

PACT Supervisor's Overview

(To be filled out by PACT staff member/supervisor, in order to clarify parameters and priorities of peer's responsibilities.)

The purpose of this document is to help define the specific qualifications and roles of peer workers in your program.

Peer Qualifications

Unlike their professional colleagues, peers bring unconventional assets to the work place. It is important that supervisors and peers have the same understanding of the essential qualifications of peer workers. These qualifications may include:

- Share diagnosis and/or treatment with clients (e.g. HIV positive; on ART)
- Local resident or familiar with community
- Experience dealing with some of the difficulties faced by the client population (e.g., past experience with substance dependency; caring for HIV+ children)
- Non-judgmental; able to accept alternative perspectives and lifestyles
- Able to reflect on and apply life experience
- Able to relate easily to clients and program staff alike
- Good communication skills
- Able to participate as team member; voice opinions and share information with others
- Able to work independently

Peer Roles

Peer workers undertake a wide range of roles, as this list compiled by the recent National Community Health Advisor Study illustrates:

- **Bridge gaps between communities and the health and social service systems. This includes:**
 - *Educate community members about how to use the health care and social service systems*

- *Gather information for medical providers*
- *Educate medical and social service providers about community needs*
- *Translate, including making medical language understandable for patients*
- **Provide culturally appropriate health education and Information**
 - *Teach concepts of health promotion and disease prevention*
 - *Help to manage chronic illness*
- **Assure that people get the services they need**
 - *Case finding/outreach*
 - *Make referrals*
 - *Provide follow up*
- **Provide informal counseling and social support**
 - *Provide individual support and informal counseling*
 - *Lead support groups*
- **Advocate for individual and community needs**
 - *Advocate for clients, translating, navigating, trouble shooting*
 - *Advocate for community needs specific to health care*
- **Provide clinical services and help meet basic needs**
 - *Provide clinical services, e.g. first aid in migrant labor camps*
 - *Help clients secure the basics: food, shelter, or employment, as a precursor to providing health related services. (may be done through referrals)*

The following are examples of peer roles within a multidisciplinary HIV adherence support program:

- **Facilitate communication with health professionals**
Peer workers encourage clients to build an open and trustful relationship with their healthcare providers, helping to overcome communication barriers. Peer workers encourage clients to empower themselves by asking questions of doctors in an open and honest way and initiating discussion about any issue of importance to the client.
- **Assist with adherence techniques**
Under the guidance of their supervisor, peer workers promote client self-efficacy through behavior change counseling and goal-setting. Peers also help the clients dynamically adapt their treatment adherence plans, taking into consideration individual barriers that might affect their adherence to medication. Peers can provide

practical advice about medication-taking cues, reminders, or organizational tools that have worked for them.

- **Counsel on medication adherence**

Peer workers provide informal counseling related to HIV treatment, medication, and the importance of adherence. Peers actively listen to their clients and help them to understand their diagnosis, medical regimens, and the effects of treatment. Peers promote an interactive, problem-solving approach to HIV treatment adherence.

- **Provide social support**

Part of their work with the client is to find opportunities in which to applaud and support their client. Even if the support is not directly about adherence, positive feedback and approval of the client's problem-solving or coping ability will help the client build self-efficacy and confidence.

- **Reach out**

The peer worker is able to meet the client at home or at some other location at a time that is convenient for the client. Peer workers' familiarity with the context of clients' lives enables them to access clients more easily than most healthcare providers. In the context of an ART adherence support program, peer outreach efforts are geared towards eliminating barriers that prevent clients from receiving HIV care and medication adherence support. Peer workers help improve client attendance at scheduled appointments and participation in support group and other program activities.

- **Record activities**

It is critically important that peer workers consistently document all client contact. Programs should devise an appropriate format and dedicate time and resources to review, test, and modify formats to ensure they are easy to understand and appropriate to the peers' work. Minimally, peer workers should record a client identifier code, nature/type of contact, information discussed, adherence issues addressed, actions taken, and referrals made. Forms should be kept in a central client file.

- **Collaborate with adherence team members**

Peer workers refer clients to social workers, case managers, and health educators, or facilitate other referrals, as appropriate. Peers are responsible for attending all

program-sponsored educational workshops, discussion groups, and support groups. Peers are expected to provide on-going feedback to all levels of program staff and to share ideas for improved client service.

- **Advocate and educate**

Peer workers help increase referral options by connecting the program with community-based organizations and other resources. Peers take an active role in promoting and supporting participation in TB screenings, health fairs, and other related community events.

Once the team has defined roles and activities, a brief list can be generated for peers and their supervisors to refer to when discussing strategies for approaching clients.

Peer Encounter Checklist

*Complete this checklist as soon as possible after each encounter with a client.
Responses on this checklist may be used in supervision.*

PEER INITIALS/CODE: _____	CLIENT CODE: _____
DATE: _____	

	Yes	No	N/A
Did I establish rapport in my greeting and opening conversation?			
Did I ask open-ended questions?			
Did the client speak as much or more than I did?			
Did I <i>get</i> information about the client's perspective on his/her illness and treatment?			
Did I <i>give</i> information in response to goals, concerns, and problems that the client expressed?			
Did the client show that s/he understood the meaning of information provided?			
Did I provide <i>too much</i> information?			
Did I assess whether the client has adequate social support?			
Did I discuss referral needs and options with the client?			
Did we agree upon a plan of action for the immediate future?			
Did I deal with the client's and my own emotional reactions?			
Modified from: <i>Quality Assurance Measures for Voluntary Counseling and Testing Services</i> IMPACT/AIDS MARK June 2001			

PACT Peer Educator Self-Assessment

Date _____

This self-assessment is not a test! It is intended to help you see the strengths and weaknesses that you bring to your work with clients.

PART ONE: For the following questions, think about times you were able to perform these skills well and times when you performed them less well than you would like. Write down a few words about your strengths and weaknesses.

How well can I:

Listen?

Communicate clearly and in language that is appropriate for the situation with my clients? Co-workers? Supervisors?

Recognize and control how my body language affects my working relationships (clients, co-workers, supervisor)?

Work with team members toward collective goals?

Take initiative on the job?

Problem solve effectively with my clients? Co-workers? Supervisor?

Judge my own strengths and weaknesses?

Handle stressful situations with my supervisor? Co-workers? Clients?

Understand and follow rules and procedures of my program?



Get to work and related activities on time, consistently day after day?

Manage my time?

PART TWO: Listed below are a number of behaviors that are essential to relating to others.

To be completed with the peer at an early meeting, to facilitate self awareness about skills and behaviors needed to work with clients

How do you rate yourself on these behaviors? Use the following scale:

- | | | | | |
|-----------|-----------------|----------|-------------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Weak | Moderately weak | Adequate | Moderately strong | Very strong |

1. **Feelings:** I am not afraid to deal directly with emotion, whether it is my own or others'. I allow myself to feel and give expression to what I feel.

- | | | | | |
|-----------|-----------------|----------|-------------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Weak | Moderately weak | Adequate | Moderately strong | Very strong |

2. **Initiative:** In my relationships I act rather than react by going out and contacting others without waiting to be contacted.

- | | | | | |
|-----------|-----------------|----------|-------------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Weak | Moderately weak | Adequate | Moderately strong | Very strong |



Weak

weak

strong

strong

3. **Respect:** I express that I am there for others even if I do not necessarily approve of what they do.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

4. **Concreteness:** I am not vague when I speak to others. I do not beat around the bush in that I deal with concrete experience and behavior.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

5. **Immediacy:** I deal openly and directly with others. I know where I stand with others and they know where they stand with me.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

6. **Empathy:** I can see the world through the eyes of others by listening to cues, both verbal and non-verbal, and I respond to these cues.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

7. **Confrontation:** I am able to challenge others responsibly and with care. I do not use confrontation to punish.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

8. **Self-disclosure:** I let others know the person inside, but I am not exhibitionistic. I am open without being a secret-reveler or a secret-searcher.

1	2	3	4	5
Very Weak	Moderately Weak	Adequate	Moderately Strong	Very Strong

9. **Self-exploration:** I examine my life style and behavior and want others to help me to do so. I am open to change.

1
Very
Weak

2
Moderately
Weak

3
Adequate

4
Moderately
Strong

5
Very
Strong

*Modified from Donald Clark, 'Big Dog Little Dog (2004)
<http://www.nwlink.com/~donclark/leader/leadtrn.html>*

Date ___/___/___

Adherence Support: Individual Client Review

To guide the peer in reviewing clients during supervision

1. What are this client's long and short-term goals?
2. How does the client feel about his/her diagnosis?
3. What are the client's beliefs about medication-taking in general?
4. What does the client know about his/her medication and treatment plan?
5. Has the client successfully faced difficult challenges in the past? What coping skills or strategies did s/he use (*support from family? seeking out service agencies*)?
6. Has your client had to make difficult treatment decisions (including decisions about being adherent) before? What were they? What barriers did the client face, and how did the client respond?
7. Where does adherence fit into the client's life goals?