

Nebraska's Transformation Transfer Initiative

Final Technical Report

March 14, 2010

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Background

In November 2008, the Nebraska Department of Health and Human Services (DHHS) applied for a Transformation Transfer Initiative Grant from the National Association of State Mental Health Program Directors. The intent of the application was to build on current reform efforts in Nebraska and take the next steps in developing Peer Support. This initiative is built on the premise that Peer Support needs to be part of the next chapter in Nebraska's behavioral health reform moving from a focus on the individual's illness to one that focuses on the person's strength. Recovery is no longer only about what clinicians do to consumers but rather what consumers do for themselves and with each other.

The DHHS Division of Behavioral Health received the Transformation Transfer Initiative Grant in Spring 2009. The Division contracted with the University of Nebraska Public Policy Center (PPC) to coordinate implementation of the initiative. The major components of the Initiative that were incorporated in the contract between DHHS and the University include the following:

Prepare a Request for Proposal (RFP) – the PPC will prepare a Request for Proposal to be approved by the Department in order to select qualified trainer(s) for Peer Support and Peer Support Train-the-Trainer. In preparing the RFP, (1) Regional Consumer Specialists, consumer organizations and other stakeholders designated by the Department will be fully involved; (2) There needs to be a listing of the core competencies for the Peer Support; (3) potential bidders need to be specifically excluded from the development of the RFP; (4)The Department assigns the following staff member to serve as the Subject Matter Expert under this contract for Adult Peer Support – Carol Coussons de Reyes, Administrator of the Division of Behavioral Health Office of Consumer Affairs

Administer a Competitive Bid Process – the PPC will use the Department approved RFP to identify qualified individual(s) or organization(s) to provide Peer Support Training in Nebraska. Regional Consumer Specialists, consumer organizations and other stakeholders who assisted with the RFP will be fully involved in this process. The final product is the list of qualified providers, with sufficient documentation for Scot Adams, Director of the Division of Behavioral Health, to select the best qualified bidder(s) to implement the training.

Participant Travel Expenses and/or Honoraria - the PPC shall pay travel expenses and/or honoraria for peers to attend the training.

Complete an Evaluation – the University will complete an evaluation of the Peer Support Training including but not limited to the development and administration of a strategy involving a

pre-test and post-test of consumers attending the training, data analysis and reporting of results.

What Other States Are Doing – the PPC will complete an analysis on what other states are doing in Peer Support, Family Peer Support and how they are sustaining it. The final product needs to be prepared in a manner that can be posted on the Department web site.

Statewide Peer Support Meeting – the PPC will schedule one statewide meeting on Peer Support Training and Family Peer Support providing the logistics, registration, publicity, and related areas. This includes working with the Peer Support Trainer contractor(s). The Peer Support Trainer contractor(s) role for this Statewide meeting needs to be included in the RFP.

UN PPC Technical Report - – the University will submit a Technical Report to the Division summarizing the project, including goals, timelines, and participants, and achievements with a section highlighting the project's tangible outcomes, both current outcomes as of September 4, 2009 and the outcomes expected will be produced from this federal investment in the future.

Final UN PPC Technical Report - After the final training is completed, and the evaluation is done, the PPC will submit a Technical Report to the Division summarizing the project, including goals, timelines, and participants, and achievements with a final section highlighting the project's tangible outcomes, both current outcomes as of and the outcomes expected will be produced from this federal investment in the future. The report is due approximately April 2010.

Quarterly Reporting – Provide a progress report to the State Advisory Committee on Mental Health Services at their regularly scheduled quarterly meetings.

Contract for Training – Later in the process the contract between DHHS and the University of Nebraska Public Policy Center was amended to include flowing the funding for training through the University. The University then contracted with the bid winner to conduct peer support training, conduct a train-the trainer session, and produce a peer support curriculum that could be used to train individuals in Nebraska in years to come.

RFP/RFQ Development

An important step in developing peer support is the creation of a training curriculum that can be used in Nebraska on an ongoing basis, training individuals in Nebraska who are interested in

providing peer support, and training peer support trainers in Nebraska who will provide peer support training in the future. The Behavioral Health Division contracted with the University of Nebraska Public Policy Center (PPC) to administer a competitive bid process to select a highly qualified organization to develop and provide the peer support training. The PPC in consultation with the Division, created a Peer Support Steering Committee to develop a Request For Proposals (RFP) and to participate in the review process. This Steering Committee consisted primarily of consumers of behavioral health services (see Attachment A for membership). The Steering Committee began meeting on July 27, 2009 and developed the Request For Proposals that was issued September 15, 2009. Proposals were received and opened on October 16, 2009 (see Attachment B for a list of submitting organizations). The Steering Committee designed a scoring and review process (see Attachment C for the scoring process) and met on October 20, 2009 to develop final recommendations to the Division.

The Steering Committee came to consensus on a recommendation for an organization. The Committee recommends Focus On Recovery – United (FOR-U). This proposal received the highest numerical rating of the five proposals and included the following strengths:

1. The organization is consumer controlled and considered a leader in the field.
2. The meet or exceed all the requirements for organizational capacity and experience.
3. The general approach included innovation such as teleconference peer training supervision.
4. The work plan was exceptional and included how the curriculum would incorporate all the Nebraska competencies.
5. The staff of the organization appear to be exceptionally qualified.
6. The organization has substantial national and international experience in delivering peer support training and train the trainers.
7. The quality of all aspects of the proposal substantially exceeded that of the other proposals.

The Committee also developed a Request For Qualifications for individuals to assist in developing a training curriculum specific to Nebraska. The content of the curriculum was to include topics unique to Nebraska such as Nebraska behavioral health laws, resources available in Nebraska communities, access to behavioral health services, and the structure of the Nebraska behavioral health system, or other areas relevant to Nebraskan peer support.

Winning Award – Focus On Recovery United

Focus on Recovery-United, Inc. (FOR-U) is a peer-run organization located in the state of Connecticut. This organization has provided education and training and curricula development over the past 6 years – all for people in recovery by people in recovery. Central to the work at FOR-U is the philosophy of Intentional Peer Support (IPS), developed by Shery Mead. Fundamental to Mead’s work on peer support is establishing intentional relationships. IPS is a

way of thinking about purposeful relationships. It is a process where people use the relationship to look at things from new angles, develop greater awareness of personal and relational patterns, and to support and challenge each other as they try new things. FOR-U proposed to work in collaboration with Shery Mead Consulting and Chyrell D Bellamy of Yale's Program for Recovery and Community Health (PRCH) to develop a well-rounded training for Peers of Nebraska which combines all of the competencies requested by Nebraska which includes: IPS, Person-Centered Planning (PCP); WRAP Overview; and Pathways FOR-U (Pathways to Recovery). The FOR-U approach moves beyond generalist approaches to peer support training and includes elements needed for sustaining peers in the community and in the workplace.

FOR-U also proposed to ensure that training transfer takes place; along with the 9-day Peer Training, FOR-U proposed an evaluation of the training; and, a teleconference allowing peers trained to experience the co-supervision approach (this is a structure that can then be maintained by peers post-training to support and learn from each other). For the training of trainees, OR-U proposed a similar structure that will include a teleconference to provide co-supervision and assistance as needed; followed by an opportunity for the new trainees to be coached when they conduct a pilot training.

Peer Support Training

The University of Nebraska Public Policy Center contract with Focus On Recovery United (FOR-U) to conduct peer support training in Nebraska. The components of this training included the following:

- Provide a Peer Support training for approximately 35 persons on or around January through February following the work plan submitted on October 16, 2009 by FOR-U.
- Provide "Train the Trainer" training for 15 persons on or around April 12, 2010 to April 16, 2010 following the work plan submitted on October 15, 2009 by FOR-U.
- Complete additional tasks and produce the final products delineated in the work plan submitted on October 15, 2009.
 - Adapt and modify pre-existing manuals as necessary for the trainings
 - Develop/modify new materials such as Person Center Planning for the trainings.
 - Modify Pathways group manual for personal use and or use with other Persons in Recovery.
 - Incorporate history of consumer movement, self-care and stigma materials into the trainings

- Develop PowerPoint slides, additional handouts and other materials for Peer Supporters training curriculum and for Trainers training curriculum
- Critique materials and process from Peer Supporters training.
- Review Peer Supporters Action Plans
- By February 1, 2010, produce a report documenting completion of “Peer Support” training using evaluation tool and feedback from participants and trainers to document lessons learned, challenges and any changes that need to be made to the curriculum.
- By May 1, 2010, produce report documenting the completion of “Train the Trainers” training using evaluation tool and feedback from participants and trainers to document lessons learned and any changes that need to be made to the curriculum.
- Observe and provide new trainers with feedback and coaching.
- Conduct a Co-Supervision teleconference for trained peer supporters, training peer supporters in Co-Supervision model, practice of Co-Supervision and get questions and answers from peers along with feedback.
- Hold Pre/Post Pilot training Teleconference consultations for Trained Trainers including: Co-Supervision, review of process and content of pilot training, questions and answers, feedback and document lessons learned challenges and any changes that need to be made to the curriculum.
- By May 1, 2010, produce for review a draft curriculum that can be used by Nebraska peer support trainers for future peer support trainings in Nebraska.
- By May 15, 2010, produce a final curriculum, including power point slides and training manual, that can be used by Nebraska peer support trainers for future peer support trainings in Nebraska.
- A final report by May 15, 2010 documenting completion of all deliverables including a complete evaluation, complete curriculum modifications, document completion of all deliverables and deliver final training curriculum.
- Pay for participant costs to attend the trainings (including but not limited to accommodations for participants, travel reimbursement for participants at \$0.50 a mile, other expenses associated with participation in the trainings) within the budget

Evaluation of Training

The initial peer support training was held in February 2010. The University of Nebraska Public Policy Center (PPC) and Focus on Recovery United (FOR-U) collaborated to conduct an evaluation of the peer support training. Most participants in the training were female, between 36 and 55 years of age, and had completed a college degree. Nearly all participants were in recovery from mental health issues while nearly 58% were in recovery from substance abuse issues. As a result of the training, participants significantly increased their knowledge of peer support. In addition, there were significant differences in participant perceptions related to their abilities. After the training, participants were more confident they could accomplish their goals and that they could solve most problems if they invested the necessary effort. The large majority of respondents thought the training was very useful, that their job would be supportive of the skills learned in the training, that the trainers were very interesting, and that the training helped to enhance their appreciation and understanding of peer support.

In phone interviews after the training, all respondents indicated their goals had been met by the training. Respondents thought the most helpful parts of the training included making connections with peers, role playing, and being exposed to different points of view. Suggestions for improvement included having trainers tell their personal stories, shortening the length of the training, and having more breaks. There was also some criticism of the training location. Some participants found it hard to hear the trainers and pillars made it hard to see. Overall, the training received very favorable reaction.

Literature Review

The literature review focused on what other states were doing with peer support and family peer support. The review included identification of states that use Medicaid and other sources of funding for peer support services, training programs for peer support including identification of core competencies, peer support certification approaches, programs developed to provide substance abuse peer support, organizational structures for administration of peer support, and examples of codes of ethics for peer support.

Next Steps

Although this report summarizes progress on Nebraska's Transformation Transfer Initiative to date, additional steps are scheduled in the future: FOR-U will 1) be developing PowerPoint slides, additional handouts and other materials for Peer Supporters training curriculum and for Trainers training curriculum that can be used for future training in Nebraska, 2) identify how the curriculum will be modified based on lessons learned from the peer support training, 3) review peer supporters action plans, 4) by May 1, 2010, produce report documenting the completion of "Train the Trainers" training using evaluation tool and feedback from participants and trainers to document lessons learned and any changes that need to be made to the curriculum, 5) observe and provide new trainers with feedback and coaching, 6) conduct a co-supervision teleconference for trained peer supporters, training peer supporters in co-supervision model,

practice of co-supervision and get questions and answers from peers along with feedback, 7) hold pre/post pilot training teleconference consultations for trained trainers including co-supervision, review of process and content of pilot training, questions and answers, feedback and document lessons learned challenges and any changes that need to be made to the curriculum, 8) by May 1, 2010, produce for review a draft curriculum that can be used by Nebraska peer support trainers for future peer support trainings in Nebraska, 9) by May 15, 2010, produce a final curriculum, including power point slides and training manual, that can be used by Nebraska peer support trainers for future peer support trainings in Nebraska, and 10) produce final report by May 15, 2010 documenting completion of all deliverables including a complete evaluation, complete curriculum modifications, document completion of all deliverables and deliver final training curriculum. The University of Nebraska Public Policy Center will continue monitoring these work products and provide progress reports to the Nebraska Department of Health and Human Services.

Attachment A
Peer Support Steering Committee Members

Name	Position
Carol Coussons de Reyes	Administrator, DHHS Office of Consumer Affairs
Phyllis McCaul	DHHS
Dan Powers	DHHS
Judie Moorehouse	Region 1
Corey Brockway	Region 2
Nancy Rippen	Region 2
Tammy Fiala	Region 3
Lisa Sullivan	Region 4
Lisa Rehwaldt-Alexander	Region 5
Ken Timmerman	Region 6
Candy Kennedy	Nebraska Federation of Families
J. Rock Johnson	Legislative BH Oversight Commission
Alan Green	Mental Health Association of Nebraska
C. J. Zimmer	Nebraska Independent Living Council
Jack Buehler	NAADAC Regional Director
Kim Carpenter	Nebraska Coalition for Women's Treatment

Attachment B
Submissions in Response to the Peer Support Request For Proposals

1. Community Alliance Rehabilitation Services
4001 Leavenworth Street
Omaha, NE

2. Depression and Bipolar Support Alliance
730 N. Franklin Street, Suite 501
Chicago, IL

3. Focus on Recovery-United, Inc.
100 Riverview Center, Suite 272
Middletown , CT

4. New York Association of Psychiatric Rehabilitation Services
1 Columbia Place
Albany, NY

5. Recovery Academy
282 Leonard Street, NW
Grand Rapids, MI

Attachment C

**Scoring Process for Responses to the Request for Proposals to Develop and Conduct
Peer Support Training in Nebraska**

Reviewer Name: _____ Applicant Name: _____

Component	Scoring Criteria	Score	Comments
Organizational Capacity and Experience (20 points)	Organization is stable (6)		
	Organization is consumer controlled (7)		
	Organization has experience in developing/providing peer support training (7)		
General Approach (to developing the curriculum and conducting the required training (20 Points)	Peer support curriculum covers required areas in 1.2.2 (7)		
	Approach to peer training (7)		
	Train the trainers approach and curriculum (6)		
Work Plan (10 Points)	Excellent plan (10) Adequate plan (5) Inadequate plan (0)		
Management and Staffing (20 Points)	Exceptionally qualified (20) Well qualified (15) Somewhat qualified (10) Minimally qualified (5) Not qualified (0)		
Examples of Previous Work (15 points)	High quality work (15) Quality work (10) Low quality work (5) Poor quality work (0)		
References (15 Points)	High quality references (15) Quality references (10) Low quality references (5) Poor quality references (0)		
Total Score – 100 possible			

Evaluation of the Peer to Peer Support Training

Based on pre and post-training surveys, and follow-up phone interviews



MARCH 2010

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1. Introduction

A selected group of individuals received training on peer support during a period of eight days in the city of Lincoln, Nebraska. Participants of the training received information about Intentional Peer Support (IPS), Self-Care, and Person-Centered Planning (PCP). Trainers for these activities were members of the Focus on Recovery-United, Inc. (FOR-U), a peer-run organization located in the state of Connecticut. The training activity was conducted between February 6 and February 11. The training activities were performed from 9 a.m. to 5 p.m., which included weekends. The Peer Support training was held in the Apothecary Building, located in downtown Lincoln, Nebraska. A total of 31 participants were present at the end of the training activity. As part of the contracted activities with the Nebraska Department of Health and Human Services, Division of Behavioral Health, an evaluation was conducted by the University of Nebraska Public Policy Center (PPC). The **main purpose** of the evaluation was to record and measure the opinions, change of knowledge and level of satisfaction of the participants who attended the training.

2. Objectives of the evaluation

The **primary objective** of the evaluation was to measure the change in knowledge that participants may have experienced by participating in the Peer-to-Peer Support training. To measure change of knowledge, pre and post-training surveys were administered to participants. The **secondary objective** was to evaluate overall satisfaction among participants about the training. The post-training survey and a randomized follow-up interview contained questions related to satisfaction.

2.1 Procedures

Two different instruments were applied to participants to measure their knowledge and perceptions about the training activity: 1) pre and post surveys, and 2) follow-up phone interviews.

1) **Pre and post-training surveys** were given to participants and aimed to evaluate changes in knowledge. A consent form (**Appendix A**) was distributed along with the pre-test survey (**Appendix B**). Pre and post training surveys and the consent form included a unique identifier, making it possible to match individuals' answers and acquire the permission of participants to be contacted for a follow-up interview. The post-training survey can be found in **Appendix C**. The pre-training survey was applied at the beginning of the first day of the training, and the post-training survey during the last day of the training. Most of the participants completed the pre and post surveys within 20 to 30 minutes. Twenty-six participants completed the pre-test along with the letter of consent, and the post-test was completed by 24 participants (two of the original attendees of the training were not present the last day of the training).

Consent form: The consent form explained the purpose of the evaluation, description of procedures, risks and inconveniences, benefits, and specifics about confidentiality including that the data will be de-identified, stored in a locked cabinet. The consent form was explained individually to all participants. Participants signed the consent form for the data collection procedure. It was also requested that the participants sign the consent form a second time if the participant agreed to be contacted by phone as part of the follow-up procedure.

2) **Follow-up phone interviews.** Participants were contacted four weeks after the end of the training activity to find out how they have used the techniques they learned, their overall opinion about the activity, and any additional feedback they would like to add to the Peer Support Training experience. Answers to the follow-up phone interviews were transcribed using word processor MS Word. Each participant had a unique digital file where the answers were recorded. See **Appendix D** for details of the questions asked during the phone interviews.

2.1.1. Data entry and accuracy

Answers to the pre and post training surveys were entered using statistical software SPSS v. 18 for analysis. To test for data quality and data accuracy, data entry was double-checked by a research specialist at the Public Policy Center.

2.1.2. Limitations of the survey design

During the application of the post-training survey one of the participants of the training noticed that Section A of the survey –“Describe how you think about yourself right now” contained an error in the heading sections (Likert type options of agreement) versus the options available in each of the boxes which contained a different set of options (not all true, barely true, moderately true and extremely true). It is possible that some participants answered the questions following the headings, and other participants could have followed the options available in the boxes. Therefore, results in this section should be taken with caution.

3. Contents of the Training Surveys and Follow-Up Interviews

Contents of the pre and post surveys were developed by staff from FOR-U and the University of Nebraska Public Policy Center.

The **Pre-Training Survey** consisted of four sections:

Section 1: This section contained demographic questions (age, gender, race/ethnicity, education). It also asked about work activities, past training experiences, need for job supervision, and whether the participant considered him/herself in recovery from a mental health or substance use/abuse issue.

Section 2: This section included a Likert type set of 10 questions about how the participant thinks about him/herself at the time of taking the survey.

Section 3: This section included 35 questions related to how the participant handles situations with “peers”.

Section 4: This section included 35 questions about concepts related to Intentional Peer Support. Even though participants at this time have not yet received any training on the topic, the intent was to have an idea of their basic knowledge at the beginning of the activity and then compare the changes using the post-training survey which contained the same set of questions.

The **post-training survey** consisted of a set of questions similar to the pre-training survey, omitting section 3 (i.e., handling situations with peers), but adding open-ended questions regarding participant perceptions about the training such as “*What did you learn about yourself from this training?*” and “*How would you describe the Peer Support philosophy (...) in contrast with traditional mental health services?*”; the survey also included Likert-type questions related to overall satisfaction with the training, the trainers, location, etc. The post-training survey also included questions about participants’ opinions regarding how to improve the training, and asked participants to describe situations that pushed their “comfort zone”.

The **Follow-Up phone interview** consisted of seven questions (see Appendix D). A group of eight participants (30%, $n = 26$) were randomly selected for a follow-up. Only individuals who consented to be contacted were selected. Phone interviews were conducted between March 3 and March 8, 2010.

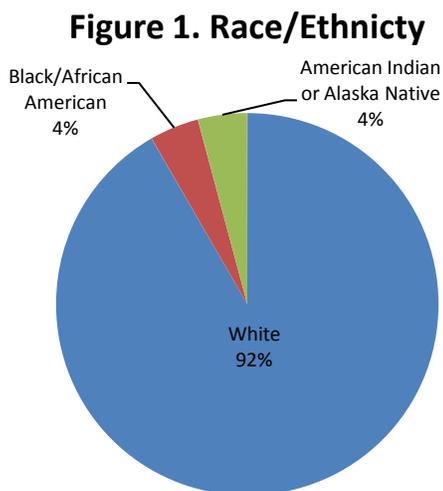
4. Results

4.1 Demographics

4.1.1. Gender and Race/Ethnicity

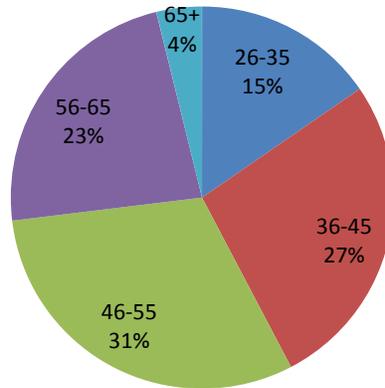
Nearly three-fourths of participants were female (73.1%, $n = 19$). Males represented 26.9% of the total number of participants ($n = 7$).

In terms of race/ethnicity, ninety-two of the participants were white, and 8% represented minority groups (4% Black/African American, and 4% American Indian or Alaska Native). No Hispanic/Latino participants were present. See Figure 1.



Age of the respondents were concentrated in the range 46-55 years (31%), followed by 36-45 years (27%), 56-65 years (23%), 26-35 years (15%), and finally those 65+ years old representing only 4%. See Figure 2.

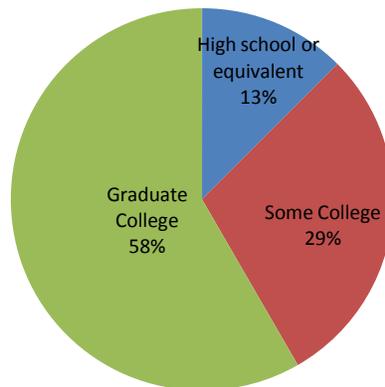
Figure 2. Age Ranges



4.1.2. Education

Over half (58.3%, n =14) of the participants have completed a college degree, nearly a third had some college (29%) and 13% completed high school or its equivalent. Of the participants who had a college degree, 26.7% had an Associate degree, 33.3% had a Bachelors degree, 20% had their Masters, and 20% had a Doctoral degree. See Figure 3.

Figure 3. Highest Degree Completed



4.1.3. Work

Participants were asked to indicate if they work with people in recovery. Over eighty percent (80.8%, n = 21) of them work with people in recovery from mental illness. Nearly one-third (36.4%) who work do volunteer work, in comparison to 53.8% (n = 14) who work as a paid employee. One-fourth of participants work over 35 hours a week (n = 6), and three-fourths are half time employees (n = 18). Participants were asked to answer how many years they have been working with people in recovery (paid or volunteer), and one-third indicated that they have worked between 3-5 years, followed by those that have worked over 6 years (29.2%), then 1-2 years (20.8%) and finally less than 1 year (12.5%). Participants were also asked if they had received an intensive peer training to work with people in recovery. Over two-thirds indicated that they have been trained in WRAP, followed by other types of training (18.2%, i.e., NAMI; IPS; DBT), and then Agency Sponsored Training (9.1%). We asked whether participants receive supervision for the work they currently do with peers in recovery from mental illness. Over half (56%, n = 14) of the participants receive some kind of supervision while at work, whereas 32% indicated that they do not receive any kind of supervision.

4.1.4. Health status

Participants were asked if they considered themselves in recovery from mental health issues and substance abuse. Most of the participants considered themselves in recovery from mental health issues (92.3%, n = 24), and over half (57.7%, n =15) indicated they consider themselves in recovery from substance abuse issues.

4.1.5 Handling situations with “peers”

Thirty-five questions (items) were asked relating to how participants interact with peers they are working with/support. This section was not included in the post-training survey. Options to the questions were formatted following a Likert-type scale and a numerical order was assigned to each of them to facilitate statistical analysis: Never (1), Rarely (2), Sometimes (3), Most of the Time (4), and Always (5). The answers to each of the questions were averaged and then sorted from the lowest to highest mean value. The minimum mean value was 2.04 and the maximum was 4.36. Mean values were grouped into four categories according to the averages

obtained on each item: **Low** (mean range: 2.04-2.62), **low-middle** (mean range: 2.63-3.21), **middle-high** (mean range: 3.22-3.8), and **high** (mean range: 3.81-4.36). The minimum average value obtained was for question B11: "I use my authority to make a decision in my favor", followed by B18: "I usually surrender my point when with a peer." The maximum score obtained was for question B35: "*I try to work with a peer for a proper understanding of a problem*", followed by B15: "*I exchange accurate information with a peer to solve a "problem"/issue together.*" By grouping the questions into their respective categories, themes related to participant's behavior were evident. For instance, under category "Low", a theme related to managing power in relationships was revealed. It seems also that participants do not feel comfortable arguing with authoritative figures. Under the "Low-middle" category, it reveals the way participants interact with others peers. Under the "Middle-high" category, participants seemed slightly more comfortable with situations where negotiations with others are at stake. And finally, participants felt much comfortable when instances of collaboration are possible. Table 1 shows the questions that belong to each category from low to high and their respective themes.

Table 1. Categories, Questions and Themes Related to Handling Situations with Peers

Category	Questions	Theme
Low	11. I use my authority to make a decision in my favor 18. I argue my point with a peer to show the merits of my position 31. I sometimes use my power to win a competitive situation 17. I usually surrender my point when with a peer 24. I use my expertise to make a decision in my favor	Dealing with power
Low-middle	23. I avoid an encounter with a peer 13. I give in to the wishes of a peer 10. I use my influence to get my ideas accepted 8. I usually hold on to my solution to a problem 27. I am generally firm in pursuing my side of the issue 25. I often go along with the suggestions of a peer	Managing inter-relationships
Middle-high	19. I try to play down our differences to reach a compromise 16. I sometimes help a peer to make a decision in his favor 32. I try to keep my disagreement with a peer to myself in order to avoid "hard" feelings 7. I usually avoid open discussion of my differences with a peer 22. I try to stay away from disagreement with a peer 3. I attempt to avoid being "put on the spot" and try to keep my conflict with a peer to myself 30. I try to satisfy the expectations of a peer 33. I try to avoid unpleasant exchanges with a peer 12. I usually accommodate the wishes of a peer 9. I try to find a middle course to resolve an issue when I feel stuck 20. I usually propose a middle ground for breaking deadlocks (when we are stuck on an issue) 4. I try to integrate my ideas with those of a peer to come up with a decision jointly 21. I negotiate with a peer so that a compromise can be reached 26. I use "give and take" so that a compromise can be made	Negotiation

Category	Questions	Theme
High	5. I give some to get some 14. I win some and I lose some 6. I try to work with a peers to find solutions to a problem which satisfy our expectations 34. I generally avoid an argument with a peer 29. I collaborate with a peer to come up with decisions acceptable to us 28. I try to bring all our concerns in the open so that the issues can be resolved in the best possible way 1. I try to investigate an issue with a peer to find a solution acceptable to both of us 2. I generally try to satisfy the needs of a peer 15. I exchange accurate information with a peer to solve a “problem”/issue together 35. I try to work with a peer for a proper understanding of a problem	Collaboration

4.2 Pre and Post Training Survey Results

The pre-training survey was answered by 26 participants. A total of 31 participants were present during the last day of the training; 24 of them filled out the post-training survey since the consent form was signed during the first day of the training (two participants who completed the pre-training survey were absent for the completion of the post-training survey).

4.2.1 Intentional Peer Support Results

The pre and post-training surveys contained 35 questions related to *Intentional Peer Support* (IPS). Over three-fourths (77.4%) of the pre-training questions were correctly answered by the participants, in comparison to 83.8% in the post-training survey. Overall, taking into consideration all the correct versus incorrect answers for both the pre and post-training surveys, participants increased their level of knowledge during the training, and the increase was significantly different in comparison to the initial stage ($Z = 3.339, p < .001$). Noticeable improvements on 23 items out of 35 were found (65.7%), however due to the small sample size across items it did not result in statistically significant differences. Significant improvements in

knowledge were found on two items of the IPS questionnaire, such as on item C6 - “Mutuality in a paid relationship means that...” ($Z = 2.146, p < .05$), and on item C25 – “A mutually responsible relationship means...” ($Z = 2.03, p < .05$). See Table 2 below.

Table 2. Results about Intentional Peer Support (IPS)

	PRE TEST Sample size n =26	POST TEST Sample size n = 24	Difference statistically significant ($\alpha = .05$). ** means <u>not</u> significant
	% CORRECT (n)	% CORRECT	
1. Intentional peer support is...	84.6 (n =22)	100 (n =24)	**
2. Intentional peer support is about	76.9 (n =20)	91.7 (n =22)	**
3. To be self-aware means...	88.5 (n = 23)	87.5 (n =21)	**
4. Connection is...	92.3 (n = 24)	91.7 (n =22)	**
5. Worldview is...	88 (n =22)	87.5 (n =21)	
6. Mutuality in a paid relationship means that...	68 (n =17)	95.8 (n = 23)	($Z = 2.146, p < .05$)
7. It is important to be aware of mutuality because:	92.3 (n=24)	100 (n=24)	**
8. If you are moving towards, you are:	56 (n = 14) 2 nd option: Helping yourself to overcome your problems (36%, n =9)	75 (n =18)	**
9. An example of “moving towards what you want”	40 (n = 10) 1 st option: “Feeling better about my self” (56%, n = 14)	45.8 (n = 11) tied with “Feeling better about my self”	**
10. The use of language is important because...	45.2% (n =14). 2 nd option: “Some words are more positive than others”	58.3 (n =14)	**
11. In the first contact conversation I have with a peer ...	84.6 (n =22)	91.7% (n =22)	**
12. Good listening involves...	54.2 (n = 13). 2 nd option: making eye contact (33.3%, n =8)	58.3% (n = 14)	**
13. Listening from a position of not knowing means...	88.5 (n =23)	95.8 (n = 23)	**
14. Listening for the untold story means...	88.5 (n = 23)	79.2 (n = 19)	**

	PRE TEST Sample size n =26	POST TEST Sample size n = 24	Difference statistically significant ($\alpha = .05$). ** means <u>not</u> significant
15. When someone tells you that they're not feeling great, you probably should...	76.9 (n = 20)	91.7 (n = 22)	**
16. The kind of questions you ask matter because...	73.1 (n= 19)	83.3 (n = 20)	**
17. It's useful to use a "relevant change story" when...	100 (n =25, missing 1)	100 (n = 24)	**
18. An example of the task of mutuality is...	92 (n =23, missing 1)	95.8 (n =23)	**
19. An example of an observation is...¹	16 (n = 4). 1 st option: "She's pretty" (56%, n =14). Missing =1	8.3 (n =2)	**
20. Considering someone's worldview means	100 (n = 26)	100 (n =23, missing 1)	**
21. Boundaries...	76.9 (n = 20)	83.3 (n =20)	**
22. An important boundary to set in peer support is...	80.8 (n = 21)	83.3 (n =20)	**
23. Flexible boundaries are...	100 (n =26)	100 (n =24)	**
24. Mutual responsibility involves...	24 (n =6). 1 st option: "Taking responsibility of each other". (54.8%, n =17)	45.8 (n = 11)	**
25. A mutually responsible relationship means...	57.7 (n = 15).	87.5 (n = 21)	(Z = 2.03, p < .05)

¹ Construct of this question needs to be assessed as participants choose at pre and post test the same wrong answer.

	PRE TEST Sample size n =26	POST TEST Sample size n = 24	Difference statistically significant ($\alpha = .05$). ** means <u>not</u> significant
26. Getting out of the Victim-Persecutor-Rescuer cycle involves...	100 (n=26)	100 (n =24)	**
27. One of the ways we might abuse our power is...	76.9 (n =20)	75 (n =18)	**
28. It's important to have an awareness of power because...	65.4 (n= 17)	75 (n =18)	**
29. Bias and privilege ...	92.3 (n =24)	87.5 (n =21)	**
30. Strong feelings tell us...	88 (n =22)	83.3 (n =20)	**
31. Shared Risk means...	92 (n =23)	95.8 (n =23)	**
32. It's important to think about safety as...	73.1 (n 19)	95.8 (n =23)	** ($p = .07$)
33. When you're feeling uncomfortable in a situation you should...	92.3 (n =24)	100 (n =24)	**
34. Negotiating reality means...	96 (n =24)	100 (n =24)	**
35. When someone tells you they're feeling suicidal...	76 (n =19)	87.5 (n = 21)	**
Total % Correct	77.4	83.8	

4.2.2. Questions related to how do you feel about yourself

Ten questions were asked in the pre and post-training surveys relating to how the participant thought about his/her feeling at the time of conducting the survey. Some of the questions were *"I can always manage to solve difficult problems if I try hard enough"*; and *"I can remain calm when facing difficulties because I can rely on my coping abilities."* Mean comparisons were conducted to find out whether participants felt different at the beginning of the activity in comparison to the last day of the training. An ANOVA statistical test was performed to find differences between pre and post-training answers. In eight out of the ten questions no

significant differences were found between pre and post-training surveys. Two individual items were found to be statistically different: 1) “*I am certain that I can accomplish my goals*”, and 2) “*I can solve most problems if I invest the necessary effort.*” See Table 3 below for details.

Table 3. Mean comparisons between pre and post-training survey (“Describes how you think about yourself right now.”)²

	PRE TEST (Mean) Sample size n =26	POST TEST (Mean) Sample size n = 24	Difference statistically significant ($\alpha = .05$). ** means <u>not</u> significant
I can always manage to solve difficult problems if I try hard enough.	3.34	2.41	**
If someone opposes me, I can find the ways and means to get what I want.	2.8	2.54	**
I am certain that I can accomplish my goals.	3.42	2.58	$t(20) = 3.55, p <.05$
I am confident that I could deal efficiently with unexpected events.	3.15	2.54	**
Thanks to my resourcefulness, I can handle unforeseen situations.	3.23	2.62	**
I can solve most problems if I invest the necessary effort.	3.46	2.62	$t(20) = 3.895, p <.05$
I can remain calm when facing difficulties because I can rely on my coping abilities.	3.26	2.54	**
When I am confronted with a problem, I can find several solutions.	3.19	2.66	**
If I am in trouble, I can think of a good solution.	3.19	2.70	**
I can handle what ever comes my way.	3.11	2.45	**

² Results should be taken with caution due to small sample size and to differences in design of the pre and post training surveys.

4.2.3. Questions related to quality of the training

The post-training survey contained 5 Likert-type questions. The aim of the questions was to get the opinion of the attendees about the quality of the training, its content and effectiveness. The questions and the results are as follows:

Questions:

- 1) To what extent do you think your job will be supportive of you using the skills you learned at the training?**

Likert-type categories: 1) Not at all; 2) A Little; 3) Somewhat; 4) Substantial

Nearly three-fourths (78.3%, n =18) of the respondents indicated that the training will be supported in their jobs. Only four respondents (17.4%) answered “Somewhat”, and one “A little (4.3%).

- 2) How would you rate the training overall:**

Likert-type categories: 1) NOT at all Useful; 2)A little; 3)Mostly Useful; 4)Very Useful

The majority of respondents (83.3%, n =20) rated the training as “Very useful”, and four (16.7%) rated it as “Mostly useful.”

- 3) How you would you rate the trainers overall:**

Likert-type categories: 1) Not at all interesting; 2) Of little interest; 3) Mostly Interesting; 4) Very Interesting

The majority of respondents (83.3%, n =20) rated the trainers as “Very interesting”, and four (16.7%) rated it as “Mostly interesting.”

- 4) Is the training useful for your work?**

Likert-type categories: 1) NOT at all Useful; 2)A little; 3)Mostly Useful; 4)Very Useful

Three-fourths (73.9%, n = 17) of respondents indicated that the training was “Very useful”, 17.4% (n = 4) answered that was “Mostly useful”, and only two participants (8.7%) indicated that the training was “A little” interesting.

5) To what extent has the training helped to enhance your appreciation and understanding of your role as a peer supporter?

Likert-type categories: 1) NOT at all Useful; 2)A little; 3)Mostly Useful; 4)Very Useful

78.3% of respondents found the training “Very helpful” to enhance the appreciation of the role as a peer supporter; Four respondents (17.4%) answered “Mostly helpful”, and only one participant (4.3%) indicated “A little.” As a follow-up to this question, it was asked to explain more in detail the answer to question 5. The following is an extract of some of the answers:

“ANY TRAINING THAT ONE CAN TAKE TO ENHANCE AND CHALLENGE ONES OWN KNOWLEDGE IS NOT ONLY IMPORTANT TO ONES SELF BUT THE ABILITY TO LET OTHER BECOME AWARE OF NEW PROGRAMS”

“I AM NOT WORKING NOW BUT I HOPE TO USE THESE SKILLS TO INFILTRATE A LITTLE MORE PATIENT/ CONSUMER/ PEER/ CLIENT/ WHATEVER POWER WHEN I BECOME EMPLOYED. I THOUGHT THERE WILL BE SOME RESISTANCE IN MEDICAL SETTINGS.”

“I BELIEVE I WILL BE A BETTER PEER SUPPORT WORKER BY USING CONNECTION, VALIDATION AND CO-LEARNING.”

“I HAVE TO USE IT IN A CLINICAL SETTING SO IT'S VERY VALUABLE TO HAVE CONCRETE GUIDELINES.”

“MY ROLE SUPPORTER IS NOT PROFESSIONALLY BASED SO THE TRAINING HAS GIVEN ME MORE CONFIDENCE IN MY ABILITIES TO HELP OTHERS BY USING THE SUGGESTIONS AND EXPERIENCES I'VE LEARNED A THIS TRAINING.”

4.3. Phone Interviews

Participants of the phone interviews (n = 8) answered seven questions related to their overall impressions of the activity and how they have used the techniques learned since they finished the training. On average the interviews lasted 10 minutes per participant.

Questions:

1) Were your goals attending this training accomplished (i.e., learning new peer techniques, meeting new people)?

All participants indicated that their goals were accomplished, although not all were specific about their expectations. One of the participant said *"I wanted to improve my peer support abilities."* Another mentioned that he wanted to learn about the model that was going to be explained by the trainers. One participant added: *"I just wanted to know as much as possible about everything related peer support."*

2) What was the most helpful part of the training for you?

One of the participants said that was helpful to "Make connections with peers". One participant was specific in describing topics covered during the training: *"The trainee indicated that role playing was very useful as it allowed interacting and sharing practical experiences. The trainers offered tips and attendees received advice from the trainers how to relate to people. Trainers were very knowledgeable."* Another participant mentioned that group facilitating was very helpful and that was what he really to learn the most. One interviewee mentioned **role playing** as one of the most helpful activities: *"Role playing. I could see my deficits in that. It made me think. It put me in the thinking mood. You become more aware of the peers. You have to follow the four tasks."* Another participant added: *I think the experience to see a different point of view, being forced to think about it seriously was very good. Being exposed to a different point of view than mine."*

3) How could the training be improved?

One participant indicated that *"Trainers should have told their personal stories"* (in reference to their own experiences in recovery). Several participant at the training and during the phone interviews indicated that the activity was too long: *"It was long. It was, for somebody like me, it was pretty intense. I am not sure if a little bit more time for discussion. A lot of stuff of things coming up and not time to decompress."* Some of the participants recommended adding more breaks during the daily activities or skipping the weekends.

One interviewee said that the trainers did a very good job so she did not have a specific suggestion how to improve the training: *“They (trainers) did a good job. It was a very good training. I really enjoyed those women.”*

4) Is there anything else that you would like to know more about the Peer Support Techniques?

One participant indicated that she would like to know *“How to support them (peers/clients) emotionally.* Another interviewee said that *“there is still more things to do, staff to work with.”* One participant indicated that he wanted to know how to deal with a person that was suicidal, as he faced this problem and did not have the knowledge how to approach it.

5) Since you took the training, have you applied what you learned during the activity?

If No, skip to #6

If Yes,

5.1 Could you please tell me which specific techniques that you learned are you using?

An interviewed mentioned: *“Yes. Making connections and understanding their worldview (understanding the concept of worldview in references to other peers).”* One participant mentioned that *“The Worldview has helped me to put myself in somebody’s shoes. It has helped me to accept other’s people worldviews.”*

I am a peer support in (location). I was just got hired in (month). Now I work with seven peers. I am going with myself. I have to focus to apply the peer element; the four tasks.

One interviewee mentioned that has helped her on personal situations: *“In situations where you say ‘Wait a minute...why don’t try this one instead.’ It has helped me to deal in situations with family members.”*

5.2 How do you plan to use what you learned in the future?

One participant mentioned *“By trying to understand the client worldview better.”*

One participant noticed that at his job he has already capable of connecting better with other clients. It has been easier to connect with peers as a result of the training. He has noticed that many clients are willing to share with him their feelings and thoughts. One participant said

“Doing what I am doing (in reference to peer support). Hope that what I learned will help in my relationships.”

Two interviewees indicated that they have applied to be a support facilitator (train of trainers), and another mentioned that the training will be helpful in finding a job: *“Getting a volunteer job. I am not ready to go back to work full time right now. I am considering to find a volunteer work, part time.”* One of the interviewees mentioned that she would like to have her own organization: *“I am hoping to have a peer organization in the area (mentioned BHR).”*

6) Do you have any other comments about this training?

One participant was very excited by the fact the training was locally held: *“I was very glad that it was held in Nebraska. I was thrilled to meet these ladies. I was excited to meet them.”*

One participant mentioned that he enjoyed the training. The trainers kept the training spirited and were respectful to us: *“Trainers talked to us, instead at us.”*

One participant was very specific in her comments:

“It was good (the training). The hotel was pretty good too. It was hard to hear sometimes. There were some places where you could not see anything. The venue is pretty, but you are going to have things like that. You have to watch that. Some people complained that they could not hear very well. I had to move forward to see and listen better. All of those pillar. If you want to do training you have to look after those details.”

7) Would you recommend others take this peer support training? Why (yes or no answer)?

All participants indicated that the training activity was very helpful and they would recommend this training to other peers. One of the participants indicated: *“Definitely! It was a good way to practice and interact. Trainers were able to create a very good environment.”* Other

participants indicated the training will be helpful in their careers. Another interviewee mentioned that he would recommend the training because *“it will keep more peers out of the doctors offices, out of the hospitals and being over medicated.”* One participant was very enthusiastic about the whole process and would recommend the activity to other peers.

Interviewer: Would you recommend the training activity to others: *“Absolutely! They should train the whole staff here at work. We all have a degree, but everyone should take this training*

because it helps with peers as it enhances the life of peers.” Another participant mentioned that she would recommend the training in the following term: *“Yes, if they are willing to have an open mind and learn.”*

APPENDIX A

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Participant Number

CONSENT FOR PARTICIPATION IN AN EVALUATION

Nebraska Peer Support Training

FOR-U and Training Team & University of Nebraska Public Policy Center

Principal Investigator: Juan Paulo Ramirez, PhD, University of Nebraska Public Policy Center

Invitation to Participate and Description of Project:

Informed Consent Statement

I am being invited to participate in an evaluation of the Nebraska Peer Support Training Project. The purpose is to evaluate the training; including overall the skills learned during the training. The evaluation findings will assist the Training Consultants in learning about new ways to meet the needs of future trainees and also ways to evaluate trainings. It will also guide the consultants as they finalized the training content and materials for the Nebraska peer training. The University of Nebraska and the Trainers may also use some of the information in report development.

Description of Procedures:

I understand that my participation involves the following:

- a pre-test evaluation at the beginning of the training;
- a post-test evaluation on the last day of training

In addition, following the training, Dr Juan Paulo Ramirez from the University of Nebraska or a member of his team will contact a random number of individuals to conduct an interview about the training experience. If you wish to be considered as a contact, please sign your name and include email and or phone contact information stating that you consent to the University of Nebraska's future contact with you for this purpose (sign on second page).

Risks and Inconveniences:

There are no risks in participating. 1) I can choose not to answer certain questions; 2) I can take a break and continue later; or 3) I can choose to stop the interview. This decision to stop will not affect any part of my present or future role as a peer supporter role, nor anything aspect of my life. Nor will it be counted against me in any way.

Benefits:

By participating, I am actually helping the Trainers and Evaluators to improve their knowledge of ways to develop and evaluate trainings.

Confidentiality:

Any identifiable information that is obtained in connection with this evaluation will remain confidential and will be disclosed only with your permission or as required by U.S. or State law. All of my information will be combined with that from other evaluation participants, and no one will know my individual answers. These individual records will not be available to any others. All records will be stored in a locked cabinet at the University of Nebraska with access limited only to the Nebraska research team. Please note that data will be entered by University of Nebraska's research team. The data will be de-identified, so there will be no names or any association between ID code. Once entered, only a de-identified data file will be shared with the Trainers (no names).

When the results of the evaluation are published or discussed in conferences or reports, no information will be included that would reveal my identity unless I make a specific consent for this activity.

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Participant Number

Authorization

I have read this form and have decided to participate in the evaluation described above. Its general purposes, the particulars of involvement and possible hazards and inconveniences have been explained to my satisfaction. My signature also indicates that I have received a copy of this consent form.

Name of Participant: _____

Signature: _____

Date: _____

Permission to be contacted for interview after the training

I give permission for Dr Juan Paulo Ramirez or a member of his team, to contact me to request my permission in an interview about the training. I am aware that only a few participants will be called. I am also aware that no names will be used to identify me written reports, papers, presentations, etc. unless my specific consent is obtained.

Name of Participant: _____

Signature: _____

Date: _____

Signature of Principal Investigator

Date

Or

Signature of Person Obtaining Consent

Date

If you have further questions about this evaluation or the information contained in this form, you may contact:

Juan Paulo Ramirez, Ph.D.
Research Specialist
University of Nebraska Public Policy Center
215 Centennial Mall South, Ste 401
Lincoln, NE 68588-0228
(402) 472-0195

APPENDIX B

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Participant Number

PRE-TRAINING SURVEY

Peer Support Training Evaluation



**Training by FOR-U featuring:
Shery Mead and Associates, Chyrell Bellamy, Yale-PRCH and Associates**

Contact Information, for questions related to the evaluation, please contact:

Juan Paulo Ramirez, Ph.D.

Research Specialist

University of Nebraska Public Policy Center

215 Centennial Mall South, Ste 401

Lincoln, NE 68588-0228

(402) 472-0195

Evaluation questions developed by Bellamy, Mead, Swarbrick, Hansen & Ramirez (A Big Thank You to Carol Coussons deReyes & Dan Powers for their editing suggestions).

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Participant Number

PRE-TRAINING SURVEY

We're very excited for your willingness to complete this survey. This survey is completely voluntary and confidential. We are interested in gathering information to help us understand more about training individuals about Peer Support, particularly with a focus on Intentional Peer Support, Self-care, and Person-Centered Planning perspectives. Please complete the survey to the best of your ability. If you do not understand a question, please let us know. Again, we're interested in *your* opinions to help us further understand this training and how it can be used with others. Thank You!

First, here are some background questions . . .

1. What is your gender? Male Female Transgender

2. What is your age range? (Select one)

Under 25 26-35 36-45 46-55 56-65 65+

3. What is your race/ethnicity? (Please check box and write in additional information if it applies)

Hispanic, Latino, or Spanish origin? Yes No

If you have checked this box, Please indicate ethnic origin (i.e., Argentinean, Cuban, Mexican, etc.)

White (ethnic heritage): _____

Black, African American (ethnic heritage): _____

American Indian or Alaska Native – *Print name or principal tribe:* _____

Asian Indian

Japanese

Native Hawaiian

Chinese

Korean

Guamanian or Chamorro

Filipino

Vietnamese

Samoan

Other Asian - Print race

Other Pacific Islander – Print race

4. What is the highest grade of school you have completed? Please check one box.

Less than High School High School or Equivalent (GED) Vocational or Technical training

Some college Graduated College:

If yes, Please circle one: Associate Bachelors Masters Doctoral

5. Do you currently work with people in recovery from mental illness? Yes No

5a. If yes, what type of setting do you work in? (i.e., mental health center, drop-in center, peer center, hospital, etc.)

Please write in: _____

5b. If yes, do you work for pay or do you volunteer? Paid employee Volunteer

6. How many hours do you work per week (peer-related capacity)?

Less than 1-9 hours per week 10-19 20-29 30-34 Over 35 hours

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Participant Number

7. How long have you been working with people in recovery (paid or volunteer)? Please check one box.

- Less than 1 year 1-2 years 3-5 years Over 6 years – If so, how many years? _____

8. Have you ever received an intensive peer training to work with people in recovery?

- WRAP Agency sponsored Training Pathways to Recovery META
 Other _____

9. Do you receive supervision for the work you are currently doing with peers in recovery from mental illness?

- Yes No

10. Do you consider yourself in Recovery from a mental health issue? Yes No

11. Do you consider yourself in Recovery from substance use/abuse? Yes No

A. Using the choices shown to the right of each statement, please check the ONE box that best describes <i>how you think about yourself right now.</i>	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
1. I can always manage to solve difficult problems if I try hard enough.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
2. If someone opposes me, I can find the ways and means to get what I want.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
3. I am certain that I can accomplish my goals.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
4. I am confident that I could deal efficiently with unexpected events.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
5. Thanks to my resourcefulness, I can handle unforeseen situations.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
6. I can solve most problems if I invest the necessary effort.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
8. When I am confronted with a problem, I can find several solutions.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
9. If I am in trouble, I can think of a good solution.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
10. I can handle what ever comes my way.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True

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Participant Number

B. This questionnaire is about how you handle situations with “peers” – the persons in recovery that you are working with/support. Please check the ONE box that best describes how you handle situations.

	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
1. I try to investigate an issue with a peer to find a solution acceptable to both of us	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
2. I generally try to satisfy the needs of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
3. I attempt to avoid being "put on the spot" and try to keep my conflict with a peer to myself	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
4. I try to integrate my ideas with those of a peer to come up with a decision jointly	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
5. I give some to get some	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
6. I try to work with a peers to find solutions to a problem which satisfy our expectations	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
7. I usually avoid open discussion of my differences with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
8. I usually hold on to my solution to a problem	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
9. I try to find a middle course to resolve an issue when I feel stuck	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
10. I use my influence to get my ideas accepted	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
11. I use my authority to make a decision in my favor	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
12. I usually accommodate the wishes of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
13. I give in to the wishes of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
14. I win some and I lose some	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always

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Participant Number

B. This questionnaire is about how you handle situations with “peers” – the persons in recovery that you are working with/support. Please check the ONE box that best describes how you handle situations.

	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
15. I exchange accurate information with a peer to solve a “problem”/issue together	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
16. I sometimes help a peer to make a decision in his favor	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
17. I usually surrender my point when with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
18. I argue my point with a peer to show the merits of my position	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
19. I try to play down our differences to reach a compromise	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
20. I usually propose a middle ground for breaking deadlocks (when we are stuck on an issue)	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
21. I negotiate with a peer so that a compromise can be reached	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
22. I try to stay away from disagreement with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
23. I avoid an encounter with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
24. I use my expertise to make a decision in my favor	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
25. I often go along with the suggestions of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
26. I use "give and take" so that a compromise can be made	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
27. I am generally firm in pursuing my side of the issue	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
28. I try to bring all our concerns in the open so that the issues can be resolved in the best possible way	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always

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Participant Number

B. This questionnaire is about how you handle situations with “peers” – the persons in recovery that you are working with/support. Please check the ONE box that best describes how you handle situations.

29. I collaborate with a peer to come up with decisions acceptable to us	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
30. I try to satisfy the expectations of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
31. I sometimes use my power to win a competitive situation	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
32. I try to keep my disagreement with a peer to myself in order to avoid “hard” feelings	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
33. I try to avoid unpleasant exchanges with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
34. I generally avoid an argument with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
35. I try to work with a peer for a proper understanding of a problem	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not been trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

1. Intentional peer support is...	1 About helping someone with their problems	2 Learning and growing together	3 Talking to someone about their problems
2. Intentional peer support is about	1 Getting people to work on their recovery	2 Making sure that people take their medications	3 Understanding how we’ve learned to make sense of our experience
3. To be self-aware means...	1 I think about myself all the time	2 I think before I react	3 My needs come first
4. Connection is...	1 When people are inseparable	2 When people share a diagnosis	3 When people are paying attention to each other
5. Worldview is...	1 Truth	2 Your opinion	3 The way you’ve learned to understand things

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Participant Number

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not be trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

6. Mutuality in a paid relationship means that...	1 Both people are equal	2 One person receives help from another which makes the helper feel good about him/herself	3 Although the paid person has more responsibility initially, both people should be learning from each other
7. It is important to be aware of mutuality because:	1 It is important to give than receive in a peer role	2 Sharing power gives us both the opportunity to learn and grow	3 You need to make sure you don't end up feeling abused in the relationship
8. If you are moving towards, you are:	1 Clear about what you want, and where you want to be	2 Working on reducing your symptoms	3 Helping yourself overcome your problems
9. An example of "moving towards what you want"	1 Giving up smoking	2 Getting some education	3 Feeling better about myself
10. The use of language is important because...	1 Language creates reality	2 Some words are more positive than others	3 It shows that you know what you're talking about
11. In the first contact conversation I have with a peer ...	1 I tell them what's going to happen in the peer support	2 I ask them to tell me what's going to happen in the peer support	3 We have a conversation that both explains and models peer support
12. Good listening involves...	1 Finding out things you have in common	2 Staying aware of your bias and assumptions	3 Making eye contact
13. Listening from a position of not knowing means...	1 Not assuming you know what someone means	2 Getting the other person to make sense	3 Figuring out what the other person needs and explaining it to them
14. Listening for the untold story means...	1 Asking lots of questions to make sure the person tell you everything	2 Paying attention to body language, tone of voice and feelings	3 Relating your experience to what the other person is saying
15. When someone tells you that they're not feeling great, you probably should...	1 Try to make them feel better	2 Figure out what the problem is	3 Just listen and validate their experience

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Participant Number

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not been trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

16. The kind of questions you ask matter because...	1 You have to get the right information	2 Sometimes questions we ask are based on our needs, and could lead people down a different path	3 You have to figure out what's wrong
17. It's useful to use a "relevant change story" when...	1 You're trying to convince someone they should do it the way you did	2 You're trying to help "open up" their story	3 You're sick of hearing their same old story again and again
18. An example of the task of mutuality is...	1 Building a relationship where both people learn and grow	2 Making sure that both people are equal	3 Both of us being able to call each other whenever we need to
19. An example of an observation is...	1 "You're making me angry"	2 "She's pretty"	3 I have a schedule that takes up 40 hours of my week
20. Considering someone's worldview means	1 Trying to understand their perspective	2 Telling them "how it is"	3 Convincing them that their way of thinking is wrong
21. Boundaries...	1 Are policies we must adhere to	2 Just like stone walls and keep us from getting to know each other	3 Where you end and I begin
22. An important boundary to set in peer support is...	1 Not giving out your home phone number	2 Not taking advantage of someone because of your power	3 Never talking about what you're going to do over a weekend
23. Flexible boundaries are...	1 When you negotiate what will work for both of you	2 A way of getting around policy	3 About giving in
24. Mutual responsibility involves...	1 Taking responsibility for each other	2 Negotiating power	3 Doing a risk assessment
25. A mutually responsible relationship means...	1 Both people making up the rules of the relationship	2 Making sure that the other person is acting responsibly	3 Deciding together what kind of treatment a person needs

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Participant Number

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not been trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

26. Getting out of the Victim-Persecutor-Rescuer cycle involves...	1 Figuring out how to convince the other person/people	2 Using connection, mutuality, worldview and moving towards to create something that meets everyone's needs	3 Using logic to prove your point
27. One of the ways we might abuse our power is...	1 To be unaware of it	2 To get paid	3 To tell someone we work with that we are paid
28. It's important to have an awareness of power because...	1 Then we can use it when we need it	2 We have it and the people we work with don't	3 Then we can talk about how it might get in the way
29. Bias and privilege ...	1 Are about being rich and snobby	2 Sometimes get in the way of how we see	3 That we know more
30. Strong feelings tell us...	1 That the relationship is too stressful for us	2 We need to stay aware of hot buttons	3 To get the other person to calm down
31. Shared Risk means...	1 You share risk with the agency you work for	2 When someone takes a risk you share it with your colleagues	3 You negotiate what safety will look like in the relationship
32. It's important to think about safety as...	1 An assessment about whether someone is dangerous	2 Always feeling calm	3 A comfortable feeling that allows you to take risks
33. When you're feeling uncomfortable in a situation you should...	1 Always call for help	2 Not show it, someone will think you're unprofessional	3 Be honest about it
34. Negotiating reality means...	1 Having a philosophical conversation	2 Getting someone to realize that they're delusional	3 Understanding that my reality and your reality might be different both they're both "true"
35. When someone tells you they're feeling suicidal...	1 You should always call the police or a crisis team	2 Tell them not to do it... they are important	3 Find out what that means for them

Thank you so much for taking the time to complete the evaluation survey!

APPENDIX C

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Participant Number

PRE-TRAINING SURVEY

Peer Support Training Evaluation



**Training by FOR-U featuring:
Shery Mead and Associates, Chyrell Bellamy, Yale-PRCH and Associates**

Contact Information, for questions related to the evaluation, please contact:

Juan Paulo Ramirez, Ph.D.

Research Specialist

University of Nebraska Public Policy Center

215 Centennial Mall South, Ste 401

Lincoln, NE 68588-0228

(402) 472-0195

Evaluation questions developed by Bellamy, Mead, Swarbrick, Hansen & Ramirez (A Big Thank You to Carol Coussons deReyes & Dan Powers for their editing suggestions).

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Participant Number

PRE-TRAINING SURVEY

We're very excited for your willingness to complete this survey. This survey is completely voluntary and confidential. We are interested in gathering information to help us understand more about training individuals about Peer Support, particularly with a focus on Intentional Peer Support, Self-care, and Person-Centered Planning perspectives. Please complete the survey to the best of your ability. If you do not understand a question, please let us know. Again, we're interested in *your* opinions to help us further understand this training and how it can be used with others. Thank You!

First, here are some background questions . . .

1. What is your gender? Male Female Transgender

2. What is your age range? (Select one)

Under 25 26-35 36-45 46-55 56-65 65+

3. What is your race/ethnicity? (Please check box and write in additional information if it applies)

Hispanic, Latino, or Spanish origin? Yes No

If you have checked this box, Please indicate ethnic origin (i.e., Argentinean, Cuban, Mexican, etc.)

White (ethnic heritage): _____

Black, African American (ethnic heritage): _____

American Indian or Alaska Native – *Print name or principal tribe:* _____

Asian Indian

Japanese

Native Hawaiian

Chinese

Korean

Guamanian or Chamorro

Filipino

Vietnamese

Samoan

Other Asian - Print race

Other Pacific Islander – Print race

4. What is the highest grade of school you have completed? Please check one box.

Less than High School High School or Equivalent (GED) Vocational or Technical training

Some college Graduated College:

If yes, Please circle one: Associate Bachelors Masters Doctoral

5. Do you currently work with people in recovery from mental illness? Yes No

5a. If yes, what type of setting do you work in? (i.e., mental health center, drop-in center, peer center, hospital, etc.)

Please write in: _____

5b. If yes, do you work for pay or do you volunteer? Paid employee Volunteer

6. How many hours do you work per week (peer-related capacity)?

Less than 1-9 hours per week 10-19 20-29 30-34 Over 35 hours

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Participant Number

7. How long have you been working with people in recovery (paid or volunteer)? Please check one box.

- Less than 1 year 1-2 years 3-5 years Over 6 years – If so, how many years? _____

8. Have you ever received an intensive peer training to work with people in recovery?

- WRAP Agency sponsored Training Pathways to Recovery META
 Other _____

9. Do you receive supervision for the work you are currently doing with peers in recovery from mental illness?

- Yes No

10. Do you consider yourself in Recovery from a mental health issue? Yes No

11. Do you consider yourself in Recovery from substance use/abuse? Yes No

A. Using the choices shown to the right of each statement, please check the ONE box that best describes <i>how you think about yourself right now.</i>	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
1. I can always manage to solve difficult problems if I try hard enough.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
2. If someone opposes me, I can find the ways and means to get what I want.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
3. I am certain that I can accomplish my goals.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
4. I am confident that I could deal efficiently with unexpected events.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
5. Thanks to my resourcefulness, I can handle unforeseen situations.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
6. I can solve most problems if I invest the necessary effort.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
8. When I am confronted with a problem, I can find several solutions.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
9. If I am in trouble, I can think of a good solution.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True
10. I can handle what ever comes my way.	1. Not at all True	2. Barely True	3. Moderately True	4. Exactly True

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Participant Number

B. This questionnaire is about how you handle situations with “peers” – the persons in recovery that you are working with/support. Please check the ONE box that best describes how you handle situations.

1. I try to investigate an issue with a peer to find a solution acceptable to both of us	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
2. I generally try to satisfy the needs of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
3. I attempt to avoid being "put on the spot" and try to keep my conflict with a peer to myself	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
4. I try to integrate my ideas with those of a peer to come up with a decision jointly	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
5. I give some to get some	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
6. I try to work with a peers to find solutions to a problem which satisfy our expectations	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
7. I usually avoid open discussion of my differences with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
8. I usually hold on to my solution to a problem	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
9. I try to find a middle course to resolve an issue when I feel stuck	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
10. I use my influence to get my ideas accepted	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
11. I use my authority to make a decision in my favor	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
12. I usually accommodate the wishes of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
13. I give in to the wishes of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
14. I win some and I lose some	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always

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Participant Number

B. This questionnaire is about how you handle situations with “peers” – the persons in recovery that you are working with/support. Please check the ONE box that best describes how you handle situations.

	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
15. I exchange accurate information with a peer to solve a “problem”/issue together	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
16. I sometimes help a peer to make a decision in his favor	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
17. I usually surrender my point when with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
18. I argue my point with a peer to show the merits of my position	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
19. I try to play down our differences to reach a compromise	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
20. I usually propose a middle ground for breaking deadlocks (when we are stuck on an issue)	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
21. I negotiate with a peer so that a compromise can be reached	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
22. I try to stay away from disagreement with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
23. I avoid an encounter with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
24. I use my expertise to make a decision in my favor	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
25. I often go along with the suggestions of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
26. I use "give and take" so that a compromise can be made	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
27. I am generally firm in pursuing my side of the issue	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
28. I try to bring all our concerns in the open so that the issues can be resolved in the best possible way	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always

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Participant Number

B. This questionnaire is about how you handle situations with “peers” – the persons in recovery that you are working with/support. Please check the ONE box that best describes how you handle situations.

29. I collaborate with a peer to come up with decisions acceptable to us	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
30. I try to satisfy the expectations of a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
31. I sometimes use my power to win a competitive situation	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
32. I try to keep my disagreement with a peer to myself in order to avoid “hard” feelings	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
33. I try to avoid unpleasant exchanges with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
34. I generally avoid an argument with a peer	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always
35. I try to work with a peer for a proper understanding of a problem	1 Never	2 Rarely	3 Sometimes	4 Most of the time	5 Always

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not been trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

1. Intentional peer support is...	1 About helping someone with their problems	2 Learning and growing together	3 Talking to someone about their problems
2. Intentional peer support is about	1 Getting people to work on their recovery	2 Making sure that people take their medications	3 Understanding how we’ve learned to make sense of our experience
3. To be self-aware means...	1 I think about myself all the time	2 I think before I react	3 My needs come first
4. Connection is...	1 When people are inseparable	2 When people share a diagnosis	3 When people are paying attention to each other
5. Worldview is...	1 Truth	2 Your opinion	3 The way you’ve learned to understand things

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Participant Number

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not be trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

6. Mutuality in a paid relationship means that...	1 Both people are equal	2 One person receives help from another which makes the helper feel good about him/herself	3 Although the paid person has more responsibility initially, both people should be learning from each other
7. It is important to be aware of mutuality because:	1 It is important to give than receive in a peer role	2 Sharing power gives us both the opportunity to learn and grow	3 You need to make sure you don't end up feeling abused in the relationship
8. If you are moving towards, you are:	1 Clear about what you want, and where you want to be	2 Working on reducing your symptoms	3 Helping yourself overcome your problems
9. An example of "moving towards what you want"	1 Giving up smoking	2 Getting some education	3 Feeling better about myself
10. The use of language is important because...	1 Language creates reality	2 Some words are more positive than others	3 It shows that you know what you're talking about
11. In the first contact conversation I have with a peer ...	1 I tell them what's going to happen in the peer support	2 I ask them to tell me what's going to happen in the peer support	3 We have a conversation that both explains and models peer support
12. Good listening involves...	1 Finding out things you have in common	2 Staying aware of your bias and assumptions	3 Making eye contact
13. Listening from a position of not knowing means...	1 Not assuming you know what someone means	2 Getting the other person to make sense	3 Figuring out what the other person needs and explaining it to them
14. Listening for the untold story means...	1 Asking lots of questions to make sure the person tell you everything	2 Paying attention to body language, tone of voice and feelings	3 Relating your experience to what the other person is saying
15. When someone tells you that they're not feeling great, you probably should...	1 Try to make them feel better	2 Figure out what the problem is	3 Just listen and validate their experience

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Participant Number

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not been trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

16. The kind of questions you ask matter because...	1 You have to get the right information	2 Sometimes questions we ask are based on our needs, and could lead people down a different path	3 You have to figure out what's wrong
17. It's useful to use a "relevant change story" when...	1 You're trying to convince someone they should do it the way you did	2 You're trying to help "open up" their story	3 You're sick of hearing their same old story again and again
18. An example of the task of mutuality is...	1 Building a relationship where both people learn and grow	2 Making sure that both people are equal	3 Both of us being able to call each other whenever we need to
19. An example of an observation is...	1 "You're making me angry"	2 "She's pretty"	3 I have a schedule that takes up 40 hours of my week
20. Considering someone's worldview means	1 Trying to understand their perspective	2 Telling them "how it is"	3 Convincing them that their way of thinking is wrong
21. Boundaries...	1 Are policies we must adhere to	2 Just like stone walls and keep us from getting to know each other	3 Where you end and I begin
22. An important boundary to set in peer support is...	1 Not giving out your home phone number	2 Not taking advantage of someone because of your power	3 Never talking about what you're going to do over a weekend
23. Flexible boundaries are...	1 When you negotiate what will work for both of you	2 A way of getting around policy	3 About giving in
24. Mutual responsibility involves...	1 Taking responsibility for each other	2 Negotiating power	3 Doing a risk assessment
25. A mutually responsible relationship means...	1 Both people making up the rules of the relationship	2 Making sure that the other person is acting responsibly	3 Deciding together what kind of treatment a person needs

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Participant Number

C. This questionnaire is about concepts related to Intentional Peer Support. We know that you have not been trained, but wanted to have some idea about your thoughts to these questions before being trained. Please check the ONE box that best describes your answer to the question.

26. Getting out of the Victim-Persecutor-Rescuer cycle involves...	1 Figuring out how to convince the other person/people	2 Using connection, mutuality, worldview and moving towards to create something that meets everyone's needs	3 Using logic to prove your point
27. One of the ways we might abuse our power is...	1 To be unaware of it	2 To get paid	3 To tell someone we work with that we are paid
28. It's important to have an awareness of power because...	1 Then we can use it when we need it	2 We have it and the people we work with don't	3 Then we can talk about how it might get in the way
29. Bias and privilege ...	1 Are about being rich and snobby	2 Sometimes get in the way of how we see	3 That we know more
30. Strong feelings tell us...	1 That the relationship is too stressful for us	2 We need to stay aware of hot buttons	3 To get the other person to calm down
31. Shared Risk means...	1 You share risk with the agency you work for	2 When someone takes a risk you share it with your colleagues	3 You negotiate what safety will look like in the relationship
32. It's important to think about safety as...	1 An assessment about whether someone is dangerous	2 Always feeling calm	3 A comfortable feeling that allows you to take risks
33. When you're feeling uncomfortable in a situation you should...	1 Always call for help	2 Not show it, someone will think you're unprofessional	3 Be honest about it
34. Negotiating reality means...	1 Having a philosophical conversation	2 Getting someone to realize that they're delusional	3 Understanding that my reality and your reality might be different both they're both "true"
35. When someone tells you they're feeling suicidal...	1 You should always call the police or a crisis team	2 Tell them not to do it... they are important	3 Find out what that means for them

Thank you so much for taking the time to complete the evaluation survey!

APPENDIX D

FOLLOW-UP PHONE INTERVIEWS

ID PERSON: _____

CONTACT DATE AND TIME: 03/ /2010 _____ A.M. _____ P.M

Comments:

TTI- QUESTIONS FOR FOLLOW-UP

Hi, my name is Juan Paulo Ramirez, research specialist with the University of Nebraska Public Policy Center. You recently participated of the Peer Support Training activity and I'd like to ask you some questions about your experience taking this training. Is this a good time for you to answer some questions? (**If answer is No**, what time would be good for you to call you back?). Answering these questions will take approximately 10 minutes of your time.

- 1) Were your goals attending this training accomplished (i.e., learning new peer techniques, meeting new people)?
- 2) What was the most helpful part of the training for you?
- 3) How could the training be improved?
- 4) Is there anything else that you would like to know more about the Peer Support Techniques?
- 5) Since you took the training, have you applied what you learned during the activity?

If No, skip to #6

If Yes,

- 5.1 Could you please tell me which specific techniques that you learned are you using?
- 5.2 How do you plan to use what you learned in the future?
- 6) Do you have any other comments about this training?
- 7) Would you recommend others take this peer support training? **Why** (yes or no answer)?