Evaluation of a Skills Enhancement Training with Remote Coaching for Young Adults Providing Peer Support

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Abstract

This paper reports on a study investigating a skills-enhancement and role clarification training intervention for young adult peer support specialists (YPSSs). Young adults with experience receiving intensive mental health services—including young adults who had experience as YPSSs—were partners in developing the intervention and in carrying out all aspects of the study. Study participants were YPSSs that were already providing one-on-one person-centered planning in community settings prior to the study. Findings based on YPSSs self-reports and video recordings of YPSSs' practice showed post-intervention gains in YPSSs skills and confidence for providing person-centered planning to the young people they worked with; as well as reduced job-related anxiety and high training satisfaction.

Introduction

Peer support services are increasingly common within behavioral health systems serving older youth and young adults (shortened here to "young people") with serious mental health conditions.[1] This growth has been fueled in part by research among general adult populations showing that peer support services can enhance outcomes in a variety of areas, including service engagement and retention; hope and belief in the possibility of recovery; empowerment and self-efficacy; and social inclusion and engagement.[e.g., 2] There has been speculation that peer support may be particularly helpful for young people, because existing systems do not adequately attract or engage them. Further, being employed as young adult peer support specialists (YPSSs) can provide an important step on a career path for young people with serious mental health conditions,[3] who experience many challenges in their career development.

Both implementation of peer support and research into its effectiveness are hindered by a lack of specification regarding peer support roles[1,4] with peer support providers reporting that they are often tasked with developing their own roles from scratch.[4,5] Numerous studies across the general workforce have shown that a lack of role clarity is associated with heightened job-related stress, job dissatisfaction, turnover intentions and mental

ill-health.[6] A lack of role clarity has also been linked to job-related stress among peer support providers specifically,[5] and may thus pose a risk to their own recoveries.

As a response to these challenges, established researchers partnered with young adults with extensive experience receiving intensive mental health services—including young adults who had experience as YPSSs—to develop PLUS, a skills-enhancement and role clarification intervention for YPSSs. PLUS was designed to complement existing training for YPSSs by providing clarification around a set of skills, and by providing a set of practice templates that YPSSs can use to support person-centered planning in one-on-one work with young people. PLUS was designed to fit within any service context in which YPSSs are tasked with supporting young people to work on self-identified goals, regardless of whether peer support is a standalone service, or integrated within a larger package of services being provided to a young person.

Additionally, PLUS training was designed to be consistent with best practices for skills enhancement, which emphasize the importance of cycles of observation-based feedback and coaching, as well as the importance of having trainers who are perceived as having credibility derived from appropriate experience and expertise. PLUS training incorporated these best practices by featuring interactive workshops led and/or co-led by young adults who had worked as YPSSs, as well as online "remote" coaching as a means of providing trainees with one-on-one feedback based on video-recorded examples of their work. The purpose of this study was to investigate the feasibility and acceptability of the PLUS skills-enhancement intervention and the PLUS training, as well as training satisfaction and outcomes among YPSSs who received the training.

PLUS Study

Participants in this study were YPSSs aged 21-28 and working in programs providing mental health services to young people aged 16-24. Each program used person-centered planning as part of the process for developing care or treatment plans

to address mental health concerns and related needs. Within each program, the YPSS role included supporting young people to interact with other providers/treatment teams in an empowered and productive manner, to identify personally meaningful goals and ensure that these were included in their care or treatment plan, and to build relationships with supportive individuals in the community and carry out community-based activities related to goals on the plan. Participants provided written consent after being fully informed about the study and potential risks and benefits. Of the 27 YPSSs who began the training, 22 completed it; however, 2 of those did not complete follow-up data. The 5 non-completers all left their agencies during the 4-month study period.

YPSSs carry out PLUS with young people by facilitating conversations guided by a series of templates that, taken together, provide a structure for person-centered planning. The expectation is that a YPSS will begin their work with a given young person by working through the templates in order, starting with those related to exploring strengths, passions, assets and motivators (SPAM), followed by those related to identifying activities that are connected to personally meaningful goals, followed by those related to planning and carrying out identified activities (which may include meetings with the treatment team, providers, and other allies or gatekeepers), and debriefing afterwards. Thereafter, the YPSS "recycles" portions of the templates as needed to keep the process going. Throughout the planning process, YPSSs are expected to demonstrate six types of skills: moving through a person-centered planning process in a manner that is structured yet flexible; ensuring that planning is driven by the young person's goals, perspectives and priorities; collaborating with the young person to build appreciative understanding of their SPAM; supporting the young person to carry out activities in the community; teaching and supporting the use of self-determination skills; and effectively using "peerness."

The interactive workshops for PLUS are held biweekly for 15 weeks. Between the workshops, trainees complete "homework" using an internet-based

training and coaching platform (i.e., a "virtual coaching platform," VCP). Trainees access the VCP to watch video clips that exemplify good (and not-so-good) use of PLUS materials and skills. They also use the VCP to upload video-recorded samples of their work with young people. Trainers review the videos using a coding framework that is integrated into the VCP, and then schedule one-on-one coaching sessions to review an online feedback report generated through the VCP. The feedback report includes a description of key practice strengths and "improvables" connected to the PLUS skills, as well as live links to the portions of the uploaded video that exemplify trainees' practice strengths and improvables. In total, trainees spend about 20 hours participating in the training- and coaching-related activities.

Data for the study was drawn from ratings of trainee skills as demonstrated in the uploaded videos, as well as from online pre-/post-training surveys completed by trainees. Trainee videos were rated using an existing observational rating system[7] that provides a rating for five skills of the six skills areas listed previously (due to difficulties achieving interrater reliability, peerness was not rated using the observational system). A self-assessment of skills[7] covering key skill areas (youth-driven, SPAM, self-determination) was included on both the pre- and post- surveys. Items related to "peerness" skills were added to the self-assessment for this study (e.g., *How confident are you that you know how to share parts of your own story in a way that benefits a young person you're working with?* and *How confident are you that you can build a relationship with a young person that is different from a friendship and from other therapeutic relationships?*). For each item, trainees rated their confidence for performing a given skill from 0=*not at all confident* to 100=*completely confident*. Both surveys also included brief versions of commonly used assessments[6] of role clarity and anxiety related to ability to perform one's job competently (i.e., "professional inefficacy"). Both were rated on a scale from 1 = *almost never* to 5 = *almost always*. The post-training survey also included trainee ratings of the importance of training goals, the credibility of the trainers, training organization,

trainees' confidence that they could apply PLUS in their day-to-day work, and the overall impact of the training on their work with young people. Each of the items was rated on a scale of 1 = *not at all important, credible*, etc., to 10 = *extremely important, credible*, etc. Study materials and procedures were approved by the Institutional Review Board at Portland State University.

Findings, Discussion and Implications

As shown in Table 1 on the next page, trainees' ratings of their confidence in each of the four skill areas on the self-assessment increased significantly pre-/post-, with effect sizes between .66 and 1.25. Ratings of role clarity were essentially unchanged, while role-related anxiety decreased significantly (ES=.66). Ratings of trainees' video-recorded practice increased in each skill area, with significance in each area except SPAM at least at the .10 level (a somewhat relaxed threshold often used in small pilot studies) and small to medium effect sizes.

All of the trainees that participated in the study were employed as peer support providers and had received previous training for the role. Thus, the results provide initial support for the PLUS training as an *enhancement* to other trainings for the YPSS role. The findings also provide evidence for the potential usefulness of a purely remote coaching process, a relatively low-cost method for implementing training best practices to an extent that significantly exceeds what is typical for trainings offered in community mental health settings.

Trainees expressed high levels of satisfaction with the training, and particularly with the credibility of the trainers, which is noteworthy given that the trainings were led and/or co-led by young adults with experience receiving services for serious mental health conditions. It is quite possible that shared lived experience and perceptions of peerness contributed to trainees' favorable assessment of the training and the trainers; however, the study did not gather any data that could be used to reflect on this idea.

More generally, peerness proved difficult for the study's research team to define in concrete terms. In fact, as noted earlier, the team was not successful in

Table 1. Pre- and Post-Training Ratings

Assessment	Scale α	Pre-training Mean[a]	Post-training Mean[a]	Mean Difference	SD of Difference	Signifi-cance[b]	Effect Size[c]
Skills Self-Assessment							
Youth-/young adult-driven practice	.85	77.91	88.67	10.75	8.61	<.001	1.25
Strengths, passions, assets, motivators (SPAM)	.81	80.32	88.61	8.30	7.55	<.001	1.10
Self-determination skills	.83	77.90	86.75	8.84	13.39	.01	.66
Peerness	.87	81.54	89.66	8.13	7.99	<.001	1.02
Video Observational Rating System							
Structured/flexible planning facilitation		2.05	2.42			.07	.29
Youth/young adult-driven practice		1.89	2.40			.06	.30
Strengths, passions, assets, motivators (SPAM)		1.95	2.00			.80	.04
Self-determination skills		1.47	2.16			.001	.43
Community activities and connections		1.84	2.26			.06	.31
Overall (mean of subscores)		1.84	2.25			.04	.33
Training Satisfaction							
Identified Disability			7.75				
No Disability			9.10				
In Extended Foster Care			7.45				
Service Recipient, This Agency			6.55				
Working			7.79				
Role Clarity	.74	3.97	3.88	-.09	.77	.61	.12
Role-Related Anxiety/ Inefficacy	.91	3.08	2.64	-.43	.66	.01	.66

Note. [a] For the skills self-assessment, role clarity and role-related anxiety scales, item scores were summed and then divided by the number of items on the scale.

[b] Wilcoxon signed-rank tests were used for the observational ratings, paired samples t-tests for others.

[c] Where significance was assessed using Wilcoxon signed-rank test, effect sizes were computed using Z/SQRT(N); otherwise, Cohen's *d* was used.

reliably identifying peerness when rating trainees' videorecorded practice samples. Even after many discussions, and despite remaining convinced that peerness *could* be defined more concretely, the team was left with numerous questions about how to recognize peerness, and about what shared lived experience means in a context in which young people may have more differences—for example in terms of gender, race/ethnicity, cultural background, socioeconomic resources, educational attainment, "success" in mental health programs and systems, etc.—than similarities with their YPSSs. This highlights the need for future work aimed at developing a more nuanced understanding of peerness, how it develops (or doesn't develop) in relationships between YPSSs and young people, and the extent to which it mediates other impacts of peer support.

In contrast to other outcomes assessed, trainees' ratings of role clarity did not show improvement. During informal interviews conducted after the training was completed, several participants voiced a belief that their supervisors had not been given sufficient information about PLUS and its integration into peers' practice, and that this contributed to differing expectations about the peer role. The study team had implemented several strategies aimed at keeping supervisors informed and engaged in PLUS training activities, including orientation webinars, monthly group calls and individual updates by email and phone. Prior to the study, supervisors had agreed to participate in these activities; however, actual participation varied widely. Previous research has demonstrated in no uncertain terms that non-peer managers, staff and supervisors often lack understanding of peer roles, and in fact may be skeptical or even hostile regarding the value of peer support, particularly young adult peer support.[3] So it is possible that the non-engaged supervisors simply did not prioritize activities with the PLUS project, and/or that they did not understand that peer roles require specific forms of supervision and support. The PLUS study findings thus further highlight the need to make changes to organizational practices, culture and policy so as to build workplace contexts that are hospitable to peer work; as well as the need to develop effective strategies for helping to bring these changes about.

The study had significant limitations, including the very small sample size and the absence of a control group. It is possible that peers' skills and confidence grew over time for reasons unrelated to the training they received. Additional research will be required to test whether trainee-level impacts are associated with measurable improvements in the lives of the young people that the peers support.

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