Peer Facilitation: Accelerating Individual, Community, and Societal Change

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Abstract

Purposeful peer facilitation is a key ingredient for successful Peer-Led Team Learning (PLTL). The peer facilitation model has successfully been applied in several different contexts, and can have a profound effect on individual, community, and societal change. Effective Peer Leaders must learn to create space, understand and address social determinants of learning, and nourish the potential of peers. Herein, we describe key attributes of effective Peer Leaders, discuss the application of peer facilitation in various settings across individual, community, and societal domains, and provide recommendations for the real-world application of the peer facilitation model.

Key words: Peer-led, Peer Learning, Facilitation, Peer Facilitation, Models Facilitating Change

Introduction

Purposeful peer facilitation is a key ingredient to successful Peer-Led Team Learning (PLTL). The peer facilitation model has existed for decades and has been applied in many different contexts, including academics, healthcare delivery, and behavioral change programming, among others. This model has been linked to improvements in learning, academic retention and progression, community building, and improved health outcomes for Peer Leaders and group participants alike (Tracy & Wallace, 2016; Wilson & Varma-Nelson, 2016). Building on evidence rooted primarily in academic settings, the peer facilitation model profoundly affects individual, community, and societal change, which we will describe herein.
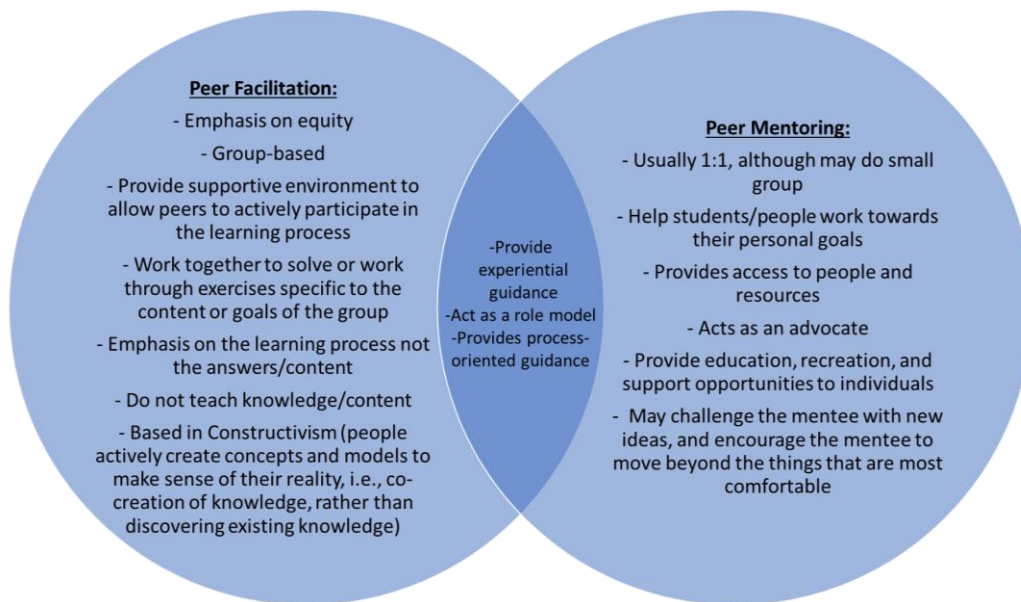

Figure 1. Attribute of Peer Facilitation verses Peer Mentoring

Depending on the context, some terminology, facilitation techniques, and group designs may vary – but certain key elements exist across all peer facilitation models, which set them apart from other models, such as peer mentoring (Figure 1; Chase et al., 2020; Eberlein et al., 2008; Micari et al., 2005; Reisel et al., 2014; Wilson & Varma-Nelson, 2016). Peer mentoring models can, inadvertently, be conflated with peer facilitation models due to their similar emphasis on experiential guidance, process-oriented guidance, and role modeling (Ashwin, 2003; Gafney, 2012; Marshall et al., 2021; Reif et al., 2014). However, a key element of peer facilitation is its focus on the development of the group environment and

dynamics to facilitate the co-creation of knowledge through problem-solving exercises (e.g., case studies, equations, identifying and developing plans to remove obstacles) that emphasize the learning process rather than the content or outcome (Gafney, 2012; Wilson & Varma-Nelson, 2016). Additionally, peer facilitation centers a strong commitment to reducing innate power differentials (e.g., the implicit authority of the peer leader; Gafney, 2012) through the following mechanisms: 1) Peer Leaders and group members co-create group rules and agreements by which to self-govern, 2) Peer Leaders and group members participate in continual evaluation and adaptation of group dynamics related to safety and equity to foster supportive environments conducive of learning, and 3) group members are viewed as the co-creators of knowledge vs. the Peer Leader being the keeper of knowledge (ergo, Peer Leaders do not impart or teach content to group members; Wilson & Varma-Nelson, 2016).

The existing literature identifies several key attributes for Peer Leaders, such as being optimistic, inclusive, compassionate, entertaining, adaptable, caring, encouraging, and having robust communication and interpersonal skills (Kritz et al., 2020; Eberlein et al., 2008). Also, Peer Leaders should have accurate knowledge, passion for specific areas of interest, and be nonjudgmental (Llauradó et al., 2022; Sun et al., 2017). As authenticity is an essential quality for Peer Leaders, they are often expected to have lived experience with the circumstances shared by the group (e.g., survivors of intimate partner violence [IPV] facilitating groups for IPV survivors). On online peer facilitation models, such as social media, individuals (i.e., influencers) can use their platforms to reach and impact the collaborative learning of target populations (Sun et al., 2017).

Importantly, facilitating a group to bring affirmative change is an acquired skill for most Peer Leaders; hence, they need to be instructed in the art of questioning, the power of discussion and debate, the principles and practice of collaborative and cooperative learning, and ethics (Eberlein et al., 2008; Sun et al., 2017). Indeed, when peer-led programs launch, several multi-dimensional training sessions are usually provided to all Peer Leaders. Thus, high attendance in training sessions and time commitment are important to become a peer facilitator (Sun et al., 2017). Nevertheless, it is worth highlighting that the qualities of *effective* Peer Leaders may vary as a function of the populations with which they work and the outcomes they wish to achieve (Kritz et al., 2020).

Benefits of peer facilitation models

Peer facilitation has long been considered a cost-effective approach to learning whereby both the Peer Leaders and participants benefit from the interaction (Ashwin, 2003; Streitwieser & Light, 2010). Dialogic peer learning is associated with relationship building among peers, and combating social stigma (Strassle & Engler, 2020). The role of peer

facilitator can be conceptualized as a social form of learning which focuses on learning through supporting the learning of others (Ashwin, 2003; Streitwieser & Light, 2010). The Peer Leader role is associated with increased confidence, improved relationships, and a sense of community (Strassle & Engler, 2020; Trang & Anh, 2022). Moreover, Peer Leaders can acquire various competencies after participating in programs across settings (e.g., offline, online, or using social media). First, Peer Leaders can foster basic or personal competencies, including self-confidence, increased connectedness to the self, others, and school (if a Peer Leader is an adolescent (Llauradó et al., 2022), coping with challenges (e.g., not having the right answer), and problem-solving (Kritz et al., 2020; Llauradó et al., 2022). Additionally, they may find resolutions to their own challenges and enhance problem-solving skills, while supporting their peers and acting as mentors through actions performed in their daily lives (Llauradó et al., 2022). Peer Leaders can gain professional competencies including improved leadership, communication, marketing, organizational skills, collaboration, teamwork, and team building (Eberlein et al., 2008; Kritz et al., 2020; Llauradó et al., 2022). They can also obtain in-depth content knowledge (Llauradó et al., 2022). These critical competencies are relevant and can be frequently used in their future career and contribute to improving academic or job performance and improved health outcomes (Kritz et al., 2020; Llauradó et al., 2022; Tracy & Wallace, 2016).

The positive effects of peer facilitation for group members have been observed in many health settings, including chronic disease management (Franks et al., 2009), eating disorder treatment (Stice et al., 2013, 2014), weight management (Pullen et al., 2008), and cancer-related stress, depression and trauma (Winzelberg et al., 2003). Participation in peer facilitated programming has led to increased treatment engagement and community integration, as well as improved knowledge, attitudes, and beliefs among group members (Chinman et al., 2014; Davidson et al., 2012; Pickett et al., 2012; Steigman et al., 2014). While significant improvements in health self-management behaviors have been observed in peer and clinician co-facilitated interventions (i.e., where the lived experiences of Peer Leaders enhance clinical expertise (Goldberg et al., 2013; Muralidharan et al., 2019), in certain settings, peer facilitation alone can have greater long-term benefits to physical and mental health outcomes including illness severity and self-efficacy to manage health than clinician-led groups (Chien et al., 2019; Ciao et al., 2023; Stice et al., 2020).

One sector where peer facilitation models have readily increased and show greater effectiveness than clinician-delivered interventions is within recovery from harmful drug use (Bassuk et al., 2016). These models shift power from healthcare workers (the traditional medical model) to people with lived experience of harmful drug use and recovery – creating new pathways for recovery while enabling trust and community building (Collins et al., 2019)

within a highly stigmatized and mistreated community (Woo et al., 2017). These programs offer a safe and non-judgmental space for individuals to share their struggles and successes while building trust with others with similar experiences (Collins et al., 2019), improving their confidence and self-esteem, and developing new skills to manage their addiction and maintain recovery goals (Tracy & Wallace, 2016). Such models show promise for decreasing death from an opioid overdose and have been found to positively affect recovery outcomes (Ashford et al., 2019; Bassuk et al., 2016; Cos et al., 2020; Eddie et al., 2019).

Alternative conceptualizations of facilitating individual, community, and societal change

Online settings

Although existing literature regarding peer facilitation models primarily focus on classroom settings for college students, settings where learning and change occur can be expanded online through social media (e.g., Facebook, Instagram, or Reddit). Social media can be a cost-effective alternative to offline peer-led programs because the latter can require considerable time and money (Young et al., 2013). As in offline settings, social media can also enable users to exchange support, build their knowledge, and problem-solve through interactions with peers sharing similar interests, characteristics, or experiences (Sun et al., 2017).

Peer-led learning on social media has many strengths in cultivating change among individuals. First, it can foster motivation and topic-specific skills among individuals, and connect them with needed resources in more scalable, efficient, and equitable ways than in offline settings (Patel et al., 2018). Due to its wide-reach and asynchronous nature, social media can help overcome geographic and temporal barriers to peer interactions and engage diverse individuals, including hard-to-reach populations. Previous studies reported greater effectiveness of social media in improving interest in certain topics or changing one's knowledge, attitude, or behavior than seen in offline settings particularly when working with adolescent or youth populations (Ogunleye et al., 2020; Sun et al., 2017).

Social media access and use by young people is ubiquitous, social media is interactive and uses multimedia, users get instant reactions, and disparities in use by race, ethnicity, or income are minimal among youth (Patel et al., 2018; Sun et al., 2017). It has been documented that peer-led approaches and social media delivery are better at addressing young people's needs and expectations, resulting in a more positive online experience, namely, credibility, personal relevance, respect for autonomy, comfort to learn, engaging experience, ease of use, and privacy (Sun et al., 2017). Anonymity features support the use of social media to facilitate discussions around sensitive topics to which stigma or shame may be attached and in 2012, the World Health Organization identified communication on social media as one of

the expected roles of health educators. Indeed, a substantial number of previous studies that developed social media-based, peer-led programs tended to target HIV/AIDS (Young et al., 2013), pre-exposure prophylaxis (Patel et al., 2018), and sexual health (Forsyth et al., 2018; Sun et al., 2017), among others.

Finally, Peer Leaders can obtain additional advantages when peer facilitation occurs on or employs social media. On social media, a role change between Peer Leader and member is fluid, in which members can be facilitators or vice versa, instead of one facilitator to multiple members. This structure can be empowering, particularly when members have experienced oppression and feel voiceless. However, the influence of Peer Leaders and peer facilitation models expands beyond that of individual and group learning, and growth is evidenced in many community-based peer-led social movements (McDermott et al., 2015; Menezes et al., 2020).

Community settings

In community settings, Peer Leaders can harness the power of collective knowledge, wisdom, experiences, skills, and resources necessary to empower communities to problem-solve and cultivate societal change. Challenges experienced by the community are often illuminated through the eyes of people in the community. Therefore, groups led by Peer Leaders often believe that change is possible and have increase awareness of the need to change (Due et al., 2018). Moreover, Peer Leaders and group engagement in these settings have been found to influence public opinion and activate and engage individuals to mobilize support for specific causes (Due et al., 2018). Advocacy and activism include peer-led grassroots campaigns, community organizing, and collective movements to impact broader social and political contexts. Peer-led groups are a strategy successfully used to lead change in global communities.

In some settings, peer-facilitated groups have impacted entrepreneurial intention and economic literacy (Suratno et al., 2021). This was seen in an impoverished village in Rwanda, which used peer-driven change to pool resources and successfully invest in supplies that would sustain their harvest, feed their community, and increase their revenue (Menezes et al., 2020). Community members in Rwanda, committed to contributing a monthly monetary amount to the village-wide savings group led to change in their community. Another example was seen in Los Angeles, at the Youth Justice Coalition, one of the many youth-led groups, which utilized transformative media organizing (TMO) as a method of critical inquiry, education, and awareness to incite social change (McDermott et al., 2015). The TMO method integrates different forms of media, communications, and cultural work into movements addressing societal change. Peer Leaders of the Youth Justice Coalition used TMO to challenge the "war on gangs" by policing policies that prey on low-income youth of color, improving

circumstances at juvenile detention centers, and reducing the county of Los Angeles' use of youth imprisonment (McDermott et al., 2015).

As seen in those examples, peer facilitation fosters communal empowerment by building confident leaders with relevant skills to apply theoretical knowledge to problem-solve and tackle societal challenges (Khokhotva et al., 2022). Although peer-facilitated efforts can lead to positive change, this process may be hindered by challenges related to competing community priorities, workload, and meager facilitation (Due et al., 2018).

Recommendations for future peer facilitation models

While peer facilitation can potentiate many positive outcomes, there is evidence that unmoderated, unstructured, and untrained online group peer support can result in impaired quality of life, increased distress, and depression among specific populations (Kaplan et al., 2011; Klemm, 2012; Salzer et al., 2010; Vilhauer et al., 2010). Thus, as education, public health, healthcare, and countless other fields adopt and adapt the peer facilitation model, it is essential to emphasize creating and maintaining equitable environments that support learning and knowledge co-creation. Peer facilitated groups are essentially microcosms of society at large, which are plagued by systemic multi-level (individual, interpersonal, cultural, and structural) stigma. Systems of stigma (e.g., racism, cisgenderism, etc.) often overlap and interplay with one another to drive historical and present-day experiences of privilege and oppression, which can facilitate or hinder one's ability to feel safe and/or fully participate within groups (Sanderson et al., 2021). Such determinants of learning can permeate group dynamics and are realized as inequities in access, engagement, cultural connection, or relevance, and can lead to differential treatment of group members (Sanderson et al., 2021).

Active trauma- and equity-informed interventions are needed to resist and disrupt these systems of stigma within peer-led groups. Trauma-informed and equity-informed educational practices refer to behaviors or policies which stem from the understanding that violence, traumatic experiences, and other forms of oppression (e.g., discrimination) may have impacted the lives of learners (and Peer Leaders) and may require equitable accommodations to improve learning outcomes among disenfranchised groups (Table 1; Carello & Butler, 2015). Thus, Peer Leader trainings should cover principles of trauma-informed and equity-informed education, such as "ensuring safety, establishing trustworthiness, maximizing choice, maximizing collaboration, and prioritizing empowerment," to foster environments where students may feel safe or empowered to discuss varying viewpoints or seek assistance (Carello & Butler, 2015, p. 264). Also, as previously mentioned, there are innate power dynamics (e.g., the implicit authority of the Peer Leader) within peer-facilitated groups that should be identified, examined, and

strategically addressed to improve power-sharing and reduce inequities affecting group members (Gafney, 2012). To do so, Peer Leaders should be trained and guided through a periodic examination of their biases and the potential influence of the power they yield with the intent of seeking understanding and reducing their influence on the group space. Lastly, Peer Leaders would benefit from training specific to the social determinants of learning (i.e., physical health, psychosocial health, economic stability, self-motivation, social environment and community, and physical environment and community) that drive inequities affecting group members' ability to thrive within the group setting (Sanderson et al., 2021).

Although there is value in this role, a Peer Leader also may face many challenges. Peer Leaders can be exploited. Certification and training can improve pay and benefits for Peer Leaders; however, in health and recovery spaces, Peer Leaders are often underpaid or unpaid with few or no fringe benefits and may experience a high emotional toll (Collins et al., 2019), including grief as lives are lost or health declines among group members (Kennedy et al., 2019). As a relatively new role in healthcare settings, Peer Leaders face challenges with role responsibilities, inadequate pay compared to other healthcare team members, difficulty setting healthy boundaries with those they serve, lack of self-care (Felton et al., 2023), and suffer from imposter syndrome (Collins et al., 2019). As peer facilitation gains momentum, there will be many opportunities and challenges for people with lived experience to join the peer facilitation movement. Settings wanting to incorporate peer facilitation models need to be wary of exploiting Peer Leaders as cheap labor. They should provide ample support and training to aid in navigating complex group dynamics and potentially difficult emotions. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently published the first formal guidelines for peer workers in the United States (SAMHSA, 2023). Among the recommendations for employing Peer Leaders for mental health and harmful drug use was one expressing the need to standardize training, costs associated with certification, decreasing barriers to becoming a Peer Leader (background checks and drug screenings), and a need for incorporating diversity, equity, inclusion, and accessibility into peer support certification (SAMHSA, 2023).

Conclusions

Although peer facilitation has its roots in academia, the evidence cited in this manuscript demonstrates that many models of peer facilitation have the capacity to effect change in different arenas, including health care, public health, and policy. Done well and with the appropriate support and training, peer facilitation is cost-effective and demonstrates

of change. Peer facilitation, however, is not without risk. Untrained and unmoderated online peer facilitation groups have demonstrated they can cause harm to mental and emotional health. Nevertheless, well-trained and well-designed peer facilitation can be an important and effective agent for change in the health arena.

Table 1. Additional resources

Effective Peer Leader Attributes	Kritz, M., Thøgersen-Ntoumani, C., Mullan, B., McVeigh, J., & Ntoumanis, N. (2020). Effective Peer Leader Attributes for the Promotion of Walking in Older Adults. *The Gerontologist*, *60,* 6, 1137–1148. https://doi.org/10.1093/geront/gnaa014
Benefits for Peer Leaders	Khokhotva, O., Elexpuru-Albizuri, I., & Villardón-Gallego, L. (2022). Multicultural Study Groups: Long-Term Gains for Peer Facilitators. *International Journal of Instruction*, *15*(4), 629–644. https://doi.org/10.29333/iji.2022.15434a Chase, A., S. Rao, A., Lakmala, P., & Varma-Nelson, P. (2020). Beyond content knowledge: transferable skills connected to experience as a peer-leader in a PLTL program and long-term impacts. *International Journal of STEM Education*, *7,* 1, 1–10. https://doi.org/10.1186/s40594-020-00228-1
How to Evaluate Peer-Led Team Learning	Gafney, L. (2012). Peer-Led Team Learning: Evaluation, dissemination and institutionalization. Online: http://pltlis.org/wp-content/uploads/2012/10/Evaluation-Gafney-II-Dissemination-plus.pdf
Trauma-informed Educational Practices	Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work*, *35,* 3, 262–268. https://doi.org/10.1080/08841233.2015.1030059
Social Determinants of Learning	Sanderson, C. D., Hollinger-Smith, L. M., & Cox, K. (2021). Developing a Social Determinants of Learning Framework: A Case Study. *Nursing Education Perspectives*, *42,* 4, 205–211. https://doi.org/10.1097/01.NEP.0000000000000810

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