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2017 Demystifying the Peer Workforce:

Fidelity Assessment Development and Training Evaluation

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CONTACT

Texas Institute for Excellence in Mental Health

School of Social Work

The University of Texas at Austin

1717 West 6th Street, Suite 335

Austin, Texas 78703

Phone: (512) 232-0616 | Fax: (512) 232-0617

Email: txinstitute4mh@austin.utexas.edu

sites.utexas.edu/mental-health-institute

CONTRIBUTORS/PROJECT LEADS

Juli Earley, LMSW

H. Leona Peterson, Ph.D.

Amy Lodge, Ph.D.

Wendy Kuhn, MA

Stacey Stevens Manser, Ph.D.

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Report Overview

Demystifying the Peer Workforce (DPW) is a one day training developed by Via Hope for staff at agencies that provide mental health services. It was designed to clarify the role Certified Peer Specialists should play within these organizations, and to provide a deeper understanding of mental health recovery and recovery-oriented services. In 2017, Via Hope conducted five DPW trainings in conjunction with the Peer Specialist Integration (PSI) project. The Texas Institute for Excellence in Mental Health (TIEMH) was contracted by the Texas Health and Human Services Commission (HHSC) to evaluate the PSI project, including DPW trainings. To do so, researchers at TIEMH developed a Fidelity Assessment Toolkit (FATK) to measure the trainers' conformity to the curriculum at each training. Researchers identified and examined five fidelity domains: curriculum adherence by presenters; communication of content; interactions with participants; knowledge of content; and participant engagement. After each of the five trainings, the lead trainer revised the curriculum based on participants' feedback and their own experiences.

This report describes the iterative process of curriculum revision and the development of TIEMH's DPW Fidelity Assessment Toolkit. It also provides an assessment of knowledge gained by individuals who attended the training and participant feedback on the training content and trainers.

Introduction

Several studies have shown that peer specialists are a key component of recovery-oriented mental health systems (Davidson et al, 1999; Slade et al., 2014; Swarbrick, 2013). However, some employees and organizations lack clarity about the peer specialists' role, as well as ways to support their integration (Cinman, Young, Hassell, & Davidson, 2006; Moran, Russinove, Gidugu, & Gagne, 2013; Vandewalle et al., 2016). In 2009, the Appalachian Consulting group developed a curriculum to support peer specialist integration efforts in Georgia, titled *Catalysts for Recovery (CFR)*.

In Texas, Via Hope has provided training and technical assistance to Texas behavioral health and social services organizations since 2010. Their mission is to support innovations that will transform the mental health system into one that is recovery-oriented and person-centered. In 2012, they adopted the *CFR* curriculum and renamed it *Demystifying the Peer Workforce* (DPW). The curriculum retained the majority of the content and was designed to be presented in a primarily didactic format. However, some information was added that was specific to Texas.

In 2014, the DPW curriculum underwent significant revision. Via Hope added activity sections to the training to complement the didactic portions. The activity sections were based on Liberating Structures: group sharing exercises that enhance interaction and experiential learning (Liberating Structures, 2017). The activities were designed to utilize participants' experiences (or lack thereof) with peer specialist integration at their own organization. Participants would be actively engaged with the content, rather than being instructed. Additionally, a Trainer Manual was developed, to provide details on facilitation of the training.

In 2016, the Texas Health and Human Services Commission (HHSC) issued a statement that the Texas behavioral health system needed to place higher value on the Peer Support Specialist's (PSP) role. To this order, Via Hope's *Demystifying the Peer Workforce* (DPW) offers a foundation upon which organizations can build knowledge and better understand the peer specialist role. The training, intended for non-peer staff employed at organizations that provide mental health services, provides clarity about the peer specialist role within organizations.

In 2017, the Texas Institute for Excellence in Mental Health (TIEMH) was contracted by Texas Health and Human Services (HHSC) to evaluate "a peer specialist integration initiative" as well as "change in organizational recovery-orientation", per staff report. To this end, two TIEMH researchers attended all DPW trainings conducted by Via Hope that year. In order to facilitate this evaluation, TIEMH iteratively developed a Fidelity Assessment Toolkit (FATK). This report summarizes the development of the DPW curriculum, the FATK, and the evaluation of the trainings.

Overview of the Curriculum

The DPW curriculum has five modules. Each module is composed of distinct segments of didactic presentation, group discussion, and activities based on Liberating Structures.

- Module 1, Introduction: Provides context for the training and establishes the agenda.
- Module 2, Recovery: Defines recovery and highlights the concept via discussion and activities.
- **Module 3, Recovery in Practice:** Expands on the concept of recovery, specifically in the context of the organizational setting, presenting a comparison between traditional and recovery-oriented care.
- **Module 4, Certified Peer Specialists:** Defines peer support and the peer specialist role. Establishes the complementary nature of the peer specialist role to that of the other mental health service providers.
- Module 5, Integrating Certified Peer Specialists into the Workforce: Further examines the
 complementary relationship between peer specialists and other mental health service providers via
 activities.

The primary goals of the training is to increase participants' understanding of mental health recovery, the implementation of a recovery-oriented approach to services, and the role of Certified Peer Specialists' (CPS) within a recovery-oriented service organization.

Fidelity Assessment

Fidelity assessments are used to examine the degree to which a protocol adheres to its original design, in order to achieve the intended results (Carroll et al., 2007; Dane & Schneider, 1998; Ebensen et al., 2003; Taylor, & Peterson, 2011). Fidelity assessments can also be used to evaluate the presentation of protocols (Mowbry et al., 2003). Previous research suggests evaluating the following, at minimum (Century, Rudnick, & Freeman, 2010; Dane & Schneider, 1998):

- Adherence. Tracking whether the curriculum is delivered as designed (Carroll et al., 2007). Typically evaluated by completing a form which specifies the program objectives and activities (Hanbury, Farley, Thompson, & Wilson, 2015).
- **Exposure**. Recording the number of participants, duration of the training, and how many times participants receive the training (Carroll et al., 2007; Hanbury et al., 2015).
- Quality of Deliver. Analyzing techniques utilized by the trainer(s) to engage participants, including communication, pacing of the delivery, and responsiveness to the participants (Carroll et al., 2007; Song,

Happ, & Sandelowski, 2010). Criteria may also include trainers' interactions with the participants, clarity of the message, and participant feedback on the program (Hanbury et al., 2015). One method of measuring quality of delivery is observing the training and rating the aforementioned criteria based upon those observations (Lu et al., 2012).

Methods

In the 2017 fiscal year (FY2017), two trainers contracted with Via Hope to revise the DPW curriculum and facilitate five DPW trainings. Following each five trainings, the lead trainer made revisions to the curriculum. The FATK was continually revised by TIEMH researchers to reflect changes in the curriculum.

Curriculum Revisions

The trainers first met to discuss revisions to the curriculum in January, 2017. It was determined that the curriculum needed to include more exercises to clarify the role of the peer specialist. Trainers removed didactic presentation segments and added appropriate activity segments to the modules.

A curriculum workgroup was convened two times; attendees included the two trainers, Via Hope staff, and a TIEMH researcher. The workgroup first met in March, then again in April. At the first meeting, the TIEMH researcher reported results of the first training from the FATK. It was noted that participants in the training felt that group interactions resonated most strongly. They also noted that the training was lengthy. Based on this feedback, trainers resolved to further reduce the didactic presentation segments. During the second workgroup meeting, activity segments were identified to replace some didactic segments.

Prior to the fourth training, TIEMH researchers provided a detailed report summarizing their evaluation to that point. Researchers recommended that the trainers identify the module segments necessary to meet the objectives: to increase participants' understanding of 1) mental health recovery; 2) the implementation of a recovery-oriented approach to services; and 3) the role of Certified Peer Specialists' within a recovery-oriented service organization.

Given the ongoing curriculum revisions, the total number of segments in each of the five modules fluctuated for each training.

Fidelity Assessment Toolkit

TIEMH researchers developed a comprehensive Fidelity Assessment Toolkit (FATK) to evaluate the trainings (Appendix I). Revision of the DPW curriculum and the FATK were concurrent. Prior to the first training, a literature review was conducted to determine how to measure fidelity. In addition, researchers reviewed the original Via Hope Trainer Manual for the DPW curriculum. The fidelity assessment that emerged from the process had three parts: 1) the fidelity observation guide (pp. 24-38); 2) the participant questionnaire (pp. 39-40); and 3) the participant feedback form (p. 41).

1) Fidelity Observation Guide. This document guided the evaluation. Researchers developed a checklist from the 2014 Trainer Manual to measure curriculum adherence. With this document, researchers tracked the facilitation of the individual module segments, how participants were grouped during the

interactive sections, materials utilized, specific group discussion topics, and the trainers' execution of the Liberating Structures according to the Trainer Manual. The document included space where researchers recorded participant responses during the module segments, trainers' prompts, and techniques utilized to evoke discussion. Researchers rated the quality of delivery based on a five point frequency scale (1=never, 2=rarely, 3=sometimes, 4=often, 5=always). Criteria for evaluation included the trainers' communication of content, interaction with participants, use of materials, and knowledge of content. Researchers also rated participant engagement based on their attentiveness and contributions during the training session.

The fidelity observation guide was filled-out by two TIEMH researchers as they observed each training. Afterward, they convened to review their observations. The lead researcher compiled their observations and summarized the findings. The two researchers' training ratings were averaged for each of the five modules and for the training in its entirety.

2) Participant Questionnaire. Participants completed this document immediately before and after the training. They were asked to provide: the type of organization where they were employed; the length of time they were employed at the organization; their role; and whether and in what capacity they worked with peer specialists. Participants also completed a knowledge assessment before and after the training, comprised of four multiple-choice questions that assessed their knowledge of recovery and the peer specialist role. Participants responded to an open-ended item that asked what actions they would personally take to support effective integration of peer specialists. Following the first training, an item was added to the participant questionnaire that asked participants to rate their level of agreement that peer specialist integration should be a priority at their organization, on a scale from one to ten.

After each training, the researchers met and recorded the participants' pre- and post- scores on the knowledge assessment, their reported future efforts to integrate peer specialist, and their pre- and post- level of agreement that peer specialist integration should be a priority at their organization. The difference in pre- and post- scores on the knowledge assessment was analyzed, statistically, to determine if the training resulted in significant knowledge gains.

3) Participant Feedback Form. Participants were asked to rate their agreement with statements that evaluated the training and delivery of the content on a five point scale. Participants responded to four open-ended items that asked: what aspects of the training were helpful, what could be improved, in what way they would utilize what they learned, and any additional comments.

After each training, researchers met to record and discuss the participants' feedback. These reports helped inform revisions to the curriculum throughout the five training.

After the first training, the lead researcher revised the fidelity observation guide. The number of criteria by which the researchers rated quality of delivery and participant engagement was reduced. After the third training, the lead researcher modified the fidelity observation guide, again, to simplify it further.

Trainers

Via Hope hired two trainers to facilitate the DPW trainings and revise the curriculum. Both trainers had previous experience facilitating the training and supporting organizations with peer specialist integration.

- **Trainer 1** Experienced in facilitating the training, integrating peer specialists into organizations, peer program development, and supervision of peer specialists.
- Trainer 2:— Experienced in facilitating the training, a former director of a consultative organization supporting peer specialist integration into organizations. This trainer also led the development of the DPW training in 2014.

Trainer one and two collaborated to revise the curriculum. Trainer two managed the larger portion of the revisions.

Recruitment

The recruitment method for each of the five trainings differed, depending on whether the training was specific to an organization or an "open" training. Trainings one and five were open to staff from any organization. Training two was limited to one specific organization's staff. Trainings three and four took place at two host organizations, which invited staff from their own and partner agencies.

Trainings one and five. Via Hope recruited participants for the first training via an email invitation distributed to 1,160 individuals on their mailing list. This email contained a link to a Google Form. Registrants were asked to provide their name, contact information, organizational affiliation, and their role within the organization. Registrants were also asked to give feedback to four open-ended items, asking how they interfaced with Certified Peer Specialists, what they hoped get out of the training, whether they had experienced or anticipated experiencing any barriers to peer specialist integration at their organization, and activities related to recovery orientation that took place at their organization. The information from the registration was compiled into a spreadsheet.

Training two. Invitations for this training were sent by the organizational representative. Only staff at the organization were invited. Employees, including clinical directors, program managers and clinic leads, received an internal email. These individuals invited additional staff as appropriate. No registration form was distributed to this organization.

Trainings three and four. The two host organizations for trainings three and four sent emails to their own staff, and staff at partner agencies, inviting them to attend the DPW training. This email contained a link to a Google Form. Registrants were asked to provide their name, contact information, organizational affiliation, and their role within the organization. Registrants were also asked to give feedback to four open-ended items, asking how they interfaced with Certified Peer Specialists, what they hoped to get out of the training, whether they had experienced or anticipated experiencing any barriers to peer specialist integration at their organization, and activities related to recovery orientation taking place at the organization. The information from the registration was compiled into a spreadsheet.

Participants

A total of sixty-one individuals attended the trainings.

Training One. Twenty people registered for the first training; sixteen attended. Half of the attendees had been employed at their organizations for five years or more. Eleven reported that their job role was clinical director or program manager. Most reported that they supervised or collaborated with peer specialists in their job role.

Training Two. For this training no registration form was distributed. Thirteen people attended this training. Nine of these participants had been employed at the agency for five years or more. All but two participants were clinical directors, program managers, or clinical team leaders. Twelve of the participants supervised peer specialists.

Training Three. Seven individuals completed the registration; ten attended the training. Six of the participants had worked at their organization for five or more years. Six were direct care staff. Six participants responded that they collaborate or work with peer specialists on a team.

Training Four. Thirteen completed the registration; nine attended the training. Four people had worked at their organization for five years or more. Two reported that they supervise the peer specialists. Three reported collaborating with the peer specialists. Information about their job role was not collected for this training due to the inadvertent omission of that question on the participant questionnaire.

Training Five. Eighteen people registered for this open training; thirteen attended the training. Eight participants had worked at their organizations for five years or more. Eight responded that they held a Clinical Director or Program Manager role. Six responded that they directly supervise peer specialist personnel.

Table 1: Participant information

		Training 1	Training 2	Training 3	Training 4	Training 5
Participants	Registered	20	N/A	7	13	18
	Attended	16	13	10	9	13
Job role	Clinical director/ Program manager	11	5	1	No Data	8
	Clinical team lead	0	6	0	No Data	1
	Direct care staff	1	2	6	No Data	1
	Peer specialist/ peer support provider	3	0	1	No Data	0
Supervision	Supervise peer specialists	10	12	0	2	6
	Collaborate with peer specialists	9	1	6	3	3
Tenure at agency	1-2 years	5	1	2	3	2
	3-4 years	3	3	2	2	3
	5-9 years	3	6	3	2	3
	10 years or more	5	3	3	2	5

Results

Training One

This open training was held in a conference room rented from a mental health foundation in Austin. The room layout included four groups of three tables pushed together, with enough seating for six people. The space was

adequate for participants to move around during the interactive sections of the curriculum. Participants were provided with breakfast, coffee, and lunch, all served in the conference room. Materials utilized included a graphic organizer on which trainers recorded participant responses; small Post-It notes; a PowerPoint presentation; pens and markers; a projector; and fuzzy sticks and other toys to keep participants' hands occupied.

Fidelity Observation Guide

Of forty-two segments included in the five modules, forty-one were facilitated. Trainer one facilitated nineteen of the segments and trainer two facilitated eighteen. Ten segments were facilitated by both trainers. The total duration of the training was seven hours and fifty-eight minutes, including lunch and breaks. The content presentation time was six hours and fifty-three minutes.

For this training, new content and activities were integrated. The activity segments appeared to engage the participants more than didactic presentation segments. Participants did not volunteer comments during the didactic portions. Participants seemed most engaged with the content that provided tangible information on peer specialists and their role within an organization.

The researchers rated the frequency that the criteria in the table below occurred. The scale ranged from one (never) to five (always). During this training, there were moments when the materials were not utilized as indicated in the curriculum. The low ratings for participant engagement reflect the participants' lack of engagement during the more didactic content of modules three and four.

Table 2: Training one evaluation ratings (on a scale of one to five)

Communication of Content	Average Rating
Trainers present content clearly	4.3
Trainers give clear and coherent instructions for each activity.	4.4
Interactions with Participants	Average Rating
Trainers respond to questions and comments.	4.5
Trainers exhibit active listening skills.	4.6
Trainers respond to questions and comments.	3.7
Use of Materials	Average Rating
Trainers use the training materials in a manner that enhances the participants' experience	3.6
Knowledge of Content	Average Rating
Trainers demonstrate knowledge of the content.	4.8
Participant Engagement	Average Rating
Participants listen attentively during each activity.	4.2
Participants initiate contributions during activities without trainer encouragement.	3.5
Participants incorporate terminology presented in the training in their interactions with trainers and other participants.	3.8
Participants' comments are relevant to the content presented.	3.5

Participant Questionnaire

Knowledge Check Questions. The participants' group average on the knowledge assessment prior to the training was 60%. The post-training average was 81%. A Wilcoxon nonparametric matched-pair rank test was performed to examine if participant scores differed between the pre-training and post-training questionnaires. Results of this test suggest that attendees did gain statistically significant knowledge during the course of the presentation.

Participant Actions to Support Peer Specialist Integration: Pre-Training. Fourteen participants responded to the pre-training question that asked what actions they would take to support peer specialist integration at their organization. Five proposed to support integration by encouraging inter-staff cooperation and rolling out programs across their agency. Four people responded they would engage in advocacy: providing support, acting as a "change agent", and requesting more peer specialist staff. Four participants reported they would collaborate with peer specialists. A peer specialist supervisor reported that they would collaborate with case managers to address any questions they had about peer specialists.

Participant Actions to Support Peer Specialist Integration: Pre-Training. Fourteen participants responded post-training. Six people indicated that they would take actions of advocacy. Six indicated that they would train staff about the peer role. Three reported that they would actively work to clarify the role.

Participant Feedback Form

Participant Ratings of Training and Trainers. Participants rated the training highly.

Table 3: Training one participants' ratings of training delivery and trainers (on a scale of one to five)

Delivery of Training	Average Rating
The objectives of the training were clearly defined.	4.8
Participation and interaction were encouraged.	4.9
The materials distributed were helpful.	4.7
The content presented will be relevant to my work.	4.8
The training objectives were met.	4.8
I would recommend the training to my colleagues.	4.9
Trainer: One	Average Rating
The trainer presented material clearly.	4.9
The trainer was well prepared.	4.9
The trainer demonstrated knowledge of the content.	4.9
The trainer responded effectively to questions and comments from the audience.	4.9
Trainer Two	Average Rating
The trainer presented material clearly.	4.9
The trainer was well prepared.	4.9
The trainer demonstrated knowledge of the content.	4.9
The trainer responded effectively to questions and comments from the audience.	4.9

Participant Responses: Open-Ended Feedback Questions. Fifteen people responded to "what aspects of the training were most helpful." Six noted that the group interactions resonated with them. Six also replied that the information describing peer specialists, the research data, and the historical information were most helpful.

Ten participants specified aspects that could be improved. Five comments focused on the training structure. The participants stated that more interaction during the first half, more consultation time, more breaks, and shorter training time would improve the training. Four participants suggested improvements to the content. Two cited the need for specific strategies and actions for peer specialist integration.

Twelve participants responded with ways they would apply the information at their organizations. Most intended to provide additional staff training, provide information to clarify the role for non-peer staff, and utilize the information for supervision. Two intended to apply the Code of Ethics and peer specialist "principles" to supervision of the role.

Training Two

The training was hosted by an organization for the staff employed there. The conference room was small with minimal open space for movement. Four tables organized in groups of two allowed seating for six to eight people. The training lasted seven hours and fifty-six minutes, including lunch and breaks. The content presentation lasted six hours and forty-eight minutes. Lunch was delivered to the room. There was coffee available. Materials utilized included a graphic organizer on which trainers recorded participant responses; small Post-It notes; a PowerPoint presentation; pens and markers; a projector; and fuzzy sticks and other toys to keep participants occupied.

Fidelity Observation Guide

The trainers presented forty-one out of forty-three module segments. Trainer one presented ten and trainer two presented twenty-six. Five segments were presented by both trainers. The training lasted seven hours and fifty-six minutes including lunch and breaks. The content presentation lasted six hours and forty-eight minutes.

Overall, the interactive and discussion activities seemed to engage the participants. Participants did not volunteer questions during the didactic portions unless the trainers elicited participant interaction. The group activities that required movement seemed to be enjoyed by participants. Also, the content that dealt with more concrete information and application of knowledge evoked the most discussion.

The researchers rated the frequency that the criteria in the table below occurred. The scale ranged from one (never) to five (always).

Table 4: Training two evaluation ratings (on a scale of one to five)

Communication of Content	Average Rating
Trainers present content clearly	4.5
Trainers give clear and coherent instructions for each activity.	4.7
Interactions with Participants	Average Rating
Trainers exhibit active listening skills.	4.3
Trainers encourage participant responses.	4.4
Knowledge of Content	Average Rating
Trainers demonstrate knowledge of the content.	4.8
Participant Engagement	Average Rating
Participants listen attentively during each activity.	4.2
Participants contribute questions/comments.	4.2

Participant Questionnaire

Knowledge Check Questions. The group pre-training average on the knowledge assessment was 65%. The post-training average was 87%. A Wilcoxon nonparametric matched-pair rank test was performed to examine if participant scores between the pre-training and post-training differed significantly. Results suggest that attendees improved on the knowledge assessment after the course of the presentation. However, the difference was not statistically significant.

Participant Rating of Peer Specialist Prioritization at the Organization. This question was added following training one. Participants rated the prioritization of peer specialists on a scale from one to ten. Their average rating pretraining was high. The average rating, post-training, increased 0.4 points from baseline.

Pre-Training	Post-Training
9.1	9.5

Participant Actions to Support Peer Specialist Integration: Pre-Training. Twelve participants stated actions that they would personally take to support peer specialist integration prior to the training. Six people stated they would work to clarify the peer role. Five participants indicated they would educate others at their organization. Four intended to integrate peer specialists into the organization. To better integrate peer specialists, one participant proposed educating peer staff about the role of other service providers. Another proposed including peer specialists in staffing meetings.

Participant Actions to Support Peer Specialist Integration: Post-Training. Following the training, seven participants indicated that their actions would be to train staff about the role of peer specialists. Two participants stated that they would continue to educate themselves. Five people stated that they would seek to educate staff about the value or benefits of the peer role.

Participant Feedback Form

Participant Ratings of Training and Trainers. Participants rated the training and trainers on a one to five scale. Overall, they rated the both the trainers and the training delivery highly.

Table 5: Training two, participants' rating of training delivery and trainers (on a scale of one to five)

Delivery of Training	Average Rating
The objectives of the training were clearly defined.	4.7
Participation and interaction were encouraged.	4.9
The materials distributed were helpful.	4.7
The content presented will be relevant to my work.	4.9
The training objectives were met.	4.7
I would recommend the training to my colleagues.	4.8
Trainer One	Average Rating
The trainer presented material clearly.	4.9
The trainer was well prepared.	4.9
The trainer demonstrated knowledge of the content.	4.9
The trainer responded effectively to questions and comments from the audience.	4.9
Trainer Two	Average Rating
The trainer presented material clearly.	4.9
The trainer was well prepared.	5
The trainer demonstrated knowledge of the content.	5
The trainer responded effectively to questions and comments from the audience.	5

Open-Ended Feedback Questions. Participants noted that the group discussion and interactive portions of the training were the most useful aspect of the training. One participant described a discussion activity about peer specialists in the organizations. Interacting in groups was specified by three participants. Two brought up that the Certified Peer Specialist trainer's perspective was helpful.

Five participants offered suggestions about what could be improved. Two stated that lunch did not arrive on time (lunch arrived about 2:00 p.m.). Two suggested more discussion time for the workplace scenario segment, a

discussion segment during which participants addressed hypothetical scenarios involving peer specialists. One participant suggested fewer segments and activities.

Nine participants responded that they planned to apply what they learned. Two participants reported that they would apply the information to the supervision of the peer specialists. Two participants reported they intend to share the information with colleagues. One participant wrote that they would review the information with the peer staff. There was more variety in the themes for this question.

Training Three

The training took place on site at an organization. The training included attendees from partner agencies. The training took place in a large meeting room. There were multiple tables with seating for four to six and there was sufficient room to move around. Breakfast and lunch were provided by the host organization. Materials utilized included a graphic organizer on which trainers recorded participant responses; small Post-It notes; a PowerPoint presentation; pens and markers; a projector; and fuzzy sticks and other toys to keep participants occupied.

Fidelity Observation Guide

Forty-one out of forty-three segments were facilitated. Trainer two presented twenty-six and trainer one presented eleven. The trainers presented four segments together. The total duration of the training was seven hours and twenty-seven minutes, including the breaks and lunchtime. The content presentation lasted six hours and ten minutes.

Researchers noted that the first, third, and fourth modules were didactic-heavy. Some of the introductory content in the first module could be removed and placed in the participant handout (e.g. information about peer specialists in Texas). Module two explored the concept of recovery thoroughly. Module four explained peer specialists thoroughly.

The researchers rated the frequency that the criteria in the table below occurred. The scale ranged from one (never) to five (always).

Table 6: Training three evaluation ratings (on a scale of one to five)

Communication of Content	Average Rating
Trainers present content clearly	4.9
Trainers give clear and coherent instructions for each activity.	4.9
Interactions with Participants	Average Rating
Trainers exhibit active listening skills.	5.0
Trainers encourage participant responses.	5.0
Knowledge of Content	Average Rating
Trainers demonstrate knowledge of the content.	5.0
Participant Engagement	Average Rating
Participants listen attentively during each activity.	4.9
Participants contribute questions/comments.	5.0

Participant Questionnaire

Knowledge Check Questions. The pre-training group average on the knowledge assessment was 53%. The post-training average was 63%. A Wilcoxon nonparametric matched-pair rank test was performed to examine if participant scores differed significantly between from pre-training to post-training. Results suggest that attendees improved on the knowledge assessment after the course of the presentation. However, the difference was not statistically significant.

Participant Rating of Peer Specialist Prioritization at the Organization. Participants were asked to rate, on a scale of 1 to 10, their level of agreement that peer specialist integration should be a priority at their organization. The pre-training rating was moderately high and rose by 0.3.

Pre-Training	Post-Training
8.3	8.6

Participant Actions to Support Peer Specialist Integration. Before the training, six participants responded to the question about what actions they would personally take to support peer specialist integration. They indicated that they would advocate for the peer role, support and train supervisors, learn about the peer role, refer people receiving services to peer specialists, involve peers more, and increase communication.

After the training, three participants provided the following responses: use their voice, use knowledge to assist people receiving services, and advocate and support the pure peer role.

Participant Feedback Form

Participant Ratings of Training and Trainers. On a scale of one to five, participants rated their agreement with statements related to the delivery of the training and the facilitation by the trainers.

Table 7: Participants' ratings of training and trainers, training three

Delivery of Training	Average Rating
The objectives of the training were clearly defined.	3.6
Participation and interaction were encouraged.	3.4
The materials distributed were helpful.	3.4
The content presented will be relevant to my work.	3.6
The training objectives were met.	3.6
I would recommend the training to my colleagues.	3.6
Trainer One	Average Rating
The trainer presented material clearly.	3.7
The trainer was well prepared.	3.7
The trainer demonstrated knowledge of the content.	3.7
The trainer responded effectively to questions and comments from the audience.	3.7
Trainer Two	Average Rating
The trainer presented material clearly.	3.7
The trainer was well prepared.	3.7
The trainer demonstrated knowledge of the content.	3.7
The trainer responded effectively to questions and comments from the audience.	3.7

Open-Ended Feedback Questions. Six participants indicated what they found most helpful was learning about peer specialists, the interactive sections, the group interactions, and hearing the perspectives of others. One participant commented that the trainers need to take more time to explain peer support basics.

Six participants responded with ways that they would apply the learning. Two intended to improve their work with the information. One participant would incorporate the information they gained into orientation of students working at their organization.

Training Four

The fourth training was held on site at an organization. Participants included individuals from two partner agencies. The conference room was small. There were three small conference tables with room for four to six participants each. One table faced the presentation, so people could only sit on one side of the other two tables. Lunch was held at a restaurant off-site. The tight space limited movement but participants were able to view the power point easily despite the close quarters. Materials utilized included a large presentation note pad on which trainers recorded participant responses; small Post-It notes; a PowerPoint presentation; pens and markers; a projector; and fuzzy sticks and other toys to keep participants occupied.

Fidelity Observation Guide

Out of forty-two segments, forty were presented. Trainer one presented twelve and trainer two presented twenty five. They presented three together. The training lasted a total of eight hours and seventeen minutes including lunch and breaks. The content delivery time was five hours and twenty-five minutes. The off-site lunch added to the overall training time and limited the content delivery time.

Overall, the participants seemed most interested in the module four and five material. The first three modules seemed drawn out and people appeared to want to be engaged earlier with the peer specialist content. The discussions that centered on peer specialists seemed most engaging. One discussion segment was cut short due to time constraints.

The researchers rated the frequency that the criteria in the table below occurred. The scale ranged from one (never) to five (always).

Table 8: Training four evaluation ratings (on a scale of one to five)

Communication of Content	Average Rating
Trainers present content clearly	4.2
Trainers give clear and coherent instructions for each activity.	5.0
Interactions with Participants	Average Rating
Trainers exhibit active listening skills.	4.8
Trainers encourage participant responses.	4.6
Knowledge of Content	Average Rating
Trainers demonstrate knowledge of the content.	4.9
Participant Engagement	Average Rating
Participants listen attentively during each activity.	5.0
Participants contribute questions/comments.	4.6

Participant Questionnaire

Knowledge Check Questions. The pre-training average on the knowledge assessment was 50%. The post-training group average was 83%. A Wilcoxon nonparametric matched-pair rank test was performed to examine if participant scores differed significantly between the pre-training and post-training questionnaires. Results suggest that attendees did improve significantly on the knowledge assessment after the course of the presentation.

Participant Rating of Peer Specialist Prioritization at the Organization. Participants were asked to rate, on a scale from 1 to 10, their level of agreement that peer specialist integration should be a priority at their organization. The group average was high prior to the training, and increased by 0.3 post-training.

Pre-Training	Post-Training
9.4	9.7

Participant Actions to Support Peer Specialist Integration. Before the training, nine participants shared that they would take action in the following areas to support peer specialist integration: program development; collaboration; communication; support; professionalizing the peer role; finding funding; advocating; and identifying resources.

After the training, seven participants offered more specific actions that they would take. Two participants who did not yet have peer specialists at their organizations (and responded "I don't know" initially) responded that they would try to integrate peer specialist staff. One participant planned to promote the use of peer support and educate staff. One person intended to utilize the "past experiences of the peer specialists". One planned to incorporate the vision and objectives.

Participant Feedback Form

Participant Ratings of Training and Trainers. Participants were asked to rate their agreement with statements related to the delivery of the training and the facilitation by the trainers on a scale of one to five. The participants rated the training and the trainers' delivery highly.

Table 9: Training four participants' ratings of training delivery and trainers (on a scale of one to five)

Delivery of Training	Average Rating
The objectives of the training were clearly defined.	5.0
Participation and interaction were encouraged.	5.0
The materials distributed were helpful.	4.9
The content presented will be relevant to my work.	4.9
The training objectives were met.	4.9
I would recommend the training to my colleagues.	5.0
Trainer: Trainer One	Average Rating
The trainer presented material clearly.	5.0
The trainer was well prepared.	5.0
The trainer demonstrated knowledge of the content.	5.0
The trainer responded effectively to questions and comments from the audience.	5.0
Trainer: Trainer Two	Average Rating
The trainer presented material clearly.	5.0
The trainer was well prepared.	5.0
The trainer demonstrated knowledge of the content.	5.0

Delivery of Training	Average Rating	
The trainer responded effectively to questions and comments from the audience.	5.0	

Participant Responses: Open-Ended Feedback Questions. Eight participants reported segments that were most helpful to them. Six of the participants expressed that the information in general was helpful. One participant stated that they liked getting into groups.

Six participants responded to the question about what aspects could be improved. However, only one person provided a recommendation for an improvement: to include more information about recovery orientation.

Nine participants planned to apply the information at their organizations. Four described continuing to learn, two discussed hiring or increasing access to peer specialist services, and one intended to share information with the other staff.

Training Five

The final training was open to employees from organizations across the state. The room where the training took place provided adequate space for participants to maneuver about the room during the interactive sections of the curriculum. Three tables were placed in four groups, allowing four to six participants to sit together. Breakfast and lunch were served in the room. Materials utilized included a large presentation note pad on which trainers recorded participant responses; small Post-It notes; a PowerPoint presentation; pens and markers; a projector; and fuzzy sticks and other toys to keep participants occupied

Fidelity Observation Guide

Out of thirty seven module segments, thirty six were facilitated. Trainer one facilitated seven and trainer two facilitated twenty-six. They facilitated three together. The entire training day lasted 8 hours and 8 minutes, including the breaks and lunch. The content presentation was six hours and fifty-eight minutes. Lunch and breakfast were served in the conference room.

Didactic portions were well-paced for this training. More opportunities were offered for people to contribute comments and questions. This was the most interactive training of the five. The trainers' use of participants' names was an improvement to their provision of the training. The trainers were consistent in validating and expressing appreciation for participant contributions. The participants enjoyed all of the interactive sections.

The researchers rated the frequency that the criteria in the table below occurred. The scale ranged from one (never) to five (always).

Table 10: Training five evaluation ratings (on a scale of one to five)

Communication of Content	Average Rating
Trainers present content clearly	4.7
Trainers give clear and coherent instructions for each activity.	4.75
Interactions with Participants	Average Rating
Trainers exhibit active listening skills.	4.8
Trainers encourage participant responses.	4.8
Knowledge of Content	Average Rating
Trainers demonstrate knowledge of the content.	5.0

Participant Engagement	Average Rating
Participants listen attentively during each activity.	5.0
Participants contribute questions/comments.	4.8

Participant Questionnaire

Knowledge Check Questions. The pre-training average on the knowledge assessment was 50%. The post-training average was 83%. A Wilcoxon nonparametric matched-pair rank test was performed to examine if participant scores differed significantly from pre-training to post-training. Results suggest that attendees improved statistically significantly on the knowledge assessment after the course of the training.

Participant Rating of Peer Specialist Prioritization at the Organization. Participants were asked to rate, on a scale of 1 to 10, their level of agreement that peer specialist integration should be a priority at their organization. The group average was high pre-training and changed very little post-training.

Pre-Training	Post-Training
9.0	9.1

Participant Actions to Support Peer Specialist Integration. Twelve participants responded to the pre-training question that asked what actions they would take to support peer specialist integration at their organization. Three participants suggested that they would focus on educating themselves and other staff about peer specialist integration. Four participants wanted to build and support peer specialists integration into organizational programs.

Of the nine post-training responses, four stated that they would focus on educating staff. Three participants reported that they planned to focus on clarifying the peer role.

Participant Feedback Form

Participant Ratings of Training and Trainers. Participants rated their agreement with statements related to the delivery of the training and the facilitation by the trainers on a scale from one to five.

Table 11: Training five participants' ratings of training delivery and trainers

Delivery of Training	Average Rating		
The objectives of the training were clearly defined.	4.8		
Participation and interaction were encouraged.	4.9		
The materials distributed were helpful.	4.8		
The content presented will be relevant to my work.	4.7		
The training objectives were met.	4.7		
I would recommend the training to my colleagues.	4.7		
Trainer One			
The trainer presented material clearly.	4.8		
The trainer was well prepared.			
The trainer demonstrated knowledge of the content.	4.8		
The trainer responded effectively to questions and comments from the audience.	4.8		
Trainer Two	Average Rating		
The trainer presented material clearly.	4.8		
The trainer was well prepared.	4.9		

Delivery of Training	Average Rating
The trainer demonstrated knowledge of the content.	
The trainer responded effectively to questions and comments from the audience.	4.8

Participant Responses: Open-Ended Feedback Questions.

Twelve participants responded to what aspects of the training were most useful. Six named interactive sections.as the most useful aspect. Four participants expressed that the group interactions resonated with them.

Nine participants responded to the question about what aspects of the training could be improved, however only four offered comments suggesting improvements. The recommendations focused on the training structure, suggesting the training was too long and that the peer specialist integration information should come earlier in the day. One participant commented that other participants did not appreciate the peer specialists' lived experience.

To the question about how participants would apply what they had learned, eleven participants' responses centered on educating staff, advocating, and garnering support from staff. One person planned to work with peer specialists to ensure their duties align with the Code of Ethics.

Discussion

Curriculum Revision and Fidelity Assessment Toolkit

During the 2017 fiscal year Peer Specialist Integration project, Via Hope revised the *Demystifying the Peer Workforce* curriculum. To evaluate the DPW training, TIEMH developed the Fidelity Assessment Toolkit. A literature review, professional consensus, and review of previous training tools and evaluations guided the fidelity assessment development process.

The observation guide underwent the most changes during the course of the trainings. Evaluation of curriculum adherence was initially very detailed. Researchers subsequently realized the benefits of a more concise, flexible assessment of fidelity. This allowed researchers to focus more on the quality of delivery and participant engagement.

Training Presentation

Overall, the trainers adhered to the curriculum for each training, presenting all but one or two content sections for each training. Content was eliminated only to address time constraints, when other segments overran their allotted time.

Over the course of the five trainings, the number of content sections delivered by trainer one decreased. For the first training, the content was shared approximately equally. For the subsequent trainings, trainer two presented about two-thirds of the content. When not presenting, trainer one would record participant responses. One possible reason for the decrease was that trainer two had greater familiarity with the revised content and activities.

The researchers observed the trainers' communication of the content, their interactions with participants, and their knowledge of the content. The trainers consistently provided step-by-step instructions for activities. Some of the didactic content was presented hurriedly, though. For the first three trainings, there was little time offered for discussion during the didactic segments. During the last two trainings, more discussion time was made available. This enhanced the participant experience, as they engaged readily in discussion. The trainers' frequently exhibited active listening by paraphrasing the comments during discussions and making connections to the content. Both trainers exhibited extensive knowledge of recovery and peer specialist integration. They both managed discussion sections with dexterity, and were able to respond to participant questions and comments related to the content or activities.

Participant engagement during the didactic segments of the first training was minimal. Participants in trainings four and five were more energized by the opportunity to discuss the content. During the activities, the participants were enthusiastically engaged. The researchers observed that participants seemed most engaged during the final two modules, particularly during the activities that focused on the peer specialist role and integration.

The Participants' Experience

A total of sixty-one individuals participated in the training. Most were directors or program managers. Almost half of the participants supervised peer specialists. One third reported collaborating with peer specialists in providing services. More than half of the participants had been employed at their agency for more than five years. When the participants were asked about barriers to peer specialist integration, they cited clarity of the peer specialist role most frequently. It is notable that after seven years of Certified Peer Specialists being in the workforce, people managing services with long tenure still experience this barrier.

Based on the outcomes from the participant questionnaire, participants seemed to gain knowledge about recovery and the peer specialists' role. There were consistent gains in group averages from pre- to post- test. Three times the change was statistically significant. Action participants stated they would make in their organization also shifted from the pre- to post- training, first focusing generically on integrating peers and then shifting more specifically to training staff on integrating peers. The increased agreement that peer specialist integration should be priority at the participants' organizations from pre- to post- training indicated how helpful training was to them.

Recommendations

Demystifying the Peer Workforce Training

The DPW training curriculum will continue to undergo revisions. To support this effort, TIEMH researchers offer the following recommendations:

- Identify ways to limit didactic content
- Identify the connection between the content in each module and the training objectives
- Make content adaptable for presentation to a variety of audiences

• Target exposure to those who most benefit from the content and have power to implement the actions within their organizations

Fidelity Assessment Tool Kit

- Continue further testing of the FATK to establish validity and reliability.
- Utilize the FATK for future trainings to ensure continued fidelity and assess participants' gains.

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Appendix

Appendix I: Fidelity Observation Guide

Instructions to the Evaluators: Conducting the Fidelity Assessment

The Fidelity Assessment Toolkit includes a fidelity observation guide, a participant questionnaire, a trainer evaluation, and a report template.

Fidelity Observation Guide

To assess the fidelity of the training to the curriculum the researcher will observe the activities to monitor the following fidelity domains:

- Curriculum adherence,
- The use of content materials,
- The facilitators' communication of the content,
- The facilitators' knowledge of the content, and
- Participant engagement.

The *Demystifying the Peer Workforce* curriculum is a PowerPoint presentation shown during the training. The researchers will have a packet of slides to reference. Researchers should take notes about adherence, content delivery, interactions with participants, knowledge of content and participant engagement in the packet. These notes can be summarized in the "Evaluation Notes" table. The specific criteria to observe are listed Table .

The researcher will record information about the room layout where the training takes place, noting whether there is adequate space for the participants to move about, that all can see the PowerPoint presentation, and that participants seem comfortable for the duration of the training.

For each module, the researcher will observe and record curriculum adherence, marking whether the activity adhered to the content and instructions on the slides, which trainer facilitated the activity, the duration of the activity, and note any additions or deviations from the curriculum (the PowerPoint slides). If an activity is not presented, leave the row blank. There is designated space to record the materials utilized, the module start and end time, and the total duration of the module. Table is an example of the adherence tables.

Table 1: Curriculum Adherence Table

Module Start Time:					
Activity/Content	Slide(s)	Adherence	Trainer	Duration	Additions or Deviations
Activity 1					
Materials Utilized:	<u>I</u>	<u>i</u>	<u> </u>	<u>I</u>	
Module End Time:					

Total Duration:			

For each module, evaluators will record observations related to the fidelity domain criteria specified (Table).

Table 2: Fidelity Domain Criteria

EVALUATION NOTES

Communication of Content: The pacing of the content delivery matches the participants' ability to follow. Time is given for questions and feedback. Facilitators give step-by-step instructions and clarify as needed.

Interactions with Participants: Trainers exhibit active listening skills and encourage participant responses.

Knowledge of Content: Trainers expand on the content, providing examples and connecting content to participant experiences. Trainers do not just read off of the slides.

Participant Engagement: Participants show active listening without seeming distracted. Participants contribute comments and questions – observe whether trainers have to prompt for most questions and comments.

Using the evaluation notes, the evaluator will rate the frequency that the criteria are achieved (Table).

Table 3: Domain Criteria Frequency Rating Table

Communication of Content 1=never, 2=rarely, 3=sometimes, 4=often, 5=always.	
Trainers present content clearly : Pacing of content matches participant ability to follow and opportunity for questions or comments given for didactic sections.	
Trainers give clear and coherent instructions for each activity : Verbal instructions provided for each activity with description of each step and clarification provided as needed for the discussion and interactive activities.	
Interactions with Participants	
Trainers exhibit active listening skills : Use of encouragers, summarization and restatement of participant contributions and silence allowing people to contribute during the activities.	
Trainers encourage participant responses : Probing for contributions, validation of contributions, use of open-ended, close-ended and reflective questions to elicit contributions.	
Knowledge of Content	
Trainers demonstrate knowledge of the content: Trainers expand on the content, provide examples during presentation and in response to participant comments or questions during the activities.	
Participant Engagement	
Participants listen attentively during each activity: Participants have eyes on the trainers, are taking notes, are listening silently and appear focused.	
Participants contribute questions/comments: Participants contribute comments and questions with and without prompting and many different participants contribute.	

Participant Questionnaire

The Participant Questionnaire collects data about the participants including the organization of employment, organizational role, whether and in what capacity they work with peer specialists and their tenure at the organization. The participants will also respond to four items checking their knowledge about recovery concepts, rate their belief that peer specialist integration should be a priority at their organization, and respond to an open-ended item asking what actions the participant will personally take to support effective peer specialist integration.

Trainer Evaluation

The Trainer Evaluation provides opportunity for the participants to give feedback about the training and the trainers.

Report Template

The Report Template includes sections in which the evaluators will record summary information from the Fidelity Assessment. Additionally, there is information that should be collected prior to the training: information about the facilitators and information collected during the pre-training interactions with participants and/or registration forms.

Fidelity Assessment

Room Layout

Location of training (city, offices, room):

Space for participant movement:

Participants can easily view presentation materials:

Module One: Introduction, Purpose and Agenda

To assess the fidelity of the training to the curriculum, the evaluator will

- Observe the activities, monitoring the fidelity domains of: curriculum adherence, use of content
 materials, facilitators' communication of the content, facilitators' knowledge of the content, and
 participant engagement.
- If an activity is not presented, leave the row blank.
- There is designated space to record the materials utilized, the module start and end time, and the total duration of the module.
- The activities with an asterisk should have responses that the facilitators record on the board.

Module Start Time:							
Activity/Content	Slide(s)	Adherence	Trainer	Duration	Additions or Deviations		
Learning Together	4						
Individual Introductions	5						
Agenda and Purpose	6-7						

	ī	7				
Overall Goals and						
Learning Objectives	8-9					
Impromptu Networking*	10					
Introduction to Via Hope	11-12					
Becoming a Certified Peer						
Specialist in Texas	13-14					
Peer Specialists in Texas	15-17					
Materials Utilized:	i	<u>i</u>	i.		i	
Module End Time:						
Total Duration:						
EVALUATION NOTES						
Communication of Content	t. The naci	ng of the co	ntent deliv	ary matches	the narticinants	s' ability to follow
Time is given for questions						
Interactions with Participa	nts: Traine	ers exhibit ac	tive listen	ng skills and	l encourage part	icipant responses.
Knowledge of Content: Tra	iners evna	and on the co	untent nro	widing avam	unles and connec	ting content to
participant experiences. Tra					ipies and connec	ing content to
		.,				
Participant Engagement: P	articipants	show active	listening	without see	ming distracted.	
contribute comments and c	questions -	- observe wh	ether trai	ners have to	nromnt for mos	Participants
comments.				ners nave to	promperor mos	•
comments.					promperor mos	•
comments.					promperor mos	•

Module One Evaluation Ratings

Rate the frequency that the following occur during the presentation of the module; 1=never, 2=rarely, 3=sometimes, 4=often, 5=always.

Communication of Content	1 to 5
Trainers present content clearly: Pacing of content matches participant ability to follow and	
opportunity for questions or comments given for didactic sections.	
Trainers give clear and coherent instructions for each activity: Verbal instructions provided for	
each activity with description of each step and clarification provided as needed for the discussion and interactive activities.	
Interactions with Participants	
Trainers exhibit active listening skills: Use of encouragers, summarization and restatement of	
participant contributions and silence allowing people to contribute during the activities.	
Trainers encourage participant responses : Probing for contributions, validation of contributions,	
use of open-ended, close-ended and reflective questions to elicit contributions.	
Knowledge of Content	
Trainers demonstrate knowledge of the content: Trainers expand on the content, provide	
examples during presentation and in response to participant comments or questions during the activities.	
Participant Engagement	
Participants listen attentively during each activity: Participants have eyes on the trainers, are	
taking notes, are listening silently and appear focused.	
Participants contribute questions/comments: Participants contribute comments and questions	
with and without prompting and many different participants contribute.	

Module Two: Recovery

To assess the fidelity of the training to the curriculum, the evaluator will

- Observe the activities, monitoring the fidelity domains of: curriculum adherence, use of content materials, facilitators' communication of the content, facilitators' knowledge of the content, and participant engagement.
- If an activity is not presented, leave the row blank.
- There is designated space to record the materials utilized, the module start and end time, and the total duration of the module.
- The activities with an asterisk should have responses that the facilitators record on the board.

Module Start Time					
Activity/Content	Slide(s)	Adherence	Trainer	Duration	Additions and Deviations
What is a Pig?	n/a				
What is Recovery? *	20				

	···	Ţ.	T	T			
Definitions of Recovery*	21-23						
Recovery From	24						
Recovery Stories *	25-26						
Recovery	27						
Review Slide	28						
Materials Utilized:			<u>.</u>		<u> </u>		
Module End Time:							
Total Duration:							
EVALUATION NOTES							
Communication of Conten	t: The paci	ng of the cont	ent delive	ery matches	the participants' ability to follow	<i>'</i> .	
		_		-	nstructions and clarify as needed.		
'				' ' '			
Interactions with Participa	nte: Train	rs ovhihit act	ive listenir	ng ckills and	encourage participant responses	-	
interactions with Farticipa	iiits. Hailit	ers eximple acti	ive listerili	ig skills allu	encourage participant responses	٠.	
Knowledge of Content: Tra	ainers expa	nd on the cor	ntent, prov	iding exam	ples and connecting content to		
participant experiences. Tr	ainers do r	not just read o	ff of the s	lides.			
Participant Engagement:)articipant	chow active	lictoning	ithout soor	ning distracted Participants		
Participant Engagement: Participants show active listening without seeming distracted. Participants contribute comments and questions – observe whether trainers have to prompt for most questions and							
contribute comments and questions – observe whether trainers have to prompt for most questions and comments.							
comments.							
-							

Module Two Evaluation Ratings

Rate the frequency that the following occur during the presentation of the module; 1=never, 2=rarely, 3=sometimes, 4=often, 5=always.

Communication of Content	1	to 5	,	

Trainers present content clearly: Pacing of content matches participant ability to follow and	
opportunity for questions or comments given for didactic sections.	
Trainers give clear and coherent instructions for each activity: Verbal instructions provided for	
each activity with description of each step and clarification provided as needed for the discussion	
and interactive activities.	
Interactions with Participants	
Trainers exhibit active listening skills: Use of encouragers, summarization and restatement of	
participant contributions and silence allowing people to contribute during the activities.	
Trainers encourage participant responses: Probing for contributions, validation of contributions,	
use of open-ended, close-ended and reflective questions to elicit contributions.	
Knowledge of Content	
Trainers demonstrate knowledge of the content: Trainers expand on the content, provide	
examples during presentation and in response to participant comments or questions during the	
activities.	
Participant Engagement	
Participants listen attentively during each activity: Participants have eyes on the trainers, are	
taking notes, are listening silently and appear focused.	
Participants contribute questions/comments: Participants contribute comments and questions	
with and without prompting and many different participants contribute.	

Module Three: Recovery in Practice

To assess the fidelity of the training to the curriculum, the evaluator will

- Observe the activities, monitoring the fidelity domains of: curriculum adherence, use of content materials, facilitators' communication of the content, facilitators' knowledge of the content, and participant engagement.
- If an activity is not presented, leave the row blank.
- There is designated space to record the materials utilized, the module start and end time, and the total duration of the module.
- The activities with an asterisk should have responses that the facilitators record on the board.

Module Start Time					
Activity/Content	Slide(s)	Adherence	Trainer	Duration	Additions and Deviations
The Shift from Stabilization and Maintenance	30-33				

Risk and Recovery	34-36				
The Power of Language	37				
Materials Utilized:					
Module End Time:					
Total Duration:					
EVALUATION NOTES					
Communication of Content	t: The paci	ng of the cont	ent delive	ry matches	the participants' ability to follow.
Time is given for questions	and feedb	ack. Facilitato	rs give ste	p-by-step in	nstructions and clarify as needed.
Interactions with Participa	nts: Traine	rs exhibit act	ive listenir	ng skills and	encourage participant responses.
Knowledge of Content: Tra participant experiences. Tra	•			_	ples and connecting content to
Participant Engagement: P	articipants	show active	listening w	ithout seen	ning distracted. Participants
contribute comments and o	questions -	- observe whe	ether train	ers have to	prompt for most questions and
comments.	-				•

Module Three Evaluation Ratings

Rate the frequency that the following occur during the presentation of the module; 1=never, 2=rarely, 3=sometimes, 4=often, 5=always.

Communication of Content	1 to 5
Trainers present content clearly: Pacing of content matches participant ability to follow and	
opportunity for questions or comments given for didactic sections.	

Trainers give clear and coherent instructions for each activity: Verbal instructions provided for each activity with description of each step and clarification provided as needed for the discussion and interactive activities.	
Interactions with Participants	
Trainers exhibit active listening skills: Use of encouragers, summarization and restatement of participant contributions and silence allowing people to contribute during the activities.	
Trainers encourage participant responses : Probing for contributions, validation of contributions, use of open-ended, close-ended and reflective questions to elicit contributions.	
Knowledge of Content	
Trainers demonstrate knowledge of the content: Trainers expand on the content, provide	
examples during presentation and in response to participant comments or questions during the activities.	
Participant Engagement	
Participants listen attentively during each activity: Participants have eyes on the trainers, are	
taking notes, are listening silently and appear focused.	
Participants contribute questions/comments: Participants contribute comments and questions	
with and without prompting and many different participants contribute.	

Module Four: Peer Specialists

To assess the fidelity of the training to the curriculum, the evaluator will

- Observe the activities, monitoring the fidelity domains of: curriculum adherence, use of content
 materials, facilitators' communication of the content, facilitators' knowledge of the content, and
 participant engagement.
- If an activity is not presented, leave the row blank.
- There is designated space to record the materials utilized, the module start and end time, and the total duration of the module.
- The activities with an asterisk should have responses that the facilitators record on the board.

Module Start Time					
Activity/Content	Slide(s)	Adherence	Trainer	Duration	Additions and Deviations
Why Peer Specialists?	41-42				
Peer Specialist Gifts	43-47				
Peer Support: Emerging Evidence	48				

Peer Specialist Roles	49						
Definition Mash-Up – Peer support roles and Functions	50						
Values and Code of Ethics*	57-58						
Peer Specialist Roles: Must Dos and Must Not Dos (Record Responses)	59						
Remember	60			j			
Back to Back Listening	62			i	V		
Continuum of Helping Relationships	63						
Working Together	64						
Recovery Capitol	65						
Knowing	66						
Sources of Knowledge	67						
Integrated Autonomy	69						
Materials Utilized:	i	i	.i	i			
Module End Time:							
Total Duration:							
EVALUATION NOTES							
Communication of Content: The pacing of the content delivery matches the participants' ability to follow. Time is given for questions and feedback. Facilitators give step-by-step instructions and clarify as needed.							
Interactions with Participants: Trainers exhibit active listening skills and encourage participant responses.							
Knowledge of Content: Trainers expand on the content, providing examples and connecting content to							

Participant Engagement: Participants show active listening without seeming distracted. Participants contribute comments and questions – observe whether trainers have to prompt for most questions and comments.

Module Four Fidelity Domain Ratings

Rate the frequency that the following occur during the presentation of the module; 1=never, 2=rarely, 3=sometimes, 4=often, 5=always.

Communication of Content	1 to 5
Trainers present content clearly: Pacing of content matches participant ability to follow and	
opportunity for questions or comments given for didactic sections.	
Trainers give clear and coherent instructions for each activity: Verbal instructions provided for	
each activity with description of each step and clarification provided as needed for the	
discussion and interactive activities.	
Interactions with Participants	
Trainers exhibit active listening skills: Use of encouragers, summarization and restatement of	
participant contributions and silence allowing people to contribute during the activities.	
Trainers encourage participant responses: Probing for contributions, validation of contributions,	
use of open-ended, close-ended and reflective questions to elicit contributions.	
Knowledge of Content	
Trainers demonstrate knowledge of the content: Trainers expand on the content, provide	
examples during presentation and in response to participant comments or questions during the	
activities.	
Participant Engagement	
Participants listen attentively during each activity: Participants have eyes on the trainers, are	
taking notes, are listening silently and appear focused.	
Participants contribute questions/comments: Participants contribute comments and questions	
with and without prompting and many different participants contribute.	

Module Five: Certified Peer Specialists

To assess the fidelity of the training to the curriculum, the evaluator will

- Observe the activities, monitoring the fidelity domains of: curriculum adherence, use of content
 materials, facilitators' communication of the content, facilitators' knowledge of the content, and
 participant engagement.
- If an activity is not presented, leave the row blank.
- There is designated space to record the materials utilized, the module start and end time, and the total duration of the module.
- The activities with an asterisk should have responses that the facilitators record on the board.

Module Start Time								
Activity/Content	Slide(s)	Adherence	Trainer	Duration	Duration			
Making Way (Record Responses)	75							
CPS Supervision in Texas	76-77							
Workplace Scenarios (Record Responses)	79							
Final Thoughts	81							
Materials Utilized	.i.	i						
Module End Time:								
Total Duration:								
EVALUATION NOTES								
Communication of Content: The pacing of the content delivery matches the participants' ability to follow. Time is given for questions and feedback. Facilitators give step-by-step instructions and clarify as needed.								
Interactions with Participants: Trainers exhibit active listening skills and encourage participant responses.								
Knowledge of Content: Tra participant experiences. Tra	•				les and connecting content to			

Participant Engagement: Participants show active listening without seeming distracted. Participants
contribute comments and questions – observe whether trainers have to prompt for most questions and
comments.
Participant Responses (Add Later)
Record the activity and corresponding participant responses. Do the responses align with the question or topic? Which workshop goal are the responses associated with?

Module Five Fidelity Domain Ratings

Rate the frequency that the following occur during the presentation of the module; 1=never, 2=rarely, 3=sometimes, 4=often, 5=always.

Communication of Content	1 to 5
Trainers present content clearly: Pacing of content matches participant ability to follow and opportunity for questions or comments given for didactic sections.	
Trainers give clear and coherent instructions for each activity: Verbal instructions provided for each activity with description of each step and clarification provided as needed for the discussion and interactive activities.	
Interactions with Participants	
Trainers exhibit active listening skills: Use of encouragers, summarization and restatement of participant contributions and silence allowing people to contribute during the activities.	
Trainers encourage participant responses : Probing for contributions, validation of contributions, use of open-ended, close-ended and reflective questions to elicit contributions.	
Knowledge of Content	
Trainers demonstrate knowledge of the content: Trainers expand on the content, provide examples during presentation and in response to participant comments or questions during the activities.	
Participant Engagement	
Participants listen attentively during each activity: Participants have eyes on the trainers, are taking notes, are listening silently and appear focused.	

Participants contribute questions/comments: Participants contribute comments and questions with and without prompting and many different participants contribute.

Overall Evaluation Ratings and Comments

Overall Training Ratings

Communication of Content	1 to 5
Trainers present content clearly: Pacing of content matches participant ability to follow and	
opportunity for questions or comments given for didactic sections.	
Trainers give clear and coherent instructions for each activity: Verbal instructions provided for	
each activity with description of each step and clarification provided as needed for the discussion and interactive activities.	
Interactions with Participants	
Trainers exhibit active listening skills: Use of encouragers, summarization and restatement of	
participant contributions and silence allowing people to contribute during the activities.	
Trainers encourage participant responses: Probing for contributions, validation of contributions,	
use of open-ended, close-ended and reflective questions to elicit contributions.	
Knowledge of Content	
Trainers demonstrate knowledge of the content: Trainers expand on the content, provide	
examples during presentation and in response to participant comments or questions during the	
activities.	
Participant Engagement	
Participants listen attentively during each activity: Participants have eyes on the trainers, are	
taking notes, are listening silently and appear focused.	
Participants contribute questions/comments: Participants contribute comments and questions	
with and without prompting and many different participants contribute.	

EVALUATION NOTES

Communication of Content: The pacing of the content delivery matches the participants' ability to follow. Time is given for questions and feedback. Facilitators give step-by-step instructions and clarify as needed.

Interactions with Participants: Trainers exhibit active listening skills and encourage participant responses.
Knowledge of Content: Trainers expand on the content, providing examples and connecting content to
participant experiences. Trainers do not just read off of the slides.
Participant Engagement: Participants show active listening without seeming distracted. Participants
contribute comments and questions – observe whether trainers have to prompt for most questions and
comments.
Notes:

Appendix II: Participant Questionnaire

Demystifying the Peer W	/orkforce: Pre-Tr	aining Que	estionna	aire			
Date, Location Participant Information	Trainers:						
Participant ID Number:							
Type of Organization:							
Length of Time at Organiza	tion:						
Job Role:							
Do you work directly with p	peer specialist staf	f at your or	ganizatio	on?			
If yes, in what capacity?							
Pre-Training Knowledge Ch	<u>neck</u>						
1. A recovery-oriented appropriate following except? (Module	•	all of the			support funct ? (Module 4)		clude all of the
a. Choiceb. Strengthsc. Hoped. Stabilitye. Risk			b. c. d.	Peer bri Medica Advoca Change Peer me	tion educato te agent	r	
3. Which of the following is common tasks reported by (Module 4) a. Facilitating supports a. Facilitating supports	y peer specialists in rt groups		reporte a. b.	ed by pee Clients' Low wa	r specialist st resistance to ges	taff in To	
b. One-on-one supportc. Goal settingd. Connecting peoploe. Transportation	e to resources		d.	Discrim	ination from	colleag	es that lack hope ues copportunities
5. What action(s) will you personally take at your organization to support effective integration of peer specialists? You can continue writing on the back of this page if you like. (Module 5)							
6. I believe peer specialist integration should be a priority for my organization.							
Strongly disagree 1 2	3 4	5	6	7	8	9 9	trongly agree 10

Demystifying the Peer Workforce: Post-Training Qu	uestionnaire
Date, Location Trainers:	
Participant Information	
Participant ID Number: 20170505	
Type of Organization:	
Length of Time at Organization:	
Job Role:	
Do you work directly with peer specialist staff at your organ	nization?
If yes, in what capacity?	
Pre-Training Knowledge Check	
1. A recovery-oriented approach emphasizes all of the following <i>except</i> ? (Module 3)	2. Unique peer support functions include all of the following <i>except</i> ? (Module 4)
a. Choice	a. Peer bridger
b. Strengths	b. Medication educator
с. Норе	c. Advocate
d. Stability	d. Change agent
e. Risk	e. Peer mentor
3. Which of the following is not one of the most common tasks reported by peer specialists in Texas? (Module 4)	4. Which of the following is <i>not</i> a common stressor reported by peer specialist staff in Texas? (Module 5)
a. Facilitating support groups	a. Clients' resistance to change
b. One-on-one support	b. Low wages
c. Goal setting	c. Organizational environments that lack hope
d. Connecting people to resources	d. Discrimination from colleagues
e. Transportation	e. Lack of career advancement opportunities
5. What action(s) will you personally take at your organization (Module 5)	on to support effective integration of peer specialists?
6. I believe peer specialist integration should be a priority fo	r my organization.
Strongly disagree	Strongly agree
1 2 3 4 5	6 7 8 9 10

Appendix III: Participant Feedback Form

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Delivery of Training					
The objectives of the training were clearly defined.	1	2	3	4	5
Participation and interaction were encouraged.	1	2	3	4	5
The materials distributed were helpful.	1	2	3	4	5
The content presented will be relevant to my work.	1	2	3	4	5
The training objectives were met.	1	2	3	4	5
I would recommend the training to my colleagues.	1	2	3	4	5
Trainer: Anna Jackson					
The trainer presented material clearly.	1	2	3	4	5
The trainer was well prepared.					
The trainer demonstrated knowledge of the content.	1	2	3	4	5
The trainer responded effectively to questions and comments from the audience.	1	2	3	4	5
Trainer: Amy Pierce					
The trainer presented material clearly.	1	2	3	4	5
The trainer was well prepared.	1	2	3	4	5
The trainer demonstrated knowledge of the content.	1	2	3	4	5
The trainer responded effectively to questions and comments from the audience.	1	2	3	4	5

What aspect(s) of the training was most useful or helpful?

What aspect(s) of the training could be improved?

How will you apply what you learned in this training to your work at your organization?

Additional comments?