

Peer Intervention Typology



Work funded by:



Peer Intervention Typology:

Overview

The Peer Intervention Typology (Figure 1) presents a summary for ensuring clarity regarding the purpose and scope of peer interventions in different settings, indicating implications in relation to the role and position of different intervention ‘types’, linked to dimensions of embeddedness and knowledge. In summary, the model facilitates decision-making on the following to differentiate different types of peer intervention:

- The degree of alignment to professional (MDT) theory/models.
- The degree of control and focus on ‘lay’ boundaries or professional parameters of assisting with professional led rehabilitation.
- The degree to which interventions are focused on engagement processes that are characterised as ‘top down’ or ‘bottom up’.
- The nature of interactions and intervention- professional-based intervention or lay-support-guidance intervention.

The respective quadrants of the typology (Figure 1) will now be outlined:

Peer education (more embedded-integrated knowledge)

- Peer situated within a form of structural support as part of professional multidisciplinary team (MDT) approach.
- Peer positioned as a separate but integrated component of MDT work in relation to stroke programme, representing a distinct ‘added value’ part of overall rehabilitation programme, providing education and mentoring roles with a primarily one-way information flow.
- Peer activity focused on intervention framed as supporting and reinforcing generic rehabilitation goals and knowledge within a professionally centred and managed process, and being time limited.
- Underpinned by professional disciplines theoretical evidence-base either generic rehabilitation models/theories (e.g. goal setting), psychological models (e.g. self-efficacy, motivation), occupational therapy (e.g. occupation) or nursing models (e.g. self-care,) or self-management decision making (SDM) models.

- Peer interaction has a defined scope within the structure of a stroke programme.
- Professional control, management and training of peers.
- Example peer mentors/educators, Expert Patient Programmes.

Peer modelling (more embedded and experiential knowledge)

- Peer as additional resource within repertoire of stroke programme using experiential knowledge and experiences to frame peer work.
- Peer positioned as part of the MDT and acting within the boundaries of professional MDT team with specific role as part of stroke programme, such as ‘role modelling’, exemplar of ‘hope’.
- Limited scope of interaction within stroke programme and time limited, reflective activity completed with two-way information flow and sharing of experiences.
- Activity focused on supporting and reinforcing existing rehabilitation goals within a professionally centred and managed process.
- Context established within professional disciplines theoretical evidence-base, primarily generic rehabilitation models/theories (e.g. goal setting) and psychological models (e.g. self-efficacy, motivation), with the importance of lay-knowledge recognised and integrated into ways of working.
- Professional control and training.
- Example INSPIRES Calgary programme (Alberta Health Services, Calgary, Canada).

Peer coaching (less embedded and experiential knowledge)

- Peer as structural support but defined as separate from professional MDT approach, defined as a ‘Peer led programme’ with community focus.
- Peer positioned as a lay-focused intervention and using experiential knowledge to guide coaching work.
- Activity focused on supportive and *specific* lay - intervention framed as guiding stroke survivors to identify goals focused on adjustment and adaptation based on an examination of biographical led SLAs and *generate pattern* of experiential goal setting behaviour, time limited.
- Underpinned by the centrality of lay-knowledge and transformational leadership theory.
- Defined scope of interaction negotiated within peer-stroke survivor interaction defined and grounded in a framework set within a supportive and structured ‘Peer led programme’ with

transformational leadership focused training, broad guidance and protocols for conducting coaching. Emphasis on ‘bottom-up’ engagement with stroke survivor and discourse rather than information flow with shared communication to identify goals through dialogue.

- Lay control and professional training, supervision and support.
- Example feasibility study (Masterson-Algar et al. 2017)

Peer support (less embedded and integrated knowledge)

- Peer as support activity within a social setting with a defined ‘supportive’ role either inside or outside formal rehabilitation - stroke programme, primarily in the community.
- Peer positioned as support activity as an ‘adjunct’ within the group or organisation (e.g. stroke groups or clubs sitting within or outside Stroke Association).
- Limited scope of focused interaction, with limited training and professional scaffolding. Emphasis on generic advice and supportive role as being a stroke survivor/family support and peer activity integrating the lay knowledge-base of the group or the scaffold of family support. May be episodic support and time limited or continual ‘background’ support. Scope for reflection on personal experience regarding specific issues/challenges.
- Activity focused on providing lay experience and possibly signposting or empathy, with focus predominantly on shared identity as stroke survivor or framed as family support work.
- Fragmentary underpinning by theoretical evidence-base, with greater theoretical context if increased alignment with professional services.
- Limited professional control, training or management with locus of control within the group or organisation unless aligned with professional group.
- Examples stroke clubs or groups within or independent of Stroke Association and family support.

Figure 1 Peer Intervention Typology

