Strategies to Impact Peer Support Specialists' Capacity to Use Digital Peer Support Technology

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Submitted to: JMIR Mental Health
on: May 18, 2020

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Abstract

Prior to COVID-19, telemental health to support mental health services was primarily designed for individuals with professional clinical degrees, such as psychologists, psychiatrists, registered nurses, and licensed clinical social workers. However, for the first the time in history, peer support specialists are offering Medicaid reimbursable telemental health service during the COVID-19 crisis, yet little effort has been done to train peer support specialists on telehealth practice and delivery. This manuscript explores the impact of the Digital Peer Support Certification on peer support specialists' capacity to use digital peer support technology. The Digital Peer Support Certification was co-produced with peer support specialists and included education and simulation training session, synchronous and asynchronous support services, and audit and feedback. Participants included nine certified peer support specialists between the ages of 25 - 54 (M = 39) who were employed as a peer support specialists between 1- 11 years (M = 4.25), and had access to a work-funded smartphone device and dataplan. A pre/post design was implemented to examine the Digital Peer Support Certification impact on capacity to use technology over a 3-month timeframe. Data were collected at baseline, 1-month, and 3-months. Overall, an upward trend in peer support specialists' capacity to offer digital peer support occurred during the 3-month certification period.

(JMIR Preprints 18/05/2020:20429)
DOI: https://doi.org/10.2196/preprints.20429

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Strategies to Impact Peer Support Specialists' Capacity to Use Digital Peer Support Technology

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Funding: Research was supported in part by National Institutes of Mental Health Award K01MH117496 and NARSAD Young Investigator Grant

Abstract

Prior to COVID-19, telemental health to support mental health services was primarily designed for individuals with professional clinical degrees, such as psychologists, psychiatrists, registered nurses, and licensed clinical social workers. However, for the first the time in history, peer support specialists are offering Medicaid reimbursable telemental health service during the COVID-19 crisis,

yet little effort has been done to train peer support specialists on telehealth practice and delivery. This manuscript explores the impact of the *Digital Peer Support Certification* on peer support specialists' capacity to use digital peer support technology. The *Digital Peer Support Certification* was co-produced with peer support specialists and included education and simulation training session, synchronous and asynchronous support services, and audit and feedback. Participants included nine certified peer support specialists between the ages of 25 - 54 (*M = 39*) who were employed as a peer support specialists between 1- 11 years (*M = 4.25*), and had access to a work-funded smartphone device and data plan. A pre/post design was implemented to examine the *Digital Peer Support Certification* impact on capacity to use technology over a 3-month timeframe. Data were collected at baseline, 1-month, and 3-months. Overall, an upward trend in peer support specialists' capacity to offer digital peer support occurred during the 3-month certification period.

Introduction

Digital peer support has the potential to expand the reach of peer support services, improve the impact of peer support without the need for in-person sessions, and increase engagement among mental health service users[1-3]. Digital peer support is defined as live or automated peer support services delivered through technology mediums[4]. Peer support services are recovery and wellness support services provided by an individual with a lived experience of recovery from a mental health condition[5]. Most existing telemental health trainings are designed for individuals who have their professional clinical degrees and licensures, such as psychiatrists, psychologists, registered nurses, and social workers[6,7]. These trainings are short in duration[6], build on already existing skillsets, and focus on rapid attainment of skills and concepts[6]. As digital peer support is quickly expanding across the globe in the wake of the COVID-19 pandemic[3], telemental health trainings developed for peer support specialists are needed now.

Academic training programs for clinicians (e.g., psychiatrists, psychologists, registered nurses, licensed clinical social workers) frequently address methods and best practices for implementing telemental health services [7]. Within these traditional clinical roles, clinicians are encouraged to explore telemental health services through formal education standards and licensure requirements, continuing education credits, national training centers, professional associations, incentives for clinicians to use telehealth modalities[8], and reimbursement for telemental health services in private and public health systems[9]. Peer support specialists have increasingly reported the desire and need to use technology to deliver peer support[10]. As peer telemental health is now Medicaid reimbursable during the COVID-19 emergency crisis, a standardized training on digital peer support services is greatly needed.

Using the framework for an Academic-Peer Partnership[11], we developed the *Digital Peer Support Certification* designed specifically for peer support specialists (both Medicaid billable Peer

Specialists in traditional clinical services and for peer specialists working for peer-run organizations) to deliver peer support via technology mediums in any country throughout the globe. This study examined the extent to which the *Digital Peer Support Certification* implemented over three consecutive months impacted peer support specialists' capacity to use a digital peer support smartphone app and care management dashboard, PeerTECH[1-3].

Methods

A pre/post design was used to examine the three-month *Digital Peer Support Certification* offered through a community mental health center. Data were collected at baseline, 1-month, and 3-months. This study was conducted between November 2019 and April 2020 in a community mental health center in [blinded for review]. The [blinded for review] institutional review board approved this study.

Participants included nine certified peer support specialists between the ages of 25 - 54 (*M = 39*). All of which were trained and accredited as a certified peer support specialist by the state of [blinded for review] and were all employed for a mean of 4.25 years (range 1-11 years). All peer specialists personally owned and/or had access to a personal smartphone.

Digital Peer Support Certification

The three-month *Digital Peer Support Certification* was co-designed with academic partners and peer support specialists using the Academic-Peer Partnership[11]. In an earlier quantitative study, our co-production team conducted an online survey with peer support specialists (*N*=267) to identify factors that can either prevent and/or enable digital technology engagement[12]. Based on findings, we co-designed specific digital peer support training content to meet their needs. The digital peer support certification includes training on (a) digital communication skills; (b) technology literacy (i.e., important digital terms [i.e., peerbots, digital phenotyping]; (c) technology usage skills with the

PeerTECH system (e.g., downloading apps, text messaging, entering goals, saving information, completing repeated surveys [i.e., ecological momentary assessments on a smartphone app], increasing sound on a smartphone, watching videos in the library content; and offering digital peer support services); (d) available digital peer support technologies; (e) organizational policies and compliance issues; (f) separating work and personal life; (g) digital crisis intervention; and (h) privacy and confidentiality. The *Digital Peer Support Certification* includes an education and simulation training session, synchronous and asynchronous support services, and audit and feedback. To ease uptake, the format, structure, and vocabulary was designed to be aligned with national peer support specialists practice standards[13]. Below delineates each component of the certification program.

Education and Simulation Training Session. The education and simulated training session included a two consecutive day training that lasted 16 hours led by the PI [blinded]. Facilitated interactive group discussions were paired with a printed standardized workbook. A standardized workbook was provided to all peer support specialists. All standardized workbook text was written at a 4th grade level and incorporated recovery principles consistent with peer support specialists practice standards[11,14]. Training was consistent with person-first language, sharing lived experience of using technology in a group environment, and included simulation-based training on the PeerTECH smartphone app and the PeerTECH dashboard on desktop computer. To promote learning of new knowledge and mastery of skills, reinforcement, summation, and teach-back techniques were incorporated into the education and simulation training session.

Audit and Feedback. As peer support practice standards are based on experiential learning and sharing of experiences[13], experiential learning was encouraged and audit and feedback was incorporated into the second phase of the *Digital Peer Support Certification.* After the two-day training session, peer support specialists applied their new obtained technology skills for one-month

as part of PeerTECH, a 12-week digital peer support program that incorporates a smartphone application for service users and a care management dashboard to deliver peer support via to service users on a smartphone app[1]. Audit and feedback is a quality improvement management tool that incorporates a summary of performance over a specific time period designed to provide constructive feedback to people so they can modify their performance[15-17]. Audit and feedback is used in all health care settings and has most commonly involved clinical health professionals—not peer support specialists[15-17].

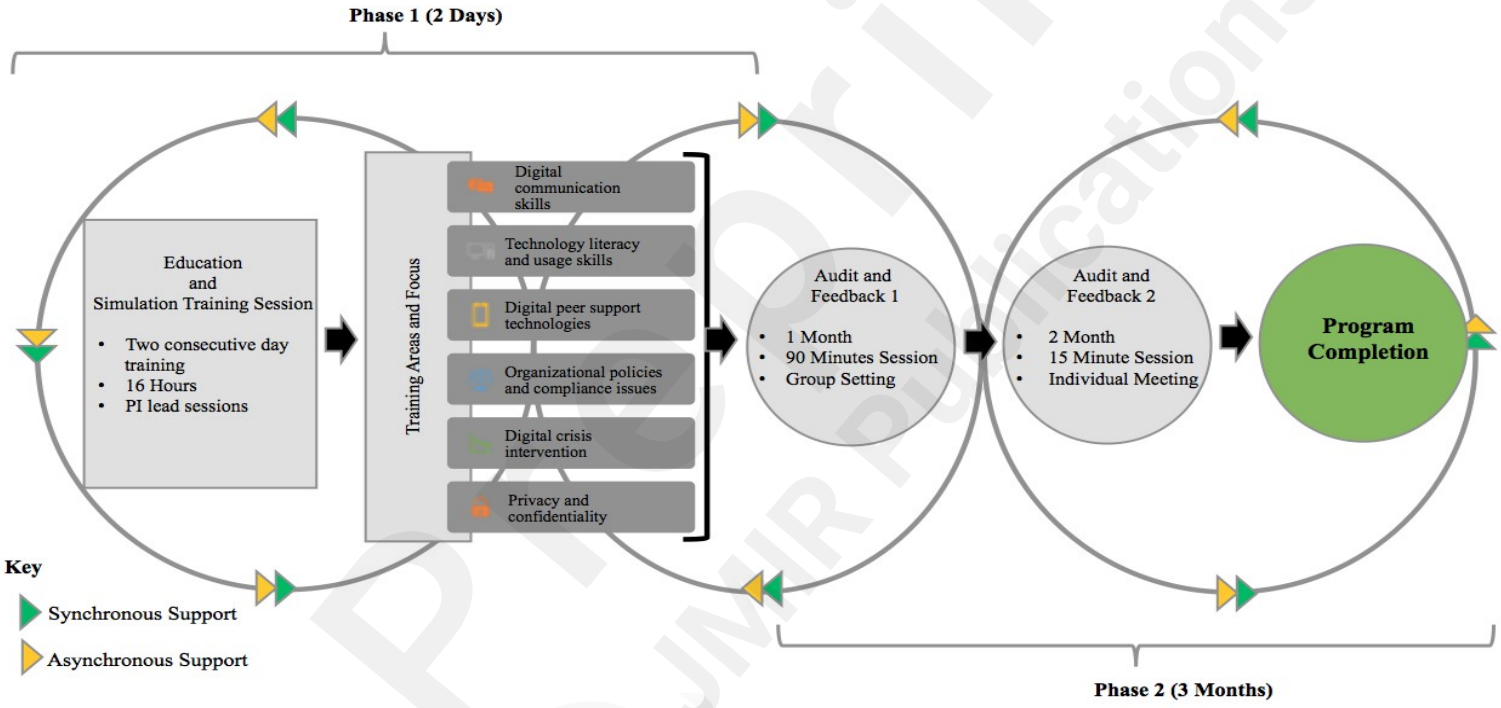
Audit and feedback criteria were developed by two authors [blinded] *a priori*. These criteria included capacity to (1) complete peer support specialists' technology-based PeerTECH tasks, including signing into the dashboard with username and password, writing and sending a text message in the dashboard to the smartphone app; and (2) assisting service users in completing technology-based PeerTECH tasks, including entering goals on the smartphone app, signing into the smartphone app with username and password, completing surveys on the app, and sending text messages. The audit and feedback occurred in a group setting at one-month during a 4-hour meeting, individually at 2 months with each peer support specialists via telephone and/or email, and feedback sessions were also offered as requested. However, no additional feedback sessions were requested. The audit and feedback session aimed to promote digital peer support technology capacity by using positive behavioral approaches[18 19]. We adopted a non-aversive behavioral approach to working with peer support specialists during the feedback session[20]. Non-aversive behavioral support focuses on affirmation of practices designed to educate and promote additional positive changes[21].

The PI met with all peer support specialists in a group setting at baseline, one-month, and individually at 2 months via telephone and/or email. Prior to the 1.5-hour group meeting at one-month and a 15-minute individual meeting at 2-month, the PI completed (a) technology audit; and (b) audio observations through audio tapings of PeerTECH sessions. At the completion of both

audits, descriptive statistics were calculated and prepared for peer support specialists' feedback meetings.

Synchronous and Asynchronous Support. Synchronous and asynchronous support was provided as needed. As such, the PI and a research assistant offered telephonic (synchronous) and email support (asynchronous) from Monday to Friday between the hours 9am-5pm. The components of the *Digital Peer Support Certification* are summarized in Figure 1.

Figure 1. *Digital Peer Support Certification Process*



Capacity to Use Digital Peer Support Technology. Capacity to use digital peer support was defined as peer support specialists' ability to use the PeerTECH system (i.e., smartphone app and dashboard) through an in-person task analysis and a real-world task analysis. Task analysis is a user-centered design approach implemented to assess whether an individual can complete a task via a technology medium[22]. Tasks were defined based on tasks required to operate the PeerTECH system

including (1) signing into the dashboard with username and password; (2) writing and sending a text message in the dashboard to the smartphone app; (3) assisting service users in completing technology-based PeerTECH tasks, including entering goals on the smartphone app, signing into the smartphone app with username and password, completing surveys on the app, and sending text messages. Real-world task analysis included text messages exchanges, entering service user goals, surveys completed by service users, and frequency of contacting the help desk. Peer support specialists were required to send two text messages each week to service users and were also instructed to include at least one goal in the smartphone app.

Data analysis

Data from the PeerTECH system were imported into SPSS[23] for analysis. The mean adherence from audit data of month 0–1 was calculated to represent “beginning of the certification process” capacity. Mid-point included 1-2 month. Mean capacity audit data from month 2–3 was calculated to represent “end of the certification process” capacity comparisons. To explore changes in capacity to use technology, data were calculated for text messages exchanges, entering service user goals, surveys completed by service users, and frequency of contacting the help desk.

Results

Beginning of Digital Peer Support Certification (Month 0-1)

Between baseline and one-month, 27 service users enrolled in the study. The PI downloaded the app on service users' smartphones or the borrowed smartphone devices. Seven service users borrowed a smartphone during the duration of the study.

Three (33%) peer support specialists needed assistance with their password for a total of 4 times (i.e., peer support specialists forgot their password). One peer support specialist required a password reset (11%; *n*=1). The helpdesk was not contacted for forgotten passwords for service users during this time. However, one service user (11%) required another download of the PeerTECH app. A summary of the results on baseline goals entered, surveys completed by service users, as well as text message sent are detailed in Table 1.

Mid-point (Month 1-2)

The mean capacity from audit data of month 1–2 was calculated to represent "mid-point" capacity. During a 4-hour group meeting with the PI, peer support specialists and their respective supervisors met to discuss PeerTECH. Between baseline and mid-point, the same 27 service users were enrolled in the study.

Between baseline and mid-point, one (11%) peer support specialist needed assistance with their password for a total of one time (i.e., peer support specialists forgot their password). None of the peer support specialists required a password reset between baseline and mid-point. The helpdesk was not contacted for forgotten passwords for service users during this time. A mid-point of the results on goals entered, surveys completed by service users, as well as text message sent are detailed in Table 1.

End of Digital Peer Support Certification Training (Month 2-3)

The mean capacity from audit data of month 2–3 was calculated to represent “mid-point” capacity. The PI met with peer support specialists over the telephone individually, audited their work and sent emails with information related to their work in PeerTECH. Between baseline and mid-point, one (11%) peer support specialist needed assistance with their password for a total of 1 times (i.e., peer support specialist forgot their password). None of the peer support specialists required a password reset between mid-point and the end of the *Digital Peer Support Certification*. The helpdesk was not contacted for forgotten passwords for service users during this time. Table 1 presents information on changes in peer support specialists’ capacity to use digital peer support technology over three-months.

Table 1

Changes in Peer Support Specialists’ Capacity to Use Digital Peer Support Technology

	Baseline	Midpoint		End of Digital Peer Support Certification	
hase	**(1-month)**	**(2-months)**	**% Change**	**(3-months)**	**% Change**
urveys Completed	0	202	Inf	397	96.5%
exts Sent by Peer Specialist	2	19	850%	89	368.4%
ext sent by service user	5	42	740%	67	59.5%
oals	0	10	Inf	16	60%

e. Inf = Infinity. Service users were prompted to complete one 3-item survey on the smartphone h day for 90 days.

Discussion

This study examined the extent to which education and simulation training session, synchronous and asynchronous technology support services, and audit and feedback over three-months impacted peer support specialists' capacity to use digital peer support technology. Peer support specialists' capacity was less likely to change with *only* training (i.e., education paired with simulation-based training), indicating a combinational knowledge translation approach that includes training *and* management may have more success to impact capacity. As the need for digital mental health services has expanded due to stay-at-home measures related to the COVID-19 pandemic, peer support specialists may have a significant role in supporting the needs of people digitally as an augmentative support service to traditional mental health treatment.

The combination of a training and management approach is an effective knowledge translation intervention to increase peer support specialists' capacity to use digital peer support technologies. The *Digital Peer Support Certification* had support from clinical staff, peer support specialists, and the organization and financial support from funders. As such, the context in which implementation of the *Digital Peer Support Certification* supported adoption of the digital peer support technology and flexibility in the uptake by peer support specialists. The improvements in peer support specialists' capacity were likely due to a combination of the following attributes of the *Digital Peer Support Certification*: (a) non-time dependent team learning; (b) non-aversive feedback; (c) inclusion of peer support specialists' practice standards; and (d) reasonable accommodations for

support. Future studies can build on the *Digital Peer Support Certification* success through employing these components. Below we discuss each component in detail.

Team learning within an organization is a key mechanism in promoting uptake of new technologies and new practices[24,25]. Team learning is defined as the collective effort of individuals to achieve a common goal[26]. In the learning organization context, team members commonly ask questions and share knowledge and complement each other's skills[26]. Team learning as part of the *Digital Peer Support Certification* included printed educational materials with group simulation-based training. Research indicates the impact of printed educational materials on improvements in services delivery is generally small[27]. As such, we combined printed educational materials with simulation-based training. Education paired with simulation-based training offered a risk-free opportunity to practice skills; however, this approach demonstrated only a small change in peer support specialists' capacity to use technology. Rather, continuous real-world experience in combination with education and simulation-based training produced the greatest change in capacity as evidenced by the increase in technology capacity over time. For adult learners, learning happens through practice in the real-world[28]. Indicating continuous real-world experience may offer the greatest impact on increasing capacity to offer digital peer support, compared to *only* education paired with simulation-based training.

Feedback that is perceived as supportive rather than punitive is more likely to positively influence behavior[19,29]. Non-aversive behavioral support is consistent with the values and philosophy of peer support services related to dignity and respect [21]. As such, through supportive feedback the facilitator (PI) encouraged peer support specialists to share their experiences/expertise while using the smartphone app and guide others towards solutions. Peer support practice standards value the experiences/expertise of similar others[13].

Peer support specialists were offered reasonable accommodations for technology support,

which is a service regulated and endorsed by the American with Disabilities Act[30]. As such, most employers are obligated to provide reasonable accommodations to a person with a disability (e.g., a diagnosis of a serious mental illness) that substantially limits a major life activity or bodily function[30]. According to the Americans with Disabilities Act reasonable accommodation are defined as "change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities"[31]. For example, training materials are considered a type of an employment opportunity. As such, *Digital Peer Support Certification* offers flexible options for support. From on-going training and professional development to synchronous and asynchronous support services and a 24/7 help desk, this program aims to provide a broad range of reasonable accommodations.

This study is not without limitations. First, not all peer support specialists attended an audit and feedback session. Second, the small sample of peer support specialists may limit the generalizability of the results. Further, in this sample, all peer support specialists owned and use technology prior to using PeerTECH. Thus, all peer support specialists had a baseline level of technology capacity, which is consistent with the scientific literature[32]. However, seven service users borrowed a smartphone, thus, had lower initial technology capacity. Potentially, low initial technology adoption impacted service users rates of technology use. Stratified sampling by technology adoption in future studies may address this potential limitation. Finally, it is not known which learning mechanism produced the greatest effect--education and simulation training session, synchronous and asynchronous support services, and/or audit and feedback. Future research should control for a time and examine the effect of individual and interactive learning mechanisms to optimize mastery of technology skills for peer support specialists.

Conclusion

The *Digital Peer Support Certification* may be an initial first step to standardized telehealth training and competencies in the delivery of digital peer support. As people shelter-in-place and social distance due to COVID-19, the peer support specialist workforce with proper training may have a powerful role in supporting the needs of people digitally in the community. Although the field of digital peer support is in it's infancy[2], potentially, the expansion of digital peer support through wide-scale Medicaid-reimbursements and standards training will have application to the health and wellness of service users during COVID-19 pandemic. The Digital Peer Support Certification shows promising evidence of increasing peer support specialists capacity to use specific digital peer support technology features (e.g., text messaging, ecological momentary assessments on smartphone apps, goal setting). Findings also highlighted that less likely to change with *only* training (i.e., education paired with simulation-based training), suggesting a combinational knowledge translation approach that includes training *and* management may have more success to impact capacity.

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Supplementary Files

Figures

Digital peer support certification process.