

4. PEER ROLES & RESPONSIBILITIES



Dr. Clanon (right) with peer Aries Brown

“I think the most important thing my patients get from working with peer advocates is hope for the future. No matter how much I talk to them about the potential for them to live long and healthy lives, seeing someone living that promise is more powerful.”

Dr. Kathleen Clanon
Alameda County Medical Center
Oakland, CA

Peers serve in various roles as part of care teams in medical and social service settings, working to improve and enhance the lives of those living with HIV. Peer education can take place in small groups or through individual contact in a variety of settings such as churches, community-based organizations, clinics, hospitals, on the street, in a shelter, or wherever people gather. Peers may also be involved in community work such as outreach and education, participation on HIV advisory and planning council committees, and speakers' bureaus.

Regardless of the peers' specific tasks and objectives, they are uniquely positioned to provide insight and support to HIV-positive individuals. As a part of a multidisciplinary team, peers can facilitate client-provider communication and provide a sense of how other individuals experience HIV diagnosis and treatment. Peers may be better able than professionals to perceive misunderstandings and barriers to client-provider communication. Because their interactions with clients are based on empathy and shared experience, and because they frequently have more open access to clients, peers may glean more information about actual and potential challenges for clients and may also communicate the health care team's messages to clients most effectively.

Regardless of how peers are used, it is essential to define their roles, responsibilities, and interaction with clients. Because the job skills and activities entailed in peer work are different in nature from more traditional professional positions, it is necessary to be more explicit in defining peer roles, responsibilities, and activities. Defining a clear role for peers in the agency can also help to avoid overlapping or duplication of responsibilities with other members of the health care team such as case managers.

The roles and responsibilities of peers can vary widely depending on the focus of the organization or program. Peer roles can include:

- Engaging and supporting HIV-positive persons in the management of the disease, including being adherent to medications.
- Providing emotional and practical support to clients
- Supporting clients to practice healthy behaviors

PEER ROLES & RESPONSIBILITIES

- Identifying HIV-positive persons in the community and linking them to care
- Helping people living with HIV/AIDS (PLWHA) navigate the service system and assisting them to access and participate in care and treatment services
- Providing community work such as awareness, advocacy and prevention education
- Advising programs on all aspects of service delivery

The specific responsibilities or activities of peers in these roles vary, and the qualifications and skills of peers are different depending on their roles.

Engaging and supporting HIV-positive persons in the management of the disease

Peers in these roles often deliver services through a combination of one-on-one support and/or peer-led support groups. For one-on-one conversations, the peer needs to be comfortable disclosing his or her HIV status, be able to ask open-ended questions, and provide accurate information that is relevant to the client's needs. Support group facilitation requires the peer to disclose his or her HIV status and have the knowledge and skills to manage the group dynamics so that participants feel comfortable and safe in sharing very personal and emotional issues. (Support group facilitation is a specialized skill which is addressed in detail in the [Read More: Peers and Support Groups.](#)) The specific peer roles related to engaging and supporting HIV-positive persons to manage the disease and adhere to medications can be as limited or as broad as the organization desires and include:

- Explaining the HIV life cycle and how medications work, providing treatment adherence information and strategies for complex HIV/AIDS treatment regimens

- Engaging in problem solving with clients to address adherence problems
- Engaging “harder-to-reach” clients who have fallen out of care or have not entered care (this is similar to outreach roles described above)
- Becoming familiar with the context of the clients' lives
- Facilitating client communication with health professionals
- Gathering information for medical providers
- Following up with clients who miss appointments
- Answering clients' basic questions

Providing emotional and practical support to clients

This is a key role for peers and, regardless of their other interaction with clients, the peer will serve as a role model for living and thriving with HIV. Peers can provide hope to HIV-positive clients and share strategies with them to overcome difficulties of living with HIV. Client interactions can occur one-to-one or in groups and can include:

- Sharing personal knowledge and experiences when appropriate
- Providing encouragement and psychosocial support to address ongoing challenges of HIV-infected individuals, their partners, families and caregivers, including disclosure to partners and others in their life
- Demonstrating self-care strategies to clients
- Assisting clients to understand and move through various stages of commitment to their care (i.e., moving from pre-contemplation of using HAART medications to taking action to begin to use HAART medications and then sustaining their use of HAART) and strategies for living with the lifelong reality of adhering to medications

PEER ROLES & RESPONSIBILITIES



The people that we reach out to are people who really need help. I know; I've been there and I wish that 20 years ago there had been peer educators... I'm hoping that I can help people to have an easier time adjusting to living with HIV and living good lives.

Lionel Biggins
Peer Educator
Truman Medical Center
Kansas City, MO

Supporting clients to practice healthy behaviors

Healthy behaviors for HIV-positive clients are critical for continued health and well-being. Peers can help to educate clients about HIV and dispel myths that prevent a client from managing HIV in a healthy manner. Peers can provide information and support to clients to practice health promotion behaviors (such as making and keeping doctor's appointments) avoid risks (such as utilizing safer sex supplies distributed by peers) improve health routines (such as taking medications accurately and regularly), and reduce harmful situations (such as violent relationships).

Identifying HIV-positive persons in the community and linking them to care

A peer with this focus may work in the community or at a clinical facility. They may be involved in supporting HIV testing by conducting the test and/or providing one-on-one counseling to clients about test results. For HIV-positive individuals, these peers provide resources and support to link them to care services.

Helping PLWHA navigate the service system and access care and treatment services

Again, peers in these roles often deliver services through a combination of one-on-one support and/or peer-led support groups. The areas that a peer covers with clients can be as limited or as broad as the organization desires, including:

- Helping clients find and become familiar with HIV health and social service systems
- Providing referrals for in-house services and community resources
- Helping clients obtain services by assisting them to make appointments, reminding them of appointments and/or providing transportation to and from appointments
- Participating in case conferences with the multidisciplinary team to represent the client's concerns

PEER ROLES & RESPONSIBILITIES

- Helping clients prepare for health care providers' visits by modeling how to ask questions about their health status or medications and processing the information received during a medical visit
- Providing translations services for non- or limited English speakers
- Providing insight into the most effective way to engage and educate a client
- Assisting in coordination of day-to-day care activities to ensure continuity of care

Providing community awareness, advocacy and prevention education

For work in the community, peers must be comfortable with disclosing their HIV status and have the ability to speak in front of groups. Peers may provide activities related to prevention education including: conducting presentations or one-on-one conversations with HIV-positive or at-risk individuals; encouraging individuals or groups to get an HIV test; linking positive clients to care and educating individuals about HIV transmission, including harm reduction and safer sex approaches. Usually, community awareness activities include sharing of personal stories and experiences by the peer in an effort to encourage others to know their HIV status and seek treatment if they are positive. Advocacy usually involves providing personal and factual information about services and support for HIV-positive individuals in an effort to improve current systems or attitudes. Peers provide a strong voice in advocacy, since many policy makers want to hear directly from people who are living with HIV/AIDS. Another important component of community awareness that peers help support is a message of anti-stigma. HIV/AIDS stigma continues to impede prevention and care efforts globally. People living with HIV have a unique and powerful opportunity to tell their story and put a human face on the epidemic.

Advising programs on all aspects of service delivery

Peers in these roles must have the confidence to express their thoughts in meetings and gatherings in such settings as local or state planning councils, consumer advisory committees, AIDS service organizations, boards or focus groups. Their roles involve providing input on policies, procedures, program design and implementation, and evaluation activities that impact the lives of HIV-positive individuals. Many planning and advisory groups have a requirement to include HIV-positive members. It is critical that peers receive adequate training and preparation to participate in meaningful ways in these important groups. These peers may also provide advice on grant proposals by articulating the needs and ideal approaches for addressing non-medical services for HIV-positive clients.

Following are three case examples that describe how HIV-positive peers have been utilized:

Peers as support group facilitators/coordinators for newly diagnosed individuals

Peers participate and assist with a weekly, drop-in support group, with one peer taking the lead in facilitation and coordination. The two-and-a-half hour session includes 30 minutes to eat and catch up socially as a group and then approximately 45 minutes for an educational presentation on topics selected by the group, such as HIV disclosure, substance abuse and addiction issues, working successfully with your doctor, how to read your labs, etc. The last segment of the session focuses on support for participants. All attendees have the opportunity to share difficulties and successes in their lives. Members offer support and encouragement to one another and are an ongoing social network for each other. Newly diagnosed individuals are especially welcomed by participants who

PEER ROLES & RESPONSIBILITIES

have lived with HIV/AIDS for many years, with the message, “You are not alone.” The peers facilitate the discussion, making sure that ground rules are followed, that all participants have opportunities to share, and that individuals who are in crisis and require additional support can meet with a peer following the meeting. By using peers to do group coordination and facilitation, the organization is able to provide an “HIV-positive individuals only space,” something that is difficult to find when traditional professionals are in the leadership roles. The peer team is able to bring up difficult or challenging group issues with a peer supervisor and/or a clinical supervisor.

Peers working one-on-one with HIV-positive women

In one community-based organization, a peer worked as part of a care team to assist a woman in crisis. She was living with a physically and emotionally abusive boyfriend who was restricting her movement and contacts outside of the home. On a parallel track, the woman’s health had deteriorated significantly over the prior year and she had not been receiving regular medical care. In consultation with supervisors and the HIV clinic case manager, the peer began talking with the client about what it would take to leave the boyfriend and what types of services were available to her in order to make this transition. The peer took the client to visit a women’s shelter and also made an appointment to see a pro bono attorney so that the client was clear about her legal rights and options. The woman was fearful and overwhelmed, but wanted to get out of the situation. She was fairly mistrustful of service providers but was able to establish good rapport with the peer because she said, “You’ve been through it all, too.” The peer was able to give her the support she needed to get out of the dangerous relationship, get into transitional and eventually permanent housing, re-establish medical care and participate in a weekly support group.

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

Peers in a clinic-based ART adherence support program

Three peers collaborate with a case manager and health educator to help clients adhere to their medications. Peers are trained in listening and communication skills, providing support, establishing boundaries, and making effective referrals. They use these skills to help their clients identify and address a wide range of barriers to adherence, including substance use, mistrust of, or poor communication with, medical providers, fears about taking medications in front of others, and remembering to take medications on time. Peers are also mentored by program staff to use the experiences and characteristics that they share with clients effectively in their work. They talk to their clients weekly by phone or in person, and over time develop good rapport and trusting relationships that support their clients through the ups and downs of long-term adherence management for a chronic disease. The peers meet biweekly with the program case manager and health educator in case management meetings in order to share information, coordinate client services, and brainstorm about approaches to best meet their clients’ needs.

Read More for Section 4

- [Peers and Support Groups](#)

Resources for Section 4

(available at http://peer.hdwg.org/program_dev/resources)

Support group information:

- [15 steps to starting an HIV support group \(The Lotus Project\)](#)
- [Peer guide to starting an HIV support group \(Kansas City Free Health Clinic\)](#)
- [HCSP support group manual](#)

Sample job descriptions

- [Peer job descriptions \(Kansas City Free Health Clinic\)](#)
- [Peer advocate job description \(The Lotus Project\)](#)
- [Sample peer advocate and manager job descriptions \(The Lotus Project\)](#)
- [Peer adherence counselor/family advisor job descriptions \(Project ARK\)](#)

4. PEER ROLES AND RESPONSIBILITIES

READ MORE: SUPPORT GROUPS

PEERS AND SUPPORT GROUPS

Some peer programs utilize peers as facilitators or co-facilitators of support groups. Having a peer in a leadership role in a support group sends a powerful message to both the peer and the group participants regarding the value of peers to the organization, to the peer program and to the program participants. It also demonstrates a clear understanding that the life experience of peers and their deep understanding of group member struggles, will have a positive impact on the overall outcomes of the group.

Group facilitation requires skills that not all peers may have. Just like any staff member under consideration for a new role, it is important to assess the inherent skills and abilities of the peer. A peer who by nature is shy may not be comfortable speaking in a group or attempting to re-direct the focus of the group. At the opposite end of the spectrum, a peer who is gregarious and out-going may not be able to engage quieter members of the group in the process. Some peers are more open to new experiences and learning new skills than others. There is no hard and fast rule regarding whether peers can or should facilitate or co-facilitate a group. There are, however, some suggested factors to consider when planning to use peers as group facilitators or co-facilitators.

Group purpose

Groups can provide a range of services from social support or education to therapy groups, with a myriad of options within this continuum. It is important that the purpose of the group be consistent with the knowledge, skills and training of the peer. Without training and licensure, a peer would not be able to facilitate a therapy group,

but could, in appropriate circumstances, assist a trained therapist with facilitation. At times, this model can be the best of both worlds: a trained clinician and a peer with kindred life experience working together to provide leadership. A peer with training in group facilitation skills and knowledge of HIV disease and treatment could facilitate or co-facilitate an educational group focusing on an aspect of self management. Similarly, a peer with a demeanor that is well suited to facilitation, given appropriate clinical support from management and training in facilitation skills, could facilitate a support group where women or men living with HIV come together socially and discuss life challenges and triumphs.

Peer Training

Assessing the peer's strengths and skills is the first step in determining additional training needs of the peer. There are many options to providing the needed training. (The Building Blocks to Peer Success toolkit guide for people who conduct peer training includes a facilitation section which may be useful to peers learning to facilitate support groups.) Assessing your organization's ability to provide that training, either on site through existing staff resources, or off site through educational programs is the next step. An important aspect of developing the peer's group facilitation skills is providing on going feedback, support and guidance. It is often most helpful to have the peer function in the beginning as a "group helper" (logistics, set up, note taking) to observe the group process with a trained facilitator. Feedback and discussion with that facilitator immediately after the group

PEER ROLES AND RESPONSIBILITIES

READ MORE: SUPPORT GROUPS

provides some of the best “real-world” training for the peer. As the peer observes and learns the trained facilitator can increase the peer’s role in the group to include actual facilitation responsibilities. Again, immediate feedback and discussion regarding the successes and challenges experienced during the group is most helpful.

Facilitator or Co-Facilitator?

The decision about whether a peer should facilitate a group alone or be a co-facilitator depends on several factors. The first and foremost is the peer’s group facilitation skills and abilities. The peer’s interest in either role must be taken into account as well. Finally, the organization’s ability to supervise the peer and provide ongoing support and guidance must be considered. If the organization has a clinical manager or consultant available, this is an important area in which they can assist peers. Providing regular check-ins with the peer facilitator will be important in helping them understand group dynamics, individual issues and facilitation strategies.



Peers facilitating a support group.

The [Program Resources](http://peer.hdwg.org/program_dev/resources) (available at http://peer.hdwg.org/program_dev/resources) contains three helpful tools for peers who facilitate support groups:

- [15 steps to starting an HIV support group \(The Lotus Project\)](#)
- [Peer guide to HIV education and support groups \(Kansas City Free Health Clinic\)](#)
- [HCSP support group manual](#)

This “Read More” section accompanies [Section 4, Peer Roles and Responsibilities](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev