking Employment	*n*	1	3	5	-----	1
	%	3.1	9.7	22.7	-----	3.0
Not Seeking	*n*	-----	-----	-----	-----	1
	%	-----	-----	-----	-----	3.0

The average scores for the Background and Open-Ended Items section for accepted applicants are shown in Table 7. The range of points available for this section was 0-51 for the first 3 trainings and 0-54 for the April and June trainings.

For the eight open-ended items, the range of scores was 0-36 for all five trainings. For the other questions, the total score ranged from 0-15 for the first 3 trainings and 0-18 for the April and June trainings.

The percentage of accepted applicants that were scored as having developed a WRAP ranged from 31.8% (February) to 53.1% (November). The percent of individuals scored as fluent in a second language ranged from 15.2% (June) to 31.3% (November). For the open-ended items, the average scores ranged from 16.2 points (February) to 21.3 points (November) out of a possible 36. However, in scoring the February applications, 15 applicants were given a score of zero on four open-ended questions, despite having answered the questions. These four questions had a combined possible score of 20 points. Fifteen applicants were not scored on four of the open-ended items in this cohort (44.1% of the total applicants); of these 15, eight were ultimately accepted into the training program (36.3% of the accepted applicants) despite missing scores for four of the open-ended items. This likely negatively affected the average score for open-ended items of accepted applicants in this cohort.

Table 7. *Number, percent, and average score of Background and Open-Ended Items for accepted applicants.*

		Nov (*N*=32)	**Dec** (*N*=31)	**Feb** (*N*=22)	**April** (*N*=26)	**June** (*N*=33)
WRAP	*n*	17	14	7	13	9
	%	53.1	45.2	31.8	50.0	27.2
WRAP facilitator	*n*	1	0	1	3	4
	%	3.1	0.0	4.5	11.5	12.1
Fluency	*n*	10	7	4	8	5
	%	31.3	22.6	18.2	30.8	15.2
Applied before	*n*	14	9	9	4*	18*
	%	43.8	29.0	40.9	15.4	54.5
8 Open-ended items	*M*	21.3	18.8	16.2	18.7	20.2
	SD	3.5	4.1	7.3	3.3	3.6

Note: *M* = mean, *SD* = standard deviation, * indicates total possible score increased from 51 points to 54 points

Accepted and Non-Accepted Scoring Comparisons

Accepted applicants had higher average application scores for each of the five trainings compared to applicants who were not accepted. Differences in average score between accepted applicants and those not accepted ranged from 23 points higher in June to 14.5 points higher in November. Most differences in average application scores between accepted and not accepted applicants were found in the Recovery Experience section of the application. Differences in this section ranged from between 9.7 points in February to 18.2 points in June. Differences in the Background section of the application were less significant, from 3.6 points in April to 9.3 points in November. See Table 8 for a summary of the differences in average overall score, Recovery Experience score, and Background and Open-Ended Items section score for each training between accepted and not accepted applicants.

Table 8. *Average overall and section scores for accepted and not accepted applicants by training group*.

		Nov		Dec		Feb		April		June	
		Accept (*N*=32)	**Not** (*N*=11)	**Accept** (*N*=31)	**Not** (*N*=10)	**Accept** (*N*=22)	**Not** (*N*=12)	**Accept** (*N*=26)	**Not** (*N*=16)	**Accept** (*N*=33)	**Not** (*N*=12)
Overall	*M*	43.9	29.4	37.8	16.5	32.0	14.9	36.9	20.8	39.3	16.3
	SD	6.3	4.7	6.6	6.0	9.9	7.3	5.9	5.8	6.5	8.7
Recovery Experience	*M*	17.6	4.1	15.4	-1.8	12.2	2.5	13.8	1.4	16.0	-2.2
	SD	4.2	8.4	5.3	6.8	8.7	8.1	5.2	4.3	5.4	7.0
Background and Open-Ended Items	*M*	26.3	17.0	22.4	18.3	19.3	12.4	23.1*	19.5*	22.3*	18.5*
	SD	6.1	2.7	5.2	4.1	10.2	3.7	4.6	2.8	4.6	5.9

Note: *M* = mean, *SD* = standard deviation, * indicates total possible score increased from 51 points to 54 points

Most applicants that were scored as employed or volunteers were accepted to the training to which they applied. Interestingly though, in most trainings, some applicants that were scored as seeking employment were accepted into the training when individuals who were scored as employed and volunteering were not (1 seeking in December, 5 in February, 1 in April, and 1 in June). No individuals that were scored as not seeking employment (who were assigned a Recovery Experience score of -10) were accepted into any of the trainings. Most applicants that were scored as offered employment (N = 4) were accepted into to the training. Conversely, most individuals that were scored as seeking employment (N = 43) were not accepted into the training. All three individuals that were scored as previously employed were accepted into the training to which they applied. See Table 9 for a summary and comparison of the type of employment experience that was scored for applicants to each training.

Table 9. *Type of employment retained and scored for accepted and not accepted applicants to each training*.

		Nov		Dec		Feb		April		June	
		Accept (*N*=32)	**Not** (*N*=11)	**Accept** (*N*=31)	**Not** (*N*=10)	**Accept** (*N*=22)	**Not** (*N*=12)	**Accept** (*N*=26)	**Not** (*N*=16)	**Accept** (*N*=33)	**Not** (*N*=12)
Employed	*n*	26	7	25	1	14	2	19	1	23	---
	%	81.2	63.6	80.6	10.0	63.6	16.7	73.1	6.3	69.7	---
Volunteer	*n*	5	3	3	---	2	1	6	1	7	1
	%	15.6	27.3	9.7	---	9.1	8.3	23.1	6.3	21.2	8.3
Offered	*n*	---	1	2	---	1	---	---	---	---	---
	%	---	9.1	6.5	---	4.5	---	---	---	---	---
Previous	*n*	1	---	---	---	---	---	---	---	2	---
	%	3.1	---	---	---	---	---	---	---	6.1	---
Seeking	*n*	---	---	1	6	5	8	1	14	1	7
	%	---	---	3.2	60.0	22.7	66.7	3.8	87.5	3.0	58.3
Not Seeking	*n*	---	---	---	3	---	1	---	---	---	4
	%	---	---	---	30.0	---	8.3	---	---	---	33.3

Finally, Table 10 shows differences in the number and percent of applicants scored as having developed a WRAP, being a WRAP facilitator, being fluent in a second language, and having previously applied to another training. Note that the number of individuals who were scored as having applied to a previous training was 68, not 24 as shown in Table 2. This is because many applicants who were scored as having applied previously indicated that they had applied to a prior training from a different year (i.e., they had applied to a training in the 2011-2016 calendar years).

Most individuals who were scored as having developed a WRAP were accepted into the training. This was also true for applicants who were scored as being WRAP facilitators and who were scored as being fluent in a second language, though scores for all three of these items were inaccurate throughout the year. Average scores for the eight open-ended items (total of 36 points possible) were very slight between accepted and not accepted applicants to each training group. Differences in open-ended item scores ranged from 5.4 points higher in February (when 15 individuals received a score of 0 to four of these items) to 1.8 points different in April.

Table 10. *Number, percent, and average scores of Background and Open-Ended Items for accepted and not accepted applicants*.

		Nov		Dec		Feb		April		June	
		Accept (*N*=32)	**Not** (*N*=11)	**Accept** (*N*=31)	**Not** (*N*=10)	**Accept** (*N*=22)	**Not** (*N*=12)	**Accept** (*N*=26)	**Not** (*N*=16)	**Accept** (*N*=33)	**Not** (*N*=12)
WRAP	*n* %	17 53.2	1 9.1	14 45.2	1 10.0	7 31.8	2 16.7	13 50.0	6 37.6	9 27.3	2 16.7
WRAP facilitator	*n* %	1 3.1	0 ---	0 ---	0 ---	1 4.5	0 ---	3 11.5	3 18.8	4 12.2	0 ---
Fluency	*n* %	10 31.3	0 ---	7 22.6	1 10.0	4 18.1	1 8.3	8 30.7	2 12.5	5 15.2	2 16.7
Applied before	*n* %	14 43.8	1 9.1	9 29.0	1 10.0	9 40.9	3 25.0	4* 15.4	2* 12.5	18* 54.5	7* 58.3
8 open-ended items	*M* *SD*	21.3 3.5	16.8 2.5	18.8 4.1	16.9 4.4	16.2 7.3	10.8 3.2	18.7 3.3	16.9 2.9	20.2 3.6	15.7 3.8

Note: *M* = mean, *SD* = standard deviation, * indicates total possible score increased from 51 points to 54 points

Demographic Results

Demographic data of accepted and not accepted applicants were analyzed, both by the total group of applicants as well as on a training-by-training basis. We used data from the original applications to analyze demographic differences between accepted and not accepted applicants, because demographic data was not included or scored via the Scoring Guide. In this analysis, the number of not accepted individuals to the November training includes the 15 applications that were not scored (*N* = 26). Applicants did not have to respond to demographic items on their application; percentages described here are of the valid total, excluding missing responses.

Table 11 shows the demographic data of all applicants to the five trainings. To all five trainings, between accepted and not accepted applicants, demographics appeared fairly consistent. The largest percentage deviations were for African American applicants (13% less were accepted than not accepted) and Latino and Hispanic (13.3% more were accepted than not accepted). This second difference may have been partly attributable to the additional points assigned to applicants who were fluent in Spanish as a second language.

Table 11. *Demographics of accepted and not accepted applicants to all trainings (percent of total accepted and not accepted)*.

		Accepted (*N* = 144)	**Not Accepted** (*N* = 76)
Gender (%)	Male	33.1	31.8
	Female	66.9	66.7
	Transgender	0.0	1.5
Age Group (%)	18-25	5.6	3.0
	26-35	22.9	25.4
	36-55	52.1	46.3
	55+	19.4	25.4
Race (%)	African American	15.6	28.6
	White	66.0	55.6
	Asian or Pacific Islander	1.4	0.0
	Indian or Native American	2.1	3.2
	Other	12.8	9.5
	Multiple	2.1	3.2
Ethnicity (%)	Latino or Hispanic	28.7	15.4

Table 12 shows demographic data for each of the five trainings individually. For the training-by-training data, demographics also appeared consistent between accepted and not accepted individuals in each group. Some differences did appear across categories of race. Additionally, the number of individuals who chose to identify racially as “other” jumped in April and July, to almost 10% for across accepted and not accepted applicants. This may have been due to the exclusion of the question of Ethnicity in the online training application; the paper training application used in November, December, and February had allowed individuals to identify as Hispanic or Latino.

Table 12. *Demographics of accepted and not accepted applicants to each training.*

		Nov		Dec		Feb		April		June	
		Accept (*N*=32)	**Not** (*N*=26)	**Accept** (*N*=31)	**Not** (*N*=10)	**Accept** (*N*=22)	**Not** (*N*=12)	**Accept** (*N*=26)	**Not** (*N*=16)	**Accept** (*N*=33)	**Not** (*N*=12)
Gender *(%)*	Male	35.5	39.1	30.8	28.6	31.8	25.0	34.6	31.3	32.3	25.0
	Female	64.5	60.9	69.2	71.4	68.2	75.0	65.4	62.5	67.7	75.0
	Transgender	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.3	0.0	0.0
Age Group *(%)*	18-25	3.1	0.0	12.9	0.0	9.1	0.0	3.8	12.5	0.0	0.0
	26-35	25.0	13.0	25.8	71.4	18.2	44.4	30.8	18.8	15.2	16.7
	36-55	62.5	52.2	29.0	14.3	45.5	55.6	42.3	37.5	75.8	58.3
	55+	9.4	34.8	32.3	14.3	27.3	0.0	23.1	31.3	9.1	25.0
Race *(%)*	African American	19.4	27.3	16.7	0.0	4.8	57.1	7.7	18.8	24.2	41.7
	White	61.3	59.1	70.0	100.0	81.0	28.6	57.7	56.3	63.6	41.7
	Asian or Pacific Islander	0.0	0.0	3.3	0.0	0.0	0.0	0.0	0.0	3.0	0.0
	Indian or Native American	6.5	0.0	0.0	0.0	0.0	14.3	3.8	6.3	0.0	0.0
	Other	6.5	4.5	6.7	0.0	14.3	0.0	30.8	18.8	9.1	16.7
	Multiple	6.5	9.1	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ethnicity *(%)*	Latino or Hispanic	35.5	0.0	21.4	42.9	28.6	33.3	----	----	----	----
	Non- Latino or Hispanic	64.5	100.0	78.6	57.1	71.4	66.7	----	----	----	----

Note: The question on Ethnicity was not asked in the online application.

Cursory review suggested only minor differences in demographics between accepted and not accepted applicants. However, nonparametric tests were used to determine if any demographic differences were statistically significant. Fisher's Exact Tests can be used to analyze differences in proportions between categorical groups on a dichotomous outcome (accepted or not accepted) when assumptions of the Chi-Square Test of Homogeneity are violated. Sample size assumptions of the Chi-Square Test were violated for each set of demographics variables in this case, thus Fisher's Exact tests were used to examine differences in the proportions of males and females, age groups, races, and ethnicities of individuals accepted to the trainings.

Differences in the proportion of males and females were examined, because only one person of a third gender applied. A total of 201 males and females applied to the trainings (66 and 135, respectively). Results suggest that the proportion of females that applied and were accepted (0.67) was statistically no different to the proportion of males accepted (0.68), $p = 0.91$. There was also no significant difference found in the proportion of accepted applicants from the 18-25 year group (0.80), 26-35 year group (0.66), 36-55 year group (0.71), and 55 and over age groups (0.68), $p = 0.65$. Results of a Fisher's Test also suggested that there was no significant difference between the proportion of individuals accepted to the trainings who identified as African American (0.55), White (0.73), Asian or Pacific Islander

(1.00), Indian or Native American (0.60), other (0.75), or more than one (0.60), $p = .28$. Finally, no significant difference was found between the proportion of accepted applicants who identified as Hispanic or Latino (0.79) and those who identified as non- Hispanic or Latino (0.63), $p = .17$.

Discussion

Scoring Guide

A review of the scoring instructions, and an analysis of the weight of each section and item (relative to total possible score), revealed areas for improvement. The scoring instructions for some open-ended items were overly subjective. For instance, the instructions included the scoring criteria "goosebumps factor." Additionally, there were no examples of high- and low-scoring responses to open-ended items to provide reviewers with additional guidance for attribution of scores. Providing examples for the scoring tiers would improve scoring validity and reliability.

The Recovery Experience section accounted for 30 – 32% of an applicant's total score. Other Relevant Background Information accounted for 68 – 72% of an applicant's total score. In the Background and Open-Ended Items section of the training application, second language fluency accounted for 18 – 19% of the total sub-section score. The weight of this item is greater than any other item in this sub-section of the training application. Via Hope should consider reassessing the weight of this item, in relation to the other items in this section. Further, balancing the percentage each section has on an applicant's total score would benefit those who may be seeking certification but as yet have not established tenure in their job as a peer specialist. Many newly hired peer specialists need the training and certification as a job requirement. Most applicants whose scores from one application period to the next increased due to increased employment tenure were accepted into the training. However, being trained sooner would benefit the peer specialists and the organizations.

Scoring Observations

Fifteen applicants to the November training did not have their applications completely scored. In addition, fifteen applicants to the February training were given a score of zero for the same four open-ended items, despite having written responses to those items. There were no patterns in the open-ended items assigned a zero score. For quality assurance purposes and to ensure transparency in the process, all applications should be fully scored. If a training organization opts not to score all the applications, at their discretion, documentation noting the reason for not scoring each application should be recorded; and these criteria should be applied consistently, to all applicants.

There were items in the Background and Open-Ended Items section which should have demonstrated inter-rater agreement (WRAP, WRAP facilitator, and Fluency). The Scoring Guide calls for an objective number of points to be assigned if the applicant indicates that they have created a WRAP, are a WRAP facilitator, or are fluent in a language other than English. Thus, different scores from what are listed in the scoring guide, and different scores between different reviewers for these items suggests the need to review those scores to ensure reliability.

Section 3: Document Review

Researchers reviewed seven documents that were used during the course of the PSTC program. The purpose of the document review was to determine whether the documents presented a comprehensive, consistent overview of the training program. The document review also served to identify needed edits and revisions to any documents used during the course of the training. This process is intended to provide information to Via Hope about any changes needed, in order to ensure each document correctly communicated training program information to applicants and trainees. Documents reviewed included:

1. Peer Specialist Training Application Supplement / Via Hope Peer Specialist Readiness for Training Guide;
2. Texas Certified Peer Specialist Program Policy and Procedure Manual;
3. Certified Peer Specialist Training Applications;
4. Certified Peer Specialist Training Application Scoring Guide;
5. The Certified Peer Specialist Pre-Training Workbook;
6. Certified Peer Specialist Student Manual; and,
7. Certified Peer Specialist Facilitator Manual and PowerPoint Slides.

Method

Documents

The following section provides an overview of the PSTC Program documents included in review. For the documents that were revised within the time of this program evaluation, the date the document underwent revision is noted in parentheses.

1) Peer Specialist Training Application Supplement / Via Hope Peer Specialist Readiness for Training Guide (revised in April 2018)

The purpose of the application supplement was to familiarize applicants with the PSTC Program. The online PDF document was accessible through the Via Hope website. This document underwent one revision during the evaluation period. The document:

- defined peer support, peer support services, and the role of a CPS within the mental health system;
- provided details about the training, including cost, attendance requirements, and rigor; and,
- explained the application and trainee selection process, exam and certification process, and requirements for maintaining certification.

2) Texas Certified Peer Specialist Program Policy and Procedure Manual (revised in April 2018)

The policy and procedure manual expanded upon the information available in the application supplement. This online PDF document was available through the Via Hope website. The policy and procedure manual also served as a reference for Certified Peer Specialists (CPS). This document underwent one revision during the evaluation period. The document:

- included a description of Via Hope, their mission, and their designation as the certifying entity;
- explained eligibility and applicant prioritization and provided instructions for the application process;
- detailed the registration fees, financial obligations, and training requirements and curriculum;
- described the certification process, including what happens if a trainee does not pass the exam;
- provided information about continuing education requirements;
- covered the recertification process and how to recertify if certification expired;
- detailed reciprocity for out of state certification;
- presented principles of the CPS' work, including Core Values and Key Concepts established by the Certified Peer Specialist Advisory Council, the Code of Ethics, and the Rules of Conduct; and,
- described the CPS Advisory Council Ethics Subcommittee and provided information on how ethics violations are managed, including sanctioning and appeals options.

3) Certified Peer Specialist Training Application (original title) / Peer Specialist Certification Training Application (revised title) (revised in December 2017 and April 2018)

The training application was completed by applicants and submitted to Via Hope; it also included additional information about the registration fees and financial obligations for applicants. For the November, December, and February trainings, the application was available for download as a PDF and then completed and submitted by mail, email, or fax. For April and June, the application was completed and submitted online. This document was revised two times during the evaluation period, once in December and again in April.

The application was comprised of several sections (See Section 1 of this report for a detailed description of the application document):

- **Eligibility Checklist** (7 criteria): having read the application supplement; being age 18 or older; having a high school diploma or GED; completing the training application independently; having lived experience with mental health recovery or a co-occurring disorder, rather than a substance use diagnosis only; having significant experience working on their mental health recovery and being able to self-manage their wellness; and agreeing to disclose their personal lived experience with mental health recovery for the purpose of education, role modeling, and providing hope to others about the reality of recovery;
- **Contact Information**;
- **Recovery Experience** (employment history) as a peer specialist, including: current paid employment, current volunteer employment, offered employment pending training, prior employment, and seeking work if not currently or previously employed or offered employment pending training; and

- **Other Relevant Background Information**, included eight open-ended items, as well as four closed-ended items (developed a WRAP, WRAP facilitator, previous applications to the PSTC program, and second language fluency).

The window to submit applications opened approximately 13 weeks and closed approximately five weeks before each training.

4) Certified Peer Specialist Training Application Scoring Guide

The scoring guide was utilized by Via Hope staff to score the applications (See Section 2 of this report for a detailed description of the scoring guide). Two sections of the training application were scored via the scoring guide: Recovery Experience and Other Relevant Background Information. Via Hope provided researchers a copy of the scoring guide. When the application submission process went online, the objectively scored items from the scoring guide were calculated electronically. No revisions were made to the scoring guide.

5) The Certified Peer Specialist Pre-Training Workbook

The pre-training workbook is a 47-page document that contains four self-paced modules. The pre-training workbook was mailed to accepted applicants (trainees). Via Hope also provided a copy to researchers. Module A introduced the concepts of a peer specialist and peer support. Module B addressed the concept of recovery-oriented services. Module C presented the concept of understanding personal recovery within the larger context of services, experiences, and culture. Module D provided preliminary information about the development of peer specialists' recovery story. The appendices included research about the effectiveness of peer support, the history of the consumer/survivor movement, excerpts from the 2002 President's New Freedom Commission Report, and SAMHSA's Principles of Recovery. No revisions were made to this document during the evaluation period.

6) Certified Peer Specialist Student Manual

The 144-page student manual summarized the training content and served as a reference for trainees to use during the training sessions. The student manual sections matched the training modules in the facilitator manual and PowerPoint slides document. The student manual included a table of contents, objectives, and a summary of main ideas for each training module. It also used selected content derived from the facilitator manual for each module. The appendices included references, acronyms used in the student manual, and a selection of Recovery Dialogues (a support group format presented during the training). No revisions were made to this document during the evaluation period.

7) Certified Peer Specialist Facilitator Manual and PowerPoint Presentation Slides

The 316-page facilitator manual contained daily training schedules, detailed facilitation instructions for each training module, the training content, the content of the Student Manual, the Kahoot Quiz questions (an interactive quiz presented at the end of the training), and the presentation slides as images. The facilitator manual was utilized by the trainers to present the training in conjunction with the presentation slides. The 304 PowerPoint presentation slides were maintained in an electronic format. The PowerPoint slides were shown during the training sessions. No revisions were made to the slides during the evaluation period.

Data Collection and Analysis

Researchers obtained the application supplement and policy and procedure manual online. Other documents not available online (training applications, scoring guide, pre-training workbook, student manual, and the facilitator manual and PowerPoint slides) were provided to researchers by staff at Via Hope.

Researchers reviewed all documents used during the course of the evaluation and recorded observations on the accuracy of the program information presented. Observations from this review were provided to Via Hope during a mid-year evaluation meeting. Via Hope provided researchers with clarification and feedback, as noted in the results. In the results section, revisions to the documents and observations about the documents are presented.

Results

Results of this review include a discussion of revisions that occurred during the evaluation period. We also discuss inconsistencies that were observed in each document, and between documents.

PSTC Application Supplement / Via Hope Peer Specialist Readiness for Training Guide

During the evaluation period, the application supplement was revised one time. Evaluators noted that both versions (original and first revision) included inconsistent information. The document is referred to on the Via Hope Website as the "PSTC Application Supplement"; however, the title of the actual document reads "Via Hope Peer Specialist Readiness for Training Guide".

Inconsistencies in the original version included the training length in hours (listed as 40 hours, the training is actually 43 hours), the training duration in days (listed as five days, however the training lasts five and one-half days plus one day for the examination), and the day on which the exam would be administered (listed in the document as the afternoon of the last training day, however the exam is administered the morning following the last day of the training). These inconsistencies were reported to Via Hope during the mid-point evaluation meeting in February. In the revised version (April 2018) the training duration in days and the day of exam administration were corrected; however, the training length in hours remained inaccurate.

The revised version did reflect changes to the training cost (from $750 to $650), effective for the April 2018 training. It specified that the new reduced cost covered meals and the training attendance. In this document, it was not explicitly stated that trainees would be responsible for their own lodging costs; however, this was specified in the policy and procedure manual.

Texas Certified Peer Specialist Policy and Procedure Manual

During the evaluation period, Via Hope revised the policy and procedure manual one time. The original version included an out-of-date version of the CPS Code of Ethics. Additionally, this version included a summary of the training schedule that listed incorrect days that training content would be presented. It appeared that the training information, the Code of Ethics, and the information about applying for the training were consistent within other training documents. Researchers also noted that the Rules of Conduct, which were included in the policy and

procedure manual, were not included or referenced in any other training documents, including the facilitator manual, the pre-training workbook and the student manual.

Researchers shared these observations with Via Hope at the mid-point evaluation meeting. Via Hope noted that the Rules of Conduct were not included in other training documents because the section of the training that covered the Code of Ethics required a lot of the training time, and this area of the training often ran over the allotted time. Via Hope staff committed to reviewing this information to determine whether to include Rules of Conduct in the training curriculum.

The Code of Ethics and information about the training schedule were corrected in the revised version of the document. The revised version of the policy and procedure manual included several changes and additions to reflect training program changes. For example, the instructions for applying to the training that were included in the policy and procedure manual were modified to reflect the new online application process. The updated registration fee and the financial obligations of the trainees were described (i.e., it was explicitly stated that trainees would need to arrange and pay for lodging). A section titled Expectations for Training Participants was added; this section discussed possible reasons a trainee could be removed from an event and stipulated that the trainees were beholden to the Code of Ethics while at the training. Finally, throughout the introduction, minor wording revisions were observed. Via Hope changed the title of a section in the introduction from "Program Administration" to "Via Hope – Who We Are". A subheading in this section was altered from "Program Authority" to "Our Identity Statement".

Peer Specialist Certification Training Application

During the evaluation period, the training application underwent revisions two times, first in December 2017 and again in April 2018, when the online format was introduced. The first training application contained questions that appeared to be unclear. For example, one item asked applicants to list "experiences you have had in assisting people in their recovery." This item was intended to elicit responses about activities beyond the applicant's employment; however, this was not specified on the first version of the training application. This item was re-worded in the first revision, to specify that it was intended to elicit responses outside of the applicant's normal job duties, "other than experiences related to your current paid/volunteer position, what specific experiences have you had in assisting people in their recovery." However, this item was changed back to its original form in the second revision, when the training application went online.

Another item that was unclear on the first version of the training application was the job responsibilities item. Applicants were to indicate whether they worked in a role providing peer support. Then, the applicants were asked to describe the job responsibilities. The item was worded as "My responsibilities include..." Many applicants included job descriptions that did not capture the scope of peer work. For example, one applicant listed their job title as "Peer Provider" and provided the following description of their job responsibilities: "Meeting with clients to provide skills training." This applicant was not accepted to the first training to which they applied. However, when the applicant applied a second time, they provided the following description:

> Meeting with peers to listen to, and talk with them, and relate my experiences with recovery. I provide skills training for everyday tasks, and coping skills training. I assist my co-workers with anything I can, like taking clients grocery shopping, and helping when someone needs to move. I provide documentation for all of this.

The wording of the job responsibilities item did not change; however, the difference between the two responses may suggest that the intent of this item was initially unclear to the applicant. During the mid-point meeting, researchers suggested Via Hope clarify the intent of these items. Via Hope noted their intention to review these and other items for clarification.

Before the training application was completed online (after the second revision), it was difficult to read the applicants' hand-written responses on the training application. The online submission process eliminated this concern. One change to the second revision of the training application was the removal of the item asking people to report whether they were of Hispanic or Latino origin. After the second revision to the training application was made, an error related to its functionality was observed. For the June training, in the Recovery Experience section of the training application, when applicants indicated they were employed in a volunteer capacity, the training application did not allow them to elucidate on the details of their volunteer role as it did for other types of employment (i.e., include their tenure of employment and list their job duties). Via Hope mitigated this by calling the applicants who indicated they were employed in a volunteer capacity, to obtain the additional details of their employment.

Finally, one of the eligibility requirements listed on the training application was "current or prior use of mental health services." This eligibility requirement was not included on any other documents under this review, nor was it included on the eligibility checklist in the training application where applicants check boxes to verify their eligibility. Further, the evaluation team inquired about this requirement at the mid-point evaluation meeting. Via Hope noted that this was not an eligibility requirement. Thus, this criterion should be revised or removed from the training application.

PSTC Application Scoring Guide

Via Hope reported that the scoring guide did not undergo any revisions during the evaluation period, even when revisions were made to the training application. Inconsistencies were noted in what the scoring guide suggested, and what scores were actually applied to submissions (i.e., some applicants received scores that were not within the range of possible points per the scoring guide). See Section 2 of this report for a detailed description of the scoring guide and scoring process. The scoring guide needed to be updated as there were references to questions that were not on the training application and the numbering of the items in the scoring guide did not follow the pattern in the training application.

For the subjectively scored items on the training application, the scoring guide offered vague details for what types of submissions would earn a certain score on the scoring scale. For example, a score of five would be assigned to responses that met the criteria of "Goosebumps" and showed "exemplary" understanding of the concept in question. However, there were no examples to provide guidance on responses that would meet these criteria.

PSTC Pre-Training Workbook

The pre-training workbook was not revised during the evaluation period. The pre-training workbook was mailed to all trainees prior to the start of training (though it was noted at the training that some trainees did not receive it prior to the training). It contained four modules that introduced the role of peer specialist, recovery-oriented services, personal recovery, and the recovery story. The content in the pre-training workbook supplemented the student manual and the facilitator manual. There were some punctuation and spelling errors within the document.

Additionally, the Code of Ethics, Rules of Conduct, and Peer Specialist Values were not included in this document, as they were in the policy and procedure manual.

PSTC Student Manual

The organization of the student manual matched the facilitator manual. However, the student manual did not include all the information covered in the facilitator manual. The heading for the Tuesday training day indicated facilitator manual rather than student manual. There were spelling and punctuation errors. Aside from the content of the curriculum being abbreviated in the student manual as compared to the facilitator manual, there were no omissions of curriculum content that affected trainees' learning. However, based on the satisfaction surveys, trainees would like to have the PowerPoint presentation slides (curriculum content) included in the student manual.

PSTC Facilitator Manual and PowerPoint Presentation Slides

The facilitator manual underwent one revision during the evaluation period. The timeline in the facilitator manual, an abbreviated schedule for trainers to reference, was outdated and inaccurate. Additionally, one slide in the facilitator manual did not match the PowerPoint presentation slides. The facilitator manual contained some spelling and punctuation errors. The timeline and missing slide were corrected in the revised facilitator manual. Researchers adapted the facilitator manual to create the Fidelity Assessment Tool. See Section 4 of this report for a description of the Fidelity Assessment Tool and the results of utilizing it.

Discussion

The application supplement provided an overview of the PSTC program. While corrections were made to some erroneous details it contained, the number of hours the training lasts still needs to be updated, to 43 hours. The fact that lodging will not being covered should be explicitly stated, so that participants, and the organizations that may sponsor them, understand the cost associated with attending the training.

The revised policy and procedure manual thoroughly described the PSTC program. The information contained in this document included an up-to-date Code of Ethics. It also included the Rules of Conduct, which were not mentioned in the facilitator manual, the pre-training workbook, or the student manual. The policy and procedure manual also included other important information that was not covered in the application supplement. Therefore, finding a way to ensure all applicants have reviewed this document would be beneficial. It could be mailed to accepted applicants along with the pre-training workbook or sent as a link in the applicants' confirmation emails. It would also be a valuable resource for currently certified peer specialists.

Overall, the training application seemed thorough enough to meet the purpose of collecting information to determine applicant eligibility. The application gave applicants the opportunity to demonstrate their experiential knowledge and dedication to the recovery of people. Some items on the application need to be clarified to better collect information. While the shift from paper to the online application alleviated some challenges associated with reading submissions, technological challenges developed. Testing the application to ensure functionality before each submission period would help to identify any such issues in the future.

The scoring guide should be updated to match the current training application. The updated scoring guide should also include examples of responses that would generate different scores being assigned (e.g., list an example of a response that would generate a score of one, versus a response that would generate a score of five for subjectively scored items). Additionally, items that require applicants to list specific activities or experiences outside of their employment should include examples of what responses are appropriate. The scoring guide provided basic information about the scoring standards, but specific examples of what responses merit which scores would facilitate greater inter-rater reliability.

The pre-training workbook seemed to provide a thorough introduction and foundation for the training. The workbook should include some additional content, such as the CPS Code of Ethics and Rules of Conduct. Including these in the workbook would establish a better understanding of the peer specialist role.

The student manual should be reviewed for punctuation and spelling errors. Additionally, the student manual should include the Rules of Conduct from the policy and procedure manual. As the evaluation of the training continued, another finding was that trainees expressed a strong preference for the document to contain the PowerPoint presentation slides.

This facilitator manual seemed to provide a thorough and concise guide to the trainers. However, it should be reviewed for punctuation and spelling errors. The PowerPoint presentation slides appeared to have no errors and seemed to match the content in the facilitator manual following the revision.

Final Thoughts

Via Hope's PSTC program is intended to identify, train, and certify peer specialists in Texas for the emerging profession. Therefore, the consistency of the content within the PSTC program documents is important, as the training and certification process represents a keystone in the standardization of peer specialists. The current program information should be directly reflected in all of the documents. As the PSTC program evolves, these documents need to be modified accordingly, and in a timely manner.

Much of the content in the facilitator manual and the student manual was congruent, but the student manual needed to more comprehensively reflect the facilitator manual content. These documents will be utilized as reference guides when a new CPS returns to their place of employment, thus serving as resources for the implementation of peer specialist services.

Finally, to ensure the selection of the best candidates, the application must capture valid and reliable information about the training applicants. Additionally, the scoring guide must provide a reliable process for scoring the training applications. The applicant vetting process is the first step to bringing qualified and capable individuals into the workforce; it is the gatekeeper to the profession. Thus, the importance of a valid and reliable application and scoring process cannot be overstated.

Section 4: Training Fidelity Assessment

Fidelity is defined as the extent to which a program or training is delivered according to the protocol or curriculum on which it is based; fidelity includes not only content, but the process by which that content is delivered (Mowbray, Holter, Teague, & Bybee, 2003). Prior research has suggested that successful implementation of any program hinges upon adherence to the program manual (Carroll et al., 2007). For the PSTC Program, the facilitator manual serves that purpose. For this evaluation, a Fidelity Assessment Tool was developed based upon the facilitator manual, which provided the content to be delivered and instructions for delivery of that content. Researchers attended and observed the first three trainings, November 2017, December 2017 and February 2018, and documented the fidelity of the delivery. The purpose of this section is to describe the results of the Fidelity Assessment.

Method

Fidelity Assessment Tool

Over the course of the PSTC training, trainers presented 20 modules of content, made up of various tasks and discussion, in addition to 13 stand-alone activities (see Table 1 for a description of the organization of the training modules and activities). Researchers developed the Fidelity Assessment Tool (Appendix B) based on the facilitator manual (see Section 3 of this chapter of the report for a description of the facilitator manual and other documents used in the training). The Fidelity Assessment Tool followed the content of the training, with space to verify that each module and stand-alone activity were completed.

Of the 13 stand-alone activities, five were daily reviews that occurred at the beginning of the day, to recap the previous day's content. Five were refresher activities that provided breaks from the intensity of the training content. Two were related to the telling of recovery stories; one was for trainees to share their recovery story, the other for a trainer to present their recovery story. Finally, an interactive practice quiz ("Kahoot") was given at the end of the training, to prepare trainees for the certification examination.

The Fidelity Assessment Tool provided space for researchers to document how modules and activities were presented, compared with the way they were supposed to be presented according to the facilitator manual. The tool included a description of each part of the modules, including any specific tasks, discussions, videos, or didactic presentations that were supposed to occur (henceforth, referred to generally as "tasks"); it provided space to verify that the module was presented as described, as well as to record which trainer presented the module. Each activity was comprised of one task, for the purposes of examining fidelity. Additional space was provided below each module and activity, to allow the researchers to record other observations (abridged in Appendix C).

Table 1: *Organization of the training modules and activities.*

Day	Module or Activity	Tasks
1	Module 1: *CPS Orientation*	7
	Module 2: *The Shoulders on Which we Stand*	2
2	**Activity 1**: Review of Sunday Content	1
	Module 3: *CPS Core Values and Ethics*	3
	Module 4: *The Power of Language*	9
	Module 5: *Five Stages Within the Recover Process*	7
	Module 6: *What Are My Stories and Stories in Practice*	8
3	**Activity 2**: Review of Monday Content	1
	Module 7: *Opening the Door to New Perspectives*	5
	Activity 3: Refresher Activity- What Restores Us	1
	Module 8: *The Art of Holding Space*	9
	Module 9: *Group Facilitation and Recovery Dialogues*	6
	Module 10*: Environment Matters*	7
	Activity 4: Refresher Activity- What I am Proud Of	1
	Activity 5: Trainer Recovery Story	1
4	**Activity 6**: Review of Tuesday Content	1
	Activity 7: Recovery Stories	1
	Module 11: *Snippets*	4
	Module 12: *Promoting Self-Help*	5
5	**Activity 8**: Review of Wednesday Content	1
	Module 13*: Fueling the Power of Dissatisfaction*	4
	Activity 9: Refresher Activity- Rain Storm	1
	Module 14: *PICBBA*	1
	Module 15: *Fear-Friend or Foe*	7
	Module 16: *Meeting the Whole Person*	6
	Activity 10: Refresher Activity- Fun Obsessions	1
6	**Activity 11**: Review of Thursday Content	1
	Module 17: *Ethics and Boundaries*	7
	Module 18: *Change Agent*	5
	Activity 12: Refresher Activity- *Something Fun Coming Up*	1
	Module 19: *Power, Conflict and Integrity*	5
	Module 20: *Federal and State Mental Health Systems*	7
	Activity 13: Kahoot Review Quiz	1
Total tasks in the training		**127**

Data Collection

A total of five researchers contributed to the evaluation. Two researchers were assigned to attend each of the three trainings and complete the Fidelity Assessment Tool; researchers rotated so that only one attended per day (i.e. each attended three days of the six-day training). This was done to ensure that researcher presence had minimal impact on training activities and process. With the facilitator manual on hand, researchers observed the training delivery, marking on the Fidelity Assessment Tool whether tasks were delivered. Researchers would record additional observations, including whether trainees posed any additional questions, the level of trainee engagement and receptiveness with different sections of the curriculum, notes on the facilitation, and notes on the observed interactions between trainers and trainees. Researchers also recorded deviations from the curriculum content.

Data Analysis

Fidelity to the curriculum was assessed based on whether each task was completed (modules were comprised of multiple tasks; activities were comprised of one task). Omitted tasks counted against the fidelity of the training. Fidelity to the training curriculum was calculated based on the number of tasks completed divided by the total number of tasks. Slight deviations from the task descriptions were noted, but did not count as non-adherence (e.g., if trainees' responses were not recorded on a flipchart, as described in the Facilitator Manual, this was not deemed non-adherence).

A description of deviations and omissions is provided. Additionally, the division of the total content that was facilitated by each of the three trainers is presented. Finally, a summary of researcher observations is provided for all trainings.

Results

Fidelity Assessment

Overall, fidelity to the curriculum was high for each of the three trainings. The trainers of the November training achieved 100% fidelity to the curriculum. Although the December and February trainings had tasks omitted, fidelity was still high. All three trainings had minor deviations that did not count against the overall fidelity rating. See Table 2 for a description of the level of fidelity at each of the three trainings.

Table 2: *Level of fidelity at each training.*

Nov	Dec	Feb
100%	97%	95%

November

No tasks were omitted during the November training. Two deviations to the curriculum delivery were noted. First, trainee responses were not recorded on the flipchart during three tasks: during *Module 5: Five Stages of Recovery*, for the role of a CPS group discussion; during *Module 6: What are my Stories and Stories in Practice* for the role-play group discussion; and during *Module 8: Listening and the Art of Holding Space* for the discussion about effective

listening. Second, the *Something Fun Coming Up* refresher activity was facilitated out of sequence, after *Module 19: Power, Conflict, Integrity,* rather than before. These deviations did not count against the fidelity.

December

Four tasks were omitted in the December training. The role-play task in *Module 9: Group Facilitation and Recovery Dialogues* was omitted due to one trainer leaving the training for another obligation. This task required three trainers to be performed. Two refresher activities, *What Am I Proud Of* on the third training day and *Something Fun Coming Up* on the sixth training day, were omitted due to time constraints. A task (video presentation) in *Module 16: Meeting the Whole Person* was omitted to ensure the training was completed in the allotted time.

There were additional minor deviations. On the first training day, one task was for trainees to work in small groups to review discussion questions in the pre-training workbook. Instead, the discussion questions were reviewed as a large group. Additionally, trainee responses were not recorded for *Module 6: What are My Stories and Stories in Practice* on day two. For a task (video presentation) that had a speaker with a foreign accent, the facilitator manual recommends the use of sub-titles. However, subtitles were not used, and the researcher observed that people had a difficult time understanding the video. Finally, handouts were not given out for one of the tasks in *Module 14: PICBBA Problem* Solving, as was specified in the facilitator manual.

February

Six tasks were omitted or altered in ways that affected fidelity. First, on day one, one trainer was intended to share their recovery story and then a different trainer would facilitate a discussion about how the sharing of the recovery story created mutuality. The discussion task did not occur. Second, part of a module related to the historical context of peer support was not discussed, as planned. Rather, Texas HB 1486 Peer Support Provider legislation was discussed. Third, the charades task in *Module 12: Promoting Self Help* was conducted as a discussion rather than the participants acting out the ways they engage in self-help with a game of charades. Fourth, the refresher activity *What am I Proud of* was omitted. Fifth, in *Module 15: Fear, Friend or Foe* the trainer did not present the content on negative self-talk as a module task. Finally, in Mo*dule 17: Ethics and Boundaries, the Real-World Dilemmas* a task (group discussion) was not conducted.

There were several minor deviations. The task (group discussion) to be facilitated at the beginning of Module 6: *What Are My Stories and Stories in Practice* was conducted in the middle of module, instead. In *Module 8: Listening and the Art of Holding Space*, for the group discussion task, trainees' responses were not recorded as indicated. For *Module 10: Environment Matters*, the slide for one of the tasks was reviewed, but the discussion was not facilitated. On day 4, the activity reviewing the prior day's content was delayed until after the *Recovery Stories* task. In *Module 11: Snippets*, the trainer did not provide an example of a snippet. In *Module 17: Ethics and Boundaries* there was no group discussion facilitated.

Trainer Facilitation: Distribution of Content

The trainings were facilitated by three trainers with designated roles: lead trainer, trainer, and apprentice trainer. A total of six trainers facilitated different trainings during the evaluation period; three of these facilitated more than one training, and three facilitated only one training.

The proportion of content presented by each trainer was most evenly distributed during the November training. The lead trainer presented 50% of the content during the December training. The content was evenly divided between the lead and apprentice trainers during the February training. Table 3 summarizes the proportion of content presented by the trainers for each training.

Table 3: *Percent of content presented by each trainer.*

	Nov	Dec	Feb
Lead trainer	32%	50%	39%
Second trainer	36%	34%	21%
Apprentice trainer	32%	16%	40%

Researcher Observations

In addition to documenting the presentation of task, researchers made notes on deviations to the delivery, based on objective reports by trainees and anecdotal and subjective observations by the researcher. Researchers also documented when there were notable differences in levels of engagement in activities.

November

Four trainees reported not receiving the pre-training workbook. During the *Recovery Story* task, a loud buzzer was utilized to abruptly alert the trainees when their presentation time was up, which may have been inappropriate given the sensitive nature of the discussion. The researcher in attendance noted that some trainees were cut-off mid-sentence, without the opportunity to provide a closing remark. During *Module 13: Fueling the Power of Dissatisfaction,* the researcher in attendance noted that trainees seemed very engaged with the role-play task. During days four and five, trainees began to inquire about the inclusion of more training material (e.g., the presentation slides) in the Student Manual. Trainees' attention seemed to wane on the final day, based on reduced responses and discussions, until the last training module, *Module 20: Federal and State Mental Health Systems*. Based on researcher observation, the final activity, the *Kahoot Review Quiz*, appeared well-received by the trainees. However, the instructions on participating seemed unclear. Additionally, the quiz required trainees to download and install a mobile application on their phone, and there was no technical support provided to assist them with this task.

December

On the first training day, trainees who arrived late were not given instructions for the *Introductions* task when they arrived. The researcher in attendance noted that they appeared to be caught off guard by this, especially when they were asked to present. On the third day, the trainer presenting the content before lunch delivered off-topic information; prompted by a trainee question, the trainer discussed the non-clinical nature of peer specialist documentation and how ideally any documentation is done in collaboration with the person receiving services. There were also issues of internet connectivity on the third day when the trainer attempted to present a video.

A trainer that presented *The Shoulders upon Which We Stand* content stated they were going to read the content aloud; during the time that the trainer read the content, another trainer added information based on their personal and professional experiences. The addition of experiential knowledge to the training content appeared to be well

received by trainees. The trainees did not appear to be rushed during their *Recovery Stories* presentations, and the presentation of *Recovery Stories* was managed with quiet bells, rather than the loud buzzer used in November.

February

The researcher observed that the trainers seemed to include references from training day three into training day four, which the researcher noted tied the content of the two training days together. For the *Recovery Stories* activity, the trainers held up pieces of paper with time warnings (e.g. one minute, and time's up) during the trainees' presentations. It appeared that this helped the trainees with wrapping up their presentations, in contrast to abruptly ending with a single time's-up bell.

A trainer role-play task during *Module 11: Snippets* was made interactive when the two trainers, in the moment, asked for the trainees' input. This role-play, as described in the facilitator manual, was not intended to be interactive, but rather a presentation. The addition of trainee input appeared to be engaging, based on their responses. During the presentation of *Module 13: Fueling the Power of Dissatisfaction*, the trainers held a huddle to discuss the best way to present the module; it appeared that this huddle was to ensure the best presentation of the content. The attending researcher observed that the content for two modules (*Module 15: Fear, Friend or Foe* and *Module 19: Power, Conflict and Integrity*) was presented while the trainer was seated, and that the trainer primarily read from the facilitator manual. At one point, this trainer did not appear to see trainees raising their hands.

Discussion

The three training sessions were delivered with high adherence to the curriculum. When necessary, tasks were omitted due to time constraints. Some changes appeared to enhance the presentation of the content; in one instance, a role-play task was made interactive when the trainer engaged the trainees for feedback. Trainees noted in their satisfaction survey that the interactivity of the training was useful (See Section 5 of this chapter for a detailed description of the trainees' satisfaction surveys).

In addition to adherence to the training curriculum, researchers observed that trainers created a supportive environment for the trainees and their fellow trainers. Trainers addressed trainees' questions and allowed for some exploration of tangential topics without losing pace of the training curriculum. The trainers' ability to model peer support and meet the trainees' needs for additional information reinforced the training topics on listening and being authentic. Trainees frequently noted their appreciation for the trainers in their satisfaction surveys (see Section 5 of this report).

While not directly related to curriculum adherence, one observation was that for each training session, several trainees did not receive the pre-training workbook. Via Hope should contact trainees to ensure everyone has received the pre-training workbook, particularly because there is required work needed for the first day of the training. Researchers noted the student manual provided during the training would benefit from the addition of the PowerPoint presentation slides. Access to this information could support trainees as they carry their new knowledge back into their respective organizations.

Researchers observed variations in the facilitation techniques for the *Recovery Story* activity. At one training, trainers utilized loud buzzers to signify the end of a trainee's presentation time, at another quiet bells were used, while at the last training under observation, cue cards with time warnings were utilized. Standardizing the facilitation of this

activity would ensure each cohort had a similar experience. An additional consideration for this activity would be to give trainees time to de-brief. When sharing their recovery story, efforts should be made to ensure that trainees have a safe and comfortable environment. Further, trainees should be given time to reflect on this process. A jarring end (i.e., the use of a loud buzzer) and a lack of time to reflect should be avoided.

Researchers recorded observations about facilitation styles. The trainers appeared to maintain energy levels commensurate with what was required to engage trainees. There were instances noted when trainers would sit to present. This made it difficult for some trainees to hear the trainer. The trainer would also not notice when trainees were raising their hands to speak. If possible, trainers should stand so all trainees can see the trainer and be seen. Also, if trainers have difficulty projecting their voices the use of microphones would be useful.

Overall, the trainings were each conducted with high fidelity to the curriculum. Researchers observed that the trainees were mostly attentive and seemed to enjoy the training based on their comments during breaks and engagement during the training. Further, as the next section will demonstrate, the trainees expressed high satisfaction with all aspects of the training experience.

Section 5: Satisfaction Surveys

Method

At the end of each day of the five trainings, trainees completed a satisfaction survey. These surveys asked about trainee satisfaction with different elements of the training, including the modules covered, trainers, student manual, what information felt the most "useful", and what could be improved. In addition, on the last day of training, an additional survey was given to assess satisfaction with the training overall, on the same dimensions.

Via Hope created the satisfaction surveys that were distributed at each training. For the first three trainings (November, December, and February), Via Hope's satisfaction surveys were modified by TIEMH researchers in order to obtain additional data to inform this evaluation. Results of these surveys provide insight about the trainees' experience attending the training. This information can be utilized by Via Hope to improve the training. The results can also inform the state on aspects of the training program. At the last two trainings (April and June), the satisfaction surveys were administered and collected by trainers, but the results were not recorded for this evaluation.

Trainees

A total of 68 trainees attended the November, December, and February trainings: 25 each in November and December, and 18 in February. During the February training, one trainee left mid-way through the week and did not return. Thus, only 17 trainees' responses are included for the February training. See Section 2 of this chapter for a detailed description of attending trainees.

Surveys

For each of the three trainings that researchers attended (November, December, and February), trainees completed a unique alphanumerical key at the top of each satisfaction survey form. This code was created by researchers to allow the surveys to be anonymous to trainers, but to be identifiable to researchers. However, on the first day of the February training, the original Via Hope survey was administered, which did not contain this alphanumeric code. The satisfaction survey data was still collected and analyzed for this day; however, these responses could not be attributed to a specific trainee.

Daily Satisfaction Surveys

At the end of each day, trainees were asked to rate their satisfaction with each of the training modules, the trainers, and the relevant sections of the student manual. For all of these items, the satisfaction scale ranged from one (not at all satisfied) to five (very satisfied). Additionally, on the first training day, trainees were asked to rate their level of satisfaction with the pre-training workbook. Next, trainees were asked to respond to two open-ended items:

1) "What aspects of the training today felt most useful"; and
2) "What aspects of the training today could be improved."

A final open-ended question asked trainees for any additional feedback. See Appendix B for a generic version of the daily satisfaction survey.

Overall Satisfaction Surveys

In addition to the daily satisfaction survey, on the final day of training trainees were asked to complete a satisfaction survey for the overall training (see Appendix D). The overall satisfaction survey was broken into several sections.

First, trainees were asked to rate their overall satisfaction with the training on a scale of one (not at all satisfied) to five (very satisfied). Second, trainees rated their agreement with the following five statements, on a scale of one (strongly disagree) to five (strongly agree):

1) "The training met my needs";
2) "I would recommend the training to a CPS";
3) "I have made connections here with people that will be helpful in my work";
4) "I have new information that will be useful in my work"; and
5) "I have new and/or improved skills that will help with my work."

Next, trainees responded to four open-ended items:

1) "What aspects of the training felt most useful";
2) "What aspects of the training could be improved";
3) "What, if anything in particular, made the experience stand out"; and
4) "Do you have any additional feedback?"

Finally, trainees rated each of the trainers' presentation skills on three dimensions, on a scale of one (strongly disagree) to five (strongly agree):

1) clear communication of the course information;
2) responsiveness to trainees' questions; and
3) whether they made the trainees feel comfortable enough to express themselves.

They were also asked if they could note any particular strengths or areas for growth for each trainer.

Data Collection and Analysis

At the end of each day, trainers administered the surveys to trainees by passing the forms around the room. Trainers then collected the completed surveys and reviewed them for feedback. After their review, trainers passed the surveys on to researchers for analysis

SPSS 25 was used to compile and analyze the quantitative daily and overall satisfaction survey data. Mean ratings for the satisfaction and agreement items are reported. Responses to open-ended items were analyzed for themes common across the trainings.

Results

Daily Satisfaction Surveys

Pre-Training Workbook

On the first day of training, trainees were asked to rate their level of satisfaction with the pre-training workbook they were provided prior to attending the training on a scale from one to five (see Section 3 of this chapter for a description of the pre-training workbook and other documents related to the training). The average satisfaction rating for the pre-training workbook was high for all three trainings. Out of a possible five points, average scores ranged from 4.2 (*SD* = 0.8) in December to 4.6 (*SD* = 0.5) in February. See Table 1 for a description of the average ratings of the pre-training workbook for each training.

Table 1. *Trainee average satisfaction ratings of the* pre-training workbook*.*

		Nov	Dec	Feb
Pre-training workbook	*M*	4.3	4.2	4.6
	SD	0.9	0.8	0.5

Note: M = mean, *SD* = standard deviation

Student Manual

Each day of the training, trainees were asked to rate the relevant sections of the student manual on a scale from one to five (see Section 3 of this chapter for a description of the student manual). The average daily satisfaction ratings for the student manual were high. Out of a possible five points, all average daily scores were four or higher. In November, scores for day five were the lowest of all average daily scores (*M* = 4.0, *SD* = 1.0). On this day, researchers noted that several trainees reported dissatisfaction with the student manual. Trainees reported that the student manual was not organized in a way that was easy for them to follow. In terms of the average manual score for all six days combined (not to be confused with the overall rating, discussed later), November scores were the lowest (*M* = 4.4, *SD* = 0.5) of the three trainings, whereas December and February ratings tied with a slightly higher average score (*M* = 4.7, *SD* = 0.4). See Table 2 for a description of the average daily satisfaction scores for the manual, as well as the average score for all six days combined.

Table 2. *Average daily satisfaction ratings of the student manual.*

		Nov	Dec	Feb
Day 1	*M*	4.4	4.6	4.7
	SD	0.6	0.6	0.5
Day 2	*M*	4.6	4.8	4.7
	SD	0.6	0.4	0.5
Day 3	*M*	4.3	4.6	4.6
	SD	0.7	0.6	0.5
Day 4	*M*	4.6	4.8	4.7
	SD	0.5	0.4	0.5
Day 5	*M*	4.0	4.6	4.8
	SD	1.0	0.8	0.4
Day 6	*M*	4.2	4.7	4.6
	SD	0.8	0.4	0.5
Total	*M*	4.4	4.7	4.7
	SD	0.5	0.4	0.4

Note: *M* = mean, *SD* = standard deviation.

Trainers

Each day of the training, trainees were asked to rate their satisfaction with the trainers on a scale from one to five. The average ratings suggested trainees were highly satisfied with the trainers. For all six days of the February training, average trainee satisfaction with the trainers was 4.8 out of 5 (*SD* ranging from 0.4 to 0.6). The December training had the highest average rating for all six days combined (*M* = 4.9, *SD* = 0.2), followed by February (*M* = 4.8, *SD* = 0.5) and November (*M* = 4.6, *SD* = 0.4). The lowest average score was 4.6 for two days in November (*SD* = 0.5 for both days). See Table 3 for a description of the daily satisfaction scores for the trainers, as well as their average score for all six days combined.

Table 3. *Average satisfaction ratings of trainers.*

		Nov	Dec	Feb
Day 1	*M* *SD*	4.7 0.6	4.9 0.3	4.8 0.6
Day 2	*M* *SD*	4.7 0.4	5.0 0.2	4.8 0.4
Day 3	*M* *SD*	4.6 0.5	4.8 0.4	4.8 0.4
Day 4	*M* *SD*	4.8 0.4	5.0 0.2	4.8 0.4
Day 5	*M* *SD*	4.6 0.5	4.9 0.3	4.8 0.4
Day 6	*M* *SD*	4.6 0.5	4.9 0.3	4.8 0.4
Total	*M* *SD*	4.6 0.4	4.9 0.2	4.8 0.5

Note: M = mean, *SD* = standard deviation

Modules

Each day of the training, trainees were asked to rate their satisfaction with each of the training modules covered that day, on a scale from one to five (see Section 4 of this chapter for a description of the training modules covered each day). Trainees' average ratings of all of the modules suggested that they were highly satisfied. The lowest average module score was 4.2 out of 5 (*SD* = 0.7) for *Module 7* during the November training. The highest average module score was 4.9 (*SD* = 0.3) for *Module 3* of the December training. The average training module ratings for all trainings ranged from 4.46 to 4.75. *Module 3* was the highest rated module, with an average rating of 4.75 (*SD* = 0.43). *Module 7* was the lowest rated module with an average rating of 4.46 (*SD* 0.64). See Table 4 for a description of the average score for each module for each training.

Table 4. *Average module satisfaction ratings.*

			Nov	Dec	Feb	All Trainings
Day 1	*Module 1: CPS Orientation*	*M*	4.5	4.6	4.6	4.6
		SD	0.6	0.5	0.5	0.5
	Module 2: Shoulders Upon Which We Stand	*M*	4.4	4.6	4.6	4.5
		SD	0.7	0.6	0.5	0.6
Day 2	*Module 3: CPS Core Values, Ethics and Boundaries*	*M*	4.7	4.9	4.6	4.8
		SD	0.5	0.3	0.5	0.4
	Module 4: The Power of Language	*M*	4.6	4.7	4.7	4.7
		SD	0.5	0.5	0.5	0.5
	Module 5: Five Stages of Recovery	*M*	4.6	4.8	4.7	4.7
		SD	0.5	0.4	0.5	0.5
	Module 6 Part I: What Are My Stories?	*M*	4.6	4.8	4.8	4.7
		SD	0.6	0.4	0.4	0.5
	Module 6 Part II: Stories in Practice	*M*	4.6	4.8	4.6	4.7
		SD	0.5	0.4	0.6	0.5
Day 3	*Module 7: Opening the Doors to New Perspectives*	*M*	4.2	4.6	4.6	4.5
		SD	0.7	0.6	0.5	0.6
	Module 8: Listening, the Art of Holding Space	*M*	4.5	4.7	4.8	4.7
		SD	0.6	0.4	0.4	0.5
	Module 9: Group Facilitation & Recovery Dialogues	*M*	4.3	4.6	4.7	4.5
		SD	0.9	0.7	0.5	0.7
	Module 10: Environment Matters	*M*	4.3	4.6	4.7	4.5
		SD	0.7	0.6	0.5	0.6
Day 4	*Recovery Stories*	*M*	4.8	4.7	4.5	4.7
		SD	0.5	0.5	1.0	0.7
	Module 11: Snippets	*M*	4.6	4.7	4.4	4.6
		SD	0.6	0.5	0.7	0.6
	Module 12: Prompting Self-Help	*M*	4.7	4.8	4.7	4.7
		SD	0.6	0.4	0.5	0.5
Day 5	*Module 13: Fueling the Power of Dissatisfaction*	*M*	4.6	4.6	4.8	4.7
		SD	0.5	0.6	0.4	0.5
	Module 14: PICBBA	*M*	4.6	4.7	4.8	4.7
		SD	0.5	0.6	0.4	0.5
	Module 15: Fear: Friend or Foe	*M*	4.5	4.6	4.7	4.6
		SD	0.6	0.6	0.5	0.6
	Module 16: Meeting the Whole Person	*M*	4.5	4.7	4.8	4.7
		SD	0.6	0.5	0.4	0.5
Day 6	*Module 17: Ethics and Boundaries*	*M*	4.6	4.8	4.7	4.7
		SD	0.5	0.4	0.5	0.5
	Module 18: Change Agent	*M*	4.6	4.8	4.8	4.7
		SD	0.5	0.5	0.4	0.5
	Module 19: Power, Conflict and Integrity	*M*	4.5	4.8	4.7	4.7
		SD	0.5	0.5	0.5	0.5
	Module 20: State & Federal Mental Health Systems	*M*	4.3	4.7	4.4	4.5
		SD	0.7	0.5	0.9	0.7

Note: M = mean, *SD* = standard deviation.

Additionally, the average rating for all modules presented each day were combined and analyzed. For five out of six of the training days, average module scores were lowest in November. When average scores for all six days were combined, the total differences were only slightly variable across trainings, from 4.5 (*SD* = 0.4) in November, 4.6 (*SD* = 0.4) in February, and 4.7 (*SD* = 0.3) in December. See Table 5 for a description of the average module scores for each day, as well as for all six days combined, for each of the three trainings.

Table 5. *Average satisfaction ratings of all modules presented each day.*

		Nov	Dec	Feb
Day 1	*M*	4.5	4.6	4.6
	SD	0.6	0.5	0.5
Day 2	*M*	4.6	4.8	4.7
	SD	0.4	0.3	0.4
Day 3	*M*	4.4	4.6	4.7
	SD	0.5	0.5	0.4
Day 4	*M*	4.7	4.8	4.5
	SD	0.5	0.4	0.6
Day 5	*M*	4.5	4.7	4.8
	SD	0.5	0.5	0.4
Day 6	*M*	4.5	4.7	4.6
	SD	0.5	0.5	0.5
Total	*M*	4.5	4.7	4.6
	SD	0.4	0.3	0.4

Note: M = mean, *SD* = standard deviation

Open-Ended Items

Each day of the training, trainees were asked to report what aspects of that day felt the most useful, and what aspects needed improvement. Elements of the training that were reported to be either the most useful or the most needing improvement are described in the following section.

Most Useful Aspects of the Training

The most useful aspects of the training were analyzed for themes. Responses included aspects related to: 1) the trainers, 2) the training, 3) the trainee's experience, and 4) specific modules. Useful aspects of the training that were reported by trainees are described in the sections below. Modules reported as most useful are also described.

Trainers. Two trainees gave general accolades to the trainers. One trainee stated that, "trainers did great today," in reference to day five of the third training. Two trainees described how the trainers modeled the role of a peer specialist effectively. One reported that trainers' "role modeling helped with how to encourage people to open up." Finally, six trainees described how they felt that the trainers shared their personal recovery stories was especially helpful. One wrote that, "I enjoyed [Trainer's Name] sharing her story… to establish the connection with everyone."

Training. Two trainees offered comments about the training content. On indicated that "the content is good learning (sic)". The training incorporated more than just the Facilitator Manual as content. A second trainee indicated that they enjoyed a video presented as part of the content on day 3.

Two trainees from the November training shared comments about the activities included in the training. One trainee commented about day 3 that “more activity's today was good” and that they “felt more energy”. The second trainee specified that the dialogue with the caseworker activity on day 6 (an interactive role-play during which the performed by trainers and incorporating trainee input) was useful.

Two trainees indicated that they felt the training content was applicable to their current work as peer specialists. One trainee commented that the training provided “models to use for my job” and the other trainee commented that the training offered “real-life application strategies and approaches.”

Two trainees commented that they found the training materials useful, specifically mentioning the trainee manual and the PowerPoint slides. Two trainees. Specifically, one trainee indicated that the training content had good information, while the other trainee cited a specific video as enjoyable.

Seven trainees mentioned that the collaborative and “group work” was useful. Seven trainees referred to sections with interactivity, including “question and responses,” discussions, and “open conversations.” For example, one trainee stated that “everyone engaging and having all the trainer [sic] speak” resonated with them. Other trainees wrote that “being able to get feedback,” “the energy in the room,” and “hearing real stories from real people” were useful. Finally, one person wrote that, “working with partners and the group discussions… helps me learn the material being presented.”

Finally, 15 trainees stated that the entire day was the most useful aspect, in reference to different days. For example, one trainee stated that, “everything [is] useful for my work” on the second day of their training. Another trainee wrote about day one, “I don’t think there was only one aspect of the training that was useful. Everything… was useful… I look forward to learning more.” All six days were referenced as useful in their entirety by at least one trainee, though some days were more commonly mentioned. Days 5 and 6 were cited with the greatest frequency, eight and seven times respectively; they each received four mentions during the December training. For example, one trainee wrote that, “I liked the whole day,” in reference to day five.

Trainee Experience. Four trainees described that they felt at ease during different days of the training. For example, one trainee stated that they “felt heard and listened to.” Another wrote about “the feeling of receptivity and warmth” and said, “It is not always easy entering a new environment.”

Ten trainees described their ability to connect with other peers as most useful, including the “meet and greet” on the first day of the training. For example, one trainee wrote, “I enjoyed meeting someone new and hearing their story.” Another trainee stated that the camaraderie made them feel “we are all here for a purpose. I am not alone.”

Finally, nine trainees reported that the knowledge or understanding of the peer role that they gained was especially useful. For example, one trainee stated that as a result of the training, they felt “how impactful peer support specialists” could be in the mental health system. Another stated, “that all our voices mattered.” Additionally, one person stated, “the material [presented that day] was new and exciting.”

Modules. Over the course of the three trainings, all of the individual modules were referenced as the most useful aspect of the daily trainings by at least one trainee. See Table 6 for a description of the modules cited, along with the frequency that they were mentioned.

Table 6: *Number of times each module was specified as a most useful aspect of the training (in order of total number of mentioned for all three trainings).*

Module	Title	Number of Times Specified			
		November	December	February	Total
Module 7	*Opening the Doors to New Perspectives*	0	0	1	1
Module 15	*Fear: Friend or Foe*	1	1	0	**2**
Module 5	*Five Stages of Recovery*	2	1	1	**4**
Module 20	*State & Federal Mental Health Systems*	2	3	0	**5**
Kahoot	*Activity*	2	1	3	**6**
Module 10	*Environment Matters*	1	2	3	**6**
Module 12	*Prompting Self-Help*	5	0	3	**8**
Module 4	*The Power of Language*	3	2	4	**9**
Module 13	*Fueling the Power of Dissatisfaction*	6	3	2	**11**
Module 18	*Change Agent*	3	5	3	**11**
Module 9	*Group Facilitation & Recovery Dialogues*	5	2	4	**11**
Module 19	*Power, Conflict and Integrity*	5	5	2	**12**
Module 3	*CPS Core Values, Ethics and Boundaries*	4	6	2	**12**
Module 14	*PICBBA*	8	5	2	**15**
Module 17	*Ethics and Boundaries*	6	6	5	**17**
Module 1	*CPS Orientation*	5	4	8	**17**
Module 11	*Snippets*	7	9	3	**19**
Module 2	*Shoulders Upon Which We Stand*	8	7	4	**19**
Module 16	*Meeting the Whole Person*	9	8	6	**23**
Module 8	*Listening, the Art of Holding Space*	15	6	4	**25**
Module 6	*What Are My Stories? Stories in Practice.*	16	11	9	**36**
Recovery Stories	*Activity*	15	13	9	**37**

Thirty-seven trainees noted the usefulness of the *Recovery Story* presentation. They reported that they appreciated the opportunity to share their stories for the first time in a safe environment. One trainee expressed that they felt a better sense of mutuality after hearing the presentations: "The sharing of the stories was beneficial. I was able to relate more with my peers and understand the different struggles they have been through." Another trainee reported that the *Recovery Story* experience "felt empowering" and that they felt more confident in becoming a peer specialist. Another said, "The recovery story portion [was useful] as it made me feel a connection to my fellow CPS and the decision to become certified."

Thirty-six trainees stated that *Module 6: What are My Stories and Stories in Practice* was a most useful aspect of the day. This two-part module covered the development of a recovery story, which was described as the most poignant tool in a peer specialist's repertoire. The trainees reported that the activities offered good practice for the development and telling of the recovery story. Comments and themes included:

- One trainee noted that the practice helped ease anxiety.
- "I enjoyed working on my story because it helps me to remain in the solution not the problem."
- Learning the difference between an illness story and a recovery story was very useful, "I've shared my story many times and now I will revisit and revise the telling of my story."
- "I've been telling [my recovery story] for three years but it hasn't been with the emphasis on recovery."
- sharing was cathartic.
- they felt they were not alone hearing those stories.
- seeing the other trainees model their stories gave them ideas for developing and telling their own story.

Twenty-five trainees reported that *Module 8: Listening, the Art of Holding Space* was a most useful aspect of the day. This module included activities that help peer specialists practice listening, including the art of silently being present with a person. The trainees noted that learning how to listen and hold space was useful. For example, one trainee indicated that they learned the proper way to listen and give the person "the space to say what they need to say." Another trainee expressed that they felt the module taught them how to be present, which they believed was the "most effective and powerful thing" when working with a person in services.

Twenty-three trainees stated that *Module 16: Meeting the Whole Person* was a most useful aspect of the day. This module offers information about the importance of acknowledging all the socio-cultural aspects that intersect within an individual. Trainees felt that this content would help them work with people without prejudice or judgment. For example, one trainee felt this content helped them to use the concepts of mutuality and respect and acknowledge differences. Another wrote that it was valuable information to help them "serve with no judgment."

Nineteen trainees shared that they felt *Module 2: Shoulders upon Which We Stand* was a most useful aspect of the day. This module provided a historical context for recovery and peer specialists. Trainees expressed that it was helpful to understand the recovery movement from a historical perspective and that they did not know about the history. One trainee indicated that they felt camaraderie with the other peer specialists from: "…hearing about pioneers who started the recovery-based model." One trainee saw this content as useful because it showed "where we've been and where we're going." Another trainee commented, "It laid the foundation for understanding how this all began and why it's needed."

Nineteen trainees shared that they felt *Module 11: Snippets* was a most useful aspect of the day. This module provided activities and instruction about utilizing parts of a peer specialist's recovery story to address specific situations for people receiving services. Trainees noted that this information would allow them to present a portion of their story to focus on a person's particular needs in the moment. One trainee appreciated that this instruction would help them "tell just a portion of your story without going into so much detail." Trainees thought this was a useful tool that would help them connect directly to a person. One trainee wrote that snippets could be used "to connect and inspire hope through our experiences. I love how impactful such a brief statement can be to someone's outlook on their own recovery."

Seventeen trainees identified *Module 1: CPS Orientation* as a most useful aspect of the day. This module introduced the training schedule, established expectations for the training, and provided information about Via Hope. Trainees shared that the introduction to the workload and knowing what to expect was useful. For example, one trainee

reported that they appreciated, “just getting a feeling for how the training will be conducted.” Trainees said that they appreciated the opportunity to get to know the other trainees during the icebreaker exercises and that these exercises took them out of their comfort zone and helped to ease their anxiety.

Seventeen trainees identified *Module 17: Ethics and Boundaries* as a most useful aspect of the day. This module expanded on the information introduced in *Module 3*, providing further information about navigating ethical boundaries in the peer specialist role. For example, one trainee reported that this content helped define grey areas, in situations where the ethically responsible or correct choice is not always clear. Another noted that it was important to establish boundaries. One trainee shared that they had trouble in the past explaining boundaries while maintaining a mutual relationship. Another trainee shared the perspective that this information was what they should hold for the people they serve. Overall, trainees expressed that this information would provide “internal guidelines” for their work.

Fifteen trainees mentioned *Module 14: PICBBA* as a most useful aspect of the day. This module covered a problem-solving technique that peer specialists could incorporate into their work with people receiving services. The trainees expressed repeatedly that the method would be extremely useful in their work. For example, one trainee noted it would be a useful tool for wellness and recovery. Another trainee commented, “PICBBA gonna be super useful for me and tons of individuals.”

Twelve trainees viewed *Module 3: CPS Core Values and Ethics* as a most useful aspect of the day. In this module, the trainees are introduced to the tenets intended to provide guidance in the peer specialist role. The trainees expressed that they felt the content clarified the peer specialist role. They also expressed that the ethics provided guidance: one trainee wrote, “Because when I am acting in the capacity of CPS - I have a guide and focus to work from.”

Twelve trainees shared that they found *Module 19: Power, Conflict and Integrity* a most useful aspect of the day. This module included instruction and activities about strategies to manage challenging situations that may arise as peer specialists provide services in their organizations. One trainee shared that they thought this information would help them find solutions to problems. Another expressed that they felt the content would help them be more assertive. Another wrote, “I feel that conflict will be inevitable, and having a tool to work effectively to produce change as [a] peer will be invaluable.”

Eleven trainees noted that *Module 9: Group Facilitation and Recovery Dialogues* was a most useful aspect of the day. This module presented instruction about facilitating support groups and included a specific format for peer support groups, Recovery Dialogues. Some trainees had never facilitated a group; those individuals found this information useful for that reason. One trainee commented, “As someone with little experience facilitating, this is something I can take back and model.”

Eleven trainees mentioned *Module 13: Fueling the Power of Dissatisfaction* as a most useful aspect of the day. This module provided guidance to peer specialists about helping people receiving services to identify changes they want to make in their lives. One trainee commented, “It was important to understand the concept of this tool so in the future I don't go into a solution before the person is ready for that.”

Eleven trainees noted that *Module 18: Change Agent* was a most useful aspect of the day. The content in this module described how peer specialists can effect change within organizations as advocates and representatives of recovery. One trainee expressed that the content in this module was empowering. Another noted that this module helped

them see how they could make an impact with their work. One trainee commented, “The change agent part gave me a broader perspective of what my goal and potential could be; it was positive reinforcement.”

Areas for Improvement

There were many fewer areas cited as needing improvement, relative to the number cited as most useful. Ten trainees noted that the student manual could be improved. Specifically, nine stated that they would like to see the slides from the PowerPoint presentation included in the appropriate sections of the student manual, so they could refer back to the content after the training had concluded. Six trainees thought that other training materials needed improvement. Suggestions for improving other training materials included adding more videos to the training and more visuals to the student manual.

Two modules were frequently cited as needing improvement. Six trainees suggested that *Module 6: What are Our Stories and Stories in Practice* could use revisions. Of these six trainees, three felt the need for more time to work on the development of their recovery story. Two trainees mentioned the need for more direction on how to develop their stories. One trainee noted that because of the number of small groups engaged in the activity, there needed to be more space for the groups to spread out. Additionally, five trainees reported that *Module 10: Environment Matter*s was confusing, particularly the *Ladder of Inference* activity. One trainee commented, “It was a bit confusing to follow once we got to the ladder presentation and learning about environments -- it was difficult to follow with that specific visual aid.” Another trainee noted, “By the end of the day the concepts about the ladder were hard to understand.”

Finally, some trainees felt that the timing of certain events and activities needed improvement. Ten trainees felt that the duration of some activities was too short; particularly the *Recovery Stories* section and *Module 6: What are Our Stories and Stories in Practice*. Nine trainees mentioned the need for more breaks. Six trainees stated that the start time on Sunday needed to be pushed back to allow people to check into the hotel prior to the start of the training (the training start time on Sunday was the same as the hotel check-in time at 3:00 pm).

Overall Satisfaction Surveys

On the final day of the training, trainees were given an additional survey, which asked them to rate their satisfaction with the training overall. They were also asked to state their level of agreement with five statements related to their overall satisfaction, and to rate each of their trainers individually. Finally, they were asked about the sections of the training they felt were most useful, those that needed improvement, and whether they wished to relate any factors that made their training experience “stand out”.

Overall Satisfaction

Trainees were asked to rate their overall satisfaction with the training on a scale from one to five. Average satisfaction ratings for the overall training suggested very high satisfaction with the training. Trainees that attended the December training rated it the most highly: 4.9 out of 5 (*SD* = 0.4). February and November shared the same average rating: 4.8 out of 5 (*SD* = 0.4). See Table 7 for a description of the overall average satisfaction scores for each training.

Table 7. *Overall satisfaction with the training.*

		Nov	Dec	Feb
Overall Average Satisfaction Score	*M* *SD*	4.8 0.4	4.9 0.4	4.8 0.4

Note: M = mean, *SD* = standard deviation

Satisfaction Statements

Trainees were asked to rate their level of agreement with five statements related to their satisfaction with the overall training, on a scale from one to five. See Table 8 for a description of the trainees' level of agreement with the five statements. Responses to these statements suggested very high agreement and satisfaction with each of the three trainings. No agreement item received less than a 4.7 out of 5 for any of the trainings. The highest rated item was "I have new and/or improved skills that will help with my work" (*M* = 4.9, *SD* = 0.3 for all trainings). The second highest rated item was "I have new information that will be useful in my work," with scores ranging from 4.8 out of 5 in November (*SD* = 0.4) to 4.9 out of 5 in December and February (*SD* = 0.3 for both trainings).

Table 8. *Average level of agreement with satisfaction statements.*

		Nov	Dec	Feb
The training met my needs.	*M* *SD*	4.7 0.4	4.8 0.4	4.8 0.4
I would recommend the training to a CPS.	*M* *SD*	4.7 0.5	4.9 0.3	4.8 0.4
I have made connections here with people what will be helpful in my work.	*M* *SD*	4.7 0.5	4.7 0.6	4.8 0.4
I have new information that will be useful in my work.	*M* *SD*	4.8 0.4	4.9 0.3	4.9 0.3
I have new and/or improved skills that will help with my work.	*M* *SD*	4.9 0.3	4.9 0.3	4.9 0.3

Note: M = mean, *SD* = standard deviation

Satisfaction with Individual Trainers

Trainees were asked to rate their level of agreement (on a scale from one to five) with several statements related to satisfaction with each of the three trainers that presented during their training (trainers varied for each training). Average levels of agreement indicated very high levels of satisfaction with each trainer. Trainers at the December training had the highest mean ratings. At this training, trainers one and three received all 5.0 ratings, indicating the highest level of satisfaction (*SD* ranging from 0.0 to 0.2). See Table 9 for a description of the average ratings of each trainer at each of the three trainings.

Table 9: *Average level of agreement with statements related to satisfaction with trainers.*

November		**Trainer 1**	**Trainer 2**	**Trainer 3**
Trainer was clear in communicating course information.	*M*	4.8	4.8	4.8
	SD	0.4	0.4	0.4
Trainer was responsive to trainees' questions.	*M*	4.7	4.7	4.8
	SD	0.6	0.6	0.4
Trainer made me feel comfortable to express myself.	*M*	4.7	4.7	4.7
	SD	0.6	0.6	0.4
December		**Trainer 1**	**Trainer 2**	**Trainer 3**
Trainer was clear in communicating course information.	*M*	5.0	4.9	5.0
	SD	0.0	0.3	0.2
Trainer was responsive to trainees' questions.	*M*	5.0	4.9	5.0
	SD	0.0	0.3	0.2
Trainer made me feel comfortable to express myself.	*M*	5.0	5.0	5.0
	SD	0.0	0.2	0.2
February		**Trainer 1**	**Trainer 2**	**Trainer 3**
Trainer was clear in communicating course information.	*M*	5.0	4.8	4.8
	SD	0.0	0.8	0.8
Trainer was responsive to trainees' questions.	*M*	4.9	4.8	4.8
	SD	0.2	0.5	0.8
Trainer made me feel comfortable to express myself.	*M*	4.9	4.9	4.8
	SD	0.5	0.2	0.8

Note: M = mean, *SD* = standard deviation

Trainer Strengths and Areas of Growth

Trainees were given an opportunity to specify strengths and areas of growth for each trainer. The responses were analyzed and the themes for the three trainings were aggregated. Trainers' strengths included:

- Thirty-four trainees expressed that the trainers were "great" or "awesome."
- Twenty-five trainees reported that the trainers were knowledgeable. For example, one trainee wrote, "[Trainer] brought knowledge that was inspiring." Another trainee thought that a trainer exhibited, "extensive knowledge."
- Fourteen trainees noted how relatable and personable the trainers were as a strength. For example, one trainee described a trainer as "easy to connect to."
- Thirteen trainees found the way the trainers clearly communicated the content was a strength.
- Eleven trainees remarked that the trainers were motivational, passionate and inspirational. Ten shared that the trainers' humor was a strength.
- Nine found the trainers to be comforting and calming. For example, one trainee shared that a trainer was "able to take the edge off heavy subject (sic)."

- Seven trainees each identified the supportiveness, training style, and the enthusiasm of the trainers as a strength. Four trainees found the trainers encouraging.
- Three trainees each indicated that the professionalism, dedication, patience and listening abilities of the trainers were strengths.
- Two trainees each identified the understanding, positiveness, confidence and the trainers' ability to bring a room together by engaging the whole group as strengths.
- Other trainer strengths included a good attitude, being open-minded, being respectful, and being flexible.

Areas of growth identified were significantly fewer. Three trainees intimated that one trainer was hard to hear. These comments all occurred during one training and were about the same trainer. One trainee shared that a trainer was derogatory when discussing a topic. The trainee was not specific about the exact topic of discussion and did not indicate this was directed toward any trainees in the room. One trainee expressed that a trainer needed to be more in control of the class. One trainee shared that another trainer seemed somewhat patronizing. Another trainee shared that the same trainer "publicly embarrassed" them.

Open-Ended Items

On the final day of the training, trainees were asked to report what aspects of the entire training felt most useful, what aspects could be improved, and what made their experience "stand out." Reponses to these items are described in the following section.

Most Useful Aspects

Comments were analyzed for themes. Similar to the daily satisfaction surveys, comments on the overall most useful aspects included those referencing 1) the trainers, 2) the training, 3) the trainee's experience, and 4) specific modules.

Trainers. Four trainees identified trainer characteristics as the most useful aspect of the training. The trainees described the trainers as "encouraging," "knowledgeable," and "patient." One trainee expressed, "The trainers are positive and encourage interaction."

Training. Five trainees shared general comments about the content. One of these trainees noted that the quotes used in the content were most useful, referring to quotes from people who were a part of the recovery movement. Four of the five trainees referred to the content as "useful" or "helpful."

Four trainees indicated the materials used in the training were a most useful element. For example, two trainees specified the Student Manual. One indicated, "I work very well with hard copy" in reference to the manual.

Four trainees found the collaborative work in groups and pairs as useful. For example, one trainee wrote, "The group exercises made it more interactive and is how I learn best."

Four trainees reported that the role-plays were useful. For example, one trainee shared, "The role-play helped me visualize the way I could hold myself with another."

Three trainees noted that the organization of the curriculum into the individual modules was useful. For example, one trainee indicated that they felt the module presentation allowed the coverage of each "phase of learning being a CPS" to be thorough. Another trainee observed, "The curriculum is well designed."

Two trainees identified the interactivity of the training as useful. For example, one trainee expressed that the group discussion was useful. Another trainee indicated that the encouraged participation was "awesome." They went on to write, "I felt included instead of spoken to."

Trainee Experience. Twelve trainees expressed that the entirety of the training was useful. For example, these trainees responded "all," "everything," or "all of it was useful." One trainee expressed, "The entire training was useful, insightful, and fun." Another trainee shared, "I enjoyed the entire training. I was so used to what I learned as a patient, but after this I feel more like a peer."

Three trainees shared that connecting with other peer specialists was most useful. These trainees found "making connections" and the "community support" useful.

Four trainees shared that their new knowledge and understanding was useful. For example, one trainee expressed they gained a new understanding of the peer role. Another expressed that they learned how to communicate in different ways. One trainee responded that they now had "tools that I can apply in the field."

Modules. Table 10 summarizes the number of trainees from each training who mentioned specific training modules as the most useful element of the training. Among those who remarked on specific modules as a most useful element, fourteen trainees indicated that *Module 3: Core Values and Ethics* was a most useful element of the training. One of these fourteen trainees felt that the CPS Code of Ethics would be a reference for them in the future. Another trainee shared that the Code of Ethics would guide their actions.

Six trainees shared that they felt *Module 6: What are my Stories and Stories in Practice* was a most useful aspect of the training. For example, one trainee expressed that this module helped them understand the best way to navigate the telling of their recovery story. Another trainee wrote, "Developing my story and how to use it effectively was very interesting to me."

Five trainees responded that *Module 8: Listening and the Art of Holding Space* was most useful. For example, one trainee expressed, "It showed me that one of the most powerful and impactful things I can do for someone is to be present." Four trainees identified *Module 4: The Power of Language* as most useful. For example, one trainee indicated they would be changing their use of language. Another four trainees indicated that *Module 19: Power, Conflict, Integrity* was the most useful aspect of the training. Specifically, they noted that the "conflict resolution was helpful."

Table 10: *Number of times each module was specified as a most useful aspect of the training in overall survey*.

Module	Title	Number of Times Specified			
		November	December	February	Total
Module 4	*The Power of Language*	4	---	---	4
Module 19	*Power, Conflict, Integrity*	3	---	1	4
Module 8	*Listening and the Art of Holding Space*	2	2	1	5
Module 6	*What are my Stories and Stories in Practice*	4	1	1	6
Module 3	*Core Values and Ethics*	5	7	2	14

Overall Aspects Needing Improvement

Modules and Materials. Two trainees expressed that the *Recovery Stories* section of the training could be improved. For example, one trainee suggested there needed to be more time to tell the stories; another trainee suggested there needed to be time for feedback built into this activity. Four trainees mentioned the materials; of these, three specified that the PowerPoint presentation slides should be included in the Student Manual. Another trainee expressed that more videos would be an improvement.

Timing. Two trainees shared that the training could be shorter in duration. Conversely, eight trainees shared that the training duration should be longer. Additionally, three trainees commented that they felt the content was too involved to be covered well in one week. Four others expressed that there needed to be more time for questions, activities and discussion. Four trainees shared that more breaks would improve the training, particularly during the *Recovery Story* activity.

Activities and Role-play. Two trainees expressed that more collaboration in groups and pairs would improve the training. Five trainees suggested more role-plays would be an aspect to improve. Four of these trainees specified more role-plays involving the trainees versus just the trainers.

Standout Experiences

Trainees described several standout experiences of the training, which were organized into the following categories: 1) the trainers, 2) the training, 3) the trainee's experience, and 4) specific modules.

Trainers. Nineteen trainees expressed that the trainers made the training experience standout. Trainees described the trainers as energetic, humorous, easy to understand and supportive. Six trainees mentioned the trainers' knowledge. For example, one trainee noted: "Just the amount of knowledge the trainers had [stood out] and that they took care to answer questions thoroughly."

Training. Two trainees identified the role-plays as what made the experience standout. For example, one trainee wrote, "I liked the role-playing exercises that allowed us to use the information that we were learning and putting it into practice experience."

Trainee Experience. Three trainees shared that the standout experience was the affirmation they received from attending the training. That is, the trainees described feeling validated. For example, one trainee expressed they "felt like a professional." Another trainee shared, "I learned what it meant to be a peer and be a part of the community. Knowing this exist is amazing fuel for hope."

Eight trainees shared that the standout experience was gaining new knowledge. For example, three trainees shared that they gained a new understanding and perspective about the mental health system and the role of peer specialists. Eleven trainees expressed that the standout experience was being able to connect with other peer specialists. The trainees cited that the shared experiences enhanced this connection. For example, one trainee observed, "Socializing with peers helped me realize others had [the] same struggles."

Modules. Ten trainees shared that the *Recovery Stories* were the standout experience. Trainees remarked that the sharing was a moving experience that demonstrated recovery was real. One trainee wrote: "[sharing the Recovery Stories] showed all the different, diverse life experiences and how we will all be beneficial to our peers."

Discussion

Both the daily and overall satisfaction surveys for all three training cohorts suggested high levels of satisfaction with all elements of the training. Rating differences between the three trainings were only marginally different.

In terms of training content, two modules and one activity particularly stood out across the trainings. *Module 6: What are My Stories and Stories in Practice* and the *Recovery Stories* activity were among the top five most frequently mentioned "useful" modules for all three trainings. This supports the idea that a recovery story is one of the most important tools peer specialists possess related to their work. Being able to tell their story and modeling the hope of recovery is essential to their job. Additionally, *Module 3: CPS Core Values, Ethics and Boundaries* was frequently cited by the trainees as very useful. Many trainees expressed that the Code of Ethics and Core Values would guide them in their practice as peer specialists. Based on trainee responses, they felt more prepared for their role as a result of the content of this module.

Overall, the training content was highly rated. However, *Module 7: Opening the Doors to New Perspectives*, which covered the effects of trauma on a person and their recovery, was the lowest rated module across the trainings. Research has established a connection between poor recovery outcomes for people who experienced traumatic events and live with serious mental illness (Grubaugh, Zinzow, Paul, Egede, & Frueh, 2011). Thus, low ratings for this module may be cause for further examination. Peterson and colleagues (2017) similarly found that many family partners who attended the Family Partner Training and Certification Program felt they needed additional resources to provide trauma-informed care to the families they served. The content presented in *Module 7* should be revisited to ensure that it is up-to-date and that it includes information that is relevant for peer specialists to use in their employment.

Module 7: Opening the Doors to New Perspectives was presented on day three of the trainings. *Module 9: Group Facilitation and Recovery Dialogues* and *Module 10: Environment Matters* were also presented on day three and were relatively low-rated as well. As a result, day three was rated as the least satisfying during the November and December trainings. The content presented on this day was less interactive than usual. These modules should be

revisited to attempt to include more interactive elements, which may raise trainee ratings of satisfaction with the modules, and day three as a whole.

Several trainees reported that they would like to see the presentation slides incorporated into the Student Manual. This would give them something to refer back to and to share with their peer and non-peer coworkers upon returning to their organization. Additionally, trainees mentioned the need for additional breaks, particularly during the *Recovery Story* session, during which trainees indicated more breaks would be an improvement. Trainers should provide opportunity for more group breaks. This may result in the need to abbreviate content in other areas. In light of this, the ratings provided by this evaluation may be used to identify areas that could be condensed.

The survey results suggest satisfaction with the training and that the trainees leave the training with a confidence and knowledge they did not have before. Being able to attend a training that instills confidence and knowledge to perform the unique peer specialist role helps to ensure the integrity of peer support services within organizations.

Section 6: Exam Outcomes

Method

For this evaluation, researchers at the TIEMH first gathered all the training applications that were submitted to each of the trainings and recorded their content in a dataset in SPSS (see Section 1 of this chapter of the report). Next, they collected the scoring guide used to score the applications, examined the scoring process, and recorded the application scores in the same SPSS dataset (see Section 2 of this chapter).

Researchers then observed the first three trainings that occurred during the year of the evaluation, in order to conduct the fidelity assessment (see Section 4 of this chapter) and distribute and collect the satisfaction surveys (see Section 5 of this chapter). Satisfaction survey results were also linked to the trainees' application data and scoring data in the SPSS dataset. Finally, researchers collected trainees' examination scores and linked their scores to their application data, scoring data, and satisfaction data in the SPSS dataset.

In this section of the report, relationships between application data, application scores, satisfaction surveys, and examination scores for each trainee are calculated; exam results are analyzed for each training individually, as well as across trainings. This section of the report does not discuss the validity or reliability of the exam (see Chapter 3 for a discussion of the reliability and validity of different versions of the exam, as well a discussion of the construction of the exam and exam items).

Examinees

Examinees include all trainees who completed the examination during the three trainings researchers attended (November 2017, December 2017, and February 2018). See Section 1 of this report for a description of the demographics and Section 2 for a description of the scoring details for those applicants accepted into the PSTC program (i.e., trainees).

In November, 25 individuals attended the training and took the exam. In December, 25 individuals were in attendance and took the exam. In February, 18 individuals attended the training; however, one did not complete the training and did not take the exam. Thus, the total number of examinees was 67; this included 25 individuals in November, 25 in December, and 17 in February.

As a note, one individual who attended the November training missed one day of that week of training. They were invited to make-up the missed day at the February training. They then took the exam in February after attending the make-up day (they did not take the exam at the end of the November training). This examinee's application data, scoring data, satisfaction survey data, and exam data are all included in the November training data in this report, since this was the training that they applied to, were accepted into, and primarily attended.

Data Collection and Analysis

Via Hope staff provided researchers with a copy of the examination used in the PSTC program, along with a copy of the scoring key. They also provided researchers with copies of each examinee's scores, item-by-item and overall, in an

Excel document. Researchers entered examinees' exam score data into the same dataset with their application information, application score, and satisfaction survey data. The relationships between these scores are examined.

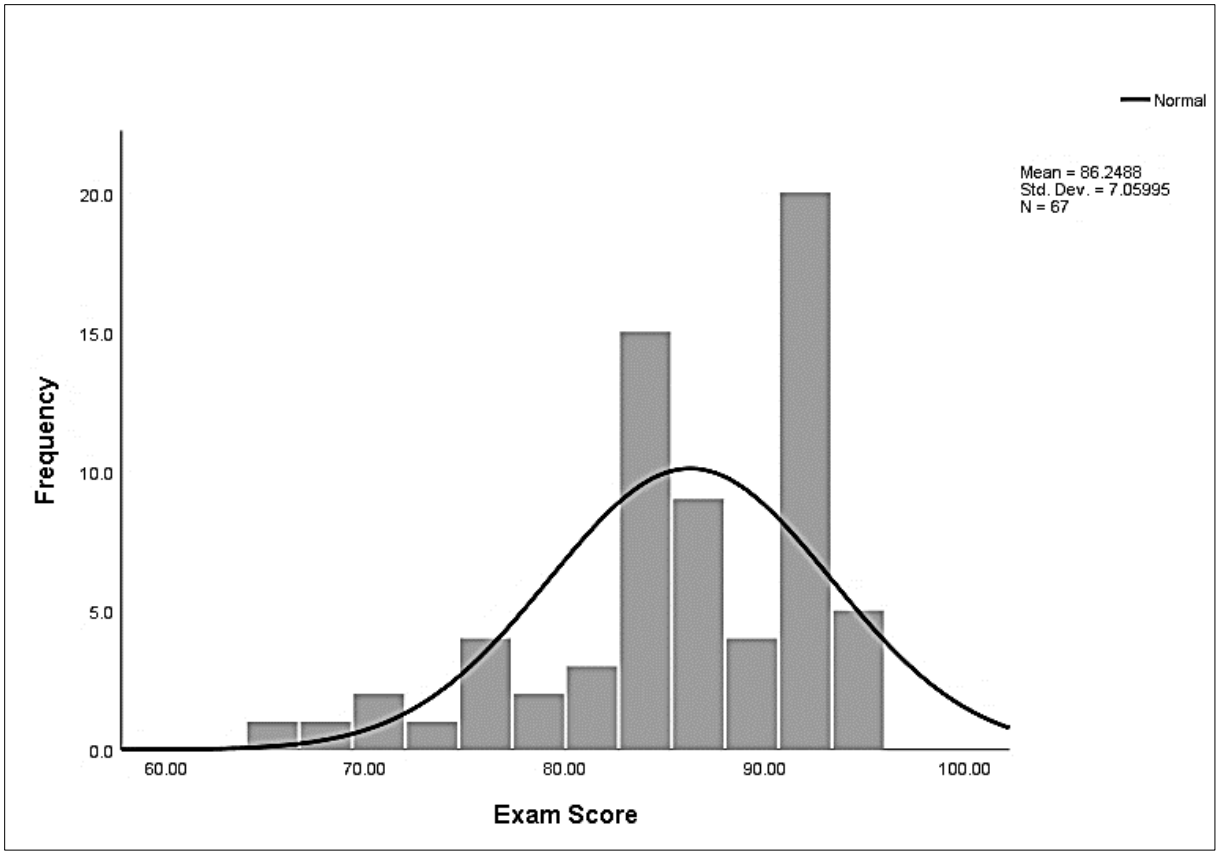
Results

Exam Scores

Overall

For all three trainings, exam scores ranged from 65.3 to 96.0. The average score for all examinees was 86.2 (*SD* = 7.1). Exam scores were not normally distributed, with a skewness of –1.07 (*SE* = 0.29) and kurtosis of .76 (*SE* = 0.58). The violation of normality was confirmed by the Shapiro-Wilk test of normality ($p < .05$), likely due to the strong negative skew. The negative skew is an indicator that individuals scored higher on the exam than would be expected under a normal distribution. Figure 1 shows the distribution of exam scores for the overall training.

Figure 1. *Overall training exam scores, along with the distribution curve.*



Overall, five individuals did not pass the exam according to the scores assigned by Via Hope. The passing cut off score was 74.67; each examinee could not miss more than 19 of the 75 exam questions.

Individual Trainings

In November, the average exam score was 88.1 (*SD* = 6.5). Scores ranged from 65.3 to 94.7. In December, the average exam score was 84.0 (*SD* = 7.4). Scores ranged from 66.7 to 94.7. In February, the average exam score was 86.9 (*SD* = 6.8). Scores ranged from 72.0 to 96.0. A one-way ANOVA was conducted to determine if the average exam score was different between the three training. Homogeneity of variances was observed, $p = .51$. Results of the ANOVA suggest that there were no significant differences on average exam scores between the three training groups, $F(2, 64) = 2.24$, $p = .12$.

The November training had highest average score, as well as the highest negative skew, for all three trainings. It was noted that seven examinees were scored incorrectly by Via Hope in November, which may have contributed to the skew. In all seven cases of incorrect scoring, results were in favor of the examinee, thus the average score for this cohort should have been lower. For three of the seven cases, an incorrect response to a question was scored as correct. In the remaining four cases, different examinees left one question blank, and that question was scored as correct. Six of the seven instances of incorrect scoring did not affect the pass/fail outcome for the examinee; however, one instance of improper scoring resulted in a passing outcome, when the examinee should not have received a passing score.

In December, researchers noted that one examinee was scored inaccurately on one question. This error did affect the pass/fail outcome for the examinee; the examinee was determined to have passed the exam, when their accurate score would not reflect this outcome.

Demographic Differences

Differences in mean scores for trainees from different backgrounds were examined for significance. A one-way Analysis of Variance (ANOVA) was conducted to determine if there were significant differences in average scores between trainees of different races. Average scores by categories of race ranged only slightly from 81.8 (*SD* = 6.2) for trainees who identified with more than one race (*N* = 3), 83.1 (*SD* = 9.1) for trainees who selected "other" (*N* = 5), 84.0 (*SD* = 1.9) for trainees who identified as Indian or Native American (*N* = 2), 85.3 (*SD* = 3.3) for trainees who identified as African American, and 87.2 (*SD* = 6.4) for trainees who identified as White (*N* = 46). Homogeneity of variances was observed between categories of race, $p = .14$. No statistically significant differences were noted amongst trainees who identified with a particular racial group, $F(4, 60) = .80$, $p = .53$.

Average exam score by age group varied slightly, too, between 79.7 (*SD* = 3.5) for trainees 18-25 years old (*N* = 5), 81.8 (*SD* = 9.8) for trainees 55 and older (*N* = 13), 86.9 (*SD* = 5.0) for trainees 26-35 (*N* = 18), and 88.8 (*SD* = 5.1) for trainees 36-55 years old. For different categories of age groups, the assumption of homogeneity of variances was violated, $p < .05$. Thus, differences between mean scores by age group were analyzed by Welch's ANOVA. Significant differences were found $F(3, 14.9) = 3.5$, $p = .04$. However, a post hoc test (Games-Howell) did not identify significant differences between any of the age categories, *p* values ranging from $p = .12$ and higher.

The average score of male trainees (*N* = 20) was higher than that of female trainees (*N* = 42), at 88.6 (*SD* = 5.7) and 85.0 (*SD* = 7.7), respectively (five trainees did not report their gender). Equality of variances was observed, $p = .17$. However, this difference was not statistically significant, $t = 1.84$, $p = .07$.

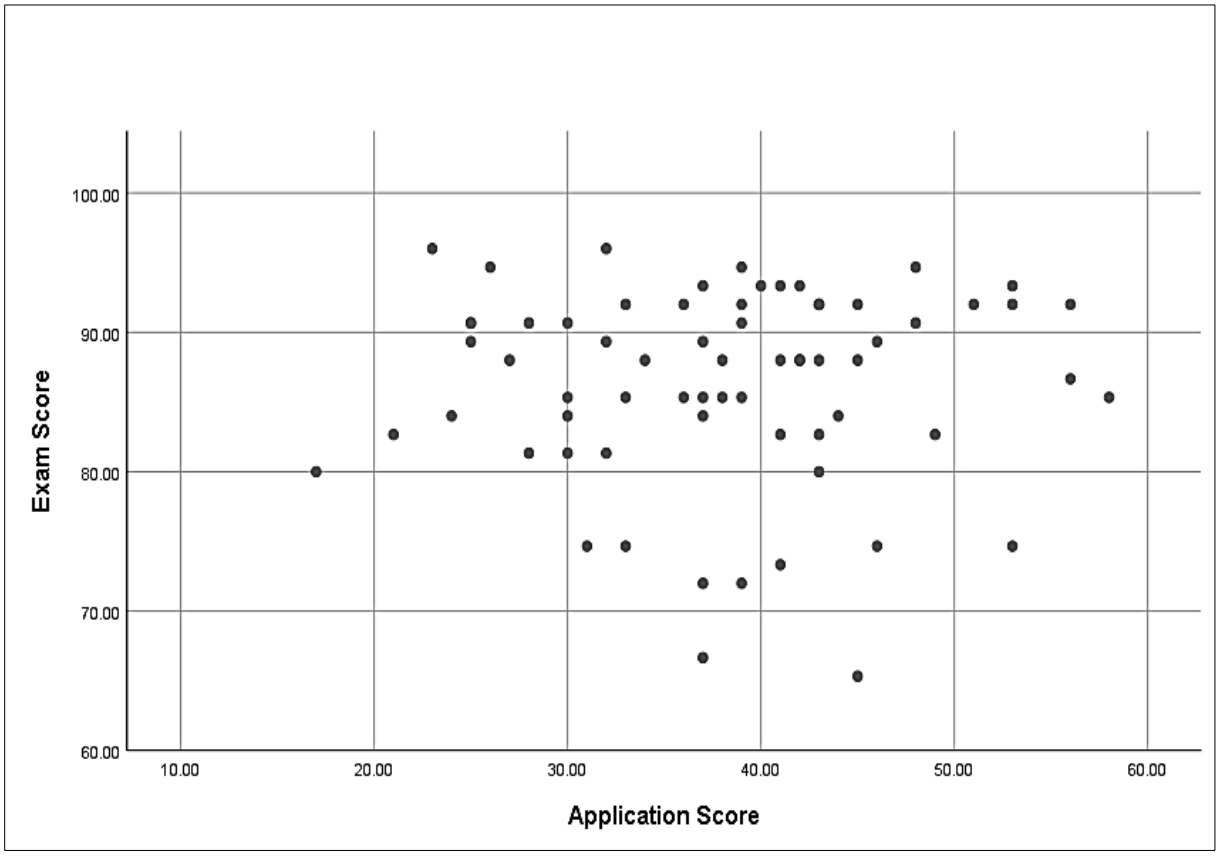
The average score of trainees who identified as Hispanic or Latino (*N* = 18) was lower than the average score for trainees who did not identify as Hispanic or Latino (*N* = 45), at 82.7 (*SD* = 7.9) and 87.3 (*SD* = 6.4), respectively.

Homogeneity of variances was observed, $p = .21$. This difference in scores was statistically significant, $t = 2.4$, $p = .02$. Of the 18 trainees who identified as Hispanic or Latino and took the exam, 13 reported that they spoke Spanish fluently, three reported that they were not fluent in a second language, and one declined to report second language fluency. Those trainees who took the exam and were fluent in Spanish ($N = 13$) scored lower ($M = 81.6$, $SD = 8.9$) than those who were not fluent in Spanish ($M = 85.7$, $SD = 4.3$). Homogeneity of variance was noted, $p = .07$. However, this difference was not statistically significant, $t = .86$, $p = .41$.

Application Score Comparison

Researchers sought to examine whether a trainee's score on their application was related to their score on the exam. The assumption of normality of the distribution was violated for the exam scores (negatively skewed). The normality of the application scores for those trainees that took the exam was confirmed, however, via a Shapiro-Wilk's test $p = .82$. A scatterplot was developed to examine the relationship between application and exam scores (see Figure 2). No relationship was observed between application score and exam score per the scatterplot. A Pearson's R Correlation confirmed the absence of a linear relationship, $r = .02$, $p = .90$. In summary, analysis suggested that application scores were not related to exam scores.

Figure 2. *Scatterplot of the relationship between trainees' application score and exam score.*

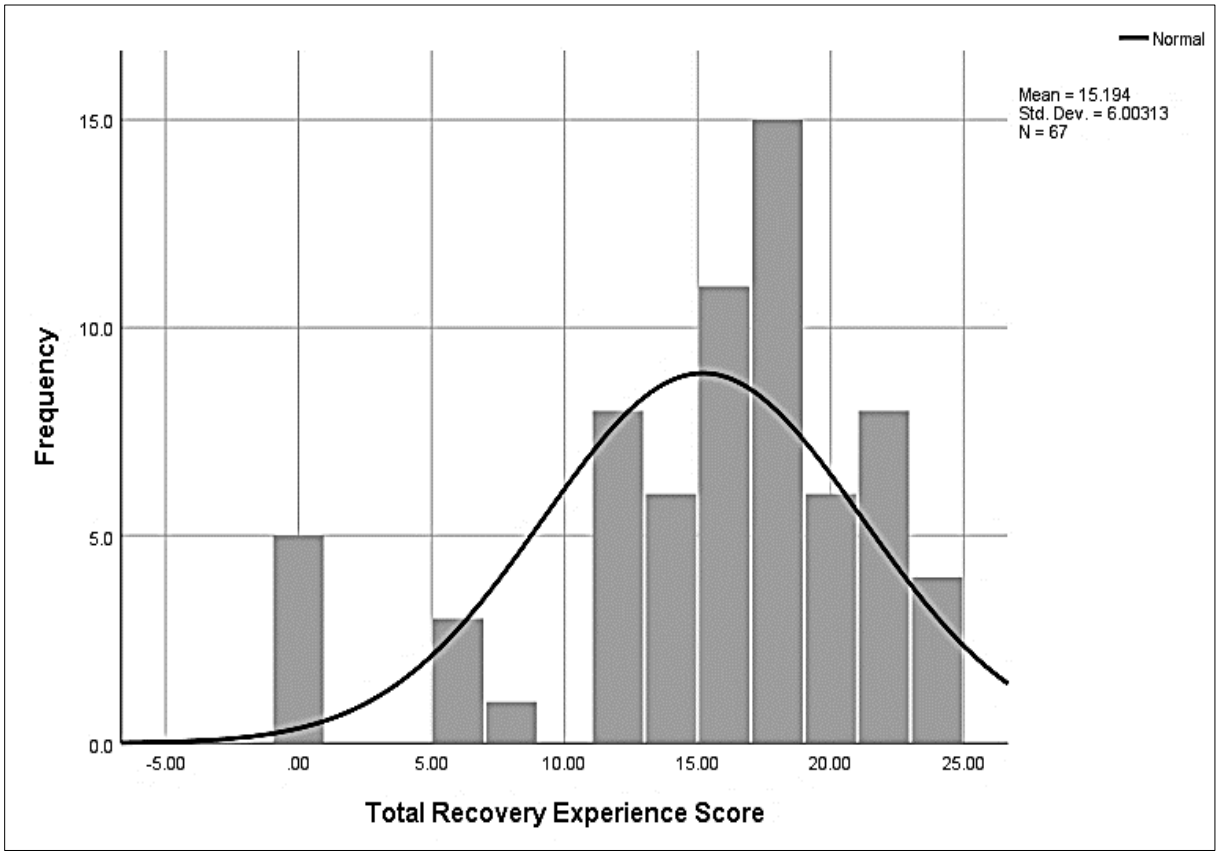


Researchers sought to examine whether either of the two scored sections of the application (Recovery Experiences or Other Background Information) were related to a trainee's final exam score (See Section 2 of this report for a

description of the two scored sections of the application). The normality of the distributions of these two sections of the application were examined.

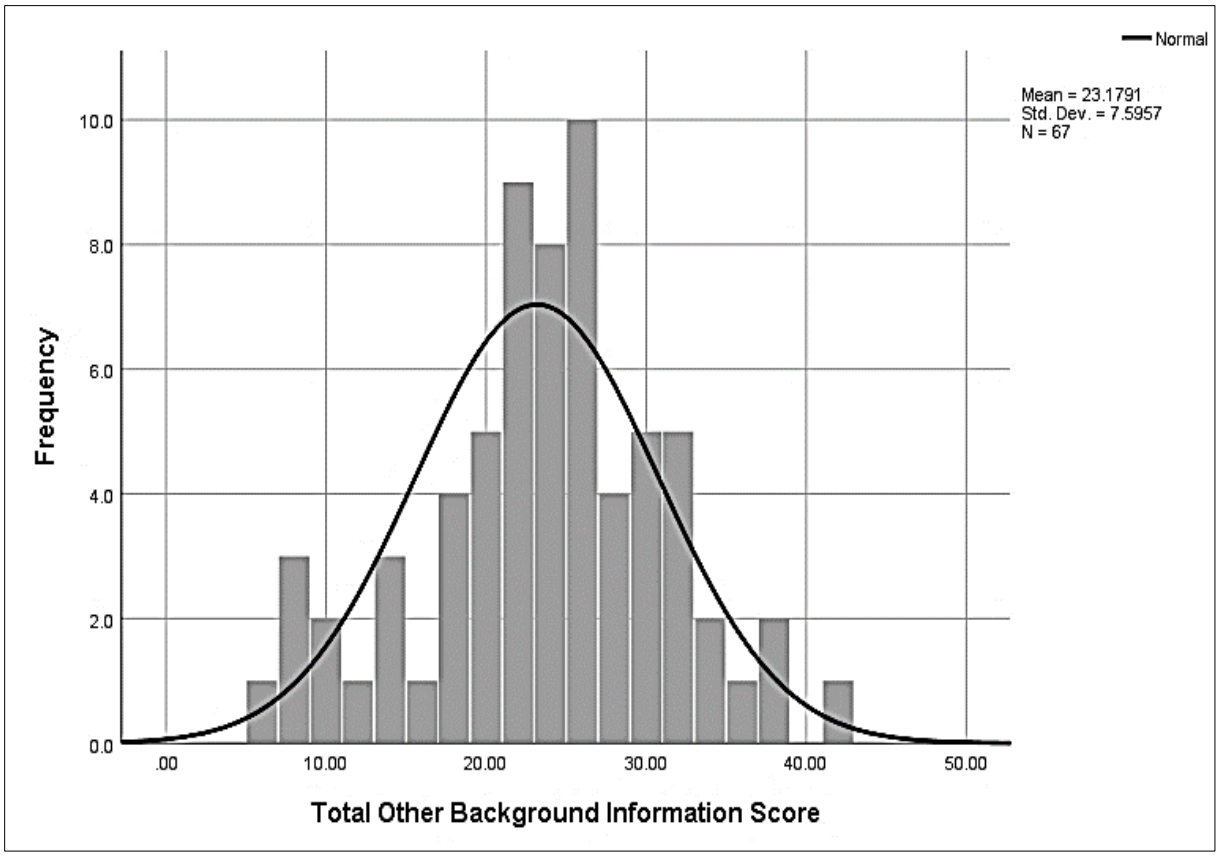
The distribution of Recovery Experience scores was found to be skewed (-1.11, *SE* = .29) and also displayed kurtosis (1.06, *SE* = .58), this was found to be significant via a Shapiro-Wilk test, $p < .05$ (see Figure 3 for a depiction of the distribution of Recovery Experience scores). This suggests that Recovery Experience scores were higher than would be found in a normal distribution. Given the non-normality of both distributions (Recovery Experience scores and overall exam scores), a non-parametric Spearman's Rho correlation was calculated. No relationship was found between the two scores, $r = .04$, $p = .77$. To summarize, scores on the Recovery Experience section of the application were not related to exam scores.

Figure 3. *Recovery Experience scores, along with the distribution curve.*



The distribution of Other Background Information scores was found to be normally distributed $p = .19$ (see Figure 4 for a depiction of the distribution of Background Information scores). Given the non-normality of the distribution of the exam scores, (though Other Background Information scores were normally distributed) a non-parametric Speaman's Rho correlation was conducted to determine if there was a relationship between the two scores. No relationship was observed, $r = .11$, $p = .37$. Similar to findings from the Recovery Experience section scores and overall application scores, scores on the Other Background Information section scores were not related to exam scores.

Figure 4. *Other Background Information scores, along with the distribution curve.*



Type of Recovery Experience Score Comparison

In addition to examining how exam scores related to Recovery Experiences scores, analysis was conducted to determine if exam scores differed significantly between examinees with two sub-types of Recovery Experience: those who reported employment experience and those who reported no employment experience. Examinees who were considered to have employment experience included those who reported the following types of Recovery Experience: currently employed, currently volunteering, or previously employed. Examinees who were considered to not have employment experience included those who reported the following types of Recovery Experience: offered employment or seeking employment (no examinee reported not being seeking employment on the Recovery Experience section of the application).

Examinees who reported some type of employment experience (N = 60) had an average score of 86.0 (SD = 7.3). Examinees who reported no employment experience (N = 7) had an average exam score of 88.6 (SD = 4.3). Results of a normality test (Shapiro-Wilk) suggested that the distribution of those who reported no employment experience was normal, $p > .05$. However, the distribution of scores for individuals with employment experience was not normal, $p < .01$. Given the difference in group size, and the non-normality of the distribution of scores for those examinees that were employed, a non-parametric t-test (Mann-Whitney U test) was conducted to determine if the differences in exam scores between the two sub-categories of Recovery Experience were significant. No significant difference was observed, $t = -.64$, $p = .52$. To summarize, the 2.6-point difference in scores between applicants with employment experience and applicants with no employment experience was not significant.

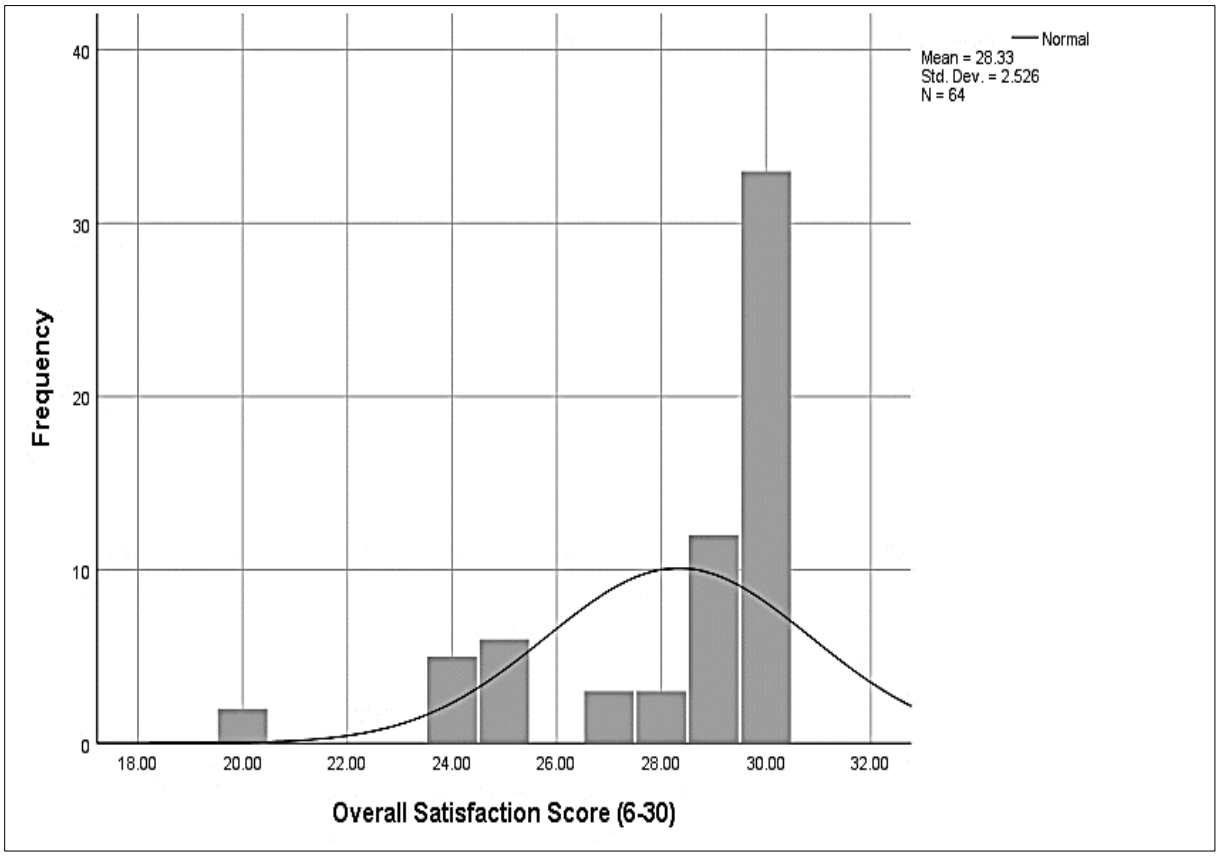
Satisfaction Score Comparison

On the final/overall satisfaction survey, trainees were asked to respond to six items that measured their overall satisfaction with the weeklong training (see Section 5 of this report for a description of the satisfaction surveys). Each of the six items asked trainees to rate their level of agreement or satisfaction on a scale from one (low) to five (high). Items included: 1) overall satisfaction with the training, 2) training met needs, 3) would recommend training, 4) made helpful connections with other trainees, 5) have new information that will be useful in work, and 6) learned new or improved existing skills. Scores for all six items were combined to calculate an overall satisfaction scale, with possible scores ranging from 6-30.

The average overall satisfaction score was 28.3 (*SD* = 2.5) on a scale from 6 to 30. The normality of the distribution of overall satisfaction scale was calculated via a Shapiro-Wilk's test. The distribution was not normal, $p < .05$, with a skewness of -1.7 (*SE* = .30) and kurtosis of 2.2 (*SE* = .59). This was also confirmed by examining a histogram (see Figure 5). The negative skew suggests that scores on overall satisfaction were higher than would be expected under a normal distribution. Additionally, a boxplot confirmed the presence of two outliers.

Given that both distributions were not normal, a Spearman's rank order correlation was conducted. Results of the Spearman's test suggest that no relationship existed between a trainee's overall satisfaction with the training and their exam score, $r = .01$, $p = .94$.

Figure 5. *Overall satisfaction with the training scores, along with the distribution curve.*

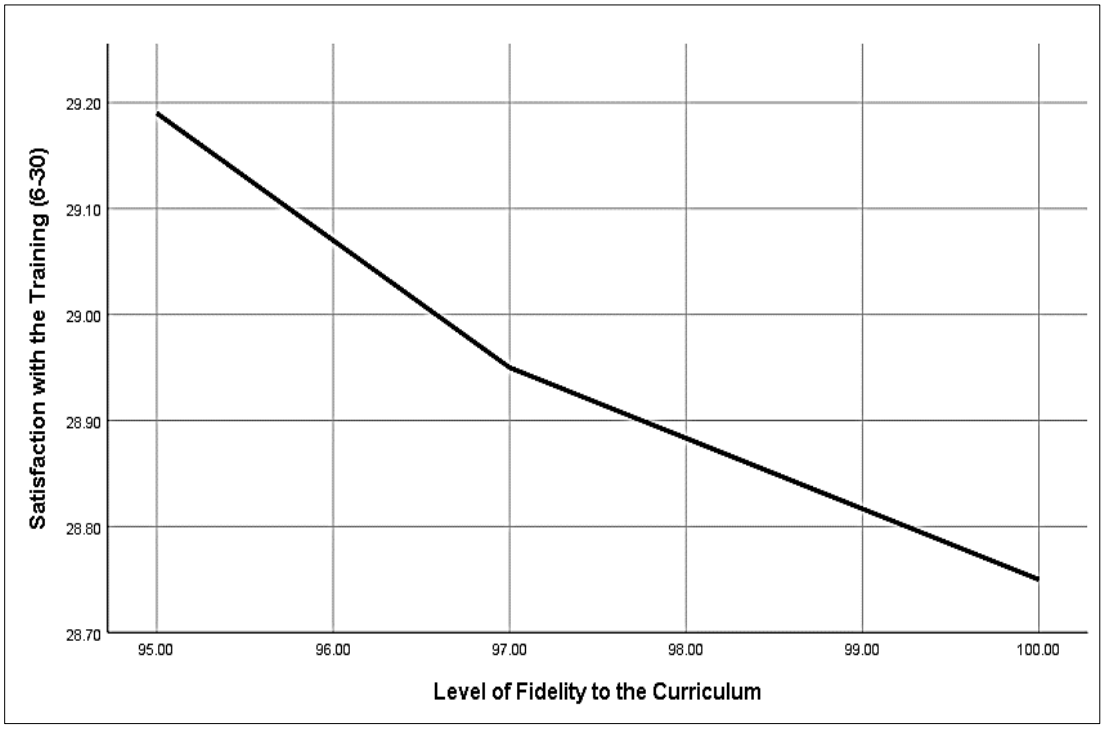


Satisfaction and Fidelity

Average overall satisfaction scores were calculated for each of the three trainings, on a scale from 6 to 30. In November, average overall satisfaction was 28.8 (*SD* = 2.1). In December, average overall satisfaction was 29.0 (*SD* = 1.7). Finally, in February, average overall satisfaction was 29.2 (*SD* = 1.4). A non-parametric Kruskal-Wallis test indicated that differences in satisfaction scores across the three trainings were not significant $t = 2.0$, $p = .37$.

The overall satisfaction score for each training was further examined, to determine if it was correlated with the training's rating of fidelity to the curriculum, as measured in the fidelity section of this report (see Section 4 for a description of the fidelity assessment, along with its results). The level of fidelity in November was 100%, in December, 97%, and in February, fidelity was 95%. A line chart was examined to determine visually if there was a relationship between the two variables (see Figure 6). The line chart showed a linear, negative relationship between fidelity and satisfaction. A Spearman's rank correlation was used to analyze the relationship, since there were only three data points (November, December, and February). Results of the test confirm the negative relationship, $r = -1.0$, $p > .01$.

Figure 6. *Line chart of the relationship between overall satisfaction and fidelity to the curriculum.*



Discussion

Overall, the majority of exam scores were appropriately scored. However, in eight instances, an incorrect score was assigned. In two cases, the incorrect assignment of scores affected the pass/fail outcome for the test-taker. After reviewing the assigned scores for the first training cohort (November) and determining seven scores were incorrect, researchers at the TIEMH reported their findings to Via Hope staff and suggested double-checking exam scoring to catch instances of inaccurate scoring. Via Hope amended their scoring procedure and subsequently, only one score in December, and no score in February, was found to be inaccurate. In December, researchers at the TIEMH developed a

spreadsheet with formulas for scoring exams; this spreadsheet automatically scored each item and counted the total number of correct responses to automatically calculate scores. This spreadsheet was given to staff at Via Hope, and subsequently, no incorrect scores were identified. Between the three trainings, average exam scores were not significantly different. Average scores were highest in November, but this may have been partially due to inaccurate scoring for this group.

The negative skew of the exam scores indicates that more examinees pass the exam than would be expected under a normal distribution. Historically, research has suggested that easier tests are more likely to be negatively skewed when compared with difficult tests (Lord, 1954). However, negative skew may not be problematic if the test is designed to generate a pass/fail outcome, for example, as a bar for entry into a profession; it may be problematic if the desired outcome of the test is to be able to discriminate differences in aptitude amongst high performers (Suen, 1990).

In terms of demographic differences, scores by gender and race did not vary significantly. However, there were differences in average scores between age groups and by Ethnicity (Hispanic/Latino or non-Hispanic/Latino). Further analysis suggests that the Spanish fluency did not affect the difference in scores by Ethnicity at a significant level. Further analysis did not reveal what differences between age groups were significant. Determining whether there was significant difference in exam scores for examinees with different demographic backgrounds is important because exam validity may be called in to question if significant differences exist between groups (i.e. the exam may be biased).

Analysis of examinees' application scores suggested that applications scores were unrelated to exam scores. This suggests that the training equally serves the needs of trainees from a variety of backgrounds, as evidenced by high passing rates on the exam. It may be that the training levels the playing field between applicants with significant Recovery Experience and knowledge and awareness of concepts related to recovery (which account for the majority of the total application score) and those with less Recovery Experience or lower scores for open-ended items. This may be a desirable effect; if exam scores were related to application scores, it might be that the training was better at serving a specific type of applicant, and that applicants with lower scores were not as well prepared by the training. Additionally, scores on the two sub-sections of the application (Recovery Experience and Other Background Information) were not related to exam scores.

Overall satisfaction scores were rated as very high and were not found to be related to exam scores. This may also be a desirable outcome, because if satisfaction with the training was related to exam scores this might indicate that the exam was biased in some way against trainees who expressed less satisfaction.

Unrelated to exam scores, overall satisfaction scores were negatively related to fidelity, as assessed by TIEMH researchers at each of the first three trainings. However, given that overall satisfaction with the trainings was not significantly different by training, the negative relationship to fidelity may not be a concern. If one training had a significantly different overall satisfaction score, then a relationship between fidelity and satisfaction may be of interest to the program.

Analysis of the exam scoring process and the relationship between exam scores and other key variables is important because findings can help agencies determine whether the exam is reliable, valid, and equitable. Exam scores should indicate whether the training adequately prepares trainees for certification, thus, it is important to determine if the exam is an appropriate measure of preparedness for different groups and types of trainees. Results of the current

analysis indicate that the PSTC exam is largely equitable, and that relationships between exam scores and other key variables are in the direction to be expected. A further analysis of the validity and reliability of the current exam (compared with prior versions of the exam), overall and item-by item, is presented in Chapter 3 of this report.

Chapter 3: Item Analysis of the Via Hope Certified Peer Specialist Certification Exam

Introduction

Via Hope Certified Peer Specialist (CPS) Certification Exam

The Via Hope CPS certification exam is a paper and pencil multiple-choice exam used as the criterion to determine certification status for individuals who have completed the Via Hope CPS training. Via Hope revised the CPS training curriculum in April 2017 and subsequently revised the CPS certification exam in November 2017. Therefore, CPS trainees who took the training in the intervening period were administered an older exam that did not align with the revised curriculum.

Objective

The objective of this chapter is to present results from an item analysis of both the older and new version of the Via Hope CPS certification exam. Item analyses are used to measure internal consistency of items on an exam and typically examine four outcomes:

- reliability coefficients,
- item difficulty values,
- item discrimination values, and
- proportion of examinees choosing various distractors (or incorrect responses).

Together, these statistics measure both the internal consistency of the exams in their entireties as well as provide detailed information about each item on the exams. Therefore, we can assess whether the new exam is overall more or less internally consistent (i.e., whether the items reflect the same central construct) compared to the older exam. These statistics also provide information on the difficulty of each item as well as how effectively each item discriminates between high and low scorers in both versions of the exam.

Methods

To conduct the item analyses six administrations of the CPS exam were examined. Three administrations of the older exam were analyzed with a total of 63 cases and three administrations of the new exam were analyzed with a total of 67 cases. Individual scores from these exams were transferred onto scantrons, which were then scanned by staff at Testing and Evaluation Services (TES) at the University of Texas at Austin. Analysis was conducted using TES software and included four statistics: reliability coefficient, item difficulty, item discrimination, and distractor analysis. Qualitative interpretations were conducted by TIEMH staff.

Reliability

A reliability coefficient (sometimes referred to as *alpha*) refers to the amount of measurement error associated with a test score. In other words, the reliability coefficient indicates the degree to which the exam is internally consistent or to what extent items on an exam are correlated with one another. The reliability coefficient ranges from 0.00 to 1.00 with higher values indicating more reliable test scores (or lower levels of measurement error; TES, 2018). See Table 1 for guidelines on how to interpret reliability coefficients.

Table 1. *Guide to interpreting reliability coefficients.*

Coefficient α	Interpretation of reliability
.90 and above	Excellent reliability; at the level of the best standardized tests
.80 - .90	Very good for a classroom test
.70 - .80	Good for a classroom test; in the range of most. There are probably a few items that could be improved.
.60 - .70	Somewhat low. This test should be supplemented by other measures to determine grades. There are probably some items that could be improved.
.50 - .60	Suggests need to revise the test, unless it is quite short (ten or fewer items). The test must be supplemented by other measures for grading.
.50 or below	Questionable reliability. This test should not contribute heavily to the course grade, and it needs revision.

Item Difficulty or P-values

Item difficulty, or *p*-values, refers to the percentage of individuals who correctly answer a question. *P*-values range from 0.00 to 1.00 with higher values indicating a greater proportion of individuals responding correctly to a question and lower values indicating a greater proportion of individuals responding incorrectly to a question. Ideal *p*-values should be slightly higher than midway between chance (1.00 divided by the number of answer choices) and perfect scores for an item (1.00). For example, on a multiple-choice question with four response choices (such as the CPS exam), the ideal difficulty level, or *p*-value, is 0.62. Further, *p*-values above 0.90 indicate very easy items that should not be used in subsequent tests whereas *p*-values below 0.20 indicate very difficult items that should also not be used in subsequent tests (as least without revising the item or targeting the concept for instruction in future training cohorts; TES, 2018).

Item Discrimination

Item discrimination is a measure of the degree to which examinees with varying levels of achievement perform differently on each item. Examinees who earn a high score on the exam are expected as a whole to do better on each item than examinees with lower exam scores. Item discrimination is the difference in item difficulties between groups of examinees with high and low exam scores. Values for item discrimination range from -1.00 to 1.00. Positive discrimination values for an item indicate that the high-scoring examinees obtained a higher average score on the item than low-scoring examinees whereas negative discrimination values indicate that low-scoring examinees obtained a higher average score on the item than high-scoring examinees. Additionally, the closer the value is to zero the less discriminating an item is. Items with values near or less than zero should be removed from an exam because these items are confusing for the high-scoring examinees in some way. An exam comprised mostly of items with high, positive item discrimination indices will likely yield more reliable exam scores. In the item analysis below, the examinees are divided into four performance groups (high scorers, mid-high scorers, mid-low scorers, and low scorers). In general, the guidelines listed in Table 2 (below) can be used to interpret item discrimination scores (TES, 2018).

Table 2. *Guide to interpreting item discrimination scores.*

Coefficient *r*	ID interpretation
0.40 or higher	Very good items
0.30 to 0.39	Good items
0.20 to 0.29	Fairly good items
0.19 or less	Poor items

It is important to note that item discrimination scores are tentative and not always a measure of item quality. For example, extremely difficult or easy items will have low ability to discriminate, but such items are often needed to adequately sample curriculum content and objectives. Additionally, an item may show low discrimination if the test measures many content areas. For example, if the majority of the test measures "knowledge of facts," then an item assessing "ability to apply principles" may have a low correlation with total test score, yet both types of items are needed to measure attainment of curriculum objectives (TES, 2018).

Distractor Evaluation

Distractor evaluation refers to the process of examining the proportion of examinees who select incorrect answers. The quality of distractors (or incorrect answers) influence examinee performance on test items. Additionally, there is a relationship between the distractors that examinees choose and their total test score. Distractors need to be clearly incorrect and appeal to low scorers who have not mastered the material rather than to high scorers. Distractors should be revised or replaced if they are selected by a few or no students or are just as likely to be chosen by high scorers as they are to be selected by low scorers (TES, 2018). In the item analysis below, the proportion of examinees who selected each distractor is presented by the four performance groups (i.e., high scorers, mid-high scorers, mid-low scorers, and low scorers).

Note

It is important to note that item analysis data are not synonymous with item validity. An external criterion is required to accurately judge the validity of test items. Further, item analysis data are tentative. Such data are influenced by the type and number of students being tested, instructional procedures employed, and chance errors. If repeated use of items is possible, statistics should be recorded for each administration of each item.

Results: Item Analysis of Older Exam

Individuals enrolled in the Via Hope CPS Training and Certification program in April, June, and July 2017 were presented with a revised version of the training curriculum but were administered an older version of the exam (i.e., a version of the exam created and used prior to the curriculum revision). Sixty-three individuals were administered this older 69-item version of the exam. The average exam score was 83.2% (with examinees correctly answering, on average, 57.44 out of 69 questions). Of these individuals, eight (11.6%) did not pass the exam. Figure 1 presents the frequency of raw exam scores. The black line represents the raw exam scores, while the grey line represents a normal distribution. Exam scores for the older exam were positively skewed. In addition, average exam scores were calculated across modules of the CPS curriculum. Table 3 presents the mean item score by module, as well as the standard deviation (i.e., the amount of dispersion) and number of items (N) per module.

Figure 1. *Raw exam scores (older exam).*

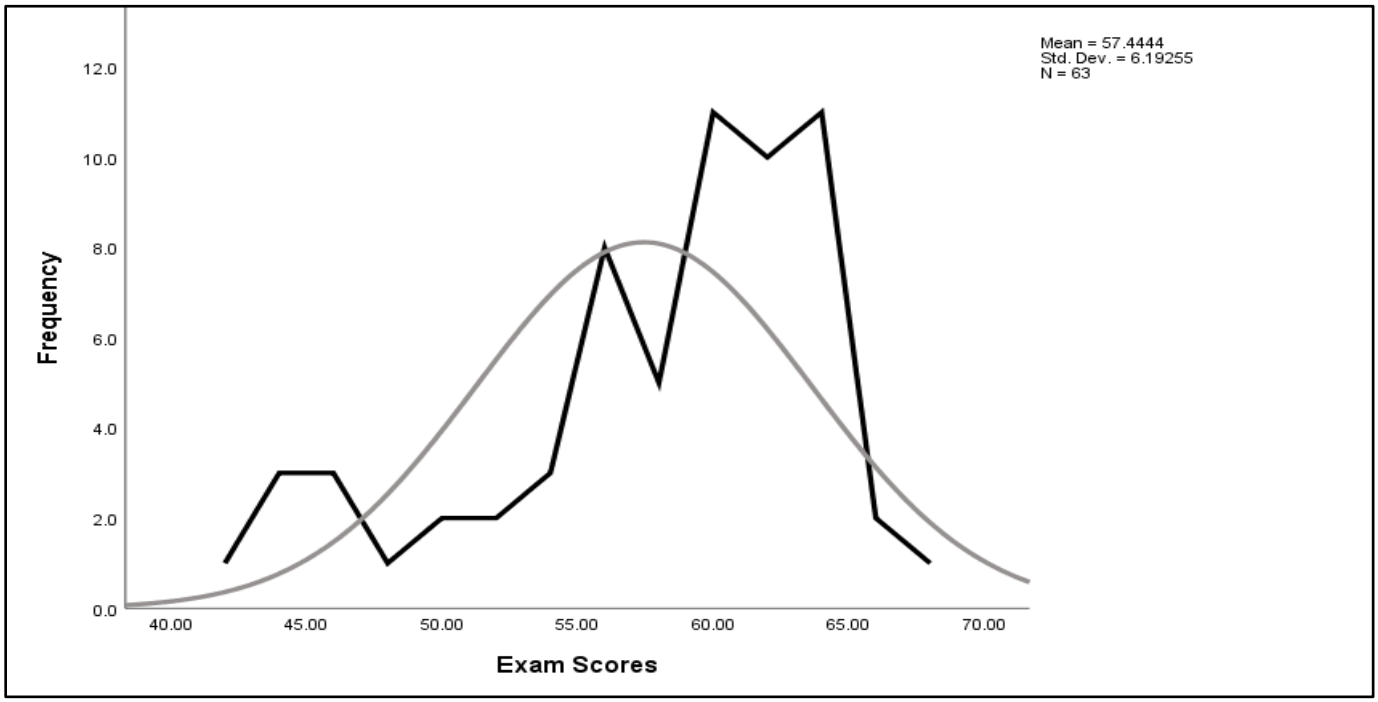


Table 3. *Mean score by module (older exam).*

Module	Mean	Standard Deviation	N (items per module)[1]
Module A	88.0	4.83	4
Module B	82.2	23.2	5
Module C	--	--	0
Module D	68.0	--	1
Module 3	84.8	13.6	4
Module 4	--	--	0
Module 5	92.0	--	1
Module 6	--	--	0
Module 7	93.7	1.5	3
Module 8	83.8	10.0	5
Module 9	95.5	2.12	2
Module 10	83.3	19.3	4
Module 11	100	--	1
Module 12	83.4	21.1	5
Module 13	56.0	--	1
Module 14	75.0	31.8	5
Module 15	84.9	17.1	10
Module 16	--	--	0
Module 17	88.6	16.0	7
Module 18	73.0	--	1
Module 19	82.4	18.2	5
Module 20	75.0	5.7	2

[1] Note: The total number of items do not sum to the number of exam questions because some questions are attributed to more than one module.

Reliability

The reliability coefficient for the older 69-item version of the CPS exam was 0.81 indicating low levels of measurement error and high reliability.

Item Difficulty, Item Discrimination, and Distractor Analysis

Item 1: A CPS who plans to take a mental health day is:

- **A. demonstrating self-care**[2]
- B. acting irresponsibly
- C. acting unprofessionally
- D. going to be chastised

[2] Note: Correct responses are bolded.

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**16**	0	0	0	16
Low Scorers	0	**16**	0	0	0	16
Sum	0	**63**	0	0	0	63
Mean Score (out of 69)	0	**57.4**	0	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM]

Item 2: A client in a group says they are beginning to think there may be a better life available. They are thinking about moving forward but the potential pitfall is the fear of:

- A. stigma
- B. recovery
- **C. risk**
- D. acceptance

2

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	1	**14**	0	15
Mid-High Scorers	0	0	1	**15**	0	16
Mid-Low Scorers	0	1	5	**10**	0	16
Low Scorers	0	2	4	**6**	4	16
Sum	0	3	11	**45**	4	63
Mean Score (out of 69)	0	50.3	55.2	**59.6**	45.3	
Item Difficulty: 0.71						
Item Discrimination: 0.54						

Interpretation: This question has an item difficulty score of 0.71 indicating 71% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. Additionally, the item discrimination score for this item is 0.54 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. Distractors A and D, however, appealed to few examinees suggesting they could be replaced with more effective distractors. [NOT INCLUDED IN NEW EXAM]

Item 3: How does the CPS work within a client's belief system?

A. Suggest that the client use what was learned in religious settings
B. Respect the client's individuality
C. Explore what the client learned from their parents
D. Explain the legal system to the client

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	0	**16**	0	0	16
Low Scorers	0	0	**16**	0	0	16
Sum	0	0	**16**	0	0	16
Mean Score (out of 69)	0	0	**57.4**	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [NOT INCLUDED IN NEW EXAM]

Item 4: The fear underlying all fears is an inability to handle:

A. beliefs
B. feelings
C. opinions
D. attitudes

	Omit	A	**B**	C	D	Sum
High Scorers	0	3	**12**	0	0	15
Mid-High Scorers	0	7	**9**	0	0	16
Mid-Low Scorers	0	4	**11**	1	0	16
Low Scorers	0	5	**9**	0	2	16
Sum	0	19	**41**	1	2	63
Mean Score (out of 69)	0	57.6	**57.8**	55	50	
Item Difficulty: 0.65						
Item Discrimination: 0.08						

Interpretation: This question has an item difficulty score of 0.65 indicating 65% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.08, however, indicating this question does not effectively discriminate between high and low scorers. High scorers were not more likely to answer this question correctly, compared to low scorers. Additionally, distractors C and D appealed to few examinees suggesting they could be replaced with more effective distractors. [NOT INCLUDED IN NEW EXAM]

Item 5: Why is it most important for the CPS to let the client share in a group setting only what the client is willing to share?

A. To show that the client is capable of public speaking
B. To let the client feel intelligent
C. To allow the client to have a sense of empowerment
D. To give the client a platform to share the illness story

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	1	0	**13**	2	16
Sum	0	1	0	**60**	2	63
Mean Score (out of 69)	0	55	0	**57.9**	45	
Item Difficulty: 0.95						
Item Discrimination: 0.33						

Interpretation: This question has an item difficulty score of 0.95 indicating 95% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.33 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 6: Trauma impacts how most individuals see the world by:

- **A. changing their senses of safety and trust**
- B. developing a sense of false security
- C. causing them to view life as meaningful
- D. instilling a view that the world revolves around them

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**15**	0	1	0	16
Low Scorers	0	**12**	2	1	1	16
Sum	0	**58**	2	2	1	63
Mean Score (out of 69)	0	**58.1**	50.5	49.5	50	
Item Difficulty: 0.92						
Item Discrimination: 0.36						

Interpretation: This question has an item difficulty score of 0.92 indicating 92% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.36 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [INCLUDED IN NEW EXAM]

Item 7: A CPS brings a client who is diagnosed with PTSD to a support group meeting. The room is close to a highway that is under construction and is not soundproof. The other clients are cross-talking and laughing as the client shares, causing the client to be triggered. What can the CPS do to help the client with PTSD in this situation?

- A. Tell everyone to be quiet
- B. Tell the client to snap out of it
- C. Ignore the client's reaction to triggers
- **D. Ensure that the client feels safe**

	Omit	A	B	C	**D**	Sum
High Scorers	0	1	0	0	**14**	15
Mid-High Scorers	0	0	0	0	**16**	16
Mid-Low Scorers	0	2	0	0	**14**	16
Low Scorers	0	1	0	0	**15**	16
Sum	0	4	0	0	**59**	63
Mean Score (out of 69)	0	55	0	0	**57.6**	
Item Difficulty: 0.94						
Item Discrimination: 0.10						

Interpretation: This question has an item difficulty score of 0.94 indicating 94% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.10 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 8: If the service provider is looking for a way to bill for a peer specialist's time, what would the CPS suggest to the provider where they are employed?

- **A. Bill Medicaid under the Rehab Option**
- B. Bill DARS under supported employment services
- C. Bill SAMHSA using federal block grant funds
- D. Bill DSHS through the division of Substance Abuse and Mental Health Vision Implementation.

	Omit	**A**	B	C	D	Sum
High Scorers	0	**14**	0	0	1	15
Mid-High Scorers	1	**13**	0	1	1	16
Mid-Low Scorers	0	**10**	0	3	3	16
Low Scorers	0	**7**	1	4	4	16
Sum	1	**44**	1	8	9	63
Mean Score (out of 69)	60	**59.1**	42	53	54.9	
Item Difficulty: 0.70						
Item Discrimination: 0.40						

Interpretation: This question has an item difficulty score of 0.70 indicating 70% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. Additionally, the item discrimination score for this item is 0.40 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. Distractor B, however, appealed to few examinees suggesting it could be replaced with a more effective distractor. [NOT INCLUDED IN NEW EXAM]

Item 9: Which of the following is an element of the mental health system at the state level?

A. Centers for Medicare and Medicaid (CMS)
B. Texas Health and Human Services Commission (HHSC)
C. Department of Aging and Disability Services (DADS)
D. Substance Abuse and Mental Health Services Administration (SAMHSA)

	Omit	A	**B**	C	D	Sum
High Scorers	0	1	**14**	0	0	15
Mid-High Scorers	0	2	**11**	0	3	16
Mid-Low Scorers	0	2	**11**	0	3	16
Low Scorers	0	2	**9**	0	5	16
Sum	0	7	**45**	0	11	63
Mean Score (out of 69)	0	56.3	**58.8**	0	52.8	
Item Difficulty: 0.71						
Item Discrimination: 0.34						

Interpretation: This question has an item difficulty score of 0.71 indicating 71% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. Additionally, the item discrimination score for this item is 0.34 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. Distractor C, however, appealed to few examinees suggesting it could be replaced with a more effective distractor. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 10: A client is overwhelmed with work, school, and family life. The client was talked into working additional hours at work. The client tells his CPS that they are unable to function well when they are stressed. How can the client take better care of themself?

A. Set clear boundaries
B. Call their boss and say that they are ill and taking a day off
C. Let their spouse complete their schoolwork for them
D. Avoid the supervisor so as not to be assigned extra hours

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**16**	0	0	0	16
Low Scorers	0	**15**	1	0	0	16
Sum	0	**62**	1	0	0	63
Mean Score (out of 69)	0	**57.6**	46	0	0	
Item Difficulty: 0.98						
Item Discrimination: 0.24						

Interpretation: This question has an item difficulty score of 0.98 indicating 98% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.24 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 11: Which of the following is an example of an open-ended question?

A. "Do you feel that you have a good relationship with your father?"
B. "Will your relationship with your father keep you from solving this problem?"
C. "What are some of the feelings you have when you think about your relationship with your father?"
D. "Is your father happy with his relationship with you?"

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	1	**15**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	3	5	**7**	1	16
Sum	0	3	6	**53**	1	63
Mean Score (out of 69)	0	46	49.5	**59.2**	46.0	
Item Difficulty: 0.84						
Item Discrimination: 0.66						

Interpretation: This question has an item difficulty score of 0.84 indicating 84% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.66 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [NOT INCLUDED IN NEW EXAM]

Item 12: A CPS assists a client in the decision-making process concerning which school they want to attend. The treatment team tells the client that they are NOT ready to attend school. The CPS should help the client to:

A. advocate for themself
B. realize their dreams
C. accept the advice of the treatment team
D. forget about going to school

	Omit	**A**	B	C	D	Sum
High Scorers	0	**12**	3	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**15**	1	0	0	16
Low Scorers	0	**12**	3	1	0	16
Sum	0	**55**	7	1	0	63
Mean Score (out of 69)	0	**58**	55	42	0	
Item Difficulty: 0.87						
Item Discrimination: 0.25						

Interpretation: This question has an item difficulty score of 0.87 indicating 87% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.25 indicating this question could more effectively discriminate between high and low scorers. Additionally, zero examinees chose distractor D, indicating it is not functioning as an effective distractor and should be replaced. [NOT INCLUDED IN NEW EXAM]

Item 13: A client comes to the CPS wanting to get off of their meds. The psychiatrist told the client he could not stop the meds, and that they would risk hospitalization if they deviate at all from the prescription. Which of the following is the most supportive thing the CPS could do?

A. Refer the client to a psychiatrist who is known for prescribing fewer psychotropic meds and tell the client that they don't need to take all that medicine.
B. Tell client that they can get off their meds at any time and judge for themself if it is a healthy step in his recovery.
C. Offer to help client with a wellness plan including nutrition and exercise, while at the same time reducing the dosage with the psychiatrist's permission.
D. Confront the psychiatrist in the presence of the client and suggest that the client is over- medicated.

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	6	**9**	0	15
Mid-High Scorers	0	0	7	**6**	3	16
Mid-Low Scorers	0	0	6	**8**	2	16
Low Scorers	0	0	4	**11**	1	16
Sum	0	0	23	**34**	6	63
Mean Score (out of 69)	0	0	58.5	**56.9**	56.2	
Item Difficulty: 0.54						
Item Discrimination: -0.09						

Interpretation: This question has an item difficulty score of 0.54 indicating 54% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too difficult. More problematic, however, is that the item discrimination is -0.09 indicating that low scorers were more likely to answer this question correctly than were high scorers. This indicates that this question is confusing in some way to high scorers and should be revised. In particular, distractor B is appealing to high scorers and should be replaced. Additionally, zero examinees chose distractor A, indicating it is not functioning as an effective distractor and should be replaced. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 14: A CPS can initiate discussion in groups by:

A. presenting their own personal beliefs
B. facilitating a recovery dialogue
C. teaching coping skills
D. assigning book reports

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	0	**16**	0	0	16
Low Scorers	0	1	**14**	1	0	16
Sum	0	1	**61**	1	0	63
Mean Score (out of 69)	0	44	**57.9**	44	0	
Item Difficulty: 0.97						
Item Discrimination: 0.40						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.40 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [INCLUDED IN NEW EXAM]

Item 15: When a CPS helps a client express dissatisfaction to the treatment team, the CPS is acting as:

A. a mentor
B. a teacher
C. an advocate
D. a role model

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	0	0	**15**	1	16
Sum	0	0	0	**62**	1	63
Mean Score (out of 69)	0	0	0	**57.6**	46	
Item Difficulty: 0.98						
Item Discrimination: 0.24						

Interpretation: This question has an item difficulty score of 0.98 indicating 98% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.24 indicating this question could more effectively discriminate between high and low scorers. [NOT INCLUDED IN NEW EXAM]

Item 16: Which of the following is an example of an activity that promotes recovery?

A. Training caseworkers to write treatment plans after the session
B. Training clients to write their own goals
C. Training clients to let staff solve the clients' problems
D. Ensuring that clients have less input in their care than doctors have

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	0	**16**	0	0	16
Low Scorers	0	0	**15**	0	1	16
Sum	0	0	**62**	0	1	63
Mean Score (out of 69)	0	0	**57.5**	0	54	
Item Difficulty: 0.98						
Item Discrimination: 0.07						

Interpretation: This question has an item difficulty score of 0.98 indicating 98% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.07 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 17: What is an effective listening skill that a CPS can use while serving peers?

A. Telling the peer the CPS's illness story
B. Repeating what the peer says
C. Telling the peer how they should feel about their situation
D. Suggesting to the peer what she can do to change her situation

	Omit	A	**B**	C	D	Sum
High Scorers	0	1	**14**	0	0	15
Mid-High Scorers	0	2	**14**	0	0	16
Mid-Low Scorers	0	3	**13**	0	0	16
Low Scorers	0	7	**6**	0	3	16
Sum	0	13	**47**	0	3	63
Mean Score (out of 69)	0	52.3	**59.6**	0	45.7	
Item Difficulty: 0.75						
Item Discrimination: 0.61						

Interpretation: This question has an item difficulty score of 0.75 indicating 75% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat appropriately difficult. Additionally, the item discrimination score for this item is 0.61, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 18: *"I believe that I will be on the road to recovery when I am able to pay my own bills."* To what aspect of recovery has the client committed with this statement?"

A. Giving the caseworker more responsibility
B. Limiting their role by making this goal
C. Setting a goal for their recovery
D. Pursuing a reality beyond their abilities

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	1	**15**	0	16
Low Scorers	0	0	0	**16**	0	16
Sum	0	0	1	**62**	0	63
Mean Score (out of 69)	0	0	56	**57.5**	0	
Item Difficulty: 0.98						
Item Discrimination: 0.03						

Interpretation: This question has an item difficulty score of 0.98 indicating 98% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.03 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 19: Things that CPSs can do to take care of themselves include:

A. sleeping all day
B. examining their traumas
C. joining a bowling league
D. connecting with people

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	1	2	**12**	15
Mid-High Scorers	0	0	2	7	**7**	16
Mid-Low Scorers	0	2	3	8	**3**	16
Low Scorers	0	0	1	5	**10**	16
Sum	0	2	7	22	**32**	63
Mean Score (out of 69)	0	56.5	57.1	57.1	**57.8**	
Item Difficulty: 0.51						
Item Discrimination: 0.06						

Interpretation: This question has an item difficulty score of 0.51 indicating 51% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too difficult. Additionally, the item discrimination is 0.06 indicating that this question does not effectively discriminate between high and low scorers and is likely overly confusing for high scorers in some way and should be revised. [NOT INCLUDED IN NEW EXAM]

Item 20: Which of the following is a healthy example of positive self-talk?

A. "I'm going to quit taking my meds and do this on my own."
B. "My barriers are only limiting me as long as I allow them to."
C. "My caseworker has all the answers so I should listen to them."
D. "I'm feeling good today so I think I will skip breakfast."

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	1	**15**	0	0	16
Low Scorers	0	0	**16**	0	0	16
Sum	0	1	**62**	0	0	63
Mean Score (out of 69)	0	55	**57.5**	0	0	
Item Difficulty: 0.98						
Item Discrimination: 0.05						

Interpretation: This question has an item difficulty score of 0.98 indicating 98% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.05 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM]

Item 21: The Recovery model is best described as:

A. a client being treated as a person rather than as a diagnosis
B. recovery being based on the ideas and desires of professional staff
C. recovery being based on the control of symptoms
D. a client being seen as the guide of their recovery

	Omit	A	B	C	**D**	Sum
High Scorers	0	3	0	0	**12**	15
Mid-High Scorers	0	6	1	0	**9**	16
Mid-Low Scorers	0	13	0	0	**3**	16
Low Scorers	1	11	0	0	**4**	16
Sum	1	33	1	0	**28**	63
Mean Score (out of 69)	53	55.7	61	0	**59.5**	
Item Difficulty: 0.44						
Item Discrimination: 0.30						

Interpretation: This question has an item difficulty score of 0.44 indicating 44% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too difficult. In particular, a greater number of examinees chose distractor A than the number of examinees who chose the correct answer. Therefore, distractor A should be replaced. The item discrimination score for this item is 0.30 which suggests that this question somewhat effectively discriminates between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 22: A CPS begins their group sessions believing that all the participants have had an experience of what will be discussed in the group. They are acting in their role as:

A. mentor
B. teacher
C. facilitator
D. role model

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	1	**14**	0	15
Mid-High Scorers	0	0	1	**14**	1	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	1	2	**12**	1	16
Sum	0	1	4	**56**	2	63
Mean Score (out of 69)	0	44	57	**57.9**	51.5	
Item Difficulty: 0.89						
Item Discrimination: 0.22						

Interpretation: This question has an item difficulty score of 0.89 indicating 89% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.22 indicating this question could more effectively discriminate between high and low scorers. [NOT INCLUDED IN NEW EXAM]

Item 23: A CPS has a piece of art hanging in their office that was a gift from a client, and it has been valued at over $100. This is an example of a violation of

A. respecting the individual's rights
B. financial responsibility
C. dual relationship
D. ethical behavior

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	1	**14**	15
Mid-High Scorers	0	0	1	0	**15**	16
Mid-Low Scorers	0	0	0	0	**16**	16
Low Scorers	1	0	1	3	**11**	16
Sum	1	0	2	4	**56**	63
Mean Score (out of 69)	46	0	55.5	53.8	**58**	
Item Difficulty: 0.89						
Item Discrimination: 0.25						

Interpretation: This question has an item difficulty score of 0.89 indicating 89% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.25 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 24: Recovery is the process of:

- **A. gaining control over one's life and its direction**
- B. eliminating mental illness symptoms from one's life
- C. following a traditional treatment plan
- D. being mentally well and having lots of friends

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**16**	0	0	0	16
Low Scorers	0	**13**	0	2	1	16
Sum	0	**60**	0	2	1	63
Mean Score (out of 69)	0	**58**	0	43	52	
Item Difficulty: 0.95						
Item Discrimination: 0.42						

Interpretation: This question has an item difficulty score of 0.95 indicating 95% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor B was chosen by zero examinees suggesting it could be replaced with a more effective distractor. The item discrimination score for this item is 0.42, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 25: The CPS's role is best viewed by the group members as:

- **A. engaging the group in the recovery process**
- B. teaching the recovery of clients
- C. serving as the expert in recovery
- D. acting as the person in the position of authority

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**14**	1	1	0	16
Low Scorers	0	**14**	0	0	2	16
Sum	0	**59**	1	1	2	63
Mean Score	0	**57.9**	55	59	45	
Item Difficulty: 0.94						
Item Discrimination: 0.27						

Interpretation: This question has an item difficulty score of 0.94 indicating 94% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.27 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 26: Recovery is accelerated when the use of a CPS is integrated into the mental health system because a CPS:

A. can bring recovery without the assistance of non-peer staff
B. cares more about the client than non-peer staff do
C. brings the valuable tool of a recovery story
D. can discuss medications with clients

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	4	0	**12**	0	16
Low Scorers	0	2	0	**14**	0	16
Sum	0	6	0	**57**	0	63
Mean Score (out of 69)	0	52.8	0	**57.9**	0	
Item Difficulty: 0.90						
Item Discrimination: 0.24						

Interpretation: This question has an item difficulty score of 0.90 indicating 90% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractors B and D were chosen by zero examinees, suggesting they should be replaced by more effective distractors. The item discrimination score for this item is 0.24 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 27: The CPS encourages a client to take a risk and apply for a job the client thinks she might be able to handle. The caseworker is concerned that this may be too much and could cause relapse. Which of the following statements by the CPS to the caseworker is the best way to begin the conversation to bring cohesive agreement where there appears to be only conflict?

A. "Your way is not going to help the client in the long run."
B. "You don't understand this clients desire to work."
C. "This is not your choice to make. It is the client's choice."
D. "I can understand how you feel that this opportunity may be overwhelming and risky."

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**15**	15
Mid-High Scorers	0	0	0	0	**16**	16
Mid-Low Scorers	0	0	0	1	**15**	16
Low Scorers	0	0	0	1	**15**	16
Sum	0	0	0	2	**61**	63
Mean Score (out of 69)	0	0	0	49	**57.7**	
Item Difficulty: 0.97						
Item Discrimination: 0.25						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractors A and B were chosen by zero examinees, suggesting they should be replaced by more effective distractors. The item discrimination score for this item is 0.25 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 28: Which technique is the CPS using in this statement: *"Okay people, we know where we need to go on this issue. Does anybody know what our first step would be?"*

A. Conflict resolution
B. Action planning
C. Facing one's fears
D. Positive self-talk

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	1	**15**	0	0	16
Mid-Low Scorers	0	2	**14**	0	0	16
Low Scorers	0	3	**9**	0	0	16
Sum	0	6	**53**	0	4	63
Mean Score (out of 69)	0	54.8	**58.6**	0	45.5	
Item Difficulty: 0.84						
Item Discrimination: 0.45						

Interpretation: This question has an item difficulty score of 0.84 indicating 84% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor C was chosen by zero examinees suggesting it could be replaced with a more effective distractor. The item discrimination score for this item is 0.45, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 29: A client tells the CPS that although they are hesitant, they are moving out of their parent's house to an apartment. This action is most likely an example of:

A. catch it, check it, change it
B. staying in their comfort zone
C. combating negative self-talk
D. facing their fear

	Omit	A	B	C	**D**	Sum
High Scorers	0	2	0	0	**13**	15
Mid-High Scorers	0	2	0	0	**14**	16
Mid-Low Scorers	0	7	0	2	**7**	16
Low Scorers	0	9	0	0	**7**	16
Sum	0	20	0	2	**41**	63
Mean Score (out of 69)	0	54.1	0	58	**59**	
Item Difficulty: 0.65						
Item Discrimination: 0.36						

Interpretation: This question has an item difficulty score of 0.65 indicating 65% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. However, there was a typo in distractor A in the July exam (distractor A read "Facing her fear. Catch it, check it, change it.") This may account for some of the item difficulty of this question and the popularity of distractor A. Nonetheless, the item discrimination score for this item is 0.36 indicating it effectively discriminates

between high and low scorers with high scorers more likely to respond correctly to this question, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 30: To face one's fears, one must:

- **A. move out of the comfort zone**
- B. ignore the fear
- C. remain calm in order to keep the comfort zone
- D. remain in the comfort zone

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**16**	0	0	0	16
Low Scorers	0	**15**	0	1	0	16
Sum	0	**62**	0	1	0	63
Mean Score (out of 69)	0	**57.7**	0	43	0	
Item Difficulty: 0.98						
Item Discrimination: 0.30						

Interpretation: This question has an item difficulty score of 0.98 indicating 98% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractors B and D were chosen by zero examinees suggesting they could be replaced with more effective distractors. The item discrimination score for this item is 0.30, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 31: A CPS facilitating a group would best initiate action planning with which statement?

- A. "When is it okay to look back at where you have been?"
- B. "How will you know when you have reached your goal?"
- **C. "What is the first thing we might do to get what we want?"**
- D. "How will we decide on a path to take?"

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**12**	4	16
Low Scorers	0	3	0	**9**	4	16
Sum	0	3	0	**52**	8	63
Mean Score (out of 69)	0	46	0	**58.8**	53.1	
Item Difficulty: 0.83						
Item Discrimination: 0.47						

Interpretation: This question has an item difficulty score of 0.83 indicating 83% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractors B was chosen by zero examinees suggesting it could be replaced with a more effective distractor. The item discrimination score for this item is 0.47, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 32: Why is it important for a CPS to be able to use their recovery and illness stories interchangeably?

A. Friendship is built through sharing.
B. The illness story brings hope to the client.
C. The recovery story brings freedom from medications.
D. The experience with illness can correlate to recovery.

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	2	0	**13**	15
Mid-High Scorers	0	1	3	0	**12**	16
Mid-Low Scorers	0	0	6	0	**10**	16
Low Scorers	0	1	7	0	**8**	16
Sum	0	2	18	0	**43**	63
Mean Score (out of 69)	0	57	53.8	0	**59**	
Item Difficulty: 0.68						
Item Discrimination: 0.37						

Interpretation: This question has an item difficulty score of 0.68 indicating 68% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. However, distractor C was chosen by zero examinees, indicating it could be replaced with a more effective distractor. The item discrimination score for this item is 0.37 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 33: In which situation is the CPS acting in a way that supports the client's well-being?

A. Offer a treatment plan to the client
B. Meet with a client for dinner after duty
C. Accept valuable gifts from the client
D. Co-develop a recovery plan with the client

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**15**	15
Mid-High Scorers	0	0	0	0	**16**	16
Mid-Low Scorers	0	0	0	0	**16**	16
Low Scorers	0	2	2	0	**12**	16
Sum	0	2	2	0	**59**	63
Mean Score (out of 69)	0	44	50	0	**58.2**	
Item Difficulty: 0.94						
Item Discrimination: 0.44						

Interpretation: This question has an item difficulty score of 0.94 indicating 94% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor C was chosen by zero examinees suggesting it could be replaced with a more effective distractor. The item discrimination score for this item is 0.44 however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 34: A client has difficulty with substance use, self-injury, and chronic pain. These difficulties indicate a reaction to:

A. fear
B. stigma
C. trauma
D. withdrawal

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	0	2	**13**	1	16
Sum	0	0	2	**60**	1	63
Mean Score (out of 69)	0	0	43	**58**	52	
Item Difficulty: 0.95						
Item Discrimination: 0.42						

Interpretation: This question has an item difficulty score of 0.95 indicating 95% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor A was chosen by zero examinees suggesting it could be replaced with a more effective distractor. The item discrimination score for this item is 0.42 however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 35: It is the peer specialist's job to:

A. set goals for the client
B. facilitate recovery-oriented activities
C. determine when goals are too much for the client
D. decide when to abandon a client's goal

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	1	**15**	0	0	16
Low Scorers	0	1	**12**	3	0	16
Sum	0	2	**58**	3	0	63
Mean Score (out of 69)	0	49.5	**58.2**	48.3	0	
Item Difficulty: 0.92						
Item Discrimination: 0.41						

Interpretation: This question has an item difficulty score of 0.92 indicating 92% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor D was chosen by zero examinees suggesting it could be replaced with a more effective distractor. The item discrimination score for this item is 0.41 however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 36: A CPS works for a community center and bicycling is their all-consuming passion. They tell everyone they serve that they should become cyclists to further their recovery. This practice is in conflict with which core recovery principle?

A. Communicate that there are many roads to recovery
B. Sustain and preserve objective and professional relationships
C. Work within the limits of experience and training
D. Use the recovery story in a positive and hopeful manner

	Omit	**A**	B	C	D	Sum
High Scorers	0	**14**	1	0	0	15
Mid-High Scorers	0	**13**	1	0	2	16
Mid-Low Scorers	0	**12**	1	2	1	16
Low Scorers	0	**7**	2	4	3	16
Sum	0	**46**	5	6	6	63
Mean Score (out of 69)	0	**59.2**	55.6	49.7	53	
Item Difficulty: 0.73						
Item Discrimination: 0.48						

Interpretation: This question has an item difficulty score of 0.73 indicating 73% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.48 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 37: During a group session, a client says *"I am not willing to face my fears."* The CPS should:

- **A. ask the client to consider the benefits of facing the fears**
- B. tell the client to change the subject
- C. ask the client to remain quiet so others in the group can speak
- D. tell the client why he/she should face the fears

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**15**	0	0	1	16
Low Scorers	0	**15**	0	0	1	16
Sum	0	**61**	0	0	2	63
Mean Score (out of 69)	0	**57.7**	0	0	49.5	
Item Difficulty: 0.97						
Item Discrimination: 0.23						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractors B and C were chosen by zero examinees, suggesting they should be replaced by more effective distractors. The item discrimination score for this item is 0.23 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 38: Which of the following represents an environment of recovery?

A. Watching cartoons in the day room at a clubhouse for hours
B. Sleeping for hours with no set plan for the day
C. Staying in an apartment isolated for weeks
D. Attending regular support groups

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**15**	15
Mid-High Scorers	0	0	0	0	**16**	16
Mid-Low Scorers	0	0	0	1	**15**	16
Low Scorers	0	0	1	0	**15**	16
Sum	0	0	1	1	**61**	63
Mean Score (out of 69)	0	0	46	56	**57.7**	
Item Difficulty: 0.97						
Item Discrimination: 0.19						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractor A was chosen by zero examinees, suggesting it should be replaced by a more effective distractor. The item discrimination score for this item is 0.19 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 39: How can a CPS ignite a spark of hope?

A. Help the client to move forward in recovery
B. Help the client to meditate on discomfort
C. Tell other people's illness stories
D. Inform the client about upcoming budget cuts

	Omit	**A**	B	C	D	Sum
High Scorers	1	**6**	7	1	0	15
Mid-High Scorers	0	**7**	8	1	0	16
Mid-Low Scorers	0	**12**	4	0	0	16
Low Scorers	0	**10**	3	3	0	16
Sum	1	**35**	22	5	0	63
Mean Score (out of 69)	63	**56.5**	59.8	52.8	0	
Item Difficulty: 0.56						
Item Discrimination: -0.18						

Interpretation: This question has an item difficulty score of 0.56 indicating 56% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too difficult. More problematic, however, is that the item discrimination is -0.18 indicating that low scorers were more likely to answer this question correctly than were high scorers. This indicates that this question is confusing in some way to high scorers and should be revised. In particular, distractor B is appealing to high scorers and should be replaced. Additionally, zero examinees chose distractor D, indicating it is not functioning as an effective distractor and should be replaced. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 40: Negative messages can be more powerful than positive messages because:

A. people want to take responsibility for their recovery
B. negative messages support a person's positive self-image
C. people seek information that contradicts their beliefs
D. negative messages reinforce a person's negative self-image

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**15**	15
Mid-High Scorers	0	0	0	1	**15**	16
Mid-Low Scorers	0	2	0	1	**13**	16
Low Scorers	0	4	3	0	**9**	16
Sum	0	6	3	2	**52**	63
Mean Score (out of 69)	0	52.5	47.3	58.5	**58.6**	
Item Difficulty: 0.83						
Item Discrimination: 0.39						

Interpretation: This question has an item difficulty score of 0.83 indicating 83% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat too easy. The item discrimination score for this item is 0.39, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [NOT INCLUDED IN NEW EXAM]

Item 41: A client is unwilling to consider things they can do to move forward in their recovery. How can the CPS help him past this sticking point?

A. Encourage the client to make the best of their current situation.
B. Discourage the client from drawing upon their own beliefs about recovery.
C. Tell the client what their current goals are.
D. Eliminate negative messages from the client's program environment.

	Omit	A	B	C	**D**	Sum
High Scorers	0	5	0	1	**9**	15
Mid-High Scorers	0	3	0	2	**11**	16
Mid-Low Scorers	1	6	1	2	**6**	16
Low Scorers	0	4	1	2	**9**	16
Sum	1	18	2	7	**35**	63
Mean Score (out of 69)	56	57.8	55.5	56.3	**57.7**	
Item Difficulty: 0.56						
Item Discrimination: 0.04						

Interpretation: This question has an item difficulty score of 0.56 indicating 56% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too difficult. Additionally, the item discrimination for this item is 0.04 indicating that this question does not effectively distinguish between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 42: A client tells the CPS that they don't want to take medications because it is against their beliefs. The CPS should:

A. Ask client to return when they are ready to take medications.
B. Encourage the client to take the medications.
C. Ask what things can be done within their belief system.
D. Encourage the client to stop treatment at this facility.

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	0	0	**16**	0	16
Sum	0	0	0	**63**	0	63
Mean Score (out of 69)	0	0	0	**57.4**	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 43: Sharing with a client, “I remember that when I was first diagnosed, I was unable to get out of bed for a week” is an example of:

A. Moving on in life past the diagnosis.
B. A paradoxical situation found in recovery.
C. The recovery story as part of the recovery tool.
D. Demonstrating a weakness to make the client feel okay.

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**15**	1	16
Mid-Low Scorers	0	1	0	**13**	2	16
Low Scorers	0	2	0	**13**	1	16
Sum	0	3	0	**56**	4	63
Mean Score (out of 69)	0	49.7	0	**58**	55	
Item Difficulty: 0.89						
Item Discrimination: 0.27						

Interpretation: This question has an item difficulty score of 0.89 indicating 89% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractor B was chosen by zero examinees, suggesting it should be replaced by a more effective distractor. The item discrimination score for this item is 0.27 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 44: Which of the following is an example of a practice in line with the traditional model?

A. Group support
B. Whole health services
C. Skills-based recovery
D. Medication management

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**15**	15
Mid-High Scorers	0	1	0	1	**14**	16
Mid-Low Scorers	0	2	2	0	**12**	16
Low Scorers	0	3	2	4	**7**	16
Sum	0	6	4	5	**48**	63
Mean Score (out of 69)	0	53.5	50.5	51.6	**59.1**	
Item Difficulty: 0.76						
Item Discrimination: 0.49						

Interpretation: This question has an item difficulty score of 0.76 indicating 76% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat appropriately difficult. The item discrimination score for this item is 0.49 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 45: A client says they don't really care how a problem situation plays out. What should the CPS do to assist at this point?

A. Call the supervisor
B. Give advice
C. Make the decision
D. Weigh costs/benefits

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**15**	15
Mid-High Scorers	0	0	0	0	**16**	16
Mid-Low Scorers	0	0	0	0	**16**	16
Low Scorers	0	4	1	0	**11**	16
Sum	0	4	1	0	**58**	63
Mean Score (out of 69)	0	47	52	0	**58.3**	
Item Difficulty: 0.92						
Item Discrimination: 0.45						

Interpretation: This question has an item difficulty score of 0.92 indicating 92% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor C was chosen by zero examinees, suggesting it should be replaced by a more effective distractor. The item discrimination score for this item is 0.45 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 46: What are the three steps to combat negative self-talk?

A. Acknowledge it, accept it, and apply it
B. Catch it, check it, and change it
C. Negate thoughts, navigate problems, nurture positive thoughts
D. Confirm it, construct it, and correct it

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	0	**16**	0	0	16
Low Scorers	0	0	**16**	0	0	16
Sum	0	0	**63**	0	0	63
Mean Score (out of 69)	0	0	**57.4**	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM]

Item 47: When setting goals, it is important for the CPS to:

- **A. Explore a client's strengths and weaknesses**
- B. View the client's roadblocks
- C. View himself in relation to the client's environment
- D. Realize life will never be different

	Omit	**A**	B	C	D	Sum
High Scorers	0	**12**	2	1	0	15
Mid-High Scorers	0	**11**	3	2	0	16
Mid-Low Scorers	0	**12**	3	1	0	16
Low Scorers	0	**10**	2	4	0	16
Sum	0	**45**	10	8	0	63
Mean Score (out of 69)	0	**58**	56.6	55.5	0	
Item Difficulty: 0.71						
Item Discrimination: 0.14						

Interpretation: This question has an item difficulty score of 0.71 indicating 71% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.14, however, indicating this question does not effectively discriminate between high and low scorers. [NOT INCLUDED IN NEW EXAM]

Item 48: Which approach is more typical under the recovery model than the traditional model?

A. Medication management approach
B. Strength-based approach
C. Limitations approach
D. Supervised environments

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	1	**15**	0	0	16
Low Scorers	0	0	**14**	1	1	16
Sum	0	1	**60**	1	1	63
Mean Score (out of 69)	0	59	**57.8**	44	46	
Item Difficulty: 0.95						
Item Discrimination: 0.28						

Interpretation: This question has an item difficulty score of 0.95 indicating 95% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.28 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM]

Item 49: Which of the following is an example of an emerging belief about recovery?

A. A person sees themselves as their diagnosis
B. A person views community resources as insignificant
C. A person creates a life they want after diagnosis
D. The body is more important than the mind

	Omit	A	B	**C**	D	Sum
High Scorers	0	1	0	**14**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	3	0	**13**	0	16
Low Scorers	0	1	0	**15**	0	16
Sum	0	5	0	**58**	0	63
Mean Score (out of 69)	0	55.2	0	**57.6**	0	
Item Difficulty: 0.92						
Item Discrimination: 0.11						

Interpretation: This question has an item difficulty score of 0.92 indicating 92% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractors B and D were chosen by zero examinees, suggesting they should be replaced by more effective distractors. The item discrimination score for this item is 0.11 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 50: If a client believes that their negative self-talk is self-defeating, a CPS could suggest that positive self-talk would:

A. Have no effect on the behavior
B. Change the self-defeating behavior for the better
C. Change the self-defeating behavior for the benefit of others
D. Cause a distraction from achieving one's goals

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	0	**16**	0	0	16
Low Scorers	0	0	**12**	1	3	16
Sum	0	0	**59**	1	3	63
Mean Score (out of 69)	0	0	**58.3**	46	43.5	
Item Difficulty: 0.94						
Item Discrimination: 0.51						

Interpretation: This question has an item difficulty score of 0.94 indicating 94% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor A was chosen by zero examinees, suggesting it should be replaced by a more effective distractor. The item discrimination score for this item is 0.51, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [NOT INCLUDED IN NEW EXAM]

Item 51: Which of the following statements fosters effective communication where there could be potential conflict?

A. "You just have to accept that the doctor is right and not ask questions."
B. "I remember feeling confused about my meds when they were prescribed and I asked questions."
C. "If you disagree with the doctor, just let him talk and do what you think is right."
D. "You know best and should insist on your way being the right way regarding medication treatment."

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**15**	0	1	16
Mid-Low Scorers	0	1	**14**	1	0	16
Low Scorers	0	5	**6**	1	4	16
Sum	0	6	**50**	2	5	63
Mean Score (out of 69)	0	49.8	**59.6**	50.5	47.8	
Item Difficulty: 0.79						
Item Discrimination: 0.69						

Interpretation: This question has an item difficulty score of 0.79 indicating 79% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. The item discrimination score for this item is 0.69, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 52: Checking negative self-talk should be done because checking it:

A. Can be done without practice
B. Exposes what is actually happening
C. Helps one make absolute statements
D. Easily leads to behavior change

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**13**	0	2	15
Mid-High Scorers	0	0	**11**	1	4	16
Mid-Low Scorers	0	0	**9**	0	7	16
Low Scorers	0	0	**5**	4	7	16
Sum	0	0	**38**	5	20	63
Mean Score (out of 69)	0	0	**59.3**	50.8	55.7	
Item Difficulty: 0.60						
Item Discrimination: 0.36						

Interpretation: This question has an item difficulty score of 0.60 indicating 60% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.36, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 53: A client is trying to understand what they want in their life and why they want it. In which of the following activities are they engaged?

A. Problem solving
B. Goal setting
C. Facing one's fears
D. Exploring dissatisfaction

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**9**	0	6	15
Mid-High Scorers	0	3	**6**	0	7	16
Mid-Low Scorers	0	2	**7**	0	7	16
Low Scorers	0	2	**9**	1	4	16
Sum	0	7	**31**	1	24	63
Mean Score (out of 69)	0	57	**57.3**	44	58.3	
Item Difficulty: 0.49						
Item Discrimination: -0.02						

Interpretation: This question has an item difficulty score of 0.49 indicating 49% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too difficult. More problematic, however, is that the item discrimination is -0.02 indicating that low scorers were slightly more likely to answer this question correctly than were high scorers. This indicates that this question is confusing in some way to high scorers and should be revised. In particular, distractor D is appealing to high scorers and should be replaced. [INCLUDED IN NEW EXAM]

Item 54: A member of the recovery community the CPS serves invites the CPS to dinner at their house on Friday night. The invitation is in conflict with which core recovery principle?

A. Do not push one's recovery experience onto another individual
B. Portray the face of recovery and be a role model
C. Preserve boundaries that promote recovery
D. Keep the focus on the individual's strengths, assets, and possibilities

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	1	0	**15**	0	16
Sum	0	1	0	**62**	0	63
Mean Score (out of 69)	0	42	0	**57.7**	0	
Item Difficulty: 0.98						
Item Discrimination: 0.32						

Interpretation: This question has an item difficulty score of 0.98 indicating 98% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor B and D were chosen by zero examinees, suggesting they should be replaced by more effective distractors. The item discrimination score for this item is 0.32, however, indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 55*:* Goals are important to recovery because they:

A. Give an inflated sense of security
B. Reduce the need for support from others
C. Eliminate mistakes along the way
D. Give a clear idea of where one wants to go

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**15**	15
Mid-High Scorers	0	0	0	0	**16**	16
Mid-Low Scorers	0	0	0	0	**16**	16
Low Scorers	0	0	0	0	**16**	16
Sum	0	0	0	0	**63**	63
Mean Score (out of 69)	0	0	0	0	**57.4**	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [NOT INCLUDED IN NEW EXAM]

Item 56: Which question should be asked when completing the **Impact** section of the problem solving process?

A. "How does the impact of the problem affect my ability to find solutions to the problem?"
B. "What I am doing that contributes to the problem?"
C. "What can I do to reduce the effect that the problem is having on my life?"
D. "Where in my life do I experience the problem in the greatest way?"

	Omit	A	**B**	C	D	Sum
High Scorers	0	3	**7**	1	4	15
Mid-High Scorers	0	6	**3**	4	3	16
Mid-Low Scorers	0	9	**1**	5	1	16
Low Scorers	0	9	**1**	6	0	16
Sum	0	27	**12**	16	8	63
Mean Score (out of 69)	0	56.1	**60.6**	55.2	61.6	
Item Difficulty: 0.19						
Item Discrimination: 0.25						

Interpretation: This question has an item difficulty score of 0.19 indicating 19% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too difficult. In particular, a greater number of examinees chose distractor A and distractor C than the number of examinees who chose the correct answer. Therefore, this question should be revised or removed. The item discrimination score for this item is 0.25 which suggests that this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 57: Helping a person progress towards recovery involves:

A. Avoiding the symptoms and the side effects of medication
B. Helping the person get in touch with their thoughts will improve the quality of their life
C. Dismissing negative beliefs that others have about a person with a psychiatric diagnosis
D. Embracing the self-image or negative beliefs one has about onesself

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**13**	2	1	16
Mid-Low Scorers	0	0	**13**	1	2	16
Low Scorers	0	0	**10**	2	4	16
Sum	0	0	**51**	5	7	63
Mean Score (out of 69)	0	0	**58.3**	55	52.9	
Item Difficulty: 0.81						
Item Discrimination: 0.29						

Interpretation: This question has an item difficulty score of 0.81 indicating 81% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is slightly too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractor A was selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.29 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM]

Item 58: A CPS is approached by a psychiatrist in the clinic where they work. The psychiatrist is upset that the CPS suggested that a client tape their conversation with the psychiatrist. The CPS affirmed the psychiatrist's position, values and concerns about the suggestion. What application did the CPS use?

A. Catch it, Check it, Change it
B. Effective communication in situations with conflict
C. One of the five stages of the Recovery Process
D. The concept of IMPACT

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	1	**15**	0	0	16
Mid-Low Scorers	0	1	**11**	0	4	16
Low Scorers	0	3	**7**	3	3	16
Sum	0	5	**48**	3	7	63
Mean Score (out of 69)	0	51	**59.3**	47.3	54	
Item Difficulty: 0.76						
Item Discrimination: 0.53						

Interpretation: This question has an item difficulty score of 0.76 indicating 76% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat appropriately difficult. The item discrimination score for this item is 0.53 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 59: An example of an effective listening response is:

A. "Your problem is that you are too anxious."
B. "Are you always so nervous?"
C. "I hear you saying that you feel anxious in that situation."
D. "It sounds like you are using your anxiety as an excuse."

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	0	1	**14**	1	16
Sum	0	0	1	**61**	1	63
Mean Score (out of 69)	0	0	48	**57.9**	42	
Item Difficulty: 0.97						
Item Discrimination: 0.37						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor A was selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.37 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 60: Which of the following is a benefit of setting specific goals for recovery?

A. It is easier to set many goals in hopes of achieving one
B. When the goal is out of reach it's easier to justify abandoning the goal
C. One will know when the goal is being achieved
D. Other people can mimic the goal

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	1	0	**15**	0	16
Low Scorers	0	5	0	**11**	0	16
Sum	0	6	0	**57**	0	63
Mean Score (out of 69)	0	52	0	**58**	0	
Item Difficulty: 0.90						
Item Discrimination: 0.29						

Interpretation: This question has an item difficulty score of 0.90 indicating 90% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractors B and D were selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.29 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM]

Item 61: What is a way that the CPS can help a client overcome the fears that keep them from living their life?

A. Do what they want done
B. Share experiences with them
C. Ignore their fear and force them to do what they want to do
D. Coerce them into doing what the CPS wants them to do

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	0	15
Mid-High Scorers	0	0	**16**	0	0	16
Mid-Low Scorers	0	0	**16**	0	0	16
Low Scorers	0	0	**16**	0	0	16
Sum	0	0	**63**	0	0	63
Mean Score (out of 69)	0	0	**57.4**	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 62: What are the five steps of problem solving?

- **A. Problem, impact, cost/benefit, brainstorm, action**
- B. Recovery, impact, hope, action, analyzing strengths
- C. Problem, hope, cost/benefit, diagnosis, action
- D. Recovery, impact, brainstorm, hope, action

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	0	15
Mid-High Scorers	0	**16**	0	0	0	16
Mid-Low Scorers	0	**16**	0	0	0	16
Low Scorers	0	**14**	1	0	1	16
Sum	0	**61**	1	0	1	63
Mean Score (out of 69)	0	**57.8**	53	0	42	
Item Difficulty: 0.97						
Item Discrimination: 0.29						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor C was selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.29 indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM]

Item 63: It is important for CPSs to take care of their personal needs because it:

A. promotes advocacy
B. decreases the need for sleep
C. reduces the effects of burnout
D. makes clients more dependent

	Omit	A	B	**C**	D	Sum
High Scorers	0	2	0	**13**	0	15
Mid-High Scorers	0	3	0	**13**	0	16
Mid-Low Scorers	0	4	0	**12**	0	16
Low Scorers	0	7	0	**8**	1	16
Sum	0	16	0	**46**	1	63
Mean Score (out of 69)	0	54.5	0	**58.8**	42	
Item Difficulty: 0.73						
Item Discrimination: 0.36						

Interpretation: This question has an item difficulty score of 0.73 indicating 73% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.36 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 64: The group has decided to discuss challenges they face when trying to recover. The CPS starts by telling how transportation to and from the center made it difficult to get to appointments. How is this a step toward facilitating discussion?

A. It limits the group members to discussing transportation as a barrier to recovery
B. Group members decide that recovery is based on keeping one's appointments
C. It provides a common theme for group member complaints
D. Group members identify with similar challenges and begin to discuss their experiences

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	1	**14**	15
Mid-High Scorers	0	0	0	0	**16**	16
Mid-Low Scorers	0	1	0	0	**15**	16
Low Scorers	0	3	0	0	**13**	16
Sum	0	4	0	1	**58**	63
Mean Score (out of 69)	0	47.8	0	63	**58**	
Item Difficulty: 0.92						
Item Discrimination: 0.32						

Interpretation: This question has an item difficulty score of 0.92 indicating 92% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor B was selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.32 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 65: Which is an effective component of a healthy recovery environment facilitated by the CPS?

A. Medication compliance classes
B. Focusing on relapse
C. Celebrating client victories
D. Avoiding disturbing memories during group

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	0	15
Mid-High Scorers	0	0	0	**16**	0	16
Mid-Low Scorers	0	0	0	**16**	0	16
Low Scorers	0	0	1	**14**	1	16
Sum	0	0	1	**61**	1	63
Mean Score (out of 69)	0	0	46	**57.9**	42	
Item Difficulty: 0.97						
Item Discrimination: 0.40						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. For example, distractor A was selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.40 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [INCLUDED IN NEW EXAM]

Item 66: A client believes that they should adjust their budget. The CPS suggests that the client attend an appointment with their case manager and CPS. This suggestion is an example of:

A. peer mediation
B. relationship termination
C. conflict resolution
D. peer advocacy

	Omit	A	B	C	**D**	Sum
High Scorers	0	1	0	0	**14**	15
Mid-High Scorers	0	4	0	1	**11**	16
Mid-Low Scorers	0	3	1	3	**9**	16
Low Scorers	0	2	0	6	**8**	16
Sum	0	10	1	10	**42**	63
Mean Score (out of 69)	0	57.4	59	50.9	**59**	
Item Difficulty: 0.67						
Item Discrimination: 0.35						

Interpretation: This question has an item difficulty score of 0.67 indicating 67% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.35 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [NOT INCLUDED IN NEW EXAM]

Item 67: A CPS had a bad reaction to one of the medications they were prescribed. Against the advice of their physician they stopped taking all of their medications, and now advises all clients to stop taking their medications. Which of the following recovery principles was broken?

A. Portray the face of recovery and be a role-model
B. Not to push one's recovery experience on others
C. Maintain confidentiality and not provide identifying information
D. Promote the profession of Peer Support Specialists

	Omit	A	**B**	C	D	Sum
High Scorers	0	1	**13**	0	1	15
Mid-High Scorers	0	3	**13**	0	0	16
Mid-Low Scorers	0	1	**14**	0	1	16
Low Scorers	0	1	**6**	7	2	16
Sum	0	6	**46**	7	4	63
Mean Score (out of 69)	0	59.5	**59.2**	47	52.3	
Item Difficulty: 0.73						
Item Discrimination: 0.47						

Interpretation: This question has an item difficulty score of 0.73 indicating 73% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.47 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [NOT INCLUDED IN NEW EXAM]

Item 68: In an individual session (1:1), the CPS is very sensitive to indications of a client's self-talk, goals, and barriers. The CPS is engaging in:

A. recovery dialogue
B. trauma-informed service
C. effective listening
D. problem-solving

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	2	**13**	0	15
Mid-High Scorers	0	3	2	**11**	0	16
Mid-Low Scorers	0	2	1	**13**	0	16
Low Scorers	0	2	3	**11**	0	16
Sum	0	7	8	**48**	0	63
Mean Score (out of 69)	0	57.4	55.9	**57.7**	0	
Item Difficulty: 0.76						
Item Discrimination: 0.08						

Interpretation: This question has an item difficulty score of 0.76 indicating 76% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.08, however, indicating this question does not effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Item 69: One way the CPS can accelerate recovery in the mental health system is to be:

A. A friend to their fellow peers
B. A role model to their peers by taking on the responsibility of the client's recovery
C. Assertive about one's own ethics and values
D. Aware of their strengths and how they might encourage others to recover

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	4	**11**	15
Mid-High Scorers	0	1	0	2	**13**	16
Mid-Low Scorers	0	0	0	2	**14**	16
Low Scorers	0	1	2	5	**8**	16
Sum	0	2	2	13	**46**	63
Mean Score (out of 69)	0	53	45	56.9	**58.3**	
Item Difficulty: 0.73						
Item Discrimination: 0.24						

Interpretation: This question has an item difficulty score of 0.73 indicating 73% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question

is appropriately difficult. The item discrimination score for this item is 0.24, however, indicating this question could more effectively discriminate between high and low scorers. [INCLUDED IN NEW EXAM IN ALTERED FORM]

Summary of Item Analysis for Older Exam

This section summarizes the results of the item analysis of the older exam by providing a list of the easiest and most difficult items, the most and least discriminating items, and the best and most problematic items. For a summary in tabular form, see Table 4.

Easiest Questions

Six questions had an item difficulty score of 1.00 meaning that all 63 examinees answered these questions correctly: Item 1, Item 3, Item 42, Item 46, Item 55 and Item 61. An additional seven questions had an item difficulty score of 0.98 meaning that 62 (out of 63) examinees answered these questions correctly: Item 10, Item 15, Item 16, Item 18, Item 20, Item 30, and Item 54.

Most Difficult Questions

Seven questions had an item difficulty score under 0.60 meaning less than 60% of examinees answered these questions correctly: Item 13 (0.54), Item 19 (0.51), Item 21 (0.44), Item 39 (0.56), Item 41 (0.56), Item 53 (0.49), and Item 56 (0.19).

Most Discriminating Items

A high discrimination value indicates that high scorers performed better on an item than did low scorers and is therefore an indication that an item is effectively distinguishing between individuals who know the material well and those who do not. The items with the highest discrimination values on this exam are: Item 2 (0.54), Item 11 (0.66), Item 17 (0.61), Item 31 (0.47), Item 36 (0.48), Item 44 (0.49), Item 50 (0.51), Item 51 (0.69), Item 58 (0.53), and Item 67 (0.47).

Least Discriminating Items

A discrimination value near zero indicates that high and low scorers scored equally well on an item. For very easy questions, low discrimination values are typical. For example, the six easiest questions on the exam have a discrimination value of zero: Item 1, Item 3, Item 42, Item 46, Item 55 and Item 61. Particularly problematic, however, are negative discrimination values which indicate that low scorers actually scored better than high scorers and that the item is more confusing for individuals who know the material well than it is for those who do not. Items with negative discrimination values include: Item 13 (-0.09), Item 39 (-0.18), and Item 53 (-0.02).

Best Items

Several items stood out as having both appropriate difficulty values and high discrimination values. Additionally, for these items the incorrect responses were often spread out across the distractors indicating quality distractors (none

of the distractors were too obviously incorrect). The best items include: Item 2 (difficulty: 0.71, discrimination: 0.54), Item 8 (difficulty: 0.70, discrimination: 0.40), Item 11 (difficulty: 0.84, discrimination: 0.66), Item 17 (difficulty: 0.75, discrimination: 0.61), Item 29 (difficulty: 0.65, discrimination: 0.36), Item 31 (difficulty: 0.83, discrimination: 0.47), Item 32 (difficulty 0.68, discrimination: 0.37), Item 36 (difficulty: 0.73, discrimination: 0.48), Item 44 (difficulty: 0.76, discrimination: 0.49), Item 51 (difficulty: 0.79, discrimination: 0.69), Item 58 (difficulty: 0.76, discrimination: 0.53), Item 66 (difficulty 0.67, discrimination: 0.35), and Item 67 (difficulty 0.73, discrimination: (0.47).

Most Problematic Items

Some items stood out as problematic in that they were very difficult and/or had low or negative discrimination values. These items and/or the distractors should either be revised or eliminated: Item 13 (difficulty: 0.54, discrimination: -0.09), Item 19 (difficulty: 0.51, discrimination: 0.06), Item 21 (difficulty: 0.44, discrimination: 0.30), Item 39 (difficulty: 0.56, discrimination: -0.18), Item 41 (difficulty: 0.56, discrimination: 0.04), Item 53 (difficulty: 0.49, discrimination: -0.02), and Item 56 (difficulty: 0.19, discrimination: 0.25).

Table 4: *Summary of item analysis for older exam.*

Item	Easiest Questions	Most Difficult Questions	Most Discriminating[3] Questions	Least Discriminating[4] Questions	Best[5] Items	Most Problematic[6] Items
1	•			•		
2			•		•	
3	•			•		
4						
5						
6						
7						
8					•	
9						
10	•					
11			•		•	
12						
13		•		•		•
14						
15	•					
16	•					
17			•		•	

[3] High discrimination values indicate that high scorers performed better on an item than did low scorers and is therefore an indication that an item is effectively distinguishing between individuals who know the material well and those who do not.

[4] A discrimination value near zero indicates that high and low scorers scored equally well on an item. Negative discrimination values indicate that low scorers actually scored better than high scorers and that the item is more confusing for individuals who know the material well than it is for those who do not.

[5] Items that have both appropriate difficulty values and high discrimination values. For these items the incorrect responses were often spread out across the distractors indicating quality distractors (none of the distractors were too obviously incorrect).

[6] Items that are very difficult and/or have low or negative discrimination values. These items and/or the distractors should either be revised or eliminated.

18	•					
19		•				•
20	•					
21		•				•
22						
23						
24						
25						
26						
27						
28						
29					•	
30	•					
31			•		•	
32					•	
33						
34						
35						
36			•		•	
37						
38						
39		•		•		•
40						
41		•				•
42	•			•		
43						
44			•		•	
45						
46	•			•		
47						
48						
49						

50			•			
51			•		•	
52						
53		•		•		•
54	•					
55	•			•		
56		•				•
57						
58			•		•	
59						
60						
61	•			•		
62						
63						
64						
65						
66					•	
67			•		•	
68						
69						

Note: Items that do not fall within any of the above categories are average or “middle of the road” questions.

Results: Item Analysis for New Exam

Individuals enrolled in the Via Hope CPS Training and Certification program in November 2017, December 2017, and February 2018 were presented with a revised version of the training curriculum and were administered a new version of the exam. Sixty-seven individuals were administered this new 75-item version of the exam. The average exam score was 86.1% (with examinees correctly answering, on average, 64.6 out of 75 questions). Of these individuals, 7 (10.4%) did not pass the exam. Figure 3 presents the frequency of raw exam scores. The black line represents the raw exam scores, while the grey line represents a normal distribution. Exam scores for the new exam were positively skewed. In addition, average exam scores were calculated across modules of the CPS curriculum. Table 5 presents the mean item score by module, as well as the standard deviation (i.e., the amount of dispersion) and number of items (N) per module.

Figure 3: *Raw exam scores (new exam).*

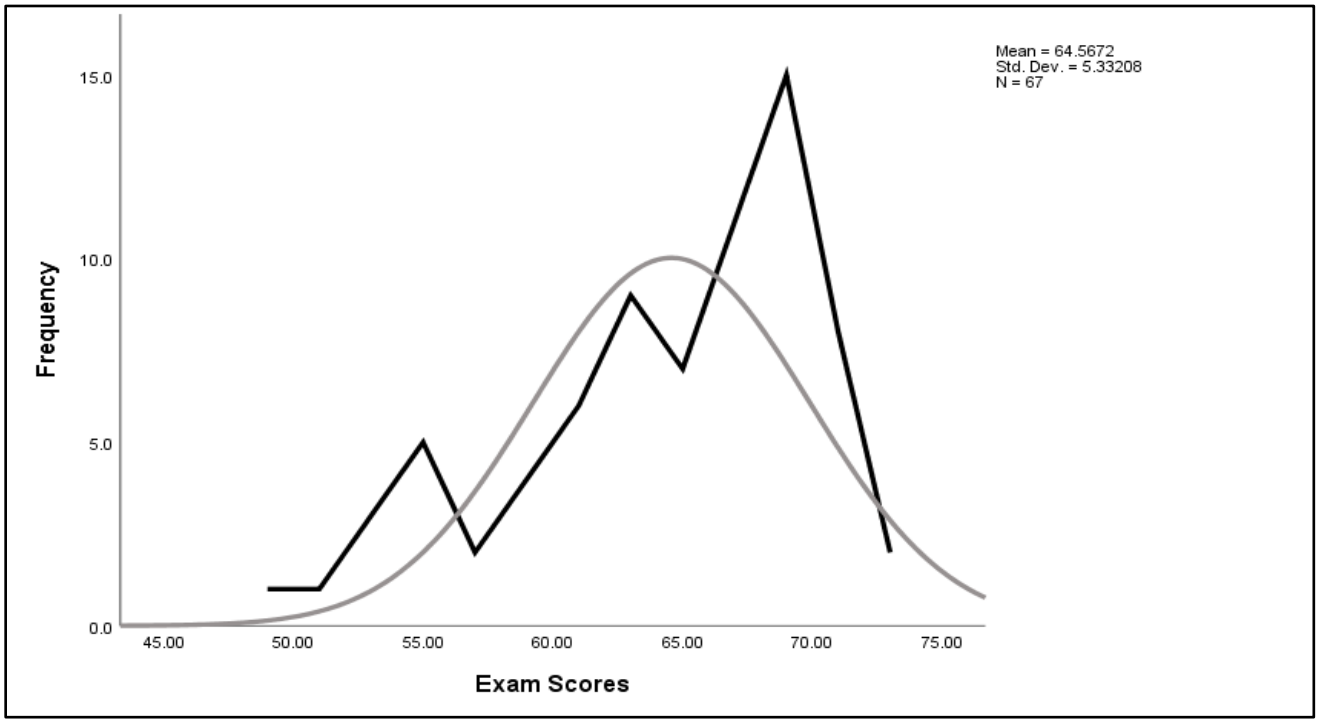


Table 5: *Mean score by module (new exam).*

Module	Mean	Standard Deviation	N (items per module)
Module A	98.3	3.5	4
Module B	92.6	9.0	5
Module C	--	--	0
Module D	95.6	6.4	2
Module 3	76.0	15.9	4
Module 4	85.0	17.0	2
Module 5	25.0	--	1
Module 6	92.7	11.8	3
Module 7	93.7	4.8	6
Module 8	91.3	11.9	7
Module 9	73.7	42.2	3
Module 10	76.7	20.5	8
Module 11	91.0	--	1
Module 12	90.5	10.8	4
Module 13	70.0	--	1
Module 14	69.8	40.3	4
Module 15	96.1	4.3	7
Module 16	93.0	0	2
Module 17	97.0	4.2	4
Module 18	66.6	37.5	2
Module 19	93.0	4.2	4
Module 20	71.0	19.8	2

Reliability Coefficient

The reliability coefficient for the new 75-item version of the CPS exam was 0.79 indicating low levels of measurement error and high reliability.

Item Difficulty, Item Discrimination, and Distractor Analysis

Item 1: What unique competency does a Certified Peer Specialist bring to a workforce?

A. The ability to tell a good story
B. Experience with mental health challenges in their family
C. Education in the counseling field
D. Use of their lived experience as a tool for helping others

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	0	0	**17**	17
Low Scorers	0	0	0	0	**17**	17
Sum	0	0	0	0	**67**	67
Mean Score (out of 75)	0	0	0	0	**64.6**	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 2: A CPS who plans to take a mental health day is:

A. Demonstrating self-care
B. Acting irresponsibly
C. Acting unprofessionally
D. Going to be scolded

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**17**	0	0	0	17
Sum	0	**67**	0	0	0	67
Mean Score (out of 75)	0	**64.6**	0	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 1 IN OLD EXAM]

Item 3: What strengthens the effectiveness of a CPS's recovery story?

- **A. Focusing on telling a story of hope and change**
- B. Focusing on telling the story consistently, the same way every time
- C. Focusing on the challenges of mental illness
- D. Telling the recovery story in a spontaneous and natural way

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	1	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**14**	0	0	3	17
Low Scorers	0	**15**	1	0	1	17
Sum	0	**61**	1	0	5	67
Mean Score (out of 75)	0	**64.7**	62	0	63.6	
Item Difficulty: 0.91						
Item Discrimination: 0.07						

Interpretation: This question has an item difficulty score of 0.91 indicating 91% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.07 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 4: Why is it most important for people to share in a group setting only what they are willing to share?

- A. To show they are capable of public speaking
- B. To let them feel intelligent
- **C. To build a sense of empowerment**
- D. To provide a platform to share the illness story

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**13**	4	17
Low Scorers	0	0	0	**11**	6	17
Sum	0	0	0	**57**	10	67
Mean Score (out of 75)	0	0	0	**65.4**	59.6	
Item Difficulty: 0.85						
Item Discrimination: 0.39						

Interpretation: This question has an item difficulty score of 0.85 indicating 85% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.39 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [ITEM 5 IN OLD EXAM; REVISED LANGUAGE]

Item 5: What is the key component of the CPS value of mutuality?

A. Shared experiences in the mental health system
B. A continuing open dialogue between the CPS and person served
C. A willingness to advocate for persons served
D. A balance of power in the CPS and person served relationship

	Omit	A	B	C	**D**	Sum
High Scorers	0	2	1	0	**13**	16
Mid-High Scorers	0	2	2	0	**13**	17
Mid-Low Scorers	0	4	3	1	**9**	17
Low Scorers	0	6	4	5	**2**	17
Sum	0	14	10	6	**37**	67
Mean Score (out of 75)	0	62.4	63	57.3	**67.0**	
Item Difficulty: 0.55						
Item Discrimination: 0.50						

Interpretation: This question has an item difficulty score of 0.55 indicating 55% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too difficult. Consider revising the question and/or distractors. The item discrimination for this item, however, is 0.50 indicating that this question effectively discriminates between high and low scorers with low scorers more likely to respond incorrectly to this item. [NEW ITEM]

Item 6: What is the role of the Texas Certified Peer Specialist Code of Ethics in a CPS's work?

A. Acts a backup to employer policy and procedures
B. Provides proof of a person's status as a Certified Peer Specialist
C. Provides a way to promote training standards
D. Guides a CPS's daily decision making

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	1	1	2	0	**13**	17
Low Scorers	0	1	2	3	**11**	17
Sum	1	2	4	3	**57**	67
Mean Score (out of 75)	63	56.5	61.3	55.3	**65.6**	
Item Difficulty: 0.85						
Item Discrimination: 0.46						

Interpretation: This question has an item difficulty score of 0.85 indicating 85% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.46 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [NEW ITEM]

Item 7: Trauma impacts how most individuals see the world by:

A. changing their senses of safety and trust
B. developing a sense of false security
C. causing them to view life as meaningful
D. instilling a view that the world revolves around them

	Omit	**A**	B 0	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**15**	0	1	1	17
Low Scorers	0	**14**	1	2	0	17
Sum	0	**62**	1	3	2	67
Mean Score (out of 75)	0	**65.1**	54.0	58.0	64.0	
Item Difficulty: 0.93						
Item Discrimination: 0.33						

Interpretation: This question has an item difficulty score of 0.93 indicating 93% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.33 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [ITEM 6 IN OLD EXAM]

Item 8: A CPS accompanies an individual with PTSD to a support group meeting. The room is close to a highway that is under construction and is not soundproof. As they enter the room, others are cross-talking and laughing. What can the CPS do in this situation?

- **A. Discuss the situation together, focusing on what would make them feel safe at that moment**
- B. Ask everyone to be quiet
- C. Encourage the individual to snap out of it
- D. Ignore the individual's reaction to triggers

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**16**	1	0	0	17
Sum	0	**66**	1	0	0	67
Mean Score (out of 75)	0	**64.6**	60.0	0	0	
Item Difficulty: 0.99						
Item Discrimination: 0.11						

Interpretation: This question has an item difficulty score of 0.99 indicating 99% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.11 indicating this question does not effectively discriminate between high and low scorers. [ITEM 7 IN OLD EXAM; REVISED]

Item 9: Which of these is an example of human experience language?

- A. Karen has stabilized since they received an updated prescription
- B. Matt has been attending group sessions on a regular basis
- **C. Joe is worried about paying their bills, so they are going to focus on job hunting for the next two weeks and will miss our meetings**
- D. Patrick was released to a less intensive community-based placement and is achieving their treatment goals

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	1	**16**	0	17
Mid-Low Scorers	0	0	1	**12**	4	17
Low Scorers	0	0	7	**5**	5	17
Sum	0	0	9	**49**	9	67
Mean Score (out of 75)	0	0	59.2	**66.4**	59.7	
Item Difficulty: 0.73						
Item Discrimination: 0.59						

Interpretation: This question has an item difficulty score of 0.73 indicating 73% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. The item discrimination score for this item is 0.59 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [NEW ITEM]

Item 10: What do the five stages of recovery represent?

A. A linear path that a person follows to achieve recovery
B. A way of tracking a person's progress in recovery
C. A tool for assessing a person's mental health status
D. A person's relationship to the power of a psychiatric diagnosis

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	5	1	**10**	16
Mid-High Scorers	0	1	9	3	**4**	17
Mid-Low Scorers	1	7	6	0	**3**	17
Low Scorers	0	11	4	2	**0**	17
Sum	1	19	24	6	**17**	67
Mean Score (out of 75)	63.0	60.2	65.8	63.3	**68.2**	
Item Difficulty: 0.25						
Item Discrimination: 0.40						

Interpretation: This question has an item difficulty score of 0.25 indicating 25% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too difficult. In particular, a greater number of examinees chose distractors A and B than the number of examinees who chose the correct answer. Therefore, distractors A and B should be replaced and/or the question should be revised. The item discrimination score for this item is 0.40, however, which suggests that this question effectively discriminates between high and low scorers. [NEW ITEM]

Item 11: Which of the following is an element of the mental health system at the state level?

A. Centers for Medicare and Medicaid (CMS)
B. Health and Human Services Commission (HHSC)
C. Department of Aging and Disability Services (DADS)
D. Substance Abuse and Mental Health Services Administration (SAMHSA)

	Omit	A	**B**	C	D	Sum
High Scorers	0	1	**7**	2	6	16
Mid-High Scorers	0	0	**13**	1	3	17
Mid-Low Scorers	0	0	**13**	0	4	17
Low Scorers	0	3	**5**	0	9	17
Sum	0	4	**38**	3	22	67
Mean Score (out of 75)	0	61.8	**65.4**	69.7	63	
Item Difficulty: 0.57						
Item Discrimination: 0.18						

Interpretation: This question has an item difficulty score of 0.57 indicating 57% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat too difficult. In particular, distractor D should be replaced. The item discrimination score for this item is 0.18 which suggests that this question does not effectively discriminates between high and low scorers. [ITEM 9 IN OLD EXAM]

Item 12: “When I was a kid we moved a lot. It was hard to make friends because we were always leaving. It made me anxious and scared, unsure where I belonged. I worried about what was coming next and stayed by myself all the time. I was isolated and lonely. Because we moved so many places I learned that many people see things in different ways than I do. We don’t all have the same points of view. I learned how to start over and catch up. I learned it is ok to try something new.” What do these memories reveal?

A. Development of mental health challenges in a person’s childhood
B. Understanding that life as a military kid is hard
C. Understanding that the way to survive hard things is to push through
D. Understanding that a person’s life can have multiple true stories

	Omit	A	B	C	**D**	Sum
High Scorers	0	2	0	0	**14**	16
Mid-High Scorers	0	0	1	1	**15**	17
Mid-Low Scorers	0	3	0	1	**13**	17
Low Scorers	0	3	0	3	**11**	17
Sum	0	8	1	5	**53**	67
Mean Score (out of 75)	0	60.8	69.0	60.5	**65.4**	
Item Difficulty: 0.79						
Item Discrimination: 0.32						

Interpretation: This question has an item difficulty score of 0.79 indicating 79% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. The item discrimination score for this item is 0.32, however, indicating this question somewhat effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [NEW ITEM]

Item 13: What should you consider when preparing to tell your story?

A. How important it is for people to understand the problems with the mental health system
B. How not to offend people
C. Whether your story is told in professional language
D. The length of time, audience, setting and risks to yourself and listeners

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	0	0	**17**	17
Low Scorers	0	0	1	0	**16**	17
Sum	0	0	1	0	**66**	67
Mean Score (out of 75)	0	0	61.0	0	**64.6**	
Item Difficulty: 0.99						
Item Discrimination: 0.08						

Interpretation: This question has an item difficulty score of 0.99 indicating 99% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.08 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 14: An individual is overwhelmed with work, school, and family life. They were talked into working additional hours at work. They tell their CPS that they are not able to function well when they are stressed. How can they take better care of themself?

- **A. Meet with their supervisor to talk about how the additional work hours are negatively impacting their wellness**
- B. Call their boss and say that they are ill and taking a day off
- C. Let their wife complete their schoolwork for them
- D. Avoid the supervisor so as not to be assigned extra hours

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**16**	0	0	1	17
Sum	0	**66**	0	0	1	67
Mean Score (out of 75)	0	**64.7**	0	0	56.0	
Item Difficulty: 0.99						
Item Discrimination: 0.20						

Interpretation: This question has an item difficulty score of 0.99 indicating 99% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.20 indicating this question could more effectively discriminate between high and low scorers. [ITEM 10 IN OLD EXAM; REVISED]

Item 15: A person comes to the CPS wanting to get off of his meds. The psychiatrist told them that they could not stop the meds, and that they risk hospitalization if they deviate at all from the prescription. Which of the following is the most supportive thing the CPS could do?

- A. CPS tells them that they do not need to take medication and refers them to a psychiatrist who is known for prescribing fewer psychotropic meds
- B. CPS tells them that they can get off their meds and judge for themself if it is a healthy step in their recovery
- **C. CPS supports the person to continue dialogue with their doctor by offering to come up with a list of questions that the person can ask and by offering to accompany them to the doctor**
- D. CPS confronts the psychiatrist in the presence of the individual and suggests that the individual is over-medicated

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	1	**15**	0	16
Mid-High Scorers	0	0	3	**14**	0	17
Mid-Low Scorers	0	0	1	**16**	0	17
Low Scorers	0	0	1	**16**	0	17
Sum	0	0	6	**61**	0	67
Mean Score (out of 75)	0	0	64.7	**64.6**	0	
Item Difficulty: 0.91						
Item Discrimination: -0.01						

Interpretation: This question has an item difficulty score of 0.91 indicating 91% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is -0.01 indicating this question does not effectively discriminate between high and low scorers. [ITEM 13 IN OLD EXAM; REVISED]

Item 16: What is the purpose of using strengths-based language in telling a recovery story?

- **A. To focus on the hope of recovery, not illness**
- B. To prevent people from becoming distressed by the terrible things that happened to you
- C. To show the power of language in telling a good story
- D. To make sure everyone understands the story

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**17**	0	0	0	17
Sum	0	**67**	0	0	0	67
Mean Score (out of 75)	0	**64.6**	0	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 17: What is trauma?

- **A. The experience of an outside threat overwhelming a person's coping skills**
- B. The physical injuries that result from an assault
- C. The way the brain manages stress
- D. A short, intense painful experience

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	1	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**15**	0	1	1	17
Low Scorers	0	**10**	3	2	2	17
Sum	0	**57**	3	3	4	67
Mean Score (out of 75)	0	**65.4**	56.7	60.0	61.5	
Item Difficulty: 0.85						
Item Discrimination: 0.39						

Interpretation: This question has an item difficulty score of 0.85 indicating 85% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.39 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [NEW ITEM]

Item 18: What did the Adverse Childhood Experience (ACE) Study results show?

- A. Children who live in poverty experience more health challenges
- B. People experience more health problems as they age
- **C. The more difficult experiences you had as a child, the more likely you are to have health problems as an adult**
- D. People who have health insurance have fewer health problems

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	1	1	**15**	0	17
Low Scorers	0	2	0	**15**	0	17
Sum	0	3	1	**63**	0	67
Mean Score (out of 75)	0	57.3	63.0	**64.9**	0	
Item Difficulty: 0.94						
Item Discrimination: 0.28						

Interpretation: This question has an item difficulty score of 0.94 indicating 94% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.28 indicating that the item does somewhat effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [NEW ITEM]

Item 19: A CPS can initiate discussion in groups by:

A. Presenting their own personal beliefs
B. Facilitating a recovery dialogue
C. Teaching coping skills
D. Assigning book reports

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**17**	0	0	17
Mid-Low Scorers	0	0	**17**	0	0	17
Low Scorers	0	2	**15**	0	0	17
Sum	0	2	**65**	0	0	67
Mean Score (out of 75)	0	55.0	**64.9**	0	0	
Item Difficulty: 0.97						
Item Discrimination: 0.32						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.32 indicating that the item does somewhat effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [ITEM 14 IN OLD EXAM]

Item 20: Lina's mother died after a long, lingering illness during which Lina was their mom's primary caregiver and support. Their mother's large extended family came for the funeral and many neighbors and friends brought over food. Their house was full for three days as they managed the company and the wake. The next weekend, their neighbor Joan saw them raking the leaves in their yard. How could Joan offer Lina peer support around their experience of loss?

A. Send her nephew to take over raking the leaves
B. Bring them coffee for the next week
C. Provide suggestions on how to get over feeling sad quickly
D. Offer to sit quietly with them on the porch

	Omit	A	B	C	**D**	Sum
High Scorers	0	2	0	0	**14**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	2	0	0	**15**	17
Low Scorers	0	2	0	0	**15**	17
Sum	0	6	0	0	**61**	67
Mean Score (out of 75)	0	61.8	0	0	**64.8**	
Item Difficulty: 0.91						
Item Discrimination: 0.16						

Interpretation: This question has an item difficulty score of 0.91 indicating 91% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. Additionally, the item discrimination for this item is 0.16 indicating that the item does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 21: While someone is telling a CPS about their problems during a one-to-one peer session, what should the CPS be doing?

A. Developing practical solutions
B. Planning how to respond appropriately
C. Listening to the words and meaning of the speaker's story
D. Integrating the problems and solutions into a treatment plan

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	0	0	**17**	0	17
Sum	0	0	0	**67**	0	67
Mean Score (out of 75)	0	0	0	**64.6**	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 22: Why does each Recovery Dialogue focus on a specific topic?

A. To allow group participants to learn more about a range of topics critical to their mental health recovery
B. To meet the criteria for Medicaid funding of peer specialist activities
C. To ensure there is content for each group session
D. To allow group participants to initially focus on something other than themselves

	Omit	A	B	C	**D**	Sum
High Scorers	0	7	0	1	**8**	16
Mid-High Scorers	0	12	0	4	**1**	17
Mid-Low Scorers	0	5	0	5	**7**	17
Low Scorers	1	11	0	4	**1**	17
Sum	1	35	0	14	**17**	67
Mean Score (out of 75)	61.0	64.1	0	63.4	**66.6**	
Item Difficulty: 0.25						
Item Discrimination: 0.23						

Interpretation: This question has an item difficulty score of 0.25 indicating 25% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too difficult. In particular, a greater number of examinees chose distractor A than the number of examinees who chose the correct answer. Therefore, distractor A should be replaced and/or the question should be revised. Additionally, the item discrimination score for this item is 0.23 suggesting it does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 23: Arthur is a person served that has gone to a meeting with a counselor at the local workforce training office to discuss getting a job. The job counselor tells them that their diagnosis of bipolar disorder means that they will likely be unable to meet the requirements of a professional work environment, but that there is a skills training group at the local mental health clinic that would be a good fit for them. The next week, Arthur stops by the mental health clinic and signs up for the skills group and begins attending regularly. What is this an example of?

A. The challenges of working in an intensive modern workplace
B. The integration of care between service systems
C. The impact of negative messaging from the service system
D. The importance of having access to quality mental health services in a community

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	6	**9**	1	16
Mid-High Scorers	0	1	8	**6**	2	17
Mid-Low Scorers	0	0	8	**7**	2	17
Low Scorers	1	0	5	**7**	4	17
Sum	1	1	27	**29**	9	67
Mean Score (out of 75)	54.0	68.0	65.9	**64.7**	61.1	
Item Difficulty: 0.43						
Item Discrimination: 0.02						

Interpretation: This question has an item difficulty score of 0.43 indicating 43% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too difficult. In particular, distractor B should be replaced, and/or the question should be revised. Additionally, the item discrimination score for this item is 0.02 suggesting it does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 24: I believe that I will be on the road to recovery when I am able to pay my own bills." To what aspect of recovery has an individual committed to with this statement?"

A. Giving the caseworker more responsibility
B. Limiting their role by making this goal
C. Defining what recovery means to them
D. Pursuing a reality beyond their abilities

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	1	**16**	0	17
Mid-Low Scorers	0	0	3	**13**	1	17
Low Scorers	0	0	3	**12**	2	17
Sum	0	0	7	**57**	3	67
Mean Score (out of 75)	0	0	61.7	**65.3**	57.3	
Item Difficulty: 0.85						
Item Discrimination: 0.33						

Interpretation: This question has an item difficulty score of 0.85 indicating 85% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.33 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [ITEM 18 IN OLD EXAM]

Item 25: What is the source of a person's beliefs?

A. Family
B. Religious background
C. Education
D. Repeated messages from their environment

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	1	0	0	**16**	17
Low Scorers	0	2	1	1	**13**	17
Sum	0	3	1	1	**62**	67
Mean Score (out of 75)	0	58.0	60.0	50.0	**65.2**	
Item Difficulty: 0.93						
Item Discrimination: 0.42						

Interpretation: This question has an item difficulty score of 0.93 indicating 93% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.42 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [NEW ITEM]

Item 26: Which of the following is a healthy example of positive self-talk?

A. "I'm going to quit taking my meds and do this on my own"
B. "My barriers are only limiting me as long as I allow them to"
C. "My caseworker has all the answers so I should listen to them"
D. "I'm feeling good today so I think I will skip breakfast"

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**17**	0	0	17
Mid-Low Scorers	0	0	**17**	0	0	17
Low Scorers	0	1	**15**	0	1	17
Sum	0	1	**65**	0	1	67
Mean Score (out of 75)	0	54.0	**65.0**	0	50.0	
Item Difficulty: 0.97						
Item Discrimination: 0.42						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question

may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination for this item is 0.42 indicating that the item does effectively discriminate between high and low scorers, with low scorers more likely to respond incorrectly to this item. [ITEM 20 IN OLD EXAM]

Item 27: Why should a community agency renovate their service office?

A. To attract a high quality, professional workforce to their agency
B. To prevent future higher cost repairs impacting their budget
C. To provide services in an environment which reinforces that the people coming for services are valued and respected
D. To ensure their staff has the latest technology to efficient do their work

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	0	0	**17**	0	17
Sum	0	0	0	**67**	0	67
Mean Score (out of 75)	0	0	0	**64.6**	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 28: The recovery model is based on which principle?

A. A person's diagnosis determines the goals of their recovery plan
B. Professional mental health clinicians develop a person's recovery plan
C. A person's recovery is defined as a reduction in symptoms
D. The individual experiencing mental health challenges is the guide of their own recovery

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	0	0	**17**	17
Low Scorers	0	0	0	2	**15**	17
Sum	0	0	0	2	**65**	67
Mean Score (out of 75)	0	0	0	58.0	**64.8**	
Item Difficulty: 0.97						
Item Discrimination: 0.22						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.22 indicating this question could more effectively discriminate between high and low scorers. [ITEM 21 IN OLD EXAM, REVISED LANGUAGE]

Item 29: What is likely to help someone to change their negative beliefs about themselves?

- **A. Removal of negative messages in their environment**
- B. Succeeding in achievement of small and large life goals
- C. Skills training on positivity
- D. Participation in a self-esteem course

	Omit	**A**	B	C	D	Sum
High Scorers	0	**12**	4	0	0	16
Mid-High Scorers	0	**13**	4	0	0	17
Mid-Low Scorers	0	**10**	5	2	0	17
Low Scorers	0	**9**	7	1	0	17
Sum	0	**44**	20	3	0	67
Mean Score (out of 75)	0	**65.3**	63.5	61.3	0	
Item Difficulty: 0.66						
Item Discrimination: 0.19						

Interpretation: This question has an item difficulty score of 0.66 indicating 66% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. However, he item discrimination score for this item is 0.19 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 30: Angelina is talking to Elena, a Certified Peer Specialist, about the negative physical side effects of their medication and how frustrated they are with them. What would be an appropriate snippet for Elena to offer in the discussion?

- **A. "One of my meds made me feel so numb I couldn't function. I made several appointments to speak with someone at the clinic. It took a while to find someone who would listen to me, but the nurse practitioner finally did. I discovered that being persistent and finding the right person to listen allowed me to have more of a voice in my treatment. It changed how I view myself as a patient."**
- B. "I remember when I was on that medication. You wouldn't believe how much weight I gained. It turned me into a zombie."
- C. "Based on my experience, it's best to wait the side effects out for a few weeks"
- D. "Medication is just the system's way of controlling us. You need to stop taking that medication."

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**15**	1	1	0	17
Low Scorers	0	**13**	1	3	0	17
Sum	0	**61**	2	4	0	67
Mean Score (out of 75)	0	**65.3**	56.5	58.0	0	
Item Difficulty: 0.91						
Item Discrimination: 0.42						

Interpretation: This question has an item difficulty score of 0.91 indicating 91% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.42, however, indicating this question effectively discriminates between high and low scorers. [NEW ITEM]

Item 31: What motivates a person to change?

- A. Clear and concrete goals
- B. A positive role model in a person's life
- C. Positive reinforcement from the service environment
- **D. Feelings of dissatisfaction with how things are now**

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	1	0	**15**	16
Mid-High Scorers	0	1	0	0	**16**	17
Mid-Low Scorers	0	0	0	5	**12**	17
Low Scorers	0	3	6	4	**4**	17
Sum	0	4	7	9	**47**	67
Mean Score (out of 75)	0	57.5	57.3	62.8	**66.6**	
Item Difficulty: 0.70						
Item Discrimination: 0.59						

Interpretation: This question has an item difficulty score of 0.70 indicating 70% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. Additionally, the item discrimination score for this item is 0.59 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [NEW ITEM]

Item 32: A counselor comes to a Certified Peer Specialist to discuss treatment planning for a person served: "When I try to talk to Darlene about setting concrete goals that will allow them to leave the in-patient facility, they won't cooperate at all." The Certified Peer Specialist notes, "Darlene has had several community home placements in the past and each time has ended up back in in-patient. When I was in and out of inpatient, I reached a point where I completely lost faith in my ability to live on my own." What skill is the Certified Peer Specialist using here?

A. Treatment planning
B. Clinical team building
C. Positive reinforcement
D. Reframing

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	1	0	0	**16**	17
Mid-Low Scorers	0	0	2	0	**15**	17
Low Scorers	0	0	0	0	**17**	17
Sum	0	1	2	0	**64**	67
Mean Score (out of 75)	0	67.0	63.5	0	**64.6**	
Item Difficulty: 0.96						
Item Discrimination: -0.00						

Interpretation: This question has an item difficulty score of 0.96 indicating 96% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase

difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is -0.00 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 33: A Certified Peer Specialist is facilitating a weekly peer support group. Nica, a person served who regularly attends, pulls the CPS aside one evening after group and says at times they feel uncomfortable in the group. They come from a close-knit Vietnamese family, their parents are first generation immigrants, and they don't feel they share a lot of the same values as others in the group. Also, once or twice group members have made jokes that were racist. What might be an appropriate response on the part of the CPS?

A. Explain to Nica that this group exists because everyone has a shared experience with mental health challenges, and that common experience is what they should focus on during group
B. Reassure them that everyone in the group is a good person and no one is deliberately trying to offend them
C. Ask them if they would like to share more with the CPS about their experiences in the group. What has made them uncomfortable? Have they had similar experiences in the past? How has that impacted them?
D. Suggest they try to find another peer support group where members share their cultural background

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**16**	1	17
Low Scorers	0	2	1	**13**	1	17
Sum	0	2	1	**62**	2	67
Mean Score (out of 75)	0	51.5	50.0	**65.4**	59.0	
Item Difficulty: 0.93						
Item Discrimination: 0.56						

Interpretation: This question has an item difficulty score of 0.93 indicating 93% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.56, however, indicating this question effectively discriminates between high and low scorers. [NEW ITEM]

Item 34: Recovery is the process of:

A. Gaining control over one's life and its direction
B. Eliminating mental illness symptoms from one's life
C. Following a traditional treatment plan
D. Being mentally well and having lots of friends

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**17**	0	0	0	17
Sum	0	**67**	0	0	0	67
Mean Score (out of 75)	0	**64.6**	0	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 24 IN OLD EXAM]

Item 35: Social Identities are categories a person falls into based on physical characteristics or ways in which they identify themselves (race, ethnicity, gender, marital status, age, sexual orientation etc.). Why do these social identities sometime cause challenges when people get together?

A. People are too outspoken
B. People don't focus enough on what we all have in common
C. People don't focus on the immediate task at hand
D. People make judgments about individuals based on their perceived differences

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	2	0	**15**	17
Mid-Low Scorers	0	0	0	1	**16**	17
Low Scorers	0	0	2	0	**15**	17
Sum	0	0	4	1	**62**	67
Mean Score (out of 75)	0	0	60.5	63.0	**64.9**	
Item Difficulty: 0.93						
Item Discrimination: 0.19						

Interpretation: This question has an item difficulty score of 0.93 indicating 93% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. Additionally, the item discrimination score

for this item is 0.19 indicating that this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 36: What is a key element that makes a peer specialist a change agent?

A. The authority they get from their boss to make changes
B. The things they learn from clinical staff
C. Their knowledge of the public mental health system
D. Their presence at a program

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	0	1	**16**	17
Low Scorers	0	1	0	3	**13**	17
Sum	0	1	0	4	**62**	67
Mean Score (out of 75)	0	54.0	0	57.3	**65.2**	
Item Difficulty: 0.93						
Item Discrimination: 0.43						

Interpretation: This question has an item difficulty score of 0.93 indicating 93% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.43, however, indicating this question effectively discriminates between high and low scorers. [NEW ITEM]

Item 37: The CPS's role in a recovery support group meeting is best viewed by the group members as:

A. Engaging the group in the recovery process
B. Teaching the recovery of persons served
C. Serving as the expert in recovery
D. Acting as the person in the position of authority

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**16**	0	1	0	17
Sum	0	**66**	0	1	0	67
Mean Score (out of 75)	0	**64.7**	0	54.0	0	
Item Difficulty: 0.99						
Item Discrimination: 0.25						

Interpretation: This question has an item difficulty score of 0.95 indicating 95% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.25 indicating this question could more effectively discriminate between high and low scorers. [ITEM 25 IN OLD EXAM]

Item 38: How do CPS working into the mental health system foster the recovery of the individuals receiving services:

A. CPS can bring recovery without the assistance of non-peer staff
B. CPS care more about the person served than non-peer staff do
C. CPS bring the valuable tool of lived experience with recovery
D. CPS can discuss medications with persons served

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	0	0	**17**	0	17
Sum	0	0	0	**67**	0	67
Mean Score (out of 75)	0	0	0	**64.7**	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM 26 IN OLD EXAM, REVISED]

Item 39: What are three steps for approaching conflict?

A. Stop, Listen and Speak Up
B. Process, Accept, and Diffuse
C. Consult, Set goals, Follow through
D. Observe and Affirm, Use Lived Experience, "We" Statements

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	1	0	**16**	17
Low Scorers	0	1	0	0	**16**	17
Sum	0	1	1	0	**65**	67
Mean Score (out of 75)	0	54.0	63.0	0	**64.8**	
Item Difficulty: 0.97						
Item Discrimination: 0.20						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.20 indicating this question could more effectively discriminate between high and low scorers. [NEW ITEM]

Item 40: Which technique is the CPS using in this statement: “Okay everyone, we know where we need to go on this issue. Does anybody know what our first step would be?”

A. Conflict resolution
B. Action planning
C. Facing one’s fears
D. Positive self-talk

	Omit	A	**B**	C	D	Sum
High Scorers	0	1	**15**	0	0	16
Mid-High Scorers	0	4	**13**	0	0	17
Mid-Low Scorers	0	1	**15**	0	1	17
Low Scorers	0	2	**12**	0	3	17
Sum	0	8	**55**	0	4	67
Mean Score (out of 75)	0	65.1	**65.3**	0	53.8	
Item Difficulty: 0.82						
Item Discrimination: 0.29						

Interpretation: This question has an item difficulty score of 0.82 indicating 82% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is slightly too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractor C was selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.29 indicating this question could more effectively discriminate between high and low scorers. [ITEM 28 IN OLD EXAM]

Item 41: What is Medicaid?

- **A. Health insurance for people with limited income**
- B. A federal government agency
- C. A system of record keeping
- D. A set of mental health rules

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	1	0	0	16
Mid-High Scorers	0	**14**	3	0	0	17
Mid-Low Scorers	0	**13**	4	0	0	17
Low Scorers	0	**15**	2	0	0	17
Sum	0	**57**	10	0	0	67
Mean Score (out of 75)	0	**64.6**	64.5	0	0	
Item Difficulty: 0.85						
Item Discrimination: 0.01						

Interpretation: This question has an item difficulty score of 0.85 indicating 85% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is slightly too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractors C and D were selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.01 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 42: A person served tells the CPS that although they are hesitant, they are moving out of their parent's house to an apartment. This action is most likely an example of:

- A. Catch it, check it, change it
- B. Staying in their comfort zone
- C. Combating negative self-talk
- **D. Facing their fear**

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	1	**16**	17
Mid-Low Scorers	0	3	0	1	**13**	17
Low Scorers	0	4	0	0	**13**	17
Sum	0	7	0	2	**58**	67
Mean Score (out of 75)	0	60.0	0	66.0	**65.1**	
Item Difficulty: 0.87						
Item Discrimination: 0.24						

Interpretation: This question has an item difficulty score of 0.87 indicating 87% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. For example, distractor B was selected by zero examinees and therefore could be replaced. The item discrimination score for this item is 0.24 indicating this question could more effectively discriminate between high and low scorers. [ITEM 29 IN OLD EXAM]

Item 43: Why is it important for a CPS to include both illness and recovery experiences in their story?

A. To build friendship through sharing
B. To illustrate the complexity of the mental health system
C. To illustrate that a CPS has been in the same place as a person served and found a path to recovery
D. To illustrate that recovery brings freedom from medications

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	0	0	**17**	0	17
Sum	0	0	0	**67**	0	67
Mean Score (out of 75)	0	0	0	**64.6**	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 32 IN OLD EXAM, REVISED]

Item 44: In which situation is the CPS acting in a way that supports the well-being of the person served?

A. Offering a treatment plan to the person served
B. Meeting with a person served for dinner after duty
C. Accepting valuable gifts from the person served
D. Supporting the person served as they develop their recovery plan

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	0	0	**17**	17
Low Scorers	0	0	0	0	**17**	17
Sum	0	0	0	0	**67**	67
Mean Score (out of 75)	0	0	0	0	**64.6**	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 33 IN OLD EXAM, REVISED]

Item 45: A person has difficulty with substance use, self-injury, and chronic pain. These difficulties may indicate a reaction to:

A. Fear
B. Stigma
C. Trauma
D. Withdrawal

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	1	0	**15**	1	17
Sum	0	1	0	**65**	1	67
Mean Score (out of 75)	0	55.0	0	**64.8**	60.0	
Item Difficulty: 0.97						
Item Discrimination: 0.23						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.23 indicating this question could more effectively discriminate between high and low scorers. [ITEM 34 IN OLD EXAM]

Item 46: It is part of the Certified Peer Specialist's job to:

A. Set goals for the person served
B. Share recovery tools and strategies from a place of mutuality
C. Determine when goals are too much for the person served
D. Decide when to abandon an individual's goal

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**17**	0	0	17
Mid-Low Scorers	0	0	**17**	0	0	17
Low Scorers	0	0	**17**	0	0	17
Sum	0	0	**67**	0	0	67
Mean Score (out of 75)	0	0	**64.6**	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 35 IN OLD EXAM, REVISED]

Item 47: A CPS works for a community center and bicycling is his all-consuming passion. He tells every individual that he works with that they should become cyclists to further their recovery. This practice is in conflict with which core recovery concept?

A. Communicate that there are many roads to recovery
B. Sustain and preserve objective and professional relationships
C. Work within the limits of experience and training
D. Use the recovery story in a positive and hopeful manner

	Omit	**A**	B	C	D	Sum
High Scorers	0	**15**	0	0	1	16
Mid-High Scorers	0	**15**	1	0	1	17
Mid-Low Scorers	0	**12**	2	3	0	17
Low Scorers	0	**7**	4	2	4	17
Sum	0	**49**	7	5	6	67
Mean Score (out of 75)	0	**66.2**	59.7	61.2	60.0	
Item Difficulty: 0.73						
Item Discrimination: 0.50						

Interpretation: This question has an item difficulty score of 0.73 indicating 73% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. Additionally, the item discrimination score for this item is 0.50 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [ITEM 36 IN OLD EXAM]

Item 48: During a group session, a person says *"I am not willing to face my fears."* The CPS should:

- **A. Ask them to consider what the benefits of facing their fears might be**
- B. Move on to another topic with the group
- C. Ask them to remain quiet so others in the group can speak
- D. Tell them why they should face their fears

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**15**	2	0	0	17
Low Scorers	0	**17**	0	0	0	17
Sum	0	**65**	2	0	0	67
Mean Score (out of 75)	0	**64.6**	63.5	0	0	
Item Difficulty: 0.97						
Item Discrimination: 0.04						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.04 indicating this question does not effectively discriminate between high and low scorers. [ITEM 37 IN OLD EXAM]

Item 49: Which of the following represents an environment of recovery?

A. Standardized treatment plans
B. Clinical groups for high and low functioning persons served
C. Participation by peers on agency advisory councils
D. Recovery support groups led by experienced clinical staff

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**15**	2	17
Mid-Low Scorers	0	0	0	**16**	1	17
Low Scorers	0	2	0	**11**	4	17
Sum	0	2	0	**58**	7	67
Mean Score (out of 75)	0	52.5	0	**65.6**	59.3	
Item Difficulty: 0.87						
Item Discrimination: 0.51						

Interpretation: This question has an item difficulty score of 0.87 indicating 87% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination score for this item is 0.51 indicating this item effectively discriminates between high and low scorers. [ITEM 38 IN OLD EXAM, REVISED]

Item 50: A CPS takes a job at a new mental health outpatient clinic. Staff at the clinic are discouraged that so many individuals in services are unwilling to consider what they can do to move forward in recovery. What action might the new CPS suggest to encourage change?

A. Set up a class to teach individuals receiving services about what recovery is and what they should do make their lives better
B. Review participants recovery plans and adjust their goals to be more recovery oriented
C. Ask treatment staff to provide feedback on deficits of individuals receiving services
D. Work with staff to identify negative messages in the clinic's environment

	Omit	A	B	C	**D**	Sum
High Scorers	0	1	0	0	**15**	16
Mid-High Scorers	0	2	0	1	**14**	17
Mid-Low Scorers	0	3	3	0	**11**	17
Low Scorers	0	6	0	1	**10**	17
Sum	0	12	3	2	**50**	67
Mean Score (out of 75)	0	60.7	64.0	64.0	**65.6**	
Item Difficulty: 0.75						
Item Discrimination: 0.32						

Interpretation: This question has an item difficulty score of 0.75 indicating 75% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is somewhat appropriately difficult. Additionally, he item discrimination score for this item is 0.32 indicating this question effectively discriminates between high and low scorers with high scorers more likely to answer this question correctly, compared to low scorers. [ITEM 41 IN OLD EXAM, REVISED]

Item 51: A person served tells the CPS that they don't want to take medications because it is against their beliefs. The CPS should:

A. Ask the person served to return when they are ready to take medications
B. Encourage the person served to take the medications
C. Asks the person served to tell them a little more about their beliefs regarding medication
D. Encourage the person served to stop treatment at this facility

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	0	0	**17**	0	17
Sum	0	0	0	**67**	0	67
Mean Score (out of 75)	0	0	0	**64.7**	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 42 IN OLD EXAM, REVISED]

Item 52: A person served says they do not really care how a problem situation plays out. How would the CPS respond?

A. Discuss with the person served the costs and benefits of different possible responses to the situation
B. Call the supervisor and ask for help
C. Give the person served advice on the best course of action based on personal experience
D. Make the best decision for the person served

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**10**	0	7	0	17
Sum	0	**60**	0	7	0	67
Mean Score (out of 75)	0	**65.5**	0	56.4	0	
Item Difficulty: 0.90						
Item Discrimination: 0.53						

Interpretation: This question has an item difficulty score of 0.90 indicating 90% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. However, the item discrimination score for this item is 0.53 indicating that this item effectively discriminates between high and low scorers. [ITEM 45 IN OLD EXAM, REVISED]

Item 53: What are the three steps to combat negative self-talk?

A. Acknowledge it, accept it, and apply it
B. Catch it, check it, and change it
C. Negate thoughts, navigate problems, nurture positive thoughts
D. Confirm it, construct it, and correct it

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**17**	0	0	17
Mid-Low Scorers	0	0	**17**	0	0	17
Low Scorers	0	0	**17**	0	0	17
Sum	0	0	**67**	0	0	67
Mean Score (out of 75)	0	0	**64.6**	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 46 IN OLD EXAM]

Item 54: Which approach is more typical under the recovery model than the medical model?

A. Medication management approach
B. Strength-based approach
C. Assessing needs and limitations
D. Supervised environments

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	1	16
Mid-High Scorers	0	0	**16**	1	0	17
Mid-Low Scorers	0	0	**17**	0	0	17
Low Scorers	0	0	**13**	4	0	17
Sum	0	0	**61**	5	1	67
Mean Score (out of 75)	0	0	**65.2**	55.0	71.0	
Item Difficulty: 0.91						
Item Discrimination: 0.41						

Interpretation: This question has an item difficulty score of 0.91 indicating 91% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. However, the item discrimination score for this item is 0.41 indicating that this item effectively discriminates between high and low scorers. [ITEM 48 IN OLD EXAM, REVISED]

Item 55: Which of the following statements fosters effective communication where there could be potential conflict?

A. "You just have to accept that the doctor is right and not ask questions"
B. "I remember feeling confused about my meds when they were prescribed and I asked questions"
C. "If you disagree with the doctor, just let them talk and do what you think is right"
D. "You know best and should insist on your way being the right way regarding medication treatment"

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**17**	0	0	17
Mid-Low Scorers	0	3	**14**	0	0	17
Low Scorers	0	1	**15**	0	1	17
Sum	0	4	**62**	0	1	67
Mean Score (out of 75)	0	60.8	**65.0**	0	56.0	
Item Difficulty: 0.93						
Item Discrimination: 0.26						

Interpretation: This question has an item difficulty score of 0.93 indicating 93% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. Additionally, the item discrimination score for this item is 0.26 indicating that this item could more effectively discriminate between high and low scorers. [ITEM 51 IN OLD EXAM, REVISED]

Item 56: A member of the recovery community the CPS serves invites the CPS to dinner at their house on Friday night. The invitation is in conflict with which ethical standard?

A. Do not push one's recovery experience onto another individual
B. Portray the face of recovery and be a role model
C. Preserve boundaries that promote recovery
D. Keep the focus on the individual's strengths, assets, and possibilities

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	1	0	**15**	1	17
Sum	0	1	0	**65**	1	67
Mean Score (out of 75)	0	56.0	0	**64.8**	55.0	
Item Difficulty: 0.97						
Item Discrimination: 0.30						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. However, the item discrimination score for this item is 0.30 indicating that this item effectively discriminates between high and low scorers. [ITEM 54 IN OLD EXAM, REVISED]

Item 57: Which question should be asked when completing the *Impact* section of PICBBA?

A. "How does the impact of the problem affect my ability to find solutions to the problem?"
B. "What I am doing that contributes to the problem?"
C. "What can I do to reduce the effect that the problem is having on my life?"
D. "Where in my life do I experience the problem in the greatest way?"

	Omit	A	**B**	C	D	Sum
High Scorers	0	8	**2**	2	4	16
Mid-High Scorers	0	8	**3**	1	5	17
Mid-Low Scorers	0	11	**2**	3	1	17
Low Scorers	0	16	**0**	1	0	17
Sum	0	43	**7**	7	10	67
Mean Score (out of 75)	0	63.3	**67.0**	64.9	67.9	
Item Difficulty: 0.10						
Item Discrimination: 0.16						

Interpretation: This question has an item difficulty score of 0.10 indicating 10% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too difficult. In particular, a greater number of examinees chose distractors A and D than the number of examinees who chose the correct answer. Therefore, distractors A and D should be replaced and/or the question should be revised. Additionally, the item discrimination score for this item is 0.16 suggesting it does not effectively discriminate between high and low scorers. [ITEM 56 IN OLD EXAM, REVISED]

Item 58: Helping a person move on in their life towards recovery involves:

A. Avoiding the symptoms and the side effects of medication
B. Helping the person get in touch with what they think will improve the quality of their life
C. Dismissing negative beliefs that others have about them as a person with a psychiatric diagnosis
D. Embracing the self-image or negative beliefs they have about themselves

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**15**	0	1	16
Mid-High Scorers	0	0	**15**	2	0	17
Mid-Low Scorers	0	0	**16**	0	1	17
Low Scorers	0	0	**16**	0	1	17
Sum	0	0	**62**	2	3	67
Mean Score (out of 75)	0	0	**64.6**	67.0	62.7	
Item Difficulty: 0.93						
Item Discrimination: 0.01						

Interpretation: This question has an item difficulty score of .93 indicating 93% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.01 indicating this question does not effectively discriminate between high and low scorers. [ITEM 57 IN OLD EXAM, REVISED]

Item 59: A CPS is approached by a psychiatrist in the clinic where they work. The psychiatrist is upset that the CPS suggested that a person served tape their conversation with the psychiatrist. The CPS affirmed the psychiatrist's position, values and concerns about the suggestion. What application did the CPS use?

A. Catch it, Check it, Change it
B. Effective communication in situations with conflict
C. One of the five stages of the Recovery Process
D. The concept of IMPACT

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**16**	0	1	17
Mid-Low Scorers	0	1	**13**	1	2	17
Low Scorers	0	2	**14**	0	1	17
Sum	0	3	**59**	1	4	67
Mean Score (out of 75)	0	58.3	**65.1**	62.0	62.5	
Item Difficulty: 0.88						
Item Discrimination: 0.26						

Interpretation: This question has an item difficulty score of .88 indicating 88% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.26 indicating this question could more effectively discriminate between high and low scorers. [ITEM 58 IN OLD EXAM]

Item 60: An example of an effective listening response is:

A. "Your problem is that you are too anxious"
B. "Are you always so nervous?"
C. "I hear you saying that you feel anxious in that situation"
D. "It sounds like you are using your anxiety as an excuse"

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	0	0	**17**	0	17
Sum	0	0	0	**67**	0	67
Mean Score (out of 75)	0	0	0	**64.6**	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 59 IN OLD EXAM]

Item 61: What is a way that the CPS can help a person served overcome the fears that keep them from living their life?

A. Do what they want done
B. Share experiences with them
C. Ignore their fear and force them to do what they want to do
D. Coerce them into doing what the CPS wants them to do

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	1	**16**	0	0	17
Mid-Low Scorers	0	0	**17**	0	0	17
Low Scorers	0	0	**17**	0	0	17
Sum	0	1	**66**	0	0	67
Mean Score (out of 75)	0	68.0	**64.5**	0	0	
Item Difficulty: 0.99						
Item Discrimination: -0.08						

Interpretation: This question has an item difficulty score of .99 indicating 99% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is -0.08 indicating this question does not effectively discriminate between high and low scorers. [ITEM 61 IN OLD EXAM]

Item 62: It is important for CPSs to take care of their personal needs because it:

A. Promotes advocacy
B. Decreases the need for sleep
C. Reduces the effects of burnout
D. Makes peers more dependent

	Omit	A	B	**C**	D	Sum
High Scorers	0	1	0	**15**	0	16
Mid-High Scorers	0	6	0	**11**	0	17
Mid-Low Scorers	0	4	0	**13**	0	17
Low Scorers	0	3	0	**13**	1	17
Sum	0	14	0	**52**	1	67
Mean Score (out of 75)	0	64.5	0	**64.8**	54.0	
Item Difficulty: 0.78						
Item Discrimination: 0.08						

Interpretation: This question has an item difficulty score of 0.78 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.08 indicating this question does not effectively discriminate between high and low scorers. [ITEM 63 IN OLD EXAM]

Item 63: The group has decided to discuss challenges they face when trying to recover. The CPS starts by telling how transportation to and from the center made it difficult to get to appointments. How is this a step toward facilitating discussion?

A. It limits the group members to discussing transportation as a barrier to recovery
B. Group members decide that recovery is based on keeping one's appointments
C. It provides a common theme for group member complaints
D. Group members identify with similar challenges and begin to discuss their experiences

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	1	0	0	**16**	17
Mid-Low Scorers	0	1	0	2	**14**	17
Low Scorers	0	1	2	0	**14**	17
Sum	0	3	2	2	**60**	67
Mean Score (out of 75)	0	62.3	49.5	63.5	**65.2**	
Item Difficulty: 0.90						
Item Discrimination: 0.36						

Interpretation: This question has an item difficulty score of 0.90 indicating 90% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination score for this item is 0.36 indicating this question effectively discriminates between high and low scorers. [ITEM 64 IN OLD EXAM]

Item 64: What is an effective listening skill that a CPS can use while serving an individual?

A. Telling the person served the CPS's illness story
B. Reflecting back what the person served says
C. Telling the person served how they should feel about their situation
D. Suggesting to the person served what they can do to change their situation

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**17**	0	0	17
Mid-Low Scorers	0	1	**16**	0	0	17
Low Scorers	0	0	**17**	0	0	17
Sum	0	1	**66**	0	0	67
Mean Score (out of 75)	0	64.0	**64.6**	0	0	
Item Difficulty: 0.99						
Item Discrimination: 0.01						

Interpretation: This question has an item difficulty score of 0.99 indicating 99% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.01 indicating this question does not effectively discriminate between high and low scorers. [ITEM 17 IN OLD EXAM, REVISED]

Item 65: Which is an effective component of a healthy recovery environment facilitated by the CPS?

A. Medication compliance classes
B. Focusing on relapse
C. Celebrating victories of individuals receiving services
D. Avoiding disturbing memories during group

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**15**	1	16
Mid-High Scorers	0	0	0	**17**	0	17
Mid-Low Scorers	0	0	0	**16**	1	17
Low Scorers	1	0	0	**15**	1	17
Sum	1	0	0	**63**	3	67
Mean Score (out of 75)	55.0	0	0	**64.7**	64.0	
Item Difficulty: 0.94						
Item Discrimination: 0.13						

Interpretation: This question has an item difficulty score of .94 indicating 94% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.13 indicating this question does not effectively discriminate between high and low scorers. [ITEM 65 IN OLD EXAM]

Item 66: In an individual session (1:1), the CPS is very sensitive to indications of an individual's self-talk, goals, and barriers. The CPS is engaging in:

A. Recovery dialog
B. Trauma-informed service
C. Effective listening
D. Problem-solving

	Omit	A	B	**C**	D	Sum
High Scorers	0	1	1	**12**	2	16
Mid-High Scorers	0	3	3	**11**	0	17
Mid-Low Scorers	0	6	1	**10**	0	17
Low Scorers	0	3	3	**11**	0	17
Sum	0	13	8	**44**	2	67
Mean Score (out of 75)	0	63.2	63.6	**64.9**	69.5	
Item Difficulty: 0.66						
Item Discrimination: 0.09						

Interpretation: This question has an item difficulty score of .66 indicating 66% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is appropriately difficult. However, the item discrimination score for this item is 0.09 indicating this question does not effectively discriminate between high and low scorers. [ITEM 68 IN OLD EXAM]

Item 67: What is one way a CPS can improve the way the mental health system implements services?

A. By being a friend to fellow peers
B. By being a role model to their peers by taking on the responsibility of the people's recovery
C. By being assertive about one's own ethics and values
D. By being aware of their strengths and how they might encourage others to recover

	Omit	A	B	**C**	D	Sum
High Scorers	0	1	0	**10**	5	16
Mid-High Scorers	0	0	2	**6**	9	17
Mid-Low Scorers	0	1	1	**6**	9	17
Low Scorers	0	0	2	**5**	10	17
Sum	0	2	5	**27**	33	67
Mean Score (out of 75)	0	67.0	59.4	**66.1**	63.9	
Item Difficulty: 0.40						
Item Discrimination: 0.25						

Interpretation: This question has an item difficulty score of 0.40 indicating 40% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question is too difficult. In particular, distractor D should be replaced and/or the question should be revised. Additionally, the item discrimination score for this item is 0.25 suggesting this item could more effectively discriminate between high and low scorers. [ITEM 69 IN OLD VERSION, REVISED]

Item 68: What are the five steps of problem solving?

- **A. Problem, impact, cost/benefit, brainstorm, action**
- B. Recovery, impact, hope, action, analyzing strengths
- C. Problem, hope, cost/benefit, diagnosis, action
- D. Recovery, impact, brainstorm, hope, action

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**16**	0	0	1	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**16**	0	0	1	17
Sum	0	**65**	0	0	2	67
Mean Score (out of 75)	0	**64.7**	0	0	59.0	
Item Difficulty: 0.97						
Item Discrimination: 0.18						

Interpretation: This question has an item difficulty score of .97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.18 indicating this question does not effectively discriminate between high and low scorers. [ITEM 62 IN OLD EXAM]

Item 69: Why does a Certified Peer Specialist use person-first human experience language in a work setting?

A. To promote professionalism on the job
B. To make clinical and medical language easier for patients to understand
C. To reduce stigma and promote recovery
D. To promote team-building with clinical staff

	Omit	A	B	**C**	D	Sum
High Scorers	0	0	0	**16**	0	16
Mid-High Scorers	0	1	0	**16**	0	17
Mid-Low Scorers	0	0	0	**17**	0	17
Low Scorers	0	0	1	**16**	0	17
Sum	0	1	1	**65**	0	67
Mean Score (out of 75)	0	66.0	56.0	**64.7**	0	
Item Difficulty: 0.97						
Item Discrimination: 0.12						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.12 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 70: What is system-induced trauma?

A. When the trauma you experience overwhelms a person's body systems
B. When trauma is induced by drugs or alcohol
C. When trauma comes from multiple sources
D. When systems meant to help people cause them to experience more harm

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	0	0	**17**	17
Low Scorers	0	2	0	2	**13**	17
Sum	0	2	0	2	**63**	67
Mean Score (out of 75)	0	52.5	0	52.5	**65.3**	
Item Difficulty: 0.94						
Item Discrimination: 0.57						

Interpretation: This question has an item difficulty score of 0.94 indicating 94% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. However, the item discrimination score for this item is 0.57 indicating this question does not effectively discriminate between high and low scorers. [NEW ITEM]

Item 71: Which of the following is an example of an activity that promotes recovery?

A. Training caseworkers to write treatment plans after the session
B. Listening to individuals talk about their personal goals for their life
C. Encouraging individuals to let clinical staff solve their problems
D. Discouraging individuals from questioning their doctor, even when they have concerns about their treatment plan

	Omit	A	**B**	C	D	Sum
High Scorers	0	0	**16**	0	0	16
Mid-High Scorers	0	0	**17**	0	0	17
Mid-Low Scorers	0	0	**17**	0	0	17
Low Scorers	0	0	**17**	0	0	17
Sum	0	0	**67**	0	0	67
Mean Score (out of 75)	0	0	**64.6**	0	0	
Item Difficulty: 1.00						
Item Discrimination: 0.00						

Interpretation: This question has an item difficulty score of 1.00 indicating 100% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty and more effectively discriminate between high and low scorers. The item discrimination score for this item is 0.00 indicating this question does not effectively discriminate between high and low scorers. [ITEM 16 IN OLD EXAM, REVISED]

Item 72: Why is it difficult to change a person's beliefs?

A. Beliefs are the foundation of a person's identity
B. Beliefs are rooted in family
C. Beliefs are grounded in religion
D. Beliefs are reinforced by our human tendency to focus on the familiar around us

	Omit	A	B	C	**D**	Sum
High Scorers	0	3	0	0	**13**	16
Mid-High Scorers	0	6	0	0	**11**	17
Mid-Low Scorers	0	10	0	0	**7**	17
Low Scorers	0	10	1	0	**6**	17
Sum	0	29	1	0	**37**	67
Mean Score (out of 75)	0	62.9	50.0	0	**66.3**	
Item Difficulty: 0.55						
Item Discrimination: 0.36						

Interpretation: This question has an item difficulty score of 0.55 indicating 55% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be slightly too difficult. Consider revising the question and/or distractors. The item discrimination for this item, however, is 0.36 indicating that this question effectively discriminates between high and low scorers with low scorers more likely to respond incorrectly to this item. [NEW ITEM]

Item 73: The CPS encourages a person they are working with to take a risk and apply for a job the person served thinks they might be able to handle. The caseworker is concerned that this may be too much and could cause relapse. Which of the following statements by the CPS to the caseworker is the best way to begin the conversation to bring cohesive agreement where there appears to be only conflict?

A. "Your way is not going to help them in the long run."
B. "You don't understand this person's desire to work."
C. "This is not your choice to make. It is the individual's choice."
D. "I can understand how you feel that this opportunity may be overwhelming and risky."

	Omit	A	B	C	**D**	Sum
High Scorers	0	0	0	0	**16**	16
Mid-High Scorers	0	0	0	0	**17**	17
Mid-Low Scorers	0	0	0	0	**17**	17
Low Scorers	0	0	0	3	**14**	17
Sum	0	0	0	3	**64**	67
Mean Score (out of 75)	0	0	0	57.0	**64.9**	
Item Difficulty: 0.96						
Item Discrimination: 0.31						

Interpretation: This question has an item difficulty score of 0.96 indicating 96% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. The item discrimination for this item, however, is 0.31 indicating that this question effectively discriminates

between high and low scorers with low scorers more likely to respond incorrectly to this item. [ITEM 27 IN OLD EXAM]

Item 74: To face one's fears, one must:

- **A. Move out of the comfort zone**
- B. Ignore the fear
- C. Remain calm in order to keep the comfort zone
- D. Remain in the comfort zone

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**17**	0	0	0	17
Low Scorers	0	**15**	1	1	0	17
Sum	0	**65**	1	1	0	67
Mean Score (out of 75)	0	**64.9**	49.0	61.0	0	
Item Difficulty: 0.97						
Item Discrimination: 0.32						

Interpretation: This question has an item difficulty score of 0.97 indicating 97% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. The item discrimination for this item, however, is 0.32 indicating that this question effectively discriminates between high and low scorers with low scorers more likely to respond incorrectly to this item. [ITEM 30 IN OLD EXAM]

Item 75: Which of the following is an example of a practice in line with the medical model?

- **A. Medication management**
- B. Group support
- C. Whole health services
- D. Skills-based recovery

	Omit	**A**	B	C	D	Sum
High Scorers	0	**16**	0	0	0	16
Mid-High Scorers	0	**17**	0	0	0	17
Mid-Low Scorers	0	**14**	0	1	2	17
Low Scorers	0	**7**	5	2	3	17
Sum	0	**54**	5	3	5	67
Mean Score (out of 75)	0	**66.0**	55.0	61.3	61.0	
Item Difficulty: 0.81						
Item Discrimination: 0.54						

Interpretation: This question has an item difficulty score of 0.81 indicating 81% of examinees responded correctly to this question. The ideal item difficulty score for questions with four response choices is 0.62, indicating this question may be somewhat too easy. Consider revising the question and/or the distractors (or incorrect response choices) to increase difficulty. The item discrimination for this item, however, is 0.54 indicating that this question effectively discriminates between high and low scorers with low scorers more likely to respond incorrectly to this item. [ITEM 44 IN OLD EXAM, REVISED]

Summary of Item Analysis of New Exam

This section summarizes the results of the item analysis of the new exam by providing a list of the easiest and most difficult items, the most and least discriminating items, and the best and most problematic items. For a summary in tabular form, see Table 6.

Easiest Questions

Fourteen questions had an item difficulty score of 1.00 meaning that all 67 examinees answered these questions correctly: Item 1, Item 2, Item 16, Item 21, Item 27, Item 34, Item 38, Item 43, Item 44, Item 46, Item 51, Item 53, Item 60, and Item 71.

Most Difficult Questions

Eight questions had an item difficulty score under 0.60 meaning less than 60% of examinees answered these questions correctly: Item 5 (0.55), Item 10 (0.25), Item 11 (0.57), Item 22 (0.25), Item 23 (0.43), Item 57 (0.10), Item 67 (0.40), and Item 72 (0.55).

Most Discriminating Items

A high discrimination value indicates that high scorers performed better on an item than did low scorers and is therefore an indication that an item is effectively distinguishing between individuals who know the material well and those who do not. The items with the highest discrimination values on this exam are: Item 5 (0.50), Item 6 (0.46),

Item 9 (0.59), Item 31 (0.59), Item 33 (0.56), Item 47 (0.50), Item 49 (0.51), Item 52 (0.53), Item 70 (0.57), and Item 75 (0.54).

Least Discriminating Items

A discrimination value near zero indicates that high and low scorers scored equally well on an item. For very easy questions, low discrimination values are typical. For example, the fourteen easiest questions on the exam have a discrimination value of zero: Item 1, Item 2, Item 16, Item 21, Item 27, Item 34, Item 38, Item 43, Item 44, Item 46, Item 51, Item 53, Item 60, and Item 71. Particularly problematic, however, are negative discrimination values, which indicate that low scorers actually scored better than high scorers and that the item is more confusing for individuals who know the material well than it is for those who do not. Items with negative discrimination values include: Item 15 (-0.01), Item 32 (-0.00), and Item 61 (-0.08).

Best Items

Several items stood out as having both appropriate difficulty values and high discrimination values. Additionally, for these items the incorrect responses were often evenly spread out across the distractors indicating quality distractors (none of the distractors were too obviously incorrect). The best items include: Item 9 (difficulty: 0.73, discrimination: 0.59), Item 12 (difficulty: 0.79, discrimination: 0.32), Item 17 (difficulty: 0.85, discrimination: 0.39), Item 24 (difficulty: 0.85, discrimination: 0.33), Item 31 (difficulty: 0.70, discrimination: 0.59), Item 47 (difficulty: 0.73, discrimination: 0.50), Item 50 (difficulty: 0.75, discrimination: 0.32), and Item 75 (difficulty: 0.81, discrimination: 0.54).

Most Problematic Items

Some items stood out as problematic in that they were very difficult and/or had low discrimination values. These items and/or the distractors should either be revised or eliminated: Item 10 (difficulty: 0.25, discrimination: 0.40), Item 11 (difficulty: 0.57, discrimination: 0.18), Item 22 (difficulty: 0.25, discrimination: 0.23), Item 23 (difficulty: 0.43, discrimination: 0.02), Item 57 (difficulty: 0.10, discrimination: 0.16), and Item 67 (difficulty: 0.40, discrimination: 0.25).

Table 6: *Summary of item analysis of new exam.*

Item	Easiest Questions	Most Difficult Questions	Most Discriminating[7] Questions	Least Discriminating[8] Questions	Best[9] Items	Most Problematic[10] Items
1	•			•		
2	•			•		
3						
4						
5		•	•			
6			•			
7						
8						
9			•		•	
10		•				•
11		•				•
12					•	
13						
14						
15				•		
16	•			•		
17					•	
18						

[7] High discrimination values indicate that high scorers performed better on an item than did low scorers and is therefore an indication that an item is effectively distinguishing between individuals who know the material well and those who do not.

[8] A discrimination value near zero indicates that high and low scorers scored equally well on an item. Negative discrimination values indicate that low scorers actually scored better than high scorers and that the item is more confusing for individuals who know the material well than it is for those who do not.

[9] Items that have both appropriate difficulty values and high discrimination values. For these items the incorrect responses were often spread out across the distractors indicating quality distractors (none of the distractors were too obviously incorrect).

[10] Items that are very difficult and/or have low or negative discrimination values. These items and/or the distractors should either be revised or eliminated.

Item	Easiest Questions	Most Difficult Questions	Most Discriminating Questions	Least Discriminating Questions	Best Items	Most Problematic Items
19						
20						
21	•			•		
22		•				•
23		•				•
24					•	
25						
26						
27	•			•		
28						
29						
30						
31			•		•	
32				•		
33			•			
34	•			•		
35						
36						
37						
38	•			•		
39						
40						
41						
42						
43	•			•		
44	•			•		
45						
46	•			•		
47			•		•	
48						
49			•			
50					•	
51	•			•		

Item	Easiest Questions	Most Difficult Questions	Most Discriminating Questions	Least Discriminating Questions	Best Items	Most Problematic Items
52			•			
53	•			•		
54						
55						
56						
57		•				•
58						
59						
60	•			•		
61				•		
62						
63						
64						
65						
66						
67		•				•
68						
69						
70			•			
71	•			•		
72		•				
73						
74						
75			•		•	

Note: Items that do not fall within any of the above categories are average or “middle of the road” questions.

Exam Comparison and Final Thoughts

Exam Difficulty

The new exam was slightly less difficult compared to the older exam. Trainees scored an average of 83.2% on the older exam compared to an average of 86.1% on the new exam. Additionally, the failure rate of the older exam was slightly higher at 11.6% compared to the new exam, which had a failure rate of 10.4%. This may be because the questions from the new exam were more evenly distributed across modules and were all covered in the curriculum, compared to the older exam, which had eight questions that were not covered in the curriculum.
In addition, the new exam had both more easy and difficult questions when compared to the older exam. For example, the new exam had 14 questions (or 18.7%) with an item difficulty score of 1.00 compared to 6 questions (or 8.7%) with an item difficulty score of 1.00 on the older exam. Additionally, whereas the older exam had 3 questions (or 4.3%) with item difficulty scores that were less than 0.50, the new exam had 5 questions (or 6.7%) with item difficulty scores that were less than 0.50.

Reliability

The older exam had a slightly higher reliability coefficient compared to the new exam, although the difference is negligible. The older exam had a reliability coefficient of 0.81 whereas the new exam had a reliability coefficient of 0.79.

Final Thoughts

In summary, both exams demonstrate an overall high reliability as well as a high pass rate and high overall average score. Going forward, however, Via Hope should consider revising or replacing the most problematic items on the new exam. The most problematic items on the new exam -- based on item difficulty or discrimination scores -- are Item 10, Item 11, Item 22, Item 23, Item 57, and Item 67. Additionally, efforts should be made to develop a bank or pool of exam questions that include a more equitable distribution of questions across modules and difficulty levels. A bank of questions would allow the certifier to use different versions of the exam to assess mastery of the curriculum content.

Chapter 4: Trainee and Supervisor Surveys

Researchers at the TIEMH developed a post-training survey to administer to trainees who completed the PSTC program. The survey asked trainees to share:

1) their experiences related to the training and certification program,
2) their perceived skill levels in areas relevant to working as a Certified Peer Specialist (CPS) developed from PSTC Training objectives,
3) information about their employment status, and
4) their perceptions of the recovery orientation of services provided at their organization.

Researchers also created and administered a survey to supervisors of the trainees who completed the PSTC program. Supervisors were asked to share their perceptions related to:

1) how well the training prepares mental health peer specialists to do their job effectively,
2) the importance of peer specialists being trained and certified,
3) additional training and skills that would prepare peer specialists to do their jobs more effectively,
4) required qualifications for a peer specialist at their organization, and
5) their perceptions of the recovery orientation of services provided at their organization.

Method

Participants

Trainees

The post-training survey was administered to trainees who attended the November, December, and February trainings. Inclusion criteria included training attendance and completion of the PSTC Exam.

Sixty-seven trainees met the inclusion criteria. However, one trainee did not provide their email address during the training, so the survey invitation could not be extended to them. Additionally, five trainees were omitted from the email distribution list in error. Thus, 61 trainees were sent the survey. Of these, 55 trainees were reached via their valid email addresses.

Twenty-two trainees participated in the survey for a corrected response rate of 40% (calculated by dividing the number of trainees reached by the number that responded). Table 1 summarizes the corrected response rate for each training cohort. The number of trainees that responded to the survey was almost equal from each training; eight trainees from the November training, seven from the December training, and seven from the February training participated in the survey.

Table 1. *Corrected response rate by training cohort.*

Training	Valid Email Addresses	Respondents	Corrected Response Rate (%)
Nov	17	8	47.1
Dec	24	7	29.2
Feb	14	7	50.0
Total	55	22	40.0

Supervisors

The post-training survey was administered to supervisors of trainees who attended the November, December, and February trainings. Inclusion criteria included supervisors of trainees who attended the training and who completed the PSTC Exam

A total of forty-six supervisors were identified as possible survey participants. Four supervisors were inadvertently omitted from the email distribution list. Of the 42 supervisors sent emails, 38 had valid email addresses. Twelve supervisors participated in the survey for a corrected response rate of 34%.

Table 2 summarizes the supervisor corrected response rate for each training cohort. Five supervisors from the November training, three from the December training, and four from the February training participated in the survey.

Table 2. *Supervisors' response rate by training cohort.*

Training	Valid Emails	Respondents	Corrected Response Rate (%)
Nov	17	5	29.4
Dec	15	3	20.0
Feb	10	4	40.0
Total	38	12	31.6

Instruments

Researchers developed two surveys: one for the CPS trainees who completed the PSTC program and another for the supervisors of the trainees who completed the program. Both surveys were developed in the online survey platform, Qualtrics.

Trainees' Survey

The trainee survey included the following domains:

1) demographics,
2) experiences related to the training and certification process and content,
3) perceptions of their skill level in areas relevant to working as a Certified Peer Specialist (CPS) developed from PSTC Training objectives
4) employment status and changes to this status post-training, and
5) perceptions of the recovery orientation of services provided at their organization.

First, trainees were asked to provide their demographic information, including gender, ethnicity, race, age, and education level. Second, trainees were asked to share their experiences related to the PSTC program by responding to a series of questions about the benefits, challenges, and barriers related to attending the program. Trainees were also asked to rate their skill level on a scale of one (not skilled at all) to ten (very skilled) in areas relevant to working as a CPS. Trainees were asked to share information about their employment status and whether they were working as mental health peer specialists at the time of the survey. Trainees who reported that they were currently working or volunteering as a mental health peer specialist were asked to respond to additional questions about their current employment and any changes to their employment status since attending the training. Finally, trainees who were currently employed or volunteering as peer specialists were asked to complete the Recovery Oriented Services Assessment (ROSA; Lodge, Kuhn, Earley & Stevens Manser, 2018), a fifteen-item questionnaire that assesses the extent to which an organization's services are recovery-oriented.

Supervisors' Survey

The supervisor survey included the following domains:

1) demographics,
2) employment information,
3) perceptions of the Via Hope PSTC program,
4) perceptions of training and skills that are needed to prepare peer specialists to do their jobs more effectively,
5) required qualifications for a peer specialist at their organization, and
6) perceptions of the recovery-orientation of services provided at their organization.

First, supervisors were asked to provide their demographic information, including gender, age, ethnicity, race, and education level. Next, supervisors provided information about the organization where they work, their job title, and their certification and employment status as a peer specialist. Supervisors were asked questions related to their perceptions about the PSTC program, including whether the training prepares peer specialists to do their jobs effectively and whether it is important for peer specialists to become trained and certified. Supervisors were asked to identify any additional training and skills that peer specialists need to do their jobs more effectively. They were also asked to relate the qualifications for being employed as a peer specialist at their organization. Finally, supervisors were asked to complete the ROSA.

Data Collection and Analysis

In the training application, trainees were asked to provide their email addresses. Those trainees who indicated that they were employed were also asked to provide their supervisor's email address. Researchers at the TIEMH emailed trainees who completed the training and took the exam with a link to the trainee survey. Researchers also emailed the supervisors of individuals who completed the training with a link to the supervisor survey.

The survey did not collect the names, email addresses, or IP addresses connected to the trainee or supervisor completing the survey. The administration period was one month for both trainees and supervisors for all three training cohorts. A reminder email to complete the survey was sent out halfway through the survey administration period.

Initially, post-training surveys were administered three months after program completion. This resulted in low response rates. Thus, the length of time from completion to survey administration was shortened to one month, in an effort to increase response rates. Trainees and supervisors from the November 2017 cohort were invited to participate in the surveys in February 2018. Trainees and supervisors from the December 2017 cohort were invited to participate in the surveys in early March 2018. Finally, trainees and supervisors from the February 2018 cohort and invited to participate in the surveys in late March 2018.

Trainees

Upon following the survey link, trainees were directed to an informed consent document that described the survey, related any risks associated with completing the survey, and explained that they could discontinue the survey at any time. The first part of the survey asked the trainee to provide the alphanumeric linking code that was associated with their application data, satisfaction surveys, and exam scores.

Upon completion of the surveys, trainees could enter a drawing for a chance to win one of five $50 gift cards. Trainees were directed to click on a link to an external Google Form where they could provide their name, address, and phone number. This information was not connected to the survey data in any way.

Supervisors

Upon following the survey link, supervisors were directed to an informed consent form. Data collected from supervisors remained anonymous. After completing the survey, supervisors could enter a drawing for a chance to win one of five $50 gift cards (these five were in addition to the five offered to trainees). To enter to win a gift card, supervisors were directed to an external Google Form, and asked to provide their name, address, and phone number. This information was not connected to the survey data in any way.

Analysis

After the close of the survey, survey data were imported into SPSS 25 statistics software for analysis. Data analysis combined the three cohorts. Descriptive results are presented in this report. Open-ended items were analyzed for themes and are described in this report.

Results

Trainees

Trainee Demographics

Table 3 summarizes the trainees' demographic characteristics. Of the 22 trainees who completed the survey, most were female (68%). The majority also identified as non-Hispanic (71%) and white (77%). Slightly more than half reported being aged 36 – 55 (55%). Approximately one-third indicated that they had at least a 2-year college degree (36.4%).

Table 3. *Demographic characteristics for all trainee survey respondents.*

		N	%
Gender	Male	7	31.8
	Female	15	68.2
	Not Listed	0	0.0
Ethnicity	Hispanic	6	28.6
	Non-Hispanic	15	71.4
Race	African American or Black	3	13.6
	American Indian or Alaskan Native	1	4.5
	Asian	-----	-----
	Native Hawaiian or Pacific Islander	-----	-----
	White	17	77.3
	Other	2	9.1
Age Range	18 – 25	2	9.1
	26 – 35	4	18.2
	36 – 55	12	54.5
	56 or older	4	18.2
Highest Education Level Obtained	High School Diploma/GED	3	13.6
	Some College/Post-High School Training	11	50.0
	2-year Associate Degree	4	18.2
	4-year College Degree	3	13.6
	Post-College Graduate Training	1	4.5

Trainee Experiences Related to the Training

Trainees were asked how they heard about the PSTC program. Sixteen trainees reported that they found out about the training through their employer. Three of these specified they found out through co-workers, one of which was a previous PSTC program trainee. Two of these sixteen trainees indicated that the training was an employment requirement.

Three trainees reported that they found out about the training from Via Hope. One of these reported that they received an email from Via Hope. Another reported that they found out about the training through the Via Hope website. Finally, one of these three noted that they found out about the training from both the web site and through receiving an email from Via Hope.

Three trainees reported that they found out about the training from an organization but did not specify whether or not it was their employment organization. Two reported that they heard about the training from other peer specialists.

Benefits of Attending the Training

Trainees were asked how they benefitted from attending the Via Hope PSTC program. All 22 respondents reported that they had benefitted in some way. Five expressed, in general terms, that they benefitted from the training. For example, one commented, "…participating in the training was helpful." Another noted, "Words can't express how much of a benefit the training I received has been."

Twelve trainees shared that they benefitted from gaining new knowledge and skills to better support people. For example, one noted they had gained the "wisdom" to support people with mental health challenges. Three others expressed that they gained practical "tools" and "techniques". One of these three shared that they were able to "immediately" apply what they learned. Another noted that they had learned how to "give hope and listen to be more for my clients." Another trainee wrote, "I can better serve my peers, company, and myself with the knowledge learned in the CPS training."

Four trainees shared that they had learned how to tell their recovery story. For example, one noted, "I learned a lot about how to talk more about my recovery." Two of these trainees expressed that they had learned how to use their story in way that allowed them to help others. "The training taught me how to use 'My Story' to help others struggling with recovery," one commented.

Four trainees noted that they had gained knowledge of the role of Certified Peer Specialist. For example, one expressed that the training, "… broadened my views and expanded my knowledge about being a helper/peer." Another expressed, "I received excellent training on being a peer support specialist." Finally, one trainee expressed that the training helped them learn how to navigate their role within their organization: "I learned a lot about how to interact with different people, and how not to. I work in a hospital setting so it is very hard sometimes to stay in your lane and going to Via Hope training helped me a lot."

Three trainees specified that they benefitted from the opportunity to connect and build relationships with other trainees. One noted the benefit of "networking." Another commented that it was a benefit, "getting to know the people involved in…the training." One trainee remarked that they felt these relationships would help them "continue to learn, grow and advocate for recovery."

Two trainees remarked that a benefit of the training was that they felt they were better able to foster relationships based on mutuality. One commented, "The training reinforced my idea of walking beside someone in recovery NOT trying to give them the answer." The other observed that since the training, "I am also establishing the relationship based on give and take, mutual respect, mutual effort and mutual accountability."

Two trainees observed that they had benefitted from learning about the CPS Code of Ethics. One indicated that the ethics helped them understand their role within their organization. The other articulated that they felt "encouraged and inspired to do my job according to the tradition, ethics and guidelines presented."

Two trainees expressed that they were better able to build connections with people receiving services since attending the training. One remarked that they could "identify better with the people" they serve. The other commented, "I am better able to connect with my peers…"

Finally, one trainee observed that the training helped them to "recognize empowering traits within myself."

Difficulties or Barriers Encountered While Participating in the Training

Trainees were asked to describe difficulties or barriers they encountered while participating in the training. Twelve reported they experienced no difficulties or barriers. Of the ten trainees that described barriers or difficulties, seven mentioned unique difficulties.

Of these, one trainee reported that the trainers were sometimes unfocused with their presentation but demanded focus of the trainees. They expressed that they felt this created a barrier between the trainees and the trainers.

One expressed that the training presented a lot of information and that most of this information was not on the exam. This trainee commented:

> It was a lot of information. I found myself trying to cram everything each night before to be prepared for the following day. We were (sic) told to take some time for ourselves which was great! And the information was attainable and important. However, I felt it was too much and most of it wasn't on the exam. Some had major test anxiety and for failure of not getting certified most probably over studied trying to do well for the exam. But all and all it was worth it!

Another reported that the amount of time trainers spent answering other trainees' questions was a difficulty or barrier: "Some of the participants were already working in a facility, so naturally they had questions. I found that instead of asking them later, they would ask during the lessons. That was distracting to me."

Other difficulties and barriers related to trainees' personal experiences during the training. For example, one trainee noted that reflecting on past traumas was difficult. Another was nervous about telling their story. However, despite their nervousness, they described an overall positive experience:

> The only barrier I had was telling my story in front of people, since I do have bad anxiety. but having the trainers there to support you and take it slow and having a better understanding on everything helped a bunch.

One trainee noted the need for more breaks during the training. Another expressed that chairs needed to be more comfortable. Finally, one trainee noted that they had difficulty hearing the trainers during the training.

Three trainees mentioned difficulties not directly related to the training. For example, two trainees reported that they were dealing with a personal tragedy during the training. Another trainee reported that Via Hope had not clearly communicated the training start day, which resulted in additional financial costs for the trainee.

Trainee Experiences Related to the Certification and Examination Process

Two trainees of the 22 who responded to the survey did not pass the certification examination. Both of these trainees indicated they would re-take the examination in the future.

Benefits of Participating in the Certification and Examination Process

Twenty-one trainees indicated that they benefitted from the examination and certification process. Analyses of trainees' responses to the question about how they have benefitted from the examination and certification process resulted in twelve themes.

Six trainees mentioned that they benefitted because certification had a positive impact on their employment. Specifically, two received a pay increase; one remarked, “Passing the exam allowed my employer to grant me a small raise.” Two trainees noted that with certification they would be able to retain their employment. One commented that were now employed as a peer specialist. Lastly, one trainee shared that because of certification, they can have a new career.

Four trainees succinctly indicated “yes,” they had benefitted in some way. These trainees did not elaborate on a specific benefit.

Three trainees expressed that they benefitted from the certification and examination process because they now had a better understanding of the peer specialist role. For example, one expressed, “I am better able to understand my role while serving my peers as well as letting them have their own process and path to recovery.”

Seven trainees indicated that they had gained new knowledge and skills for their jobs. One felt they had been given “better tools to be a better Peer Support.” Another observed, “…it was information that I've already applied to my Peers at my job”. Another trainee expressed that they felt the examination reinforced scenarios that they may need to consider when “in the field.”

Individual trainees shared additional benefits of the certification and examination process. One noted that they had shared their experiences with others (the respondent did not specify who the “others” were in their comment).

One trainee remarked that they felt validated: “Validation and a meaningful certification to allow me to continue in volunteer work and hopefully, paid work as a CPS.” Another shared that they now had a sense of confidence they did not have before they were certified.

One trainee commented that they felt the certification would help them advance as a professional. Another remarked about their improved job performance: “I have been able to raise my rate of recidivism (those who return regularly for services) to a whopping 80%.”

Lastly, a trainee expressed that they felt that a benefit certification and examination process was gaining the ability to respect the self-determination of people receiving services. This trainee commented that they were able to, “let [people receiving services] have their own process and path to recovery.”

Barriers or Difficulties Experiences Participating in the Examination and Certification Process

Seven trainees indicated that they encountered barriers or difficulties during the certification and examination process. Three of these noted that being nervous about taking the exam negatively affected their performance.

Other barriers stemmed from personal experiences or limitations; one trainee expressed that their barrier was the 40 years it had been since taking a test. Another commented that the wording of the exam was too technical.

Trainees’ Self-Rating of Skill Level for Areas Relevant to Work as a Mental Health Peer Specialist

Fourteen items asked trainees to rate their skill level on a scale of 1 (not skilled at all) to 10 (very skilled) in areas relevant to working as a mental health peer specialist. These items were developed from learning objectives listed in the Facilitator Manual. The average ratings were high. The average skill level rating ranged from 8.1 (*SD* = 1.8) to 9.3

(*SD* = 1.2). The overall average rating for all skills was 8.9 (*SD* = 1.0). Table 4 summarizes the mean skill level ratings for the fourteen skills.

Table 4. *Average trainee self-rating for skills relevant to working as a peer specialist.*

Skill	Mean	SD*
Fueling the power of dissatisfaction to support people.	8.1	1.8
Guiding people through the PICBBA process.	8.3	1.7
Applying the Power, Conflict, and Integrity (PCI) technique	8.4	1.6
Facilitating support groups, including Recovery Dialogues.	8.6	2.1
Recognizing negative environmental messages	8.7	1.8
Navigating complex relationships with the CPS Code of Ethics	9.0	1.2
Supporting people at each stage of the recovery process.	9.0	1.3
Utilizing person-first, human-experience language	9.0	1.1
Utilizing the CPS Code of Ethics to manage ethical matters.	9.1	1.3
Modeling the process of re-framing negative self-talk	9.1	1.1
Effectively using the recovery story and snippets	9.1	1.0
Listening to and holding space	9.2	1.1
Meeting the whole person when building a relationship.	9.2	1.1
Modeling and supporting self-help.	9.3	1.2
All skills	**8.9**	**1.0**

Note: *SD* = standard deviation.

Trainee Employment

Trainee Employment Status

Trainees were asked about their current employment status. Fifteen (68.2%) were employed full-time, four (18.2%) were employed part-time, and one (4.5%) was volunteering part-time. Two (9.1%) reported being unemployed. Sixteen trainees (76.2%) reported they were employed or volunteering in a mental health peer specialist role at the time of the training.

Trainees were also asked if they currently work or volunteer in a mental health peer specialist role; sixteen (76.2%) reported being currently employed or volunteering as a mental health peer specialist. However, these were not the same 16 individuals who reported working in a mental health peer specialist role at the time of the training; employment status changed for eight trainees since completing the training. Four trainees (18.1%) who reported working as a mental health peer specialist prior to the training reported not currently working as a mental health peer specialist. Two of these trainees reported working in positions as recovery support peers for substance abuse; one reported working full time, but not as a mental health peer specialist, the other reported they were unemployed and

seeking a position. Additionally, four trainees reported that they were not working as a mental health peer specialist prior to the training, but that they were currently working as mental health peer specialists. Five trainees (23.8%) who reported they were not currently working as a mental health peer specialist responded that they would seek employment as a mental health peer specialist in the future.

Trainees Working in a Mental Health Peer Specialist Role

Trainees who responded that they were currently working in a mental health peer specialist role were asked additional questions about their employment status. Of the sixteen trainees currently working as a mental health peer specialist, fifteen (93.8%) were working at the same organization as they were at the time of the training. The trainee who had changed organizations had not been working as a peer specialist at the time of the training; they were working in a field outside of behavioral health. One trainee working at the same organization had changed positions since the training. They reported working as a recovery coach at the time of the training; based on the job description they provided for their new position, they retained this role, in addition to taking on a mental health peer specialist role.

Trainees reported a wide range of job titles. Eleven job titles included "peer" in the description. Three job titles included the term "recovery" (e.g., Peer Recovery Specialist). One trainee reported being a manager and facilitator; their job title did not include the term "peer."

Trainees reported working at a variety of organizations, including: Local Mental Health Authorities (43.8%), organizations serving people experiencing homelessness (12.5%), criminal justice settings/ re-entry programs (12.5%), organizations providing services for people with substance use issues (12.5%), State Hospital (6.3%), Consumer Operated Service Providers (6.3%), and Recovery Community Organizations (6.3%).

Trainees employed as mental health peer specialists worked, on average, 36 hours per week (*SD* = 9). Trainees reported working at their organizations an average of 1 year and 8 months (*SD* = 1 year, 1 month). Trainees reported working in their current position for an average of 10 months (*SD* = 5). Fourteen (87.5%) reported that there were other peer specialists employed at their organizations.

Trainees that worked in mental health peer specialist roles were asked about their wages and changes to those wages since completing the training program. Ten (66.7%) reported they were paid at an hourly rate and six (33.3%) reported they were paid a monthly salary. To calculate their average income, salaries were converted into hourly wages. The average hourly wage for the trainees was $13.70 (*SD* = 3.10). Since the training, six trainees (37.5%) received a pay raise.

Organizational Recovery Orientation

Finally, trainees who were currently employed or volunteering in a peer specialist role were asked to complete staff version of the ROSA to assess the extent to which services offered at their organization were recovery-oriented. Items on the ROSA are rated on a frequency scale of one (never) to five (always). The average organizational recovery orientation was 4.4. (*SD* = 0.5), ranging from 3.7 to 5.0.

Supervisors

Supervisor Characteristics

Table 5 summarizes the supervisors' demographic characteristics. Most supervisors identified as female (66.7%). Most identified as non-Hispanic (83.3%) and white (91.7%). Most were aged 36 – 55 (67%). More than half also had post-graduate training (58.3%).

Table 5. *Supervisor respondents' demographic characteristics.*

		N	%
Gender	Male	4	33.3
	Female	8	66.7
	Not Listed	-----	-----
Ethnicity	Hispanic	2	16.7
	Non-Hispanic	10	83.3
Race	African American or Black	1	8.3
	American Indian or Alaskan Native	-----	-----
	Asian	-----	-----
	Native Hawaiian or Pacific Islander	-----	-----
	White	11	91.7
	Other	0	0
Age Range	26 – 35	2	16.7
	36 – 55	7	58.3
	56 or older	3	25.0
Education Level	High School Diploma/GED	1	8.3
	Some College/Post-High School Training	3	25.0
	4-year College Degree	1	8.3
	Post-College Graduate Training	7	58.3

Employment information

The organizations at which the supervisors worked included: Local Mental Health Authorities (75.0%), organization providing services to people experiencing homelessness (8.3%), a Consumer Operated Services Organization (8.3%), and the District Courts (8.3%). Supervisors reported working at their organizations for an average of six years and two months (*SD* = 4 years one month). Supervisors reported a wide range of job titles, including: manager, director, leader, and coordinator/supervisor. Three supervisors held positions that included the term "peer" in the title.

Two supervisors (16.7%) held current certification as a peer specialist; both reported being employed as a mental health peer specialist, in addition to being a supervisor.

Supervisor Perceptions of the Training and Certification Program

Training and Certification Prepares Peer Specialists to do Their Job Effectively

Ten supervisors responded that they thought the Via Hope Peer Specialist Training and Certification Program prepared peer specialists to do their job effectively. Specifically, five noted that the training helped trainees gain knowledge and skills needed to perform their role. For example, one supervisor observed:

> The training received through Via Hope provides practical tools for peers and the opportunity to role play the use of some of these skills. Many new peers come back from training stating that everything "just clicked" during training. I provide them with the vision of peer services and Via Hope provides them the concrete tools.

Three supervisors expressed that the training helped define the role of peer specialist for the trainees. For example, one supervisor remarked, “It gives [trainees] a better understanding of what Peer Support is and ways to use the knowledge that they learn at the training”. Another stated:

> From what I have seen, the training gives a clearer definition as to what roles the Peer Providers play. They feel more confident in their abilities when they return from training and seem to have an increased sense of self-confidence knowing they are certified as Peer Provider Specialists.

One supervisor indicated that the trainees learned how to connect to people: “Via-Hope prepares peers to see Hope and pass that on to the people they serve.” Another observed that the training prepared trainees by teaching them ethics “to be followed in order not to cross the line of professionalism.”

Two supervisors responded that they were unsure whether the training prepared trainees to do their job effectively. Both indicated that they were not aware of what the training covered. For example, one commented, “I'm not exactly clear on the curriculum that is reviewed and how continuing education works. In addition to aspects of being a peer specialist, there are other professional skills needed to do a job effectively.” Another supervisor indicated that they were more directive in the activities the peer specialists perform and thus could not observe how the training was applied. However, they also noted, “The other issue may be that I am not completely aware of what they are taught and how it is to be used/applied.”

Importance of Training and Certification.

Eleven supervisors believed that it was important for trainees to become trained and certified. When asked why they felt it was important, seven noted that the training establishes the professionalism of the peer specialist role. For example, one indicated that the training gives a professional designation and perspective. Another noted:

> I think it's important to move toward some standardization in training and education as with most helping professionals. And although peer specialist have the lived experience, if they are going to work and be employed doing that work, they need to also have professional training.

Another supervisor shared a different perspective about the professionalization of the role: “They should also be certified and trained because they should know that their lived experiences mean something and should be recognized and credited for overcoming, dealing and living with a mental diagnosis.”

Other reasons responding supervisors thought the training and certification process was important included that the training: built confidence, connected the trainees with Via Hope (as a resource and the organization supporting the profession), provided techniques and tools to fulfill the role, make peer specialists' eligible for pay increases after two years of employment with the organization, demonstrated agency investment (when an agency sends a person for training), and standardized the peer specialist role.

One supervisor responded that they were unsure about the importance of certification: "Because it may not be a part of someone's recovery at that time to go through the certification process, however the knowledge and skills they develop with on-site training has been beneficial as well."

Additional Training and Skills Needed

Supervisors were asked about what additional training and skills would prepare peer specialists to do their jobs more effectively. The supervisors mentioned several skills needed. The skills suggested fell into four categories: professional self-management, service provision skills, administrative skills, and specialized training.

There were eight mentions of the need for additional training in professional self-management, including:

- setting boundaries with people receiving services (*n* = 3);
- work/life balance, including self-care (*n* = 3); and
- ethics (*n* = 2).

There were seven mentions of service provision skills needed, including one each of:

- the peer specialist role
- active listening
- group facilitation,
- how to tell the recovery story,
- needs assessments,
- identifying organizational services based on needs assessment, and
- identifying community resources for people receiving services.

Three mentions of needed administrative skills included: documentation training (*n* = 2) and time management (*n* = 1). There were two mentions of advanced training needed: advanced training in the PSTC training topics, and specialized training to help peer specialists adapt their skills to various organizational settings.

Organizational Qualifications for Peer Specialists

Supervisors were asked to select from a list of qualifications a person needed to be hired as a mental health peer specialist at their organization (see Table 10). Recovery from a mental health condition was required according to all but one supervisor. Four organizations required certification.

Table 6. *Required qualifications for being employed as a peer specialist at respondents' organizations.*

Qualification	%
Must be recovering from a mental health condition	91.7
Other qualification not listed	50.0
Must be certified	33.3
Must not be convicted of a felony	16.7
Must have experience working in a mental health field	8.3
Must have an employment history	8.3

Six supervisors responded that there were other qualifications not included in the list, including one each of the following:

- must exhibit personal qualities, including compassion, passion, and being internally driven;
- must have empathy and be able to think critically;
- must understand the diversity of lived experience, including those with substance use or HIV;
- must be willing to share their personal recovery story with the peers and staff and share what worked to support their own recovery;
- must have involvement in the criminal justice system; and
- must obtain certification within one year of being hired.

Organizational Recovery Orientation

Supervisors also completed the ROSA, a 15-item questionnaire that assessed the recovery orientation of the environment in which they work. The items were rated on a frequency scale of one (never) to five (always). The average organizational recovery orientation was 4.12 (*SD* = 0.71). Scores ranged from 2.8 to 4.9.

Discussion

Trainees

Trainees indicated that the Via Hope training adequately prepared them to perform their role within employer organizations. They shared that they gained knowledge of the peer specialist role, knowledge of how to best serve and support a person's recovery, tools and techniques to utilize, and the ability to share their recovery story. Overall, trainees indicated that the knowledge, skills, and understanding they gained allowed them to work more effectively as a peer specialist.

Trainees rated their level of skill utilizing 14 concepts from the training as very high. There were some skills with greater ranges between the low and high ratings. Those areas with the greater ranges could be indicative of areas in the training curriculum where trainees needed additional time for instruction or practice. The number of respondents to this survey were few, thus these findings are not conclusive. However, a training entity could engage in post-

training evaluation of program trainee perceived levels of knowledge and skills to potentially identify areas for advanced training or curriculum enhancement.

Trainees reported that certification benefitted their employment outcomes in several ways, including job retention and pay increases. Professional training and certification builds status and legitimacy in any role. For peer specialists, their lived experience and recovery story are their primary job skills and qualifications.

Most of the barriers and difficulties reported by trainees reflected their own personal experiences. The most often cited barrier to the exam was test-anxiety. Moderating this anxiety could be accomplished by implementing one trainee's suggestion to include more of the training content information in the Student Manual.

Supervisors

Overall, supervisors reported that the training adequately prepared peer specialists to perform their role within the organization. The supervisors observed that, from their perspective, peer specialists returned from the training with knowledge and skills to perform their job responsibilities. Further, they noted that peer specialists gained knowledge of their professional role. These sentiments reflected the benefits described by the trainees in this survey; they also reported gaining knowledge, skills, and confidence.

When describing the importance of the training and certification process, supervisors expressed that it provided a professional foundation for the peer specialist role. They believed that the training provided a standard for the role and a legitimacy to the lived experiences of the people training for the role. The responses by the supervisors seemed to suggest that training and certification bolstered their ability to recognize peer specialists as professionals within mental health service organizations.

Some supervisors shared that they felt unsure whether the training prepared peer specialists to effectively do their work. Providing organizations with an overview of the training would be useful, particularly as Medicaid billing for peer services is initiated. Understanding the training may give the supervisors additional insight about the skills and tasks for which the role would be most appropriate. Ultimately, organizations will need to determine whether they will invest in training and certification so that they can bill for services provided by peers through Medicaid. Understanding what the training imparts and how those skills fit with the organizational services will help the organizations to make an informed decision.

The additional training supervisors suggested were primarily knowledge and skills that the training already covered. It is difficult to determine whether these suggestions indicated that supervisors felt that trainees needed to gain additional knowledge and skills in these areas, or whether supervisors did not know what the training covers. Several supervisors suggested that trainees needed additional training in the areas of boundaries, ethics, and self-care. All three areas were covered extensively in the training, but may need additional emphasis.

Overall, trainees and supervisors seemed to believe that following the PSTC program, peer specialists were imparted with knowledge and skills needed to effectively execute their role in a professional way within behavioral health organizations.

Chapter 5: Interviews

Introduction

To gain a more in-depth understanding of trainees' experiences with the Via Hope Peer Specialist Training and Certification (PSTC) program, in-depth interviews were conducted three months post-training with 12 individuals who had completed the PSTC program in November 2017 (n=4), December 2017 (n=4), and February 2018 (n=4). A requirement for interview eligibility was employment at the time of the training as well as at the time of the interview. Trainees were asked open-ended questions about:

- How they have applied what they learned in the training,
- What they would change about the training,
- How being trained and certified has changed how they work with their colleagues and individuals receiving services,
- Future training needs, and
- Experiences with the certification exam.

Additionally, in-depth interviews were conducted three months post-training with 12 supervisors of individuals who had completed the PSTC program in November 2017 (n=4), December 2017 (n=4), and February 2018 (n=4). A requirement for interview eligibility was supervision of the trainees at the time of the training as well as at the time of the interview. Supervisors were asked open-ended questions about:

- How trainees have applied what they learned in the training,
- How being trained and certified has changed how trainees work with their colleagues and individuals receiving services, and
- Trainees' future training needs.

This chapter presents the key findings from these 24 in-depth interviews.

Methods

Recruitment

Three months after training completion, (in February, March, and May 2018), employed trainees from the three training cohorts and their supervisors were emailed and invited to sign-up to participate in an interview. Trainees and supervisors were offered a $25 Amazon.com gift card for their participation. Twenty trainees signed up for interviews and a random number generator was used to determine twelve respondents. Twelve supervisors signed up for interviews and all twelve of these individuals were interviewed.

Interview Schedule

The purpose of the interviews was to gain insight into strengths of the PSTC program as well as areas for improvement. Two sets of interview questions were developed – one for trainees (see Table 1) and one for supervisors of trainees (see Table 2).

Procedure

All interviews were conducted via phone at a time convenient for respondents. Two researchers conducted interviews, which lasted between 13 and 44 minutes (average: 19 minutes). With respondents' permission, interviews were recorded and professionally transcribed. Respondents were assigned pseudonyms.

Analysis

Analysis was guided by a grounded theory approach whereby codes emerged from the data and were not predetermined prior to analysis (Charmaz, 2006) and was completed using NVIVO qualitative data analysis software (QSR International, 2012). Codes were developed iteratively and constantly refined – that is some codes were merged while others were disaggregated as more data were analyzed. Codes that emerged from this analysis were recorded in a codebook with precise and concrete definitions. Codes were organized into five broad categories: 1) Training-Skills and Knowledge; 2) Training- Areas for Improvement; 3) Trainers; 4) Future Training Needs; and 5) Certification Exam.

Table 1*. Trainee interview questions.*

Training	
	Have you applied what you learned in the training in your job? If so, how? If not, why not?
	What was the most useful thing you learned in the training?
	Would you change anything about the training? Follow-up: Was there anything that wasn't useful or applicable to your work as a peer specialist? Follow-up: Is there anything that the training doesn't cover but should?
	Has being trained and certified affected the way that you interact with your colleagues (peer or non-peer)? If so, how? If not, why not?
	Has being trained and certified affected the way you work with people receiving services? If so, how? If not, why not?
	Do you think it is important that peer specialists become trained and certified? Why or why not?
	What's the next training that you need? Follow-up: Do you think that training should be added to the core peer specialist training or provided as continuing education?
Exam	
	Did the exam reflect the training content? If so, how? If not, why not?
	What did you like about the exam process?
	Are there any aspects of the exam process that could be improved?

Table 2. *Supervisor interview questions.*

Training	
	Do you think the Via Hope peer specialist training prepares peer specialists to do their jobs effectively? Why or why not?
	Do you think the Via Hope training prepares peer specialists to effectively work with people receiving services? Why or why not?
	Do you think the Via Hope training prepares peer specialists to effectively work with their colleagues (peer and non-peer)? Why or why not?
	Do you think it is important that peer specialists become trained and certified? Why or why not?
	What's the next training that peer specialists need? Follow-up: Do you think that training should be added to the core peer specialist training or provided as continuing education?

Respondents

The interview sample includes 24 individuals – 12 trainees and 12 supervisors. These individuals are evenly distributed across training cohorts such that the sample includes four trainees and four supervisors from the November training cohort, four trainees and four supervisors from the December cohort, and four trainees and four supervisors from the February cohort. Of note, the supervisors who were interviewed are not necessarily the supervisors of the trainees who were interviewed. Table 3 and Table 4 provide basic demographic data from the trainee and supervisor samples. Overall, the samples are both primarily non-Hispanic white, female, between the ages of 35 and 54, and work at Local Mental Health Authorities (LMHAs).

Table 3. *Trainee demographics.*

		N	%
Gender	Male	2	16.7
	Female	8	66.7
	Transgender/Gender Non-binary	2	16.7
Race/ Ethnicity	American Indian or Alaskan Native	0	0
	Asian or Pacific Islander	0	0
	Hispanic	0	0
	Non-Hispanic, Black or African American	2	16.7
	Non-Hispanic, White	9	75.0
	Non-Hispanic, two or more races	1	8.3
Age Range	18-24	0	0
	25-34	7	58.3
	35-44	3	25.0
	45-54	5	41.7
	55-64	1	8.3
	65+	0	0
Organization Type	LMHA	10	83.3
	State hospital	0	0
	Other (managed care organization)	2	16.7

Table 4. *Supervisor demographics.*

		N	%
Gender	Male	2	16.7
	Female	10	83.3
	Transgender/Gender Non-binary	0	0
Race/ Ethnicity	American Indian or Alaskan Native	0	0
	Asian or Pacific Islander	0	0
	Hispanic	1	8.3
	Non-Hispanic, Black or African American	0	0
	Non-Hispanic, White	11	91.7
	Non-Hispanic, two or more races	0	0
Age Range	18-24	0	0
	25-34	2	16.7
	35-44	6	50.0
	45-54	2	16.7
	55-64	1	8.3
	65+	1	8.3
Organization Type	LMHA	10	83.3
	State hospital	1	8.3
	Other (managed care organization)	1	8.3

Findings

Training: Skills and Knowledge

Sixteen respondents (8 supervisors; 8 trainees) reported that the PSTC program provided them or the individual(s) they supervise with **concrete skills and tools** with which to provide peer support. For example, one supervisor explained: "I just believe that the concrete tools that they're given. One, it increases confidence, but, I believe it increases competency as well."

Twelve respondents (6 supervisors; 6 trainees) reported that the PSTC program provided them or the individual(s) they supervise with **role clarity** – that is, clarity regarding what duties and responsibilities the peer specialist role entails. For example, one trainee from the November training cohort explained:

> I feel like it helps us to understand what our role is. I know when I first started I didn't have a clue. I knew that I was hired because I had the lived experience and that it was my job to guide others in their recovery

> path and to share my experience with them. So, a lot of times I'd be like, "Okay, so what do I do now? I led this group and I talked to this person. What do I do next?"

Ten respondents (4 supervisors; 6 trainees) reported that the PSTC program provided them or the individual(s) they supervise with the **knowledge of how and when to appropriately share their recovery** story with people in services. For example, one supervisor explained:

> They have a good sense of not telling too much of their story. It's not about them. It's not about a whole, long, detailed story. But if they need to share something they do. I think they have gotten that pretty good from the training, which is very important.

Ten respondents (6 supervisors; 4 trainees) reported that the PSTC program provided them or the individual(s) they supervise with a **greater sense of legitimacy and professionalism**. For example, one trainee from the November training cohort explained:

> It gave me a sense of being a professional. Because when you think of peers, you say the word peer educator it looks as if that someone that's just a friend that's there to help you along the way. But we are an actual profession.

Nine respondents (2 supervisors; 7 trainees) reported that the PSTC program provided them or the individual(s) they supervise with the **ability to walk alongside or meet someone in services where they are**, rather than guide them or try to "fix" them. For example, a trainee from the November training cohort explained:

> Just realizing I can't change their situation, but what I can do is to be there for them during whatever it is that they're walking through and just let them know that they're not alone during it. I think prior to my training I had this thought that I had to be almost like a power greater than them, the driving force that could help get them through it or help them have less pain and sometimes you just can't. Sometimes their situation is just their situation and you can just be there for them to let them know that they're not alone during it and that's it. I think that's one of the most powerful tools that I took from it.

Nine respondents (5 supervisors; 4 trainees) reported that the PSTC program provided them or the individual(s) they supervise with the **ability to more effectively maintain professional boundaries** with people in services. For example, one supervisor explained:

> Definitely awareness has come up in the sense that we're getting questions: "Well, is this appropriate, is this not?" Questioning what is that boundary, and how could we address that appropriately and still meet the client's needs…so, yes, there's definitely been an improvement there.

Eight respondents (1 supervisor; 7 trainees) reported that the PSTC program provided them or the individual(s) they supervise with the **ability to more effectively listen to and hold space for individuals in services**. For example, one trainee from the February training cohort explained: "Listening is just really important. I've gotten a lot of compliments since I've been in the training where members have just been grateful and thankful for just listening."

Eight respondents (4 supervisors, 4 trainees) reported that the PSTC program provided them or the individual(s) they supervise with a **greater understanding of how to ethically provide peer support**. For example, one trainee from the December training explained:

> I think the Code of Ethics has been the most useful because it gave me more specific guidelines to my job. I mean, even though we have guidelines through my employer, the Code of Ethics kind of gave a little bit more specific information to my role.

Six respondents (5 supervisors, 1 trainee) reported that the PSTC program provided them or the individual(s) they supervise with a **greater sense of confidence**. For example, one supervisor explained:

> I've noticed more confidence in her in knowing what she's supposed to be doing now that she's actually completed the training. So, for instance, she noticed [a person in services] in the lobby [who] was kind of upset…she felt comfortable jumping into a situation where she wasn't even really familiar with the client. And it was just someone that she noticed had something going on and was like, "I think I have the tools to be able to help this situation." And she did. And so recognizing that as well in herself.

Six respondents (3 supervisors, 3 trainees) reported that the PSTC program provided them or the individual(s) they supervise with the **ability to more effectively advocate for people in services**. For example, one trainee from the February cohort explained:

> In my work really advocating more for people to get the assistance that they need instead of just being allowed to fall through the cracks and not being heard. Being a voice for them if they ask me. Being a voice for them when they don't feel comfortable enough themselves.

Four respondents (3 supervisors, 1 trainee) reported that the PSTC program provided them or the individual(s) they supervise with a **greater understanding of the intention behind peer support**. For example, one supervisor (who has also completed the PSTC training) explained:

> There's a sense of clarity that I even received when I went through the training a few years ago, that helps me. I'm still doing the same things, actually, but I feel more structure when I do it. I feel more clarity of intention behind it because I know that what I am doing is clearly peer support and I even mention what peer support is when I visit with people because I understand it better. That means those who receive some assistance with myself or the other peers, we can explain it and we have a clear sense of what it is because we've been trained. Then we can live it out.

Four respondents (2 supervisors, 2 trainees) reported that the PSTC program was **inspirational and motivational**. For example, one supervisor explained:

> Whenever our peer specialist came back, he was very fired up in the sense that he was happy and encouraged to do the work that he's doing because he was wanting to make a more positive impact with his peers and his community that he works with. And he definitely felt that there were a lot of ideas that he had learned at the training that he felt could be implemented here at our facility.

Four respondents (1 supervisor, 3 trainees) reported that the PSTC program provided them or the individual(s) they supervise with a **greater understanding of how to engage in self-care**. For example, one trainee from the November training cohort explained:

That's one of the things that they promote was self-care. Self-care is very important. In this industry, you're going through so many different emotional ups and downs that a person's bound to get burned out if you do not take care of yourself and find different ways to take care of yourself.

Respondents mentioned several other skills or competencies that they or the individual(s) they supervise learned from the PSTC program. These include:

- Mindfulness (2 supervisors; 1 trainee)
- How to provide peer support to different populations (1 supervisor; 2 trainees)
- How to inspire hope in people in services (1 supervisor; 2 trainees)
- How to be person-centered (3 trainees)
- The vocabulary of peer support ((1 supervisor; 1 trainee)
- PICBBA (problem-solving tool) (1 supervisor; 1 trainee)
- The history of peer support (1 supervisor; 1 trainee)
- Provided access to a network of peer specialists (1 supervisor; 1 trainee)
- How to utilize the "Catch it, check it, change it" method for changing negative thought patterns (1 trainee)
- How to utilize motivational interviewing questions (1 trainee)
- How to identify when an individual is living with a mental health issue (1 trainee)
- How to help individuals in services navigate the mental health system (1 trainee)

Working with colleagues. Respondents also reported that the PSTC program provided them or the individual(s) they supervise with specific skills and tools to work with colleagues more effectively. For example, five respondents (3 supervisors, 2 trainees) reported that they or the individual(s) they supervise are better equipped to advocate for the peer specialist role by **educating colleagues on the peer specialist role**. For example, a trainee from the November training cohort explained:

> It made me understand my role a lot more. When … I sat in on our treatment team I was hearing a lot of the diagnosis and a lot of that stuff, and it helped me to say, "I'm the one with the lived experience and while sometimes that information may be helpful to me it's about what I can share and how I can encourage the person that we're serving. I'm not a clinician." It helps me to advocate for the peer system better with the clinical staff. And to say, "Hey, we're not just a taxi driver and we're not just this. We can do those things but we also offer so much more."

Additionally, five respondents (1 supervisor; 4 trainees) reported that since they or the individual(s) they supervise have completed the PSTC program, their **colleagues trust and respect them more**. For example, one trainee from the December training cohort explained:

> There's a certain level of respect that came with receiving my certification… I think I'm viewed by my colleagues and my peers differently because of that … I'll get more interaction from the LPHA's now. Asking me what did I think or this is what they saw and when the next time I go visit, want to give me more interaction about how my interaction went. So, that I can make a more specific goal, a plan with the person and the individual. And then with my own peers, I'm not just someone who's filling a role now. I'm someone who's part of a team. And, that level of respect has changed as well.

Four supervisors reported that since attending the PSTC program, the peer specialists they **supervise work more effectively with colleagues as part of a multi-disciplinary team**. For example, one supervisor explained: "I think that after he came back from the training, he just had a clearer picture of what his niche was, which then helped him to be able to interact in a multidisciplinary team, which is what we are here."

Three supervisors reported that since attending the PSTC program, the peer specialists they supervise are **more effectively able to handle conflicts and disagreements with their colleagues**. For example, one supervisor explained:

> They do go over ways of having that conversation where everybody wins. It's not a compromise, you know, but you're getting what you want and then we're getting what we want and the person's getting what they want kind of a thing. And, so, I like the fact that they practice that, because a lot of times when I talk to people who are applying for the job, "I don't want to make waves, I don't want to tell people that I don't think they're doing it right," or something like that. And so, they really come back with a little bit more confidence in that area.

Three respondents (2 supervisors; 1 trainee) reported that since they or the individual(s) they supervise have completed the PSTC program, they **provide personal and professional support to other peer specialists** more effectively. For example, a trainee from the November training cohort explained:

> It made me a lot more self-aware and so it makes me more aware of others … It's kind of gotten me to where I'll engage and say, "Hey, are you okay today? Is there something you need to talk about?" I've … been able to be there, to peer support my fellow peers that I work with in that way. What we do is not always an easy job and it can be really stressful. Quite often, we need each other's support, too. I think it's encouraging me to do that and be more aware of the people around me.

Two trainees reported that since attending the PSTC program, they have been able to **educate their colleagues on recovery-oriented and person-centered language**. For example, a trainee from the February training cohort explained: "If I hear other people saying, 'Oh, that person's crazy.' Unfortunately, people still say that at the agency I work at. I try to correct them or I try to just not even put that in my vocabulary."

Two supervisors reported that since the individual(s) they supervise have completed the PSTC program, they are able to **communicate more effectively with their colleagues**. For example, one supervisor explained: "I think it helped them with the other staff… on how to interact with the case managers, the doctors, the upfront staff. I think it just taught them how to communicate with everyone here at the center."

Training: Areas for Improvement

Content. Trainees and supervisors reported specific areas for improvement related to the content of the training. The most commonly reported issue was that the **training does not prepare peer specialists to effectively balance the peer specialist role (as defined in the training) with organizational rules or policies** that are in conflict with this role definition (n=6); (2 supervisors; 4 trainees). For example, a trainee from the November training cohort explained:

> I work for a major corporation, so there are a lot of things that I wish I could do more closely to the training that I'm just not able to do because I have certain numbers and metrics to meet and rules within the corporation … but I guess adding something about the trials of navigating – you have your contract you signed to be certified over here, but then over here, you have your job and your company, and more into how those intersect or sometimes don't intersect well.

Similarly, a supervisor reported:

> It seems like our [agency] goals may not be aligned entirely the same as Via Hope … it seems like when they come out of training, sometimes they have a broader view of what their role should be. And what we have set up for them may not be the way that peer providers are supposed to be utilized. We're still pretty new, I think, in utilizing peer providers, and so we're trying to find the best way to utilize them while also meeting our agency goals.

Additionally, five respondents (3 supervisors; 2 trainees) reported that **the training should cover how to document peer services**. For example, one supervisor, explained:

> They [peer specialists] were talking about [how] it would be nice if they would go in a little bit more about how to document. You know like on the body pieces and notes? I know they [peer specialists] said they would like more about just how to write a progress note. Not the stuff that we have to teach them but how to write a peer support progress note.

Respondents mentioned additional areas for improvement regarding the content of the training, including information on the following topics:

- How to serve populations with co-occurring issues (2 trainees)
- How to educate staff about the peer specialist role (2 trainees)
- How to serve the needs of individuals who identify as LGBTQ (1 trainee)
- How to effectively end a session with a person in services (1 supervisor)
- How to cope with stigma at work (1 trainee)
- How to implement peer specialist skills in a local mental health authority (1 trainee)
- How to engage people in services (1 trainee)
- Trauma (1 trainee)

Process. In terms of areas for improvement regarding the PSTC process, the most commonly mentioned issue was that **peer specialists are often not trained early enough in their careers** due to the difficulty of being admitted to the training (n=4); (1 supervisor; 3 trainees). For example, one trainee from the November training cohort who was not admitted to the training the first time they applied and worked for six months as a peer specialist before taking the training explained:

> Within that first six months I was just kind of going along with what everyone else told me. If I would have had the opportunity to take it earlier, I could have maybe assisted more. It gives you the opportunity to really find out what your role and position is … so you go in knowing and you're confident about what you are and what you're there for. So, just the time frame that they allow us to become certified I believe should maybe be within the first 90 days.

Respondents reported additional areas for improvement regarding the PSTC process, including:

- The need for a structured mentorship or supervision post-training (1 supervisor)
- A lack of congruency between the training manual and slides used in the training (1 trainee)
- A lack of geographical diversity in training locations (1 supervisor)
- The need for trainers to use microphones in large training groups (1 trainee)
- The need for more role play opportunities with other trainees (1 trainee)
- The need for more role play opportunities with the trainers (1 trainee)
- The need to receive the Certified Peer Specialist certificate (1 trainee)

Trainers

Trainees were not specifically asked about their experiences with the trainers. However, some trainees reported various positive characteristics of the trainers. These characteristics include:

- Trainers are knowledgeable (3 trainees)
- Trainers are encouraging and supportive (3 trainees)
- Trainers keep trainees on schedule in order to cover all material (2 trainees)
- Trainers adapt to the needs of the class (2 trainees)
- Trainers are personable and relatable (2 trainees)
- Trainers are professional (1 trainee)
- Trainers are other peer specialists (1 trainee)

For example, a trainee from the December training cohort reported: "The trainers were amazing. And extremely knowledgeable – personable and just made you feel very comfortable. It was not an intimidating environment. It was very warm and they made you feel very welcome, so that was nice.'

A quote from a trainee from the February training cohort also illustrates several of these characteristics:

> I thought the trainers were amazing. I did enjoy hearing their stories and what they had gone through and what has helped them, so I think that was valuable: Having someone that has lived it…so I really appreciated them. And they did give us a lot of reassurance and things like that, so I did appreciate that.

Future Training Needs

Both trainees and supervisors were asked about future training needs for peer specialists. Respondents mentioned the need for peers to take specific trainings that are currently available, as well as topics for trainings that may need to be developed. In terms of needs around specific trainings that are currently available, respondents reported that they or the individual(s) they supervise would like to take the following trainings:

- Co-occurring Challenges (Via Hope Endorsement Training) (3 supervisors, 1 trainee)
- Intentional Peer Support (Via Hope Endorsement Training) (3 supervisors, 1 trainee)
- Texas Trauma-Informed Peer Support (Via Hope Endorsement Training) (1 supervisor; 2 trainees)
- Community Re-entry (Via Hope Endorsement Training) (1 supervisor; 2 trainees)
- Wellness Recovery Action Planning (WRAP®) (Copeland Center for Wellness and Recovery Training) (1 supervisor; 1 trainee)
- Peer Specialist Whole Health and Resiliency (Via Hope Endorsement Training) (2 supervisors)
- Applied Suicide Intervention Skills Training (ASIST) (Living Works Training) (1 supervisor)
- Seeking Safety (Treatment Innovations Training) (1 trainee)
- Whole Health Action Management Peer Support Training (WHAM) (National Council for Behavioral Health Training) (1 supervisor)

Additionally, three respondents (two supervisors and one trainee) reported the need for peer specialist supervisors and other non-peer specialist staff to be trained on peer support. Demystifying the Peer Workforce is a training available from Via Hope for this purpose, although these three respondents were not aware of this training.

Respondents also reported that they or the individual(s) they supervise would like to take trainings on the following topics:

- Professional ethics and boundaries (4 supervisors)
- Self-care for peer specialists (1 supervisor; 1 trainee)
- How to facilitate support groups (1 supervisor; 1 trainee)
- How to provide peer support to different types of populations (e.g., people in services with different diagnoses) (1 supervisor; 1 trainee)
- How to provide peer support to people experiencing homelessness (1 supervisor; 1 trainee)
- Advanced CPS trainings (re-instate) (1 supervisor)
- Clinical treatment and research (1 supervisor)

- How to measure the impact of, educate on, and advocate for peer support (1 supervisor)
- Promoting health and wellness for people in services (1 supervisor)
- Providing youth peer support (1 supervisor)
- Professionalism (1 supervisor)
- How to honor people in services' rights to self-determination (1 supervisor)
- Trauma in the prison system (1 trainee)

Although some of these topics are currently addressed in the PSTC program (e.g., ethics, self-care), respondents indicated that they or the individual(s) they supervise need more training on these topics. Additionally, one supervisor reported that it would be helpful to develop a formal network of peer specialists to share resources and to provide professional support.

Certification Exam

Content. Trainees were asked if **the certification exam reflected the training curriculum** and ten of the trainees reported that it did. For example, a trainee from the November training cohort reported:

> What I can say honestly is, if you went into the class and paid attention, Monday through Friday and took some notes, did the assignments that they asked, there's no way that you could've not – or should have not, passed the test. The test is directly focused on what we learned. There was not a question that was on the test, I could say, that I wasn't familiar with. So, the test is a direct fit to the curriculum.

Three trainees, however, reported that there were questions on the exam that were not in the training curriculum. For example, a trainee from the November training cohort reported: "I would say probably 15 percent of [exam questions] were out of left field with some of the real specific state laws and things like that. But probably 80, 85 percent of it was either intuitive or based on the training."

Trainees mentioned additional positive aspects of the certification exam content, including:

- Some questions required critical thinking/application (3 trainees)
- Liked multiple choice format (3 trainees)
- Appropriate number of questions (1 trainee)
- Questions were worded clearly (1 trainee)
- Good balance of easy and difficult questions (1 trainee)

Process. Trainees reported that there were several positive aspects of the certification exam process. For example, four trainees reported that they liked that the **exam process was low pressure** in that it felt "relaxed" and the trainers were reassuring and encouraging. For example, one trainee from the February training cohort reported:

> The trainers gave us a pep talk before … they were really encouraging and making us feel like we were all going to pass and it would be okay and that really helped me going into the exam. I'm a really bad test taker

> so just having that encouragement from the trainers themselves was very helpful. It just seemed a lot more relaxing on the test.

Additionally, three trainees reported that the **exam was easy to pass due to the interactive nature of the training**. For example, one trainee from the November cohort reported:

> A lot of people have a fear of failing when they concentrate so much on trying to "Oh, let me cram all this stuff in," when actually the best way… is to be involved with the training as much as possible when you're going through it …You've got the feedback, the questions, the different scenarios and things; the acting out situations … Those were the long-term learning experiences that we were able to have that actually made it comfortable to take the test. The way that the trainers conveyed the information, they had us involved with it was fantastic.

Other positive aspects of the certification exam process that trainees reported include:

- Trainers helped prepare them for the exam by reviewing the material (3 trainees)
- There was plenty of time to take the exam (1 trainee)
- Tested immediately, the day after training (1 trainee)
- Via Hope made accommodations for trainee's disability (1 trainee)
- Streamlined (1 trainee)

Trainees also mentioned a few areas for improvement regarding the exam process. For example, three trainees reported that **it took too long to obtain their exam results**. A trainee from the December training cohort reported on the stress that resulted from waiting almost four weeks to obtain their results:

> If the timeframe, to know whether or not you have passed could be made a little bit more efficient, or faster … You're biting your nails every day, looking through your emails. You have no idea. You want to sign up for more trainings, but you don't because you don't know if you passed this one.

Additionally, two trainees reported that Via Hope should **provide more accommodation options for individuals with test anxiety**. For example, a trainee from the November training cohort explained:

> Test taking is hard for a lot of people, and I don't think it's always indicative of their value as a peer or what they've learned when it's harder for them to take it on paper … I would say there should be some kind of an accommodation option [for] the people who have a little bit harder time with those written tests. Test anxiety affects a lot of people.

Finally, one trainee from the February cohort reported that **the pass/fail criteria for the exam was unclear**:

> Someone at my table asked what was the scoring based on. And one of the teachers said "We can't tell you." And then my first impression was oh, they've been scoring us for a whole week. They've been monitoring if we've asked questions, if we show up on time. Basically what was the test score [based on]? You know, it wasn't clarified. I think that everybody likes to find out ahead of time. So if it's based on showing up every day for that week, then I think people need to know that.

Discussion

An analysis of 24 in-depth interviews with PSTC trainees and their supervisors indicates that the PSTC program effectively prepares peer specialists to provide peer support. Most commonly, respondents indicated that the PSTC program provides concrete tools with which to provide peer support, role clarity, how and when to tell a recovery story, legitimacy and professionalism, an understanding of appropriate boundaries, and how to meet a person in services where they are. Analysis also revealed that, in general, trainees were satisfied with the certification exam format and felt that the exam aligns with the training curriculum.

Findings in this chapter, however, also reveal areas for improvement regarding the PSTC program. Most commonly, respondents reported a need for the training to address how to provide peer support within the context of organizational constraints as well as how to document for peer services. Additionally, respondents expressed the need for peer specialists to attend the PSTC program earlier in their career. In terms of the certification exam, respondents indicated the following key areas for improvement: ensure all questions align with the training curriculum, provide more accommodations and support for individuals with test anxiety, and expedite the scoring process.

Respondents also suggested several training needs for themselves or the individual(s) they supervise. Most commonly, respondents reported the following training needs: Co-occurring Challenges, Intentional Peer Support, Trauma-Informed Peer Support, Community Re-entry, and more training on professional ethics and boundaries.

In summary, this chapter provides insights into the key strengths and areas of improvement for the Via Hope PSTC program as well as key training needs for peer specialists in Texas. These findings may be used to inform program improvements in training and certifying peer specialists at the state level.

Chapter 6: Overall Findings and Recommendations

Introduction

Via Hope's PSTC program has been training and certifying peer specialists for eight years. In its inaugural year (2010), 70 individuals attended the PSTC training and were certified as peer specialists (Via Hope, 2018a). From 2010 through 2018, a total of 1,143 peer specialists were trained and certified (Via Hope, 2018a). As of May 2018, there were 625 actively Certified Peer Specialists in Texas (Via Hope, 2018a). Of these 625, 505 were currently employed or volunteering as a mental health peer specialist (Via Hope, 2018a). Figure 1 shows the number of peer specialists certified each year from 2010 through May 2018, along with the ratio of currently certified to inactive as of May 2018.

Figure 1. *Peer specialists certified annually from 2010 through May 2018*.

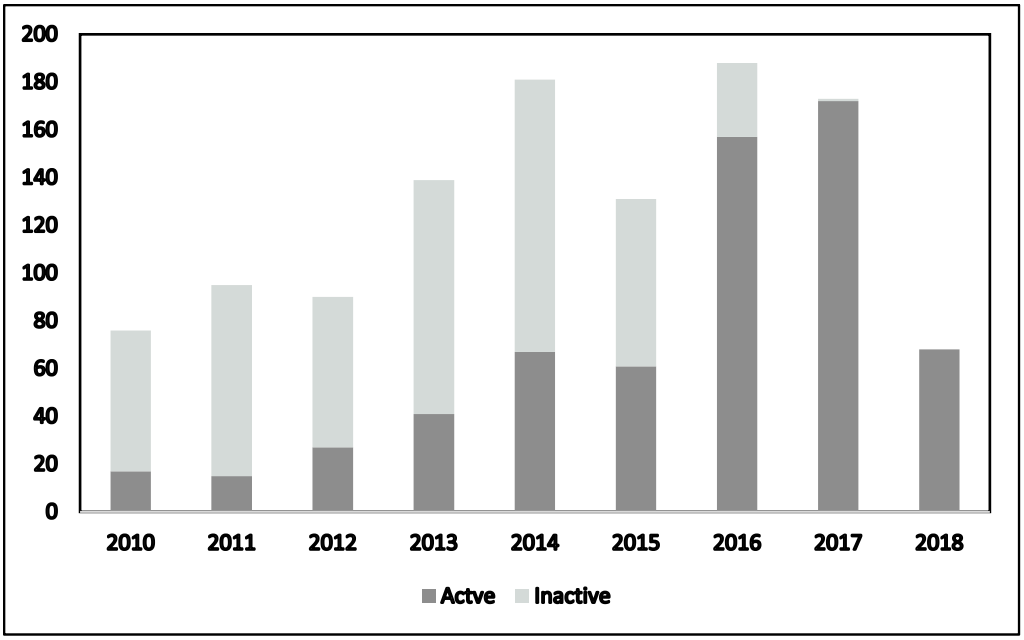
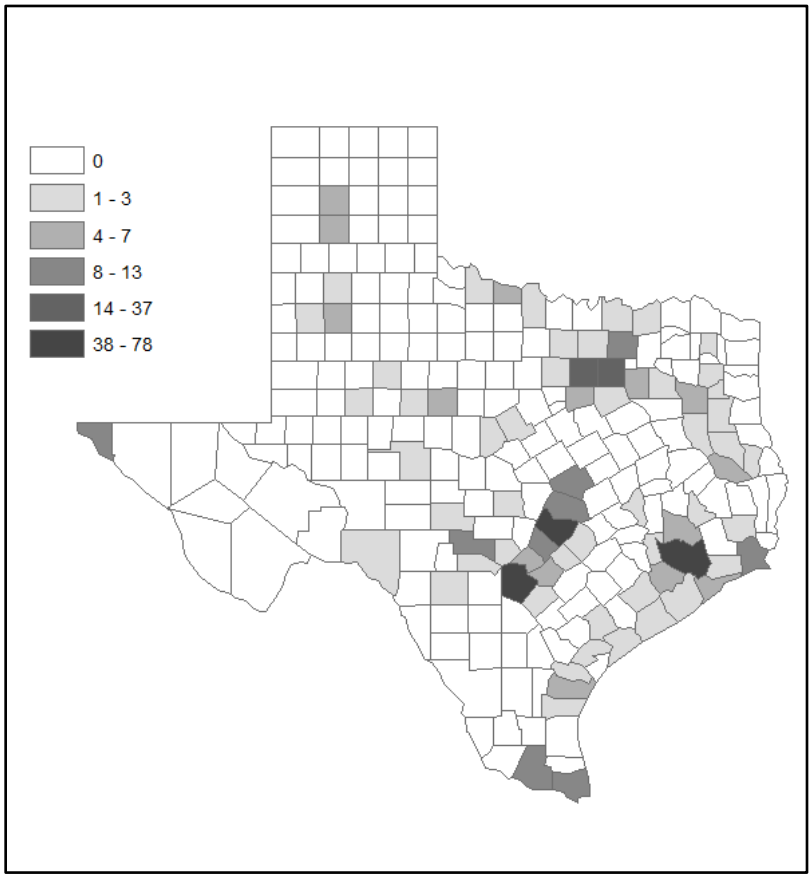


Figure 2 shows the distribution of employed Certified Peer Specialists across Texas by county. Certified Peer Specialists were concentrated in counties with the most populous cities: Austin, Dallas – Fort Worth, Houston, and San Antonio. Fewer Certified Peer Specialists were employed in rural counties and when they were, these peers were concentrated in counties with LMHAs (e.g., West Texas).

Figure 2. *Distribution of employed Certified Peer Specialists across Texas*.



As of August 2018, Via Hope is the only training and certification program recognized by HHSC in Texas (Via Hope, 2018c). However, in accordance with Texas HB 1486, a Peer Support Stakeholder Workgroup is in the process of developing new Texas Administrative Code (TAC) rules for peer specialists and the provision of peer services under Medicaid (HHSC, 2018a). These rules will also establish new training and certification requirements for Certified Peer Specialists.

Prior to the new legislation taking effect, this evaluation of Via Hope's PSTC program provided an opportunity to gather insight from an existing training program, which could edify the efforts of the Stakeholder Workgroup. Additionally, results of this evaluation could inform the development of other training and certification programs under the new rules. Understanding the strengths and areas for improvement of an existing training and certification program may help ensure the integrity of the CPS role and the competence of newly trained and certified peer specialists.

The findings and recommendations in this chapter are organized into three categories related to the training and certification program: the application and application scoring processes, training, and certification examination. These three sections summarize findings identified in previous chapters of this report. The recommendations in this chapter are intended to provide information to the state and organizations that will be training and certifying peer specialist following the implementation of the TAC rules. It is important to note that one limitation of this evaluation was that only one training program and certification program that focuses on peer specialists in mental health was evaluated. While the findings identify the strengths and areas of improvement that could be applicable to peer specialist training

and certification programs, they are based solely on the observations of the Via Hope PSTC training. The findings could be used as the beginning of a set of criteria with which to review other training and certification programs.

Application and Application Scoring

Strengths

- The online application submission process offered several improvements to the application process. Data presented in Chapter 2 suggests strengths of the online application including:
    1) increased accessibility for people needing adaptations for reading and writing;
    2) a solution to issues of legibility of applicant handwriting;
    3) an email confirmation of receipt after applicants submitted their application; and
    4) text validation of responses to some application items (e.g. verification of phone numbers, email addresses, and zip codes). This increases the validity of the data provided by applicants.
- **The use of a scoring rubric may have increased the validity and reliability of the scoring process.** As discussed in Chapter 2, reviewers scoring the applications had a guide to follow. Such rubrics can aid in consistent scoring of applications. The rubric included the use of quantitative scales for open-item responses, with criteria for scoring. It also included a scale or set number of points for objectively scored items. Over time, scores on open-ended items could be utilized to identify areas where applicants need development before the training. For instance, many applicants did not have a high score on the item that asked about additional training experience. This may suggest a need for more recovery-oriented training opportunities for aspiring certified peer specialists.
- **Multiple reviewers scored each application, which might increase the diversity of trainees.** As discussed in Chapter 2, the use of a panel of reviewers to score applications meant that individual biases are less likely to inhibit the selection of certain types of applicants. In the first scoring process, each application was discussed amongst multiple raters, who came to a consensus score; this increased the likelihood that a variety of opinions were heard during the decision-making process. In the second application scoring process (online), multiple reviewers scored each application, and their scores were averaged; this also inhibits bias that may occur in cases where applicants are scored by a single reviewer.

Areas Needing Improvement

Submission process

- **The online application process introduced the opportunity for technical errors.** As discussed in Chapter 2, the online application submission process introduced technical issues that affected data collection. For one training iteration, the online application failed to capture volunteer experience, due to a programming error. This type of error should be identified as soon as possible, ideally prior to opening the application to applicants.

- **The online application process may not be accessible to all applicants.** As discussed in Chapter 2, some applicants may have limited access to computers. Others may work at organizations that have firewall protection, preventing them from accessing the online application.

Application items

- **Some application questions were unclear.** As discussed in Chapter 2, responses to some application questions indicated that the nature of the question was unclear to applicants. One item intended to ask applicants to provide information about their work in recovery *outside* of their employment. However, not all versions of the application specified this, and applicants were penalized if they responded with information related to their employment.
- **Unclear and subjective scoring criteria may have affected reliability.** As discussed in Chapter 2, the review of the scoring guide revealed that some scoring instructions were unnecessarily subjective. Additionally, the scoring guide for open-ended items did not include examples of high- or low-scoring responses.
- **Application was not balanced, in terms of possible score.** As discussed in Chapter 2, **t**he total possible score for the Background and Open-Ended Items section of the application was almost twice the total possible score of the Recovery Experience section. In addition, one item in the Background and Open-Ended Items section of the Via Hope application, which was unrelated to whether the applicant was qualified to attend the training, accounted for a much larger percentage of the Background section score than other items.

Scoring process

- **Applications were not all scored completely and consistently**. As discussed in Chapter 2, not all applications that were submitted were scored for the first training. For the third training, some responses to items received a score of zero, for what appeared to be valid responses. Additionally, some items that should have been objectively scored were not scored correctly, per the scoring guide.
- **Applicants were not informed as to why they did not meet training acceptance criteria.** As discussed in Chapter 2, applicants received notification about whether or not they were accepted into the training program. However, they did not receive information about why they were or were not accepted into the training, which does not allow them the opportunity to address these issues if they reapply.

Recommendations

Online process

- **Test each iteration of the online application.** Online applications should be tested before each launch to ensure all aspects of the application are functioning as intended.

Application items

- **Review application for clarity of questions.** Items should be reviewed for clarity to ensure applicants can provide optimal responses.
- **Review score range for each item, and for the two sub-sections of the application.** Score ranges for the individual application items and application sections should be reviewed to determine if the weight of scores for each item is appropriate given the importance of that criteria. Some items seemed to carry a greater weight than would be expected given the requirements of the position.

- **Assess reliability and validity of application questions to ensure the scoring process identifies most qualified trainees.** The purpose of each item on the application should be clear. Further, each item should assess an applicant's qualifications to be certified as a peer specialist. The application and scoring process should also balance work experience and lived experience with recovery. The current evaluation did not examine the validity of application items in terms of identifying qualified applicants for the training. If the current application continues to be used, this should be a consideration for future evaluation. To this end, it may be helpful to enlist Certified Peer Specialists to generate new application items and determine whether existing items are valid in terms of identifying qualified trainees.
- **Ensure accessibility of application.** A variety of methods by which applicants can access the application should be provided. Both online and paper formats should be available. Applicants should also be given the option to have the application mailed to them. The organization processing the training and certification applications should have the capacity to input any paper applications into the online platform for uniformity of application processing and scoring.

Scoring process

- **Review scoring guide.** The scoring guide should provide clear terminology and examples representing all possible scores for open-ended items. This is important for validity and reliability of the scoring.
- **Score all applications.** All applications should be fully scored. If an application is not scored, there should be a documented explanation.
- **Assess inter-rater reliability.** Scores should be reviewed for each application period to assess inter-rater reliability. If an item has a score assigned based on objective criteria, and there are discrepancies between scorers, this is a possible indication that 1) instructions on the scoring guide are unclear or 2) the scorers may not understand the instructions. Discrepancies should be addressed before applicants are accepted or denied admittance to the training.

Other ideas to improve the application and scoring process

- **Provide feedback to applicants not accepted into the training.** People who apply to the training but are not accepted should receive feedback about what criteria they did not meet. Applicants could benefit from knowing that their work does not qualify as peer work.
- **Provide the opportunity to train newly employed peer specialists.** Several trainees and supervisors noted in their surveys and interviews that the training was a requirement for their employment. Others noted that while employers do have a grace period for new employees to obtain training and certification (for example, within one year from the date of employment), the benefits of training and certification would serve newly employed peer specialists sooner rather than later. However, training applications were scored such that individuals with employment experience were much more likely to be accepted into the training program. In some cases, the applications of individuals who listed no experience were not even scored. Further, scoring favored individuals who had been employed for a longer period of time relative to those who had only recently become employed. The weight of item scoring for Recovery Experience may be worth revisiting to ensure that newly employed peer specialists who need to attend training to maintain employment can attend.
- **Ensure CPSs are representative of the general population.** The state has established that agencies should make it a priority to diversify the mental health service workforce. Thus, it is also important for agencies that

offer peer specialist training and certification to attempt to recruit a diverse pool of peer specialist trainees. Applicants to the training were representative of the population of individuals seeking mental health services in terms of Hispanic or Latino ethnicity. However, men were underrepresented among applicants, as were people who identified as Black or African American and those who identified as White. Representation of individuals with different gender identities and sexual orientations could not be examined due to lack of data.

Training

Strengths

Documents

- **Pre-application documents provided an overview of the application process, as well as the training and certification program.** As discussed in Chapter 2, both the application supplement and policy and procedure manual, available prior to applying to the training, provided a thorough overview of the PSTC program for potential applicants. Applicants could read both documents to obtain a detailed explanation of the application process and the scope of training, certification, and practice standards for CPSs in Texas.
- **Pre-training and training documents provided a good overview for the training.** As discussed in Chapter 2, the pre-training workbook provided a good foundation for attending the training, including supplemental information and modules for reading to help trainees prepare for the week. The student manual also provided supplemental information throughout the training.
- **Facilitator manual lent itself to high training fidelity.** As discussed in Chapter 2, the facilitator manual contained sufficient detail on all of the modules and activities such that different trainers were able to maintain the same high quality training experience.

Trainers

- **Certified Peer Specialist trainers enhanced the training experience for trainees.** As discussed in Chapters 4 and 5, the Certified Peer Specialist trainers were a strength. They created a supportive environment for each other and they modeled peer support through the delivery of the training curriculum.

Curriculum

- **Training curriculum prepared trainees to utilize the primary tool of a CPS: the Recovery Story.** As discussed in Chapter 2, the content trainees found most useful included *Module 6: What are My Stories and Stories in Practice* and the *Recovery Stories* section. This content centered on the development and sharing of the trainees' Recovery Stories, which are their primary tool for engaging with individuals they serve. Additionally, as discussed in Chapter 5, in post-training interviews trainees and supervisors reported that the training teaches peer specialists how to effectively tell their recovery story.
- **Incorporation of the CPS Code of Ethics strengthened the training.** As discussed in Chapter 2, data collected from training satisfaction surveys indicated that the section of the training that discussed the Code of Ethics provided trainees with a clearer understanding of the peer specialist role. Additionally, as discussed in Chapter 5, in post-training interviews trainees and supervisors reported that the training provides a greater understanding of professional ethics and boundaries.

- **Prepared peer specialists to effectively provide peer support**. As discussed in Chapters 4 and 5, post-training survey and interview data indicated that trainees and supervisors believe that the training provided additional concrete tools and techniques with which to effectively provide peer support. Trainees and supervisors reported that the training taught peer specialists how to effectively listen and hold space; how to meet individuals in services where they are; and provides role clarity, a sense of professionalism, and confidence.
- **Trainees expressed high levels of satisfaction with the training.** Trainees expressed a high degree of satisfaction with the training, as detailed in Chapter 2, Section 5. Trainee satisfaction with a training is linked to perceived utility of the training information, transfer of the learning into the workplace, and job satisfaction (Alliger, Tannenbaum, Bennett Jr, Traver, & Shotland, 1997; Ben Mansour, Naji, & Leclerc, 2017; Schmidt, 2007).

Areas Needing Improvement

Training documents

- **The policy and procedure manual should be made available in multiple formats.** As discussed in Chapter 2, the policy and procedure manual is available on the Via Hope web site. However, the document is not otherwise made available to the trainees or actively Certified Peer Specialists. There also does not appear to be an option to request a hard copy of the document.
- **Information in the training documents should be consistent.** As discussed in Chapter 2, the policy and procedure manual included Rules of Conduct, which were not included in any of the other training documents. According to the policy and procedure manual, Certified Peer Specialists are held accountable to the Rules of Conduct. Therefore, this information should be incorporated into the training to ensure that trainees are made aware of the standard of accountability.
- **The student manual should more comprehensively reflect the training content in the facilitator manual.** As discussed in Chapter 2, the student manual did not comprehensively reflect the training content found in the facilitator manual, according to multiple comments on the satisfaction surveys. Trainees indicated that the student manual should include the presentation slides. Trainees expressed that it would be useful to have this information as a reference when they returned to their organizations – for themselves and to share with their co-workers. Researchers also noted this during the document review in Chapter 2.
- **Information provided in the training documents should accurately reflect the training program.** The document review identified updates needed in most of the documents (described in Chapter 2, Section 3). Training updates were not always reflected in the documents, creating inconsistencies in the information available to applicants.
- **Trainee receipt of the training materials should be verified.** As discussed in Chapter 2, not all trainees received the pre-training workbook.

Considerations during and prior to the training

- **Trainer facilitation techniques should be consistent for all activities.** As discussed in Chapter 2, facilitation of activities varied based on the trainer. For instance, some trainers sat while delivering content which made it difficult for trainees to hear them and for the trainers to see when trainees had questions.

- **More interactive content is needed in didactic sections of the training.** As discussed in Chapter 2, some aspects of the training were less interactive than others and were rated lower than other training aspects. For instance, *Module 7: Introducing New Perspectives* was didactic, and was not noted by trainees as a useful training aspect.
- **Training needs to address how to provide peer support within the context of organizational constraints.** As discussed in Chapter 5, in post-training interviews, trainees and supervisors reported that the training does not prepare peer specialists to effectively balance the peer specialist role (as defined in the training) with organizational rules or policies that are in conflict with this role definition.
- **Training needs to cover documentation.** As discussed in Chapter 5, in post-training interviews, trainees and supervisors reported that the training did not cover how to document peer services.

Recommendations

Training documents

- **Include peer standards in all relevant documents.** The training documents (facilitator and trainee manuals) should include all tenets, ethics, and rules by which the peers are held accountable within the state. For any profession, the training and certification process must include all peer standards to ensure the fidelity and integrity of the professional role.
- **Ensure accessibility of documents containing practice standards.** Documents containing information to which the peer specialists will be held accountable should be made available in multiple formats: online, downloadable, a in paper format.
- **Continually review and update documents in a timely manner.** Training programs will evolve with time. All training documents should be updated in a timely manner to ensure applicants and other stakeholders have access to accurate information no matter from which source they obtain it.
- **Include presentation slides in the student manual.** The materials made available to the trainees should incorporate as much of the training content as possible. The materials serve as the reference and resource to the trainees when they return to the organizations to implement their learning.
- **Confirm receipt of training materials.** If materials are distributed before the training, there should be a way to confirm that trainees have received these materials, particularly if the materials are essential for the training.

Considerations during and prior to the training

- **Standardize facilitation of activities.** Facilitation techniques that differ across trainings based on the trainer facilitating potentially affect the fidelity of the training. Trainers should adhere to the specifics of the training curriculum. Some activities may need more specific instructions to ensure fidelity.
- **Incorporate interactive tasks throughout training.** This training serves as the introduction to and initiation into the role of peer specialist. People experience the full scope of the role and are introduced to what contributes to the fidelity of the role. Interactive training, including discussions, role plays, and group activities would best impart the information to the trainees by providing them opportunities to experience the content, not just hear the content.

- **Include additional content areas.** Post-training data indicated that respondents felt the training should include information on how to balance the peer specialist role with organizational rules and policies, as well as how to document peer services. Additionally, interviewees identified the need for more training on professional ethics and boundaries.

Exam

Strengths

- **Exam reflected the training curriculum**. As discussed in Chapter 5, in post-training interviews, 10 out of 12 trainees (83%) reported that the exam generally reflected the training curriculum.
- **Exam had an overall high reliability score, high pass rate, and high overall average score**. The item analysis conducted in Chapter 3 indicated that both the new and older exams had high reliability scores (indicating that items on the exam are correlated with one another), high pass rates, and high overall average scores.
- **Exam scores did not differ significantly amongst most demographic categories**. As discussed in Chapter 2, the exam did not appear to exhibit bias in terms of gender or race of examinees, as evidenced by statistically similar average scores among groups.
- **Exam results were similar for all three trainings**. Given the high fidelity of each training, it is expected that exam results would not vary significantly among the three trainings under study. This was shown to be true, as discussed in Chapter 2.
- **Exam scores did not differ significantly based on level of examinee satisfaction with the training**. Training satisfaction scores were high, overall. As discussed in Chapter 2, slight variations in satisfaction did not account for differences in exam scores. So examinees could express dissatisfaction with elements of the training without affecting their exam score.

Areas Needing Improvement

- **Some exam items were not in the training curriculum.** As discussed in Chapter 5, in post-training interviews, 3 out of 12 trainees (25%) reported that some exam items were not covered in the curriculum. Additionally, researchers performed an independent crosswalk of exam questions with the curriculum and found that at least five items on the exam were not covered in any of the following materials: pre-training manual, student manual, or the facilitator manual. These items included: Items 7, 26, 51, 54, and 58.
- **Some exam items were problematic.** As discussed in Chapter 3, item analysis data indicated that several items on the new exam were problematic in terms of being too difficult and/or do not effectively discriminate between high and low scorers. These items included 10, 11, 22, 23, 57, and 67.
- **Exam-scoring process was slow.** As discussed in Chapter 5, in post-training interviews, trainees reported that they waited up to four weeks to receive their exam results.

- **There was a lack of accommodation options for individuals with test anxiety.** As discussed in Chapter 5, in post-training interviews, trainees reported that there were a lack of accommodation options for individuals who have test anxiety.
- **Significant differences were found between categories of ethnicity and some age categories.** As discussed in Chapter 2, there were significant differences in exam scores based on ethnicity and age. These differences should be examined in future trainings to ensure that they do not present an ongoing indicator of ethnic or age bias.

Recommendations

- **Ensure all exam questions are adequately covered in the training curriculum.** Although trainees generally reported that questions on the exam are covered in the curriculum, some trainees reported that there are questions on the exam that were not in the training curriculum. Additionally, an independent crosswalk found that at least five items on the exam were not covered in any of the training materials. These items include: Items 7, 26, 51, 54, and 58.
- **Replace problematic exam items.** Steps should be taken to revise or replace exam items that are very difficult and/or do not effectively discriminate between high and low scorers. These items include: Items 10, 11, 22, 23, 57, and 67.
- **Develop a rotating item pool from which to draw for each exam administration.** Efforts should be made to develop a bank of questions that include a more equitable distribution of questions across modules and across difficulty levels.
- **Expedite exam-scoring process.** Steps should be taken to prioritize scoring the exam quickly. This ensures that peer specialists are able to continue to take additional trainings and earn CEUs promptly.
- **Provide accommodations for individuals with text anxiety.** Additional steps should be taken to ensure that individuals who have test anxiety are aware of and provided appropriate accommodations.
- **Re-examine and replace items that showed significant differences amongst individuals from different demographic backgrounds.** Items can be analyzed to determine if they exhibit construct or item bias.

Conclusion

The results in this report provide a comprehensive overview of the strengths of the Via Hope Peer Specialist Training and Certification program, as well as areas for improvement. It is important to note that while we have put forth areas for improvement, they are relatively minor considering the many positive qualities and statements of satisfaction. The strengths of this program are such that it should serve as a model for future development of training and certification programs. As Texas implements changes to the training and certification of peer specialists, the results of this evaluation can be used to inform best practices regarding the peer specialist application and selection process, training curriculum, and certification exam. Findings can also be used to develop criteria with which to evaluate other peer training and certification programs. Doing so may help the continued success of the certified peer specialist workforce in Texas.

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Appendices

Appendix A: Individuals who Applied Twice

Accepted Status and Score Changes for Individuals who Applied Twice

APPLICANT	1ST TRAINING SCORE	ACCEPTED	2ND TRAINING SCORE	ACCEPTED
1	-10*	Not	15	Not
2	0*	Not	11	Not
3	0*	Not	44.67	Accepted
4	0*	Not	26	Accepted
5	0*	Not	53	Accepted
6	0*	Not	20.33	Not
7	0*	Not	24	Accepted
8	10	Not	13	Not
9	10	Not	11	Not
10	15	Not	39.67	Accepted
11	19	Not	21	Accepted
12	26	Not	31	Accepted
13	27	Not	32	Accepted
14	28	Not	21	Accepted
15	28	Not	17.67	Not
16	29	Not	33	Accepted
17	30	Not	38	Accepted
18	32	Not	45.67	Accepted
19	35	Not	46	Accepted
20	37	Accepted & cancelled	46	Accepted
21	41	Accepted & cancelled	43	Accepted
22	42.33	Accepted & cancelled	47.67	Accepted
23	28.5	Accepted & Cancelled	41.01	Accepted
24	23	Accepted & Cancelled	16.35	Not

*Note: * indicates that the application was one of the 15 not scored applications for the November training.*

Appendix B: Fidelity Assessment Tool

Day One: Sunday

Evaluator:

Instructions: Follow the presentation, noting any deviance from the curriculum as written in the training handout included with this fidelity assessment. Trainer actions that are particular to the activities are bulleted under the module section.

Module One: CPS Orientation **Trainer:**

☐ Welcome Presentation
- Trainer emphasizes that this training is not a clinical training but one focused on supporting people to move on with their lives and outside the mental health system.

☐ Exercise: Introductions
- Participants instructed to share nothing about diagnosis, illness, but information about what they love, their passions, where they spend time, etc.
- Trainers model the introductions before participants volunteer to introduce their partners.
- At the end of the activity, trainers note that it is nice to get to know who people are rather than their diagnosis.

☐ Intro to Via Hope, Review of Schedule and Student Manual
- Trainers provide information about the manual's contents and emphasize that it is not necessary to follow along in the book, but that it will be used to review the material.

☐ Exercise: What is a CPS?
- Participants instructed to introduce themselves, sharing whether they do peer work, what work they do and to respond to the question, "What is a Peer?"
- Trainers record participants' responses on flipchart and post on the wall.

☐ Trainer Recovery Story #1
- After one trainer shares their story, another facilitates a discussion that establishes the mutuality between the trainers and the participants.

☐ Exercise: Community Culture
- Trainers guide participants in establishing how the participants will care for themselves while attending the training and how the group will create a respectful learning environment.
- Trainers record the exact responses of each participant (trainers attempt to coach participants to shorten lengthy responses).

☐ Group Discussion: Pre-learning Reflective Questions
- Trainers ask participants to work in groups of three to four people to review the *Reflective Questions* in the Pre-Training Workbook.
- Trainers collect the responses to these questions.

Module Two: The Shoulders Upon Which We Stand **Trainer:**

☐ We Have a Moral Imperative to Fight for Justice
- Trainers emphasize that the work is based in a historical context of a civil rights movement.

☐ Discussion: The Shoulders on Which We Stand
- Trainers have notes about one or two individuals or organizations listed in the participant manual.

☐ Homework assignment: participants instructed to review Module D of the Pre-Training Manual in preparation for telling their recovery stories tomorrow in pairs.

Notes:

Day Two: Monday

Evaluator:

☐ REVIEW OF SUNDAY'S CONTENT

- Trainers ask open-ended questions to elicit participants' contributions. Participants should be the ones providing the information.
- Trainers remind the participants about the individual support and community learning lists posted on the wall and invite additions.

Module Three: CPS Core Values and Code of Ethics	Trainer:

☐ Presentation: Certified Peer Specialist Core Values

- Trainers ask volunteers to read the core values.

☐ Striking a Chord

☐ Presentation: Certified Peer Specialist Code of Ethics

- Trainers ask volunteers to read the standards.
- Time is given for the participants to absorb the words and the reading is not rushed.

Module Four: The Power of Language	Trainer:

☐ Gallery Walk: Words We Hear

- Trainers write titles on large sheets of paper: 1) In Our Work, 2) In Our Culture, and 3) Casual Sayings.
- These are spread throughout the room allowing space for 1/3 of the participants to gather near the paper.
- Trainers take time to let themes emerge during the discussion of the fourth question.
- Trainers record the responses to the sixth question.

☐ Changing Our Language

- Trainers discuss an example from their experience of the power of their words or their story being a catalyst for change.

☐ Person First Language

☐ Human Experience Language

☐ Trainer Role Play: Grounding Language in Core Values

- Trainers present and facilitate a discussion about a role-play scenario.
- Trainers record the transformation of the scenario into human first language on the easel pad.

☐ Presentation: Language in Clinical Setting/Quick Exercise: Three Important Things

- Trainers have participants compare a list of three important things to the lists of clinical and life expectations. The trainers emphasize that CPS promote the understanding that people receiving services have the same life expectations.

☐ Exercise: Practicing Transforming Language

- Trainers ask participants to use phrases from *Gallery Activity* or to select something from life to complete the activity.

☐ Conclusion

☐ Poem: you and Me by Debbie Sesula

- Trainers ask volunteers to read each stanza.

Day Two: Monday cont'd.

Module Five: Five Stages Within the Recovery Process — **Trainer:**

- ☐ Reading: The Deegan Paper
  - Trainers ask volunteers to read each paragraph.
- ☐ Group Discussion: What is Recovery?
  - One trainer facilitates the discussion and the other records responses on the easel pad.
- ☐ Presentation: Stages on the Journey
  - Trainer emphasizes that the stages of recovery are not linear stops or prescriptive boxes.
- ☐ Review of the Five Stages Chart
  - Trainer emphasizes that the descriptions on the chart *might* be what people are experiencing, that recovery is an individual experience.
- ☐ What Made the Difference to You?
  - Trainers write the five stages of recovery on index cards and divide among the participant groups.
  - During the whole group discussion, the trainer focuses on the experiences of recovery.
- ☐ Group Discussion: Role of a CPS
  - Trainers facilitate a discussion about the role of a CPS for each recovery stage.
  - Responses are recorded on the easel pad and compared to the presentation list.
- ☐ Final Thoughts

Module Six Part I: What are My Stories — **Trainer:**

- ☐ Demonstration and Group Discussion: Stories
  - A trainer tells two different brief versions of their story, using same events but different perspectives.
  - The trainer addresses discussion points based on the two versions of the story; emphasis on the fluidity of a person's story.
- ☐ Values and Purpose of Stories?
- ☐ Group Discussion: Our Authentic Truth
  - The trainers share an example of when telling part of their story was challenging.

Module Six Part II: Stories in Practice — **Trainer:**

- ☐ Group Discussion: Review of Module 6 Part 1 Content
- ☐ Trainer Role Play and Group Discussion: Hope Vs. Illness Story
  - Trainer #1 presents two versions of their recovery story, one illness based and one recovery based.
  - A trainer records the discussion responses about the differences.
- ☐ Group Exercise: Share Your Recovery Story
- ☐ Exercise: Debrief Sharing of the Recovery Story
- ☐ Exercise: Self-Assessment of Your Recovery Story

Notes:

Day Three: Tuesday

Evaluator:

☐ REVIEW OF MONDAY'S CONTENT

- Trainers ask open-ended questions to elicit participants' contributions. Participants should be the ones providing the information.
- Trainers remind the participants about the individual support and community learning lists posted on the wall and invite additions.

Module Seven: Opening the Door to New Perspectives	Trainer:

☐ Presentation and Discussion: Types of Trauma

- Trainers check in with the participants and note that the module focuses on trauma. Participants are encouraged to use their self-care activities and to communicate if they need support.

☐ Presentation and Discussion: Impact of Trauma on our Health (The ACE Study)

☐ Presentation: The New Perspective

- A trainer shares a personal or the manual example of how the stress of life experience can escalate into a mental health crisis.

☐ Presentation and Discussion: The Role of a CPS

☐ Conclusion and Final Discussion

☐ Refresher Activity: What Restores Us

Module Eight: Listening and the Art of Holding Space	Trainer:

☐ Group Discussion: Not About the Nail or Why is Listening Such a Challenge?

- A trainer records the responses on to the discussion.

☐ Group Exercise: What did You Have for Dinner?

- Trainer emphasizes that this activity demonstrates listening is a conscious effort.

☐ Presentation: Effective Listening

- Trainer records responses to the question about the characteristics of effective listening.

☐ Trainer Demonstration of Effective Listening Characteristics

- Two trainers perform the role-play, ensuring the inclusion of an example of validation.

☐ Group Exercise: Practicing Validation

☐ Group Exercise: Being With

☐ Presentation: Holding Space

- A trainer gives an example of holding space from life or work as a CPS.

☐ Group Exercise: Five Minutes

- Participants are instructed to pair up with a person they have not yet worked with.

☐ Conclusion

Day Three: Tuesday cont'd.

Module Nine: Group Facilitation and Recovery Dialogues	Trainer:

- ☐ Video/Reading and Presentation: A Person Fell in a Hole and Group Facilitation
  - Trainer begins presentation, selecting to present reading or video. Trainer asks volunteers to read.
- ☐ Presentation: Group Facilitation
- ☐ Presentation: Recovery Dialogues
- ☐ Review of the Recovery Dialogue Flow
- ☐ Trainer Demonstration of Recovery Dialogues
  - Trainers select and perform a recovery dialogue from Appendix A.
- ☐ Exercise: Practicing Recovery Dialogues
  - Participants instructed to pull dialogue from Appendix C.

Module Ten: Environment Matters	Trainer:

- ☐ Presentation: Environment Matters
  - Trainer repeats this phrase a couple of times, *"Negative messages are things that people say and do to put down another person and communicate that they are incapable of doing very much with their life."*
- ☐ Overcoming Negative Messages
  - Trainer asks volunteers to read the material.
- ☐ Presentation: Pedro's Story
  - Trainer facilitates a discussion that touches upon how much school he must have had to be in a doctoral program (this phrase *directly* from the manual).
- ☐ Understanding Learning and Unlearning
  - Trainer records the responses to the question addressing what negative messages participants have seen in program environments.
  - Emphasize the role of the CPS is to focus on removing the negative and emphasizing the hope for recovery.
- ☐ Suzette Story
- ☐ What? So What? Now What?
  - Trainer records participant responses, writing them on the corresponding "rung" of the ladder of inference. *Alternative presentations: participants write responses on post-it notes or have participants get into groups and share the highlights.*
- ☐ Conclusion

☐ Refresher Activity: What I am Proud Of

☐ PRESENTATION: TRAINER RECOVERY STORY #2

Notes:

Day Four: Wednesday

Evaluator:

☐ REVIEW OF TUESDAY'S CONTENT

- Trainers ask open-ended questions to elicit participants' contributions. Participants should be the ones providing the information, not the instructors.
- Trainers remind the participants about the individual support and community learning lists posted on the wall and invite additions.

☐ RECOVERY STORIES

Module Eleven: Snippets	Trainer:

☐ Presentation: Recovery Story Snippets
- Trainer asks participants to give an example of using a snippet of their story.
- If participants are unable to provide an example, the trainer has an example prepared.

☐ Exercise: Observation of Trainer Role Plays
- Two trainers develop snippets based off of real-life situations volunteered by the participants, three real-life examples from the trainers' experiences, or scenarios in the trainer manual.
- Trainers stop after each role-play to discuss the effectiveness of the snippet.

☐ Creating Snippets
- Trainer presents an example of using a snippet.

☐ Exercise: Practicing Snippets in Conversation
- Trainers create two snippet scenarios from a list of topics.
- Two trainers present the scenarios, one pretending to be the CPS the other the person in services.
- To make activity interactive with the participants, the trainer in the CPS role will stop and turn to the participants for recommendations of what to say.
- Trainers to ensure the participants' responses are snippets and not any other types of response (e.g. paraphrase).

Module Twelve: Promoting Self-Help	Trainer:

☐ Presentation: Self Helping Self
- Trainer asks volunteers to read through the essay in the participant manual.
- After each paragraph is read, the trainer stops the reading to facilitate a brief discussion.

☐ Refresher Activity: Charades

☐ Presentation: Modeling and Supporting Self-Help

☐ Web-based Video: The Voices in My Head Discussion
- Trainer may need to turn on sub-titles due to speaker's accent.

☐ Advocating with and for Self-Help

Notes:

Day Five: Thursday

Evaluator:

☐ REVIEW OF WEDNESDAY' S CONTENT – guided discussion not lecture

Module 13: Fueling the Power of Dissatisfaction	Trainer:

☐ Becoming Unstuck
- Trainers have an example prepared from their personal experiences to present during this activity or the following discussion.

☐ Presentation: Opening Space to Explore Dissatisfaction
- Trainer presents an example from their experience.

☐ Exercise: Observation of the Trainer Role Play on Dissatisfaction
- Two trainers perform a prepared role-play.

☐ Exercise: Fanning the Flames of Dissatisfaction
- Two trainers, one as CPS and the other as person receiving services, perform a role-play.
- Trainers use example from their experiences or the sample role-play.
- During role-play, trainer as CPS will turn to participants for input about what to say.
- Suggestions for what to say are recorded.

☐ Refresher Activity: Rain Storm

Module Fourteen: PICBBA (Problem, Impact, Cost, Benefit, Brainstorm, Action)	Trainer:

☐ Presentation: PICBBA

Module Fifteen: Fear – Friend or Foe	Trainer:

☐ Presentation: Fear – Friend or Foe/Definitions of Fear
- Trainers facilitate a discussion about leaving the comfort zone (last slide of this section).

☐ Leaving Our Comfort Zone

☐ Negative Self Talk
- Trainer facilitates discussion that establishes the definition: negative statements of beliefs about ourselves that are embedded in our brain.
- Trainers mention the negative self-talk starts as event or fact and turns into story.

☐ Catch It, Check It, Change It

☐ Group Discussion: Culture of Patienthood

☐ Human Experience Language and Reframing

☐ Reframing – trainer to include an example from their work

Day Five: Thursday cont'd.

Module Sixteen: Meeting the Whole Person	Trainer:

☐ Introduction
- Trainers must be thoughtful facilitators of the difficult and uncomfortable topics to be discussed; emphasis on this module being about difference.
- Trainers to address discomfort on a case-by-case basis; conversation not to be shut down. Trainer should monitor how people are expressing their feelings. If people violate the community learning agreements, the person should be asked to step outside to take a break.
- Trainers to assist each other if they personally feel discomfort.
- Last slide in introduction asks a question about how to build authentic connections: trainer to validate responses about finding commonalities and identify that this module is about focusing on the differences.

☐ Identity Wheels
- Trainers to wrap up the exercise by noting the themes and commonalities in the discussion.

☐ Presentation: The Differences are Real
- Trainers to present the material on the slides but not expand on the content or ask for examples. The idea is to present but not build a list of negative stereotypes.

☐ Group Discussion: Conversation Around Social Identities
- Trainers to meet before the training and prepare examples from their own experiences.
- Trainers to facilitate a discussion based on the questions on the slides, but keep the discussion brief.
- Trainers should speak less than the participants.

☐ Web-based Video and Discussion

☐ Conclusion

☐ Refresher Activity; Fun Obsessions

Notes:

Day Six: Friday

Evaluator:

☐ REVIEW OF THURSDAY CONTENT - guided discussion not lecture

Module Seventeen: Ethics and Boundaries Trainer:

☐ Introduction: Loyalty and Language

☐ Group Discussion: Loyalty

- Trainer asks volunteers to read the definitions.

☐ Presentation: CPS Ethics and Boundaries

- Trainer shares what values are most important to their own recovery.
- Trainers provide examples of positive ethical affirmations from their own experiences.

☐ Exercise: Walking the Line

- Trainers note people who may be located in different positions.
- Trainers ask people to volunteer the reason for their positions.

☐ Group Discussion: Real World Dilemmas

- Trainer solicits two to three examples from the participants and facilitates discussion.

☐ Presentation: Mutuality and Peer Roles

☐ Conclusion

Module Eighteen: Change Agent Trainer:

☐ Presentation: Change Agent

- Trainer records response to "What is as change agent?"
- Trainers record responses to 'how a person created change'.

☐ What? So What? Now What?

- Trainer draws a ladder on a white board and records the participants' responses.

☐ 15% Solutions: What Can I Do Now?

☐ Maintaining Our Peerness and Wrap Up

- Trainer presents an example from their own experiences of a conflict between environment and peer role.

☐ Conclusion

☐ Refresher Activity: Something Fun Coming Up

Module Nineteen: Power, Conflict, and Integrity Trainer:

☐ Presentation and Group Discussion: Power, Conflict and Integrity

☐ Demonstration of Managing Conflict in the Workplace

- Trainer should facilitate discussion and highlight anything from the PCI process.

☐ PCI 3 Step Process (Power, Conflict and Integrity)

☐ Group Exercise: Practicing the 3 Steps of PCI

- Trainers present role-play and ask for audience contributions.

☐ Conclusion

Module Twenty: Federal and State Mental Health Systems Trainer:

☐ Introduction

☐ Federal Government

☐ State Government

☐ Local Service Delivery

☐ Follow the Money

☐ Getting Paid by Medicaid

☐ How this Affects us as CPSs

☐ KAHOOT REVIEW QUIZ

☐ CERTIFICATES AND CELEBRATION

☐ STUDY TIME

Notes:

Appendix C: Daily Satisfaction Survey

Certified Peer Specialist Training - Day ____

Location:_____ **Date**:_____/____ /2017

Last 4 digits of your cell phone _____ **Zip code** _____

Please place a check (✓) under the applicable emoji to share your thoughts on how ***satisfied*** you were with today's training.

Day 1	 Not satisfied at all	 Not very satisfied	 Neutral	 Satisfied	 Very satisfied
Module _____					
Module _____					
Manual					
Trainers					

Please provide thoughts on:

1. What aspect(s) of the training today (Sunday) felt the most useful? Why?

2. What aspect(s) of the training today (Sunday) could be improved? Why?

3. Do you have any additional feedback you would like to share?

Appendix D: Overall Satisfaction Survey

Certified Peer Specialist Training

Location: _____ **Date:____/____ /2017**

Last 4 digits of phone #:_____ **Zip code:_____**

Please place a check (✓) under the applicable emoji to share your thoughts on *how satisfied you were **overall** with the training.*

Overall training	 Not satisfied at all	 Not very satisfied	 Neutral	 Satisfied	 Very satisfied
Entire Training					

Please put a check (✓) below the score that indicates *your agreement or disagreement with the following*:

	Strongly disagree 1	**2**	**Neutral 3**	**4**	**Strongly agree 5**
The training met my needs.					
I would recommend the training to a CPS.					
I have made connections here with people that will be helpful in my work.					
I have new information that will be useful in my work.					
I have new and/or improved skills that will help with my work.					

Please provide thoughts on:

1. What aspect(s) of the training felt the most useful?
2. What aspect(s) of the training could be improved?
3. What, if anything in particular, made your experience stand out? Why?
4. Do you have any feedback on the training room, your hotel room, the food provided at lunch, etc.?

Trainers' Evaluation

Please place a check (✓) under the applicable response.

		Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Trainer 1 Name	Was clear in communicating course information					
	Was responsive to trainees' questions					
	Made me feel comfortable to express myself					
	Note any particular strengths or growth areas for this trainer:					
Trainer 2 Name	Was clear in communicating course information					
	Was responsive to trainees' questions					
	Made me feel comfortable to express myself					
	Note any particular strengths or growth areas for this trainer:					
Trainer 3 Name	Was clear in communicating course information					
	Was responsive to trainees' questions					
	Made me feel comfortable to express myself					
	Note any particular strengths or growth areas for this trainer:					