

Evaluating Use of Peer Support Specialists to Deliver Cognitive Behavioral Social Skills Training

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The Peer Resource Center, VISN 4 Mental Illness Research, Educational and Clinical Center

Center for Health Equity Research and Promotion

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Agenda

- Background of VHA Peer Specialists
- Background on using CBSST with Peer Specialists
- Pilot test of Peer Specialists delivering CBSST
- VA Merit on Peer Specialists delivering CBSST

Peer Specialists: Key part of recovery in serious mental illness



- "Peers" are individuals in recovery from serious mental illness trained to work in traditional clinical settings
- 1,100 in VA nationally
- Proactive form of peer support
- Key component to VA's move to recoveryoriented care
- Full-fledged VHA employees-
 - Attends staff meetings
 - Charts in medical record
 - Provides individual services to Veterans

Who can be a Peer Specialist?

A Veteran

- In personal recovery for at least a year
- Usually not hospitalized or had legal issues due to mental health in past year

Who is

- Able to talk candidly about condition
- Provide helpful tools, resources, strategies

In Recovery

- May still sometimes have symptoms
- May still be taking medicines

Peer Specialists activities per literature, experts, analyses

Core activities

- Share story
- Encourage hope
- Role model
- Engage vets into treatment
- Show empathy
- Build skills
- Build relationships
- Build problem solving skills

Symptoms &

Medications

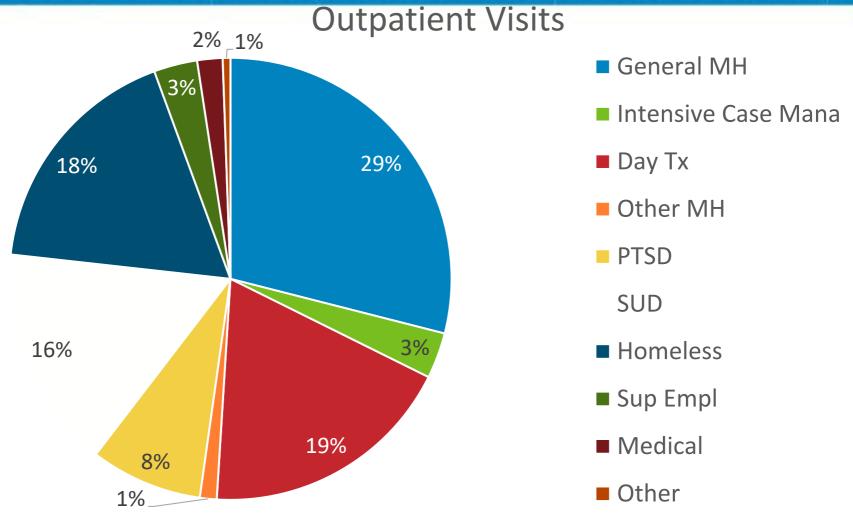
Joint goal making

Resources

Liaison

Chinman et al., 2016

Peers work in many different settings – 350K visits in FY18*



^{*}Center for Evaluation and Implementation Resources (CEIR)

Peers work with many different Vets – 80K Vets in **FY18**

RACE

33% - Black

57% - White

Diagnoses

- 25% Serious mental illness
- 48% PTSD
- 54% Substance Abuse
- 53% MajDepression

Suicide Risk

7%

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Those with serious mental illness (SMI) don't receive recovery services

- SMI costs the U.S. billions annually
- Despite medications, those with SMI experience impairments in functioning
- Need for recovery-oriented, psychosocial rehabilitation approaches that target functioning
- Those with SMI often don't get these services (CBT, SST)
- One option: Cognitive-Behavioral Social Skills Training (CBSST), delivered by Peer Specialists

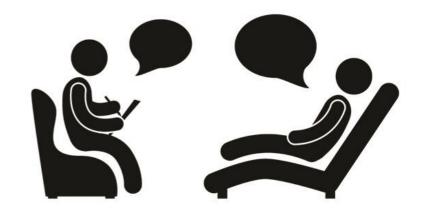
Peer Specialists delivering CBSST could improve services for SMI

- CBSST is manualized, recovery-oriented psychosocial rehabilitation intervention, helps those with SMI....
 - set recovery goals
 - correct errors in thinking (3Cs: Catch it, Check it, Change it)
 - Targets defeatist attitudes
 - build communication skills to improve social functioning
- Three randomized trials show CBSST improves functioning for SMI
 - Compared to usual care, goal setting only with same contact*
- Typically uses masters- or doctoral-level therapists, limiting its use
- Peer Specialist delivery could....
 - Increase the use of CBSST
 - Increase patient engagement in CBSST
 - Enhance the services of Peer Specialists (structured services the most evidence based*)
- BIG QUESTION: Can Peer Specialists deliver CBSST with fidelity?

NOT THERAPY

Peer Specialist delivery of CBSST





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Pilot of Peer Specialists delivering CBSST

- 12 week, pre-post trial with 2 Peer Specialists
 - 12 Veterans (schizophrenia n=4, 33%; schizoaffective n=2, 18%; bipolar n=4, 33%; Schizotypal personality disorder n=1, 8%; PTSD n=1, 8%; mean age=53.1, SD=9.6; 100% male).
 - Peer Specialists replaced hypothetical examples with their own
- Measures, outcome
 - Comprehensive Modules Test (CMT) is a 15-minute interview assessing mastery of the content in the CBSST modules and has been used in all prior CBSST trials
 - Defeatist Performance Attitude Scale (DPAS) is a 15-item (e.g., "If you cannot do something well, there is little point in doing it at all")
 - Herth Hope Index (HHI)
 - Behavior and Symptom Identification Scale (BASIS)
- Measures, Fidelity
 - Cognitive Therapy Rating Scale for Psychosis (CTS-Psy)

Pilot of Peer Specialists delivering CBSST showed potential

Outcome Variable	Baseline M (SD)	Post M (SD)	t	p	d
CBSST Skill Learning (CMT)	7.4 (3.3)	10.7 (4.8)	3.93	.003	1.20
Symptoms (BASIS)	2.0 (0.7)	1.5 (0.6)	3.95	.002	1.15
Defeatist Attitudes (DPAS)	56.5 (19.6)	47.3 (22.2)	4.31	.002	1.35
Hope (HHI)	30.2 (7.9)	35.1 (7.7)	5.02	.001	1.60
Social Functioning (SFS)	13.8 (10.3)	15.8 (10.8)	0.86	.411	0.25

	Fidelity in pilot	Previous CBSST trials	Standard
Fidelity (CTS-Psy)	M=33.42, SD=4.3	M=37.8, SD=8.1 M=40.4, SD=4.0	>30

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Received HSRD funding to conduct larger Peer Specialists/CBSST trial



NOTICE OF AWARD

Issue Date: 06/20/2018

MERIT REVIEW AWARD

Department of Veterans Affairs

HEALTH SERVICES RESEARCH & DEVELOPMENT

Application Number: 1I01HX002344-01A2

Principal Investigator(s):
MATTHEW CHINMAN (contact), PHD
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Project Title: Evaluating the Use of Peer Specialists to Deliver Cognitive Behavioral Social Skills Training

Altman, Janelle Veterans Health Administration University Drive C Pittsburgh, PA 152401001

Budget Period: 05/01/2018 – 04/30/2019 **Project Period:** 05/01/2018 – 04/30/2022

Peer Specialists CBSST study Aim #1 tests efficacy, implementation fidelity

- 3 Arms
 - CBSST-Peer
 - SST-Peer (compare to the VA's SST roll out)
 - Usual care
- 20 week intervention
- N=252 (n=126 at Pitt/San Diego)
 - Veterans w/ SMI (psychosis), no recent med changes/CBT
- Measures (Baseline, 10 weeks, 20 weeks, 32 weeks)
 - Functioning (ILSS)
 - Quality of Life (AQLS)
 - Recovery (RAS)
 - Patient Activation (PAM)
 - Symptoms (BPRS, CAINS)
 - CBSST related (e.g., defeatist attitudes, CBT knowledge)
- Measures, Fidelity
 - 25% of all sessions will be rated on the CTS-Psy

Peer Specialists CBSST study Aim #2 tests helpfulness, barriers/facilitators

Veterans

- Focus groups of Veterans in 2 Arms
 - CBSST-Peer x4 (2 at each site)
 - SST-Peer x4 (2 at each site)
- Questions
 - Helpfulness
 - Utility of learning about errors in thinking, the 3Cs, and social skills
 - Impact from cognitive training over and above social skill training (CBSST only)

Peer Specialists

- Interviews with all participating in the study
- Similar questions to Veterans
- Barriers/Facilitators to implementation

Mental Health Administrators

- Interviews, n=4 per site
- Focus on barriers/facilitators and feasibility

Barriers/Facilitators will follow implementation science framework

- Consolidated Framework for Implementation Research (CFIR)
 - Draws from multiple theories
 - Five domains
 - intervention characteristics, inner context (host organization), outer settings (environment-at-large), individuals involved, and the implementation process
 - 39 sub-domains
 - Well established interview/focus group protocol
- Using CFIR makes this a Hybrid Type 1 study
 - If successful, next study would focus on implementation issues

Other activities from the VISN 4 MIRECC Peer Resources Center

Tools

- Peer Specialist toolkit: Implementing Peer Support Services in VHA (2013)
- New toolkit for peers in primary care
- Assisting with updating 2013 toolkit

Education

- Distributing ¼ly newsletter
- Co-sponsoring a research think tank with National Director of Peer Support

Research

- Peer-based suicide prevention
- Peer + App to reduce weight in obese
 Vets with mental illness

Contact Information

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