IRIS Fellowship Research Project Write Up

Fellow/Researcher: Meg Kaiser, Office of Drug Control Policy, Department of Community Services, Harford County

Research Project Title: Tying the knot: The importance of co-occurring disorder training integration for peers

Introduction

Challenges related to mental health disorder (MHD) and substance use disorder (SUD) often occur concurrently (Ross & Peselow, 2012). Although co-occurrence is frequent for individuals, it is not regularly treated or acknowledged. Often times, the prevailing attitude for treatment of co-occurring disorders is that one must experience remission for symptoms of one ailment prior to the other being addressed. More often than not, this means that a person suffering from MHD and SUD will receive treatment for one issue, while the other remains unaddressed. This approach often results in poor short-term and long-term health outcomes for both. This is because poor mental health may compound a desire to self- medicate, and either the continued use of drugs or the abrupt cessation of substances may provoke the onset of severe mental health concerns (Ross & Peselow, 2012). To properly assist patients attempting to find and sustain recovery, treatment providers must remain mindful that MHD and SUD are intimately interwoven. The knot is only made worse by pulling on one string.

Peer Recovery Specialists (PRS) have a long history of working with individuals who are experiencing complex life challenges, and have been shown to improve engagement, retention, and other treatment outcomes for those with co-occurring disorders. As far back as 1970, there have been individuals living in recovery from MHD and SUD and offering hope by acting as navigators in behavioral health systems of care (Stack et al., 2022). These systems have historically been isolated, and SUD treatment has been kept separate from MHD treatment. In recent years, however, there has been greater importance placed on MHD and SUD treatment integration. The continuum of care in behavioral health is a complex system to navigate, especially for individuals who have experienced instability in their life due to SUD and MHD. This instability can result in an interruption in treatment due to loss of employment, insurance, and housing. Ultimately, the longer an individual can consistently remain in treatment and receive comprehensive treatment for their SUD and MHD, the better their chances are for sustained recovery and symptom management. The navigation of services, connection to resources, stability, support, and positive regard PRS offer to clients fosters the alchemy a patient must access in order to sustain motivation to remain in treatment.

Despite the many benefits that PRSs provide, a challenge that is present in the peer role is insufficient trainings (Stack et al., 2022). Therefore, my research aims to discover training needs of PRSs working with populations who have co-occurring disorders, to benefit my organization and others in the field. The Office of Drug Control Policy is a leading provider of

education in Harford County, particularly regarding MHD, SUD and suicide prevention. Study results may also inform policies of the Maryland Addiction and Behavioral-Health Professionals Certification Board (MABPCB) for trainings that they mandate for peers. Gaps in trainings that are offered to peers for working with individuals who experience co-occurring disorders may also be identified and filled by other leading workshop providers. Appropriate professional development for PRSs, as they pursue certification, will provide PRSs, consumers, and the system of care numerous benefits, including:

- To increase PRSs' professional skills and value
- To help PRSs avoid burnout and protect their own recovery through investment in their well-being and professional development
- To give consumers the highest quality of care while maintaining the integrity of the PRS role.

To examine the issues and maximize benefits described above, this project poses the following research questions:

1. What are core skills and competencies that peers learn in training and on the job that relate to serving those with co-occurring disorders?

2. What are unmet training needs for PRSs who work with individuals with co-occurring disorders?

Methods

My research design was qualitative with data collection conducted through focus groups and key informant interviews. The study sample was made up of individuals working in the behavioral health field in Maryland. Specifically, individuals who are state certified, in pursuit of state certification, or supervising individuals providing direct service, and who worked at least in part with people with co-occurring disorders.

Questions centered on 1. Past trainings and skills learned, 2. Perceived successes and challenges faced by peers, and 3. Based on challenges faced, what tools, strategies or help are most needed to be successful in their role. Focus groups were conducted with 15 individuals across three sites, as shown in Table 1 below. The total sample size was 23.

Table 1. Focus group participant distribution

Focus Group 1	3 Participants
Focus Group 2	8 Participants
Focus Group 3	4 Participants

Additionally, there were eight interviews held, with the roles of each research participant represented in Table 2.

Table 2. Interviewee job roles

1 Clinician	Working in direct service to clients experiencing co-occurring disorders and within a criminal justice setting.
1 Peer/Case Manager	Working in direct service for a crisis center and primarily with individuals who were in crisis.
3 Certified Peer Recovery Support Specialists	Working for a state government organization providing direct service.
2 Registered Peer Supervisors	Working for a community-based organization providing direct service.
1 Training Specialist	Working with a community-based organization.

Study participants were all given advance background on the IRIS fellowship and consented to be interviewed and quoted. Their responses were analyzed and key themes were identified. The SAMHSA core competencies for peers were used as a framework to contextualize study questions and analyze responses. SAMHSA identifies the importance of the five core competencies for best practices in peer support and to inform training programs:

1. Recovery Oriented
2. Person Centered
3. Voluntary
4. Relationship Focused
5. Trauma Informed

Participant responses were examined within the context of these core competencies of the peer role. This helped to identify trainings that peers feel have been helpful in providing relevant skills, as well as naming challenges they face when working with individuals with co-occurring disorders. Relating such challenges back to core competencies helped guide discussions toward identifying areas for which training curriculum may be developed.

Results

All participants expressed a prior understanding of SAMHSA's core competencies. Some individuals had more agency specific training than others regarding MHD challenges or co-occurring disorders. These unique and agency specific trainings that were focused on MHD or co-occurring disorders corresponded with peers identifying more skills of job preparedness.

Some participants were not state certified and had not participated in every core training. The peers that did report more specialized training in MHD and co-occurring disorders worked at agencies that also employed clinical staffing. Community based organizations that solely employed PRSs did not incorporate trainings that solely focused on MHD. All peers identified

that Wellness Recovery Action Planning (WRAP) training was the primary training focused on MHD. Although WRAP is evidence-based and peer delivered, WRAP is limited to building wellness plans. Both focus groups and individual interviewees identified that skills learned through WRAP may not be appropriate in initial meetings with someone who is currently suffering from active SUD and MHD challenges. Most peers identified building trust and active listening as paramount to creating a working relationship with a new client. PRSs also noted that it can be more challenging to practice active listening when someone is experiencing symptoms that may disorient them to person, place, time, and event.

There was a consistent theme within responses to the question "What are your biggest challenges when working with dual diagnosis populations?" Respondents consistently expressed that there is a focus on SUD. One participant clearly stated that "trainings are only focusing on SUD and self-care. It (the training) doesn't seem equal for MHD."

Another respondent identified that, "MHD is a barrier when attempting to help an individual enter treatment. When a person has come in because of crisis and has a MHD, they sometimes have to lie to get a bed for SUD treatment. Or if they do not lie, they will get denied for an inpatient treatment because these treatment centers do not have the capacity to address their MHD."

A different participant stated that, "MHD are so much more prevalent since the Covid 19 pandemic, however, despite the need for services, the resources have not grown along with the need."

Discussion

Taken as a whole, the data indicated PRSs possessed a solid understanding of the SAMSHA core competencies that lie at the foundation of their work. While current core training workshops like WRAP provide valuable information, there remains a strong need for further training support around MHD and co-occurring disorders, as the current focus is on SUD.

There has been research in Maryland to identify and implement more evidence-based interventions for peers to administer that address training gaps related to MHD and co-occurring disorders. Behavioral Activation (BA) has been found to be an effective treatment for the treatment of both SUD and depression that is appropriate for peers to deliver (Satinsky et al., 2020). During a pilot study of BA training for PRS, there was a demonstrated and meaningful increase post-training in core skills (Anvari et al., 2023).

The implications of existing research cited above and my study indicate that additional training in MHD and co-occurring disorders are appropriate and necessary. For PRSs to grow and develop in core competencies, training in evidence-based and emerging practices to support consumers dealing with these challenges is clearly needed. This will result in more effective and holistic treatment and better outcomes for individuals in and seeking recovery.

The strengths of this study include a variety of perspectives from behavioral health workers, inclusive but not just limited to PRS. Additionally, all PRS involved offered direct service to clients, which represents the principle of "nothing about us, without us" applied to research. Study limitations included a short time frame for data collection and analysis, which made a more in-depth coding and theming process not feasible. The lack of perspectives from individuals who are receiving direct service for co-occurring disorders meant there was no first-hand examination of benefits and drawbacks to the care they received.

Additional research should be conducted to determine more precisely what additional training curricula may be utilized to both address core competencies of PRS and optimally equip PRSs to provide service delivery for populations suffering from co-occurring disorders. Studies may also examine the effectiveness of such training, including the perspectives of individuals receiving support from trained PRSs, to ensure those ultimately served are also benefiting.

References

Anvari, M. S., Kleinman, M. B., Dean, D., Rose, A. L., Bradley, V. D., Hines, A. C., Abidogun, T. M., Felton, J. W., & Magidson, J. F. (2023). A piolet study of training peer recovery specialists in behavioral activation in the United States: Preliminary outcomes and predictors of competence. *International Journal of Environmental Research and Public Health, 20*(5), 3902. https://doi.org/10.3390/ijerph20053902

Ross, S., & Peselow, E. (2012). Co-occurring psychotic and addictive disorders: Neurobiology and diagnosis. *Clinical Neuropharmacology, 35*(5), 235-243. https://doi.org/10.1097/WNF.0b013e318261e193

Satinsky, E. N., Doran, K., Felton, J. W., Kleinman, M., Dean, D., Magidson, J. F. (2020). Adapting a peer recovery coach-delivered behavioral activation intervention for problematic substance use in a medically underserved community in Baltimore City. *Public Library of Science*, 1-19. https://doi.org/10.1371/journal.prone.0228084

Stack, E., Hildebran, C., Leichtling, G., Waddell, E. N., Leahy, L. M., Martin, E., & Korthuis, P. T. (2022). Peer recovery support services across the continuum: In community, hospital, corrections, and treatment and recovery agency- A narrative review. *Journal of Addiction Medicine, 16*(1), 93-100. https://doi.org/10.1097/ADM.0000000000000810