BHWC

BEHAVIORAL HEALTH
WORKFORCE CENTER

Certified Recovery Support Specialist (CRSS) Success Program Student Readiness Evaluation

Internship Supervisor Survey

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Contents

Executive Summary

Initiated in 2022 by the Illinois Department of Human Services (IDHS), the Certified Recovery Support Specialist (CRSS) Success Program provides comprehensive support and training to prepare CRSS behavioral health professionals to enter the workforce. This evaluation assessed CRSS Success Program students' readiness for practice through surveys completed by internship supervisors. Internship supervisors rated students highly in general practice skills, intervention skills, and workforce readiness. Students were rated as slightly less prepared to use more complex skill sets such as motivational interviewing and trauma-informed practice areas, consistent with their level of training. Internship supervisors provided a range of recommendations for additional training in areas including practice skill development, educational preparation, and professional skill development. The survey findings highlighted many strengths of the program and some areas for growth, pointing the importance of ongoing continuing education after completion of the program to support students' ongoing development as they enter the behavioral health workforce.

Introduction

Beginning in February 2022, the Illinois Department of Human Services (IDHS)/Division of Mental Health (DMH) issued grants to eleven post-secondary educational institutions to begin development of the Certified Recovery Support Specialist (CRSS) Success Program. This new, innovative program is designed to support recruitment and training of individuals with lived experience in recovery from mental illnesses and/or substance use disorders to develop the knowledge and skills necessary to obtain either of two credentials (Certified Recovery Support Specialist (CRSS) or Certified Peer Recovery Specialist (CPRS)) and enter the behavioral health workforce. The DMH Bureau of Wellness and Recovery Services partnered with the Illinois Behavioral Health Workforce Center to assess the readiness of students for practice as they completed the program. This report summarizes findings from a survey of internship supervisors' assessment of CRSS students' readiness to enter the workforce and areas of relative strength and weakness in their preparation they complete their internships. Internship supervisors completed surveys for 75 students who completed internships in the spring or summer of 2023. This survey is one component of a larger evaluation of the CRSS Success Program, with the primary evaluation (CRSS Success Program Evaluation) conducted by Dr. Amy Watson.

Background

Recovery Support Roles and Training

Peer support and recovery have been key components of treatment for individuals with substance use disorders for decades, primarily offered in group settings like Alcoholic Anonymous, Narcotics Anonymous, and Al-Anon. More recently, the recovery support model has gained traction in various other fields, extending beyond substance use to the medical field and playing an increasingly important role in behavioral health. Recovery support specialists are now deployed to address the shortage of degreed professionals in diverse settings, including community mental health centers, consumer-run programs, mental health in-patient and outpatient facilities, recovery communities, and hospitals, among others (Myrick and del Vecchiio, 2016). Within the field of behavioral health, the widespread adoption of the recovery support model in service delivery is driven by the recognition of the effectiveness of involving people with lived expertise in behavioral health services as well as shortages in the behavioral health workforce.

As of 2019, 45 U.S. states had implemented programs aimed at training and supporting the certification of recovery specialists (Balogun-Mwangi et al., 2019). Recovery support specialists represent a growing workforce that holds promise in addressing shortages in behavioral health and improving the quality of care provided to people with complex behavioral health issues (Chapman et al.,2018). This service delivery approach is viewed as one of the solutions to extending care availability to underserved communities and reducing the stigma associated with seeking help. Recovery supporters who intervene based on personal understanding of mental health issues are encouraged to share their experiences to promote recovery for individuals affected by mental illness (Kuhn et al., 2015).

The State of Illinois is seeking to increase the availability of recovery support specialists in a range of behavioral health practice settings. Beginning in 2022, the Illinois Department of Human Services (IDHS)/Division of Mental Health (DMH) issued grants to eleven post-secondary educational institutions to begin development of the Certified Recovery Support Specialist (CRSS) Success Program. This new, innovative program is designed to support recruitment and training of individuals with lived experience in recovery from mental illnesses and/or substance use disorders to develop the knowledge and skills necessary to obtain either of two credentials (Certified Recovery Support Specialist (CRSS) or Certified Peer Recovery Specialist (CPRS)) and enter the behavioral health workforce. The IDHS/DMH issued a Notice of Funding Opportunity to support the development and implementation of training programs for CRSS students. The CRSS Success Program aims to eliminate obstacles that might impede students aspiring to enter the field of recovery support. It includes a classroom component, financial support for students, an internship, and ongoing support leading to certification. The program is administered within an academic framework, and funding was granted to 11 colleges, universities, or technical schools during its initial launch.

The Current Evaluation

The DMH Bureau of Wellness and Recovery Services partnered with the Illinois Behavioral Health Workforce Center to assess the readiness of students for practice and areas of relative strength and weakness in their preparedness to complete internships. This information will be used to support continued development of the program's curriculum. The overarching objective is to enhance the success of both the program itself and the students venturing into this career path in the future.

Because each of the 11 sites providing training for CRSS students has used a different curriculum to cover the core skills and competencies outlined in the program, the evaluation also sought to identify sites with strong curriculum in specific areas.

The evaluation involved completion of surveys by internship supervisors who had a student complete their internship in the spring or summer of 2023.

Specific aims included the following:

1) Assess student preparation to use skills needed in recovery support positions.
2) Assess student preparation to participate in the workforce.
3) Identify differences in student preparation, if any, across the 11 training programs.
4) Identify areas in which internship supervisors' feedback point to strengths and areas for improvement in student preparation.

Prior to initiating the surveys for this evaluation, UIC coordinated with the lead external evaluator for the CRSS Success Project, Dr. Amy Watson, to ensure that the survey would be complementary to and not duplicative of information to be collected in the main evaluation. Dr. Watson also provided support by de-identifying the training sites prior to data analysis.

Methods

Survey items were developed by BHWC staff in collaboration with the DMH Bureau of Wellness and Recovery Services. All items were reviewed and edited by both the director and a staff member with experience teaching CRSS curriculum. A total of 29 close-ended and three open-ended questions were included in the survey, which was entered into Qualtrics so it could be completed online. Participants were sent a $10 electronic gift card for each survey that they completed.

To facilitate distribution of the survey, each program site provided a list of internship sites with contact information for each site. Contacts were sent emails providing an overview of the evaluation and a link for a survey with a request to forward the email to any supervisors who had CRSS students complete their internships in the defined time period. Several follow-up reminder emails and phone calls were made to the contact to address any questions and remind the contacts to complete or forward the email to supervisors.

Seventy-five surveys were completed. The exact number of students eligible for the survey is unknown, but about 122 students were estimated to have completed their internships in the selected period by the CRSS Success Program external evaluator. This suggests that the response rate was approximately 61%. The response rate is likely to have been reduced by difficulties in reaching internship supervisors directly and some internship supervisors not being aware that their student was in the CRSS Success Program.

Analyses of the data included descriptive (means and frequencies) and bivariate (independent sample t tests) analyses. In addition, a factor analysis was used to identify factors to create three variables that included all items that loaded on the factor. The three variables included general practice skills preparation, intervention skills preparation, and workforce readiness. Each of these variables was created by averaging items loading highest on one of the three factors identified.

- *General skills preparation* included skills in asking effective questions, empathy, engagement, listening, relating non-hierarchically, support for various states of wellness, client centered practice, being honest and direct, and use of self-disclosure.

- *Intervention skills preparation* included skills in motivational interviewing, problem solving, trauma-informed care, and knowledge of stages of change.

- *Workforce readiness* included preparation related to maintaining self-care, use of supervision, ability to accept redirection, preparation to deliver services, working on a team, and overall preparation to participate in the workforce.

- *Preparation for the CRSS certification exam* was analyzed separately as it did not load on any of the identified factors.

Comments provided in the three open-ended questions were coded to identify themes and create binary codes to estimate the percentages of supervisors who had feedback in a specific area. The process of analyzing the qualitative data provided in the comments consisted of several phases. Initial analysis began with organizing responses related to overarching themes. Subsequent analysis identified subthemes, followed by a collaborative review by four members of the research team and a reorganization of subthemes to adapt to the previously identified main themes.

Results

Student Preparation

As shown in Tables 1 and 2, internship supervisors rated students as being highly prepared in a range of general practice skills areas, with half of the areas (using empathy, relating in a non-hierarchical manner, being honest and direct, using person-first language, and use of self-disclosure in a supportive manner) rated at "very prepared" for three out of four students. Reflective listening skills and client centered interactions were also rated very highly, with just under 70% of students assessed as being "very prepared" to use these skills.

Table 1. General Practice Skills Preparation (N = 75)

	Effective questions	Empathy	Engagement	Listening	Non-hierarchical
Very Unprepared	4.0%	1.3%	5.3%	5.3%	1.3%
Somewhat Unprepared	6.7%	4.0%	5.3%	2.7%	4.0%
Somewhat Prepared	34.7%	14.7%	17.3%	20.0%	16.0%
Very Prepared	54.7%	78.7%	70.7%	69.3%	77.3%
Missing or Unknown	4.0%	1.3%	1.3%	2.6%	1.3%

Skills in asking effective questions and ability to relate supportively with people with varying states of mental wellness were assessed somewhat lower, but still over half of the students were rated as "very prepared" in these areas.

Notably, few students were assessed to be unprepared (very or somewhat) in any of the areas. The highest percentages rated as unprepared ranged from just over 10% in the areas of effective questions, engagement, and support to people with varying states of wellness and 12% for providing client-centered services.

Table 2. General Practice Skills Preparation (N = 75)

	Support varying states of wellness	Client centered	Honest/ direct	Self- disclosure	Person-first language
Very Unprepared	4.0%	4.0%	2.7%	2.7%	0%
Somewhat Unprepared	6.7%	8.0%	6.7%	2.7%	6.7%
Somewhat Prepared	34.7%	18.7%	12.0%	20.0%	16.0%
Very Prepared	54.7%	68.0%	78.7%	74.7%	77.3%
Missing or Unknown	4.0%	1.3%	2.7%	2.7%	0%

Skills related to implementing motivational interviewing techniques at the beginner level and deliver trauma informed care are more advanced skills than general practice skills, so students could be expected to have lower preparation ratings in these areas. The data support that this may be the case, with "very prepared" ratings in the range of 41-53% for skills in motivational interviewing, supporting problem solving, trauma-informed care, and recognition of stages of change. Effectively supporting clients to advocate for themselves, in contrast, was rated at a level similar to the more general practice skills. While ratings for skills such as motivational interviewing are still high, these levels are lower than for the general practice skills due to a higher proportion of students receiving ratings of "somewhat prepared." Overall, however, a very low proportion of students was rated as unprepared, as was found for general practice skills.

"This student was energetic and open to learning. She was well versed on all objectives and therefore able to assist clients in self-advocacy and recovery planning."

Table 3. More Advanced Practice Skills (N = 75)

	Motivational interviewing	Problem solving	Trauma informed	Stages of change	Help clients advocate
Very Unprepared	2.7%	1.3%	2.7%	1.3%	0%
Somewhat Unprepared	9.3%	8.0%	5.3%	5.3%	9.3%
Somewhat Prepared	34.7%	36.0%	42.7%	44.0%	21.3%
Very Prepared	44.0%	53.3%	41.3%	46.7%	69.3%
Missing or Unknown	9.3%	1.3%	6.7%	2.6%	9.3%

Table 4 shows levels of preparation for the CRSS exam. Nearly 1 in 4 supervisors did not know if the student was prepared, while just under half reported that they thought the student was very prepared to take the exam.

Table 4. CRSS Exam Preparation (N = 75)

How prepared?	%
Very Unprepared	2.7%
Somewhat Unprepared	2.7%
Somewhat Prepared	21.3%
Very Prepared	49.3%
Missing or Unknown	24.0%

Workforce readiness included skills other than practice skills that are needed to succeed while working in a behavioral health setting. For three areas rated on the very unprepared-very prepared scale (receiving redirection, working in a team environment, and participating in supervision) supervisors rated students in a similar, high range as for the general practice skills, with 7 out of 10 rated as "very prepared." In contrast, ability to

complete documentation was rated somewhat lower, with half reported to be very prepared and 33.7% reported to be somewhat prepared. As with the other areas, however, relatively few students were reported to be unprepared to complete documentation tasks (10%).

Table 5. Workforce Readiness (N = 75)

	Documentation	Receive redirection	Work in team	Participate in supervision
Very Unprepared	4.0%	0%	2.7%	4.0%
Somewhat Unprepared	6.7%	8.0%	6.7%	5.3%
Somewhat Prepared	34.7%	14.7%	16.0%	20.0%
Very Prepared	50.7%	76.0%	73.3%	70.7%
Missing or Unknown	4.0%	1.3%	1.3%	0%

In a final set of items, supervisors rated the extent that they agreed or disagreed that the student was unprepared to deliver services, implement suggestions from supervision, maintain self-care, and participate in the workforce (Table 6). Despite the different rating scale and negative wording of these items, results are very similar for these items. The majority were viewed as prepared across these areas. The item with the highest percentage in which supervisors indicated that the student was unprepared

"This student is definitely ready to continue working in this field, since then the student has obtained their CRSS and has made efforts to work diligently with others while sharing his own personal experience."

was "student was not prepared to participate in the workforce," with 16% agreeing with this statement. The slightly higher percentage for this item might be due to how broad this question is, leading to the identification of students as unprepared due to a range of different factors.

Table 6. Workforce Readiness: "Student Not Prepared to..." (N = 75)

	Deliver services	Implement suggestions	Maintain self-care	Participate in workforce
Strongly Agree	1.3%	0%	4.0%	0%
Agree	9.3%	10.7%	4.0%	16.0%
Disagree	29.3%	28.0%	33.3%	26.7%
Strongly Disagree	60.0%	61.3%	58.7%	57.3%
Missing or Unknown	0%	0%	0%	0%

Levels of Preparation Across Educational Sites

Due to the small number of students for each educational site, results suggesting differences in how students' preparation from different programs may change with the addition of more students. Differences in preparation across programs could also be related to differences in the characteristics and skills of students attending the programs. However, differences in outcomes might also point to strong curriculum in particular programs that could be used as a model for other programs.

As shown in Table 6, as compared to the other programs, students from program 22 had significantly higher ratings for their intervention and general practice skills as well as workforce readiness[1]. Program 88 also had a higher score than other programs for workforce readiness. Examination of the overall curriculum in program 22 and the workforce readiness curriculum in program 88 as well as student feedback from these programs might be a next step to understand if curriculum differences relate to these outcomes.

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[1] *General skills preparation* included skills in asking effective questions, empathy, engagement, listening, relating non-hierarchically, support for various states of wellness, client centered practice, being honest and direct, and use of self-disclosure. *Intervention skills preparation* included skills in motivational interviewing, support of client problem solving, and trauma informed care as well as knowledge of stages of change. *Workforce readiness* included preparation related to maintaining self-care, use of supervision, ability to accept redirection, preparation to deliver services, working on a team, and overall preparation to participate in the workforce.

Table 7. Average Preparation Across 11 Educational Sites

Educational Site (De-identified)		More Advanced Skills	General Practice Skills	Workforce Readiness	Preparation For CRSS Exam
11	Mean	3.36	3.51	3.41	4.30
	N	10	10	10	10
	Std. Deviation	.66	.63	.73	1.06
22	Mean	3.78**	3.86**	3.76*	4.22
	N	9	9	9	9
	Std. Deviation	.19	.16	.28	.67
33	Mean	3.55	3.35	3.52	4.00
	N	7	7	7	7
	Std. Deviation	1.13	.67	.70	1.41
35	Mean	3.10	3.30	3.19	3.00**
	N	6	6	6	6
	Std. Deviation	.86	.89	.90	1.26
44	Mean	3.29	3.65	3.47	3.69
	N	13	13	13	13
	Std. Deviation	.65	.44	.64	.75
45	Mean	3.41	3.58	3.45	3.70
	N	10	10	10	10
	Std. Deviation	.53	.55	.62	.48
55	Mean	3.55	3.74	3.61	3.87
	N	8	8	8	8
	Std. Deviation	.58	.34	.39	.64
66	Mean	3.53	3.81	3.04	3.33
	N	3	3	3	3
	Std. Deviation	1.15	.23	.36	.58
75	Mean	4.20	4.00	4.00	5.00
	N	1	1	1	1
	Std. Deviation	.	.	.	.
77	Mean	3.60	3.89	4.00	4.00
	N	1	1	1	1
	Std. Deviation	.	.	.	.
88	Mean	3.46	3.51	3.86**	4.29

	N	7	7	7	7
	Std. Deviation	.36	1.11	.22	.49
Total	Mean	3.45	3.60	3.53	3.89
	N	75	75	75	75
	Std. Deviation	.6561120	.59	.59	.89

Range for all variables is 1-4 except for *CRSS exam preparation*, which is 1-5, with higher scores corresponding to higher preparation. Differences between each site and the others were tested with independent sample t tests for each of the four variables for all sites with more than 5 students. Results significant at <.05 probability, two-tailed test, are indicated with *. Results significant at .01, two-tailed test, are indicated with **. Note that results may be unreliable due to the small number of students in each site.

Qualitative Results on Student Readiness

The survey included three open-ended questions to understand supervisors' perceptions of the student's readiness for practice and their thoughts about future trainings. Most respondents (94%) provided responses to at least one of the three open-ended questions.

One of the three open-ended questions sought respondents' opinions on the student's overall readiness to enter professional practice following the completion of their internship and coursework. It aimed to gather additional insights to supplement the quantitative findings on readiness for practice, aiming to provide context and depth to the quantitative ratings of students' preparedness. Instructors were asked:

> *"Thinking of this student, please share any additional thoughts about their readiness for practice after completing their internship and coursework."*

Participant feedback included a range of strengths, areas of growth, and factors that impacted readiness for practice which are expanded on in participants' recommendations for training. Out of the 75 respondents to the question regarding additional thoughts about readiness for practice, 38 instructors clearly indicated in their responses that the student was either ready for practice or indicated that the student was not yet ready. Most indicated that the student was ready for practice:

34 (45%) indicated that their student was ready for practice. Open-ended feedback was coded as 'ready' if respondents clearly indicated that the student was prepared for professional practice. This included instances where respondents explicitly stated that the student was 'ready' or used similar language affirming the student's readiness. Additionally, feedback indicating only the student's strengths without any concerns or reservations regarding their readiness was also coded as 'ready.'

4 (5%) respondents indicated that their student was not ready for practice. Open-ended feedback was coded as 'not ready' if respondents clearly indicated that the student was not prepared for professional practice. This included instances where respondents explicitly stated that the student was 'not ready' or used similar language indicating unpreparedness. Additionally, feedback highlighting only the student's weaknesses or areas of concern without any positive affirmations regarding their readiness was also coded as 'not ready.'

37 (49%) either did not clearly indicate readiness in their response or did not respond. These open-ended responses did not clearly indicate whether the student was prepared or unprepared for professional practice. This included responses where the language used was vague or equivocal, making it difficult to ascertain the respondent's assessment of the student's readiness. Additionally, this included feedback that presented a mix of both positive and negative aspects without a clear overall indication of readiness.

In respondents' open-ended responses to the question 'Thinking of this student, please share any additional thoughts about their readiness for practice after completing their internship and coursework,' instructors identified both strengths and areas for growth.

The strengths encompassed the qualities, skills, and attributes that respondents perceived as assets or areas of proficiency in the student, indicating their readiness for professional practice. The areas for growth highlighted the weaknesses, deficiencies, or developmental opportunities identified by respondents, which may impede the student's readiness for professional practice.

Together, the strengths and areas for growth provide an overview of the qualitative assessments regarding the student's readiness for practice, as captured in respondents' open-ended feedback (Appendix).

Recommendations for Additional Training

The survey included two open-ended questions to allow supervisors to share recommendations for areas of further training.

One of these questions prompted respondents to reflect on the specific student's training needs and areas for improvement. It aimed to gather insights into potential gaps in the student's knowledge, skills, or competencies that could benefit from additional training:

> *"Thinking of this student, please list areas in which further training would be beneficial."*

The final question broadened the scope beyond individual students to explore respondents' perspectives on training needs for recovery support specialists in general within the program. It aimed to identify common areas where training could enhance the preparation of students across the program:

> *"Thinking of the work of support specialists in general, please list any trainings that you think should be provided to all students in the program."*

Following an initial analysis of the data, 5 broad themes emerged from these two questions:

1. Practice Skill Development
2. Educational Preparation
3. Professional Skill Development
4. Social Service Skill Development
5. Self-Care

Practice Skill Development: *Skills relevant to providing direct services to clients.*

Additional practice skill development, both general skills and more advanced skills, was identified as a need for specific students in 22 of the 75 responses (29%) and as a general recommendation in 34 of 75

"More hands-on experience."

(45%) responses. This involves honing clinical tools, recovery support specialist techniques, and understanding mental health areas. Recommendations emphasized skills

"Training in writing case notes, active listening, SUDS, (and) group facilitation … prior to the internship."

like self-disclosure, empathy vs. sympathy, enabling vs. empowering, effective listening, therapeutic boundaries, opening a session, partnering with clients in their care, de-escalation, confidentiality, motivational interviewing, dialectical behavior therapy, trauma-informed care, crisis intervention, group facilitation, stages of change, social determinants of health, pathways of recovery, safety planning, harm reduction, and effective use of supervision.

Educational Preparation: *Specific tools, trainings, and teaching approaches.*

Specific types of training or teaching approaches were recommended for specific students in 15 of the 75 responses (20%) and as a general recommendation in 18 of 75 (24%) responses. These recommendations included role plays and brief training, including certification training (e.g., HIPPAA, NAMI Ending the Silence, Mandatory Reporting). Additionally, further evaluation before placement, and increased interaction with individuals who are themselves a CRSS to support learning the role and developing a career path was recommended.

"CRSS present for classes at the college either as an instructor or guest presenter would be beneficial for students before entering the internship."

Professional Skill Development: *Skills relevant to fulfilling role on a team and in a professional work setting.*

Recommendations for additional training on topics related to professional skills were present for specific students in 18 of the 75 responses (24%) and as a general recommendation in 13 of 75 (17%) responses. Examples of this topic included communication, conflict resolution, self-awareness, self-advocacy, time management, and leadership. In addition, this topic included training on general office procedures like filing, giving presentations, technology, office etiquette, and following agency policies and procedures.

"A basic training on work ethics which are just as important as lived experience--handling conflict with other team members."

"I think support specialist need training in office etiquette and general knowledge on business protocol."

Social Service Skill Development: *Skills relevant to working in an organization that provides direct services to individuals, families, communities.*

Recommendations for social service skill development were present for specific students in 15 of the 75 responses (20%) and as a general recommendation in 7 of 75 (9%) responses.

"Safety planning and case management"

These recommendations included recruitment, advocacy,

"SOAR, the need we find is help with navigating the social services."

documentation/case notes (DAP), utilization of recovery support systems, development of a self-recovery story, knowledge of social service networks/systems/nonprofit structure, understanding the impact of trauma on working relationships, and case management.

Self-Care: *Taking an active role in one's own well-being*.

"Please focus more on self-care and how to address this need with supervisors and the team."

Some instructors included feedback regarding mental health and self-care for their student. This recommendation was included in 6 of the 75 responses (8%) as well as an overall training need in 3 of the 75 responses (4%).

Summary and Implications

Findings from this study indicate that most students in the CRSS Success Program are ready for employment in behavioral health settings after the completion of their internships and coursework.

- Their general practice skills (e.g., listening, engagement, advocacy) are particularly strong, with 7 out of 10 students reported to be very prepared to provide empathic, non-hierarchical services consistent with a peer support role.

- Most also have strong or emerging practice skills in motivational interviewing, problem solving, and trauma-informed care.

- The majority are prepared to work in a team, receive feedback, and participate in supervision.

Some findings suggest areas in which additional training and preparation might be needed either during the CRSS Success Program coursework or in continuing education after receiving the CRSS or CPRS credential:

- Internship supervisors indicated that *additional development of practice skills*, including a range of general and more advanced skills, would be helpful for 29% of their students.

- 45% of supervisors recommended additional practice skills training of some type for the program overall.

- The quantitative findings suggest that students were less strong in some practice skills than others, including use of effective questions, motivational interviewing, and trauma-informed care. These could be areas to strengthen in the program or would be areas of focus for continuing education.

- Preparation for documentation tasks was rated very highly for half of the students, but this was somewhat lower than other general practice skills. As difficulty with completing paperwork can lead to burnout and decisions to leave the field, this might be an important area to strengthen for those students who are only somewhat prepared or unprepared. As each setting is likely to have different expectations for documentation, this training might need to be provided primarily by the internship setting.

Supervisors had many suggestions for specific trainings (see Appendix for full list of responses) that might be included in the program. The next step in strengthening the curriculum across the different educational sites could be to review and rank specific training suggestions with both internship supervisors and instructors in the program.

In their comments, some internships supervisors also provided suggestions regarding teaching strategies to incorporate (e.g., role plays, more interaction with CRSS professionals). Some of these comments are consistent with what is known about effective training approaches. A common limitation in practice skills training is that classroom-based instruction often relies on learning *about* practices rather than *how to practice* specific skills. To learn how to ask effective questions and use motivational interviewing strategies, for example, students need time to observe, practice, and receive feedback as they try out these skills.

Finally, examination of outcomes across different educational sites suggests some differences across sites. The curriculum and educational approaches used in the program with significantly higher levels of preparation should be examined. The differences could be due to a higher level of skills or experience among students as they enter the program, rather than program characteristics. But it may also be that the curriculum and instructional approach are particularly strong in this setting. If this is the case, this site could serve as a model for others.

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Appendix: Comments Provided by Internship Superisors

"Thinking of this student, please list areas in which further training would be beneficial."

1. Student was not fully prepared to engage in internship due to own mental health-took a few weeks off and rejoined.
2. This student could use lessons on how to effectively advocate for self and needs in the workplace.
3. Student shared that they did not wish to use self-disclosure which is key to the job.
4. More training on when self-disclosure is appropriate and not oversharing.
5. When not to self-disclose.
6. understanding of non-profit structure
7. All things technology related
8. The student was very prepared in al areas of service delivery.
9. recruitment, community meetings, and advocacy
10. the student accepted the internship and dropped within two months, attendance was spotty
11. Attending classes before the internship
12. Clarification of his role as a CRSS

13. Boundaries, Utilizing and maintaining recovery support systems
14. Leadership skills
15. Time management
16. Enhancing knowledge social service network
17. Need to focus more areas of mental health
18. empathy vs. sympathy
19. enabling, sympathy vs. empathy, leadership
20. Continuous training in Trauma-Informed Care.
21. working together as a team while maintaining a positive attitude.
22. Crisis Intervention skills
23. role play; assisting in developing their own personal story
24. developing & sharing their personal recovery story; motivational interviewing & effective listening
25. I think it was more a personality issue rather than training. She was very quiet and had a hard time asserting herself. Our program is unique in it's peer support. She just lacked enthusiasm to make any kind of positive change or effect on the program or clients.
26. Evaluating readiness before placement
27. The student is invested in working with people with mental illness from a peer perspective, continuing education would be beneficial
28. Training for this student was sufficient
29. Documentation, mental health
30. more on documentation of services/DAP notes
31. documentation/DAP notes
32. Continued focus on building her motivational interviewing skills
33. Trauma Informed Care
34. Use of technology, collaboration with colleagues, boundaries with clients, and differentiating between telling their own story/using their own story with intentional purpose.
35. The importance of proactively utilizing supervision to grow, explore, and try new things. Sometimes it seemed as if supervision was more of a 'box to tick'.
36. Establishing professional boundaries
37. Self-disclosure, motivational techniques, and self-care.
38. Live role plays, assertiveness skills, how to utilize supervision.
39. Self Care and following through with practice opportunities
40. Self Care and more focus on allowing the guests to interact in their recovery plans
41. Personality disorder or mental health and addiction overlap
42. n/a

43. Effective communication, boundaries and self care
44. intersection of personal and professional responsibility, how trauma impacts her working relationships
45. Presenting to groups. They know the information, but shouldn't allow themselves to feel intimidated by an audience. I know we all feel anxious in front of a group...
46. opening a session and agenda setting.
47. More client interaction and documentation
48. Experience from time in the field
49. proper language to use in professional setting.
50. Continued training to stay current
51. Lived experience.
52. I believe having a CRSS present for classes at the college either as an instructor or guest presenter would be beneficial for students before entering the internship.
53. More hands on experience
54. Self care and recovery
55. The student would benefit from classes focused on writing case notes, taking a mental health first aid course for certification, WRAP "Wellness Recovery Action Plan" 8 week course for certificate and HIPAA training for a certification.
56. I believe student training in writing case notes, HIPAA certification training, WRAP "Wellness Recovery Action Plan, NAMI Ending the Silence and Mental Health First Aid.
57. general office procedures, filing, micro-office
58. motivational interviewing
59. I can't think of anything at this time
60. more understanding on what a peer support specialist does
61. Not to problem solve for them but with person
62. Continue to work building skills
63. The student would benefit from continuing education at the Bachelors. Level of training to deepen knowledge base systems.

"Thinking of this student, please share any additional thoughts about their readiness for practice after completing their internship and coursework."

1. Student did not respect fellow staff members preferred pronouns. Student referred to task supervisor as "dude" and "bro". Student was unable to show empathy or connect with clients.
2. Student seemed to have a difficult time attending shifts on time, needed to take a leave from the internship as a result of unstable housing.

3. This student would sometimes become defensive when given feedback that was suggesting a different way of handling situations.
4. This student was very ready for practice.
5. my intern was a significant asset to our team and has been hired on full-time
6. I believe this students level of life experience along with their coursework resulted in an excellent internship for both the student and our organization.
7. I think the student is prepared for working in the field, but she need a lot of support and training using basic technology (navigating zoom, Microsoft Word, and especially electronic medical records and scheduling systems).
8. This client was well-prepared, and went above and beyond what was expected.
9. This student was one of my best interns for the year. It helped that they were also a college student in addition to earning the certificate.
10. the student was struggling with their own mental health
11. Student was in the first class of graduates and everything seemed rushed.
12. If he's able to implement taking the peer's lead and keep an open mind, he may be ready.
13. With another internship planned, this student will be highly prepared for practice in the field.
14. Student's greatest strength is genuineness and ability to convey that to our clients that are addressing substance use and mental health challenges. Student is also reliable, approachable, and consistently demonstrates his rapport with all clients. I am confident that student's integrity and interpersonal skills are conducive to being a competent helping professional.
15. This student was very prepared, eager to learn, and excited to be in the field.
16. This student has a lot of knowledge but because of her knowledge and her pre-existing bachelors degree she liked to compare herself to others as better than as opposed to seeing people for their similarities. Her issue was not with clients but rather staff in this area. She also wanted to enable the clients rather than to empower them.
17. [Student] was a self-starter and started to provide advice to clients that was conducive to their recovery from day one. She [had] an ability to quickly establish rapport with clients. I have no hesitation in advising an agency to hire her as an employee.
18. This student is definitely ready to continue working in this field, since then the student has obtained their CRSS and has made efforts to work diligently with others while sharing his own personal experience.
19. Extremely ready - really enjoyed the experience!
20. Student appears to have grown throughout the process & has a better understanding of role
21. our intern really lacked any engagement with the staff. She made it clear she had no desire to learn from those around her and really secluded herself.
22. The student was well prepared, well experienced in working with peers over the years. He is well respected at his place of employment where he had continued to work with people with mental health disabilities.

23. This student was energetic and open to learning. She was well versed on all objectives and therefore able to assist clients in self advocacy and recovery planning.
24. He was already working at another agency as a peer support, making him more prepared to step into the internship role with providing peer support. His focus was more substance related recovery and he wanted to learn more about the mental health/co occurring which our site provides.
25. He was so ready we hired him.
26. He's so ready we're trying to lure him away from his current position.
27. [Student] was focused and determined to succeed in her internship experience from day one. She rose to every challenge and grew throughout her experience.
28. This student seemed to struggle more than most, which may indicate that the issues were less related to training, and more related to this specific student. However, it would help to screen for those student who may not be absorbing or following training as well as others. By the end of the placement, the student had made substantial progress, but still had struggles in these areas.
29. This student had prior education in the field, as well as prior experience in the field, and it showed. They still learned and grew, but there was a major difference compared to students who only had the CRSS Success coursework.
30. The student made a lot of progress during her internship. She needed a lot of coaching in being accountable on the job, the importance of showing up and being on time. Re-direction with having boundaries with the clients. She also needed coaching on being proactive and understanding the importance of supervision.
31. Great work attitude, may have had deficits initially, but willing to learn and execute suggestions. Adaptable.
32. Through their internship and internal training at the site, they were eventually able to make substantial gains in addressing the deficits outlined in this survey.
33. This student was very prepared and ready with strong interpersonal and clinical skills.
34. This student was ready in many areas but did not make the most of their internship to take initiative to be ready for job opportunities
35. This student was very ready for practice but needed to note the differ3nce between a living room environment and a clinic
36. [Student] was ready to jump in as is to work with clients as she was coachable, knowledgeable, and empathetic.
37. Recovery support readiness is okay for a beginner. She lacked in computer skills that will likely be necessary for employment.
38. This intern resigned from her internship three days prior to completion. The [school] program director instructed her to do so instead of seeking conflict resolution. This was an incredible disservice to her as an intern. It failed to teach resolving workplace conflict utilizing recovery support values/skills and I believe, was unethical in this type of program.
39. Excellent student -- always prepared and has their thinking cap on for new ideas and ways to help our nonprofit.

40. I have had a wonderful first recovery support specialist student.
41. This student is 90% ready to practice.
42. He was a joy to work with. He was motivated and highly skilled for his limited experience.
43. they were ready.
44. Having the confidence to move forward.
45. Highly motivated to continue learning.
46. It would be helpful for students to have classes that focus on writing case notes and active listening before entering the internship.
47. Very ready to work.
48. Putting their pwm recovery first
49. Thinking they didn't have to work on their recovery
50. Students seem to thrive with hands-on experience for facilitating peer support groups and one-on-one direct contact support.
51. The student was well prepared and eager to gain hands-on experience!
52. A solid understanding of MAR and boundaries with former using people who may become clients.
53. She is ready.
54. She is ready. She was great.
55. the student was willing but was hesitant to do certain things that were required such as completing certain paper work connected with the client.
56. Just keeping on practicing skills
57. Building confidence
58. This student was well prepared and well trained by the educators at the [school].

"Thinking of the work of support specialists in general, please list any trainings that you think should be provided to all students in the program."

1. Screening out students who refuse to do basic CRSS requirements like self-disclosure.
2. Effective use of appropriate self-disclosure
3. HIPPA training
4. Mandatory reporting training
5. Effective self-disclosure
6. HIPPA
7. Mandatory reporting
8. DBT skills
9. Continued training on ethics and boundaries. In this role the boundaries can become skewed because of the sharing of lived experience.
10. SOAR, the need we find is help with navigating the social services.
11. SOAR

12. I believe they get a well rounded education
13. Motivational interviewing and pathways of recovery
14. Ongoing recovery/sobriety
15. Safety planning and case management
16. Safety planning
17. Harm Reduction and Trauma-informed Care
18. Again, more areas of mental health
19. empathy vs. sympathy and enabling vs. empowering.
20. empathy vs. sympathy. enabling vs. empowering. conflict resolution.
21. I have always been a firm believer of Motivational Interviewing (MI). If any suggestion, I would have to say, additional training in MI.
22. any peer based trainings in regard to leadership roles, how/when to share their stories, de-escalation trainings, and self-care trainings.
23. CPI - to keep the student safe when interacting with patients..
24. Further strengthening time-management skills
25. I think support specialist need training in office etiquette and general knowledge on business protocol. I think they should be more open to different ideas of peer support rather than only what they feel they want to do.
26. "Mental health first aide
27. Basic job skills and professionalism"
28. It is a good program. Nothing comes to mind at the moment.
29. More in-debt training on social determinants of health and the impact it has on obtaining service.
30. Professionalism
31. ethics, limit setting and boundaries. We had problems with more than 1 student from the CRSS program violating ethics due to poor boundaries and disregard for policies and procedures related to boundaries and interactions with clients.
32. Ethics, boundaries. We had issues with more than 1 student violating policies and procedures related to interactions with clients. Interestingly enough, both of those students were female.
33. case management documentation
34. More support with using technology (email, zoom, calendar invites, etc) and more support with boundaries when working with clients.
35. Proactive/effective use of supervision time
36. Motivational Interviewing, ethics.
37. Self-care, scope of practice, structuring sessions, self-disclosure, and preparing for certification.
38. Boundaries, how to self-disclose, confidentiality, and scope of practice.

39. A basic training on work ethics which are just as important as lived experience-- handling conflict with other team members
40. Please focus more on self care and how to address this need with supervisors and the team.
41. Common mental health concerns in field of addiction, boundaries
42. Conflict resolution, context and perspectives (being aware of one's blind spots)
43. Excellent program and we are grateful for the intern!
44. Additional computer training classes
45. Reinforcement of boundaries and a more developed career path if possible.
46. mannerism of working one on one and proper language. seld-awareness.
47. Sexual assault and do
48. Human trafficking
49. ASAM dimesnsions
50. Training in writing case notes, active listening, SUDS, group facilitation and training for HIPAA certification prior to the internship.
51. MH First Aid and an impact pannel
52. MH first aid
53. HIPAA, Mental Health First Aid, WRAP (Wellness Recovery Action Plan 8 week course), NAMI Ending the Silence training, classes on case notes.
54. The NAMI Metro Suburban CRSS Hub Internship Program found that students gained a lot of insight and knowledge with our intern training to write case notes, HIPAA certification training, WRAP "Wellness Recovery Action Plan" 8 week course, NAMI Ending the Silence training, NAMI Connection and general wellness group facilitator training and Mental Health First Aid.
55. ASAM training and the Stages of Change
56. domestic violence, sexual assault, sex trafficking
57. Working on being more conversational vs interview style
58. Critical thinking skills
59. I think Mental Health First Aid Training would prove to be a benefit.