

Transitioning HIV+ Youth From Adolescent to Adult Services

Adolescent Provider Toolkit



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Introduction

to the Adolescent Provider Toolkit

Transitioning from adolescent to adult healthcare settings is a challenging event and may raise a myriad of challenges for HIV+ youth. Adult and adolescent providers need to work together, along with the HIV+ youth, to coordinate his or her transition from one provider to another. One option for facilitating this transition is to involve young adult mentors – either HIV+ young adults who have successfully transitioned themselves, or clinic/community workers or volunteers who understand the transition process. Having gone through experience and/or having knowledge of the transition process, these Young Adult Leaders can provide a unique perspective, along with support and guidance, to transitioning youth during this challenging period of change.

Key to a young adult being successful in mentoring other young adults is support from an Adolescent Provider who can fulfill the duties of a supervisor at the Adolescent Clinic. Adolescent Providers need to develop and/or know the policies in their agencies that guide the Transitioning HIV+ Youth Program, and the work of the Young Adult Leaders. Adolescent Providers need to reach out to Adult Providers and work with them to coordinate the transition process. Additionally, it is important that Providers in Adolescent Clinics monitor the self-management and life skills of the Young Adult Leaders to ensure they model the behavior they would like to see in the transitioning youth.

This Adolescent Provider Guide includes the tools needed to effectively implement a comprehensive program to support HIV+ youth transitioning from adolescent to adult HIV care. This toolkit is divided into five sections. The first section addresses the support needed from the Adolescent and Adult Providers to ease the transition for HIV+ youth. The second section addresses setting up the Young Adult Leader Mentorship Program, with tools for everything from recruiting and screening volunteers, to making effective matches between volunteers and transitioning youth. The third section provides the tools needed to supervise the Mentorship Program and ensure that any issues are addressed in a timely manner. The fourth sections include guides for creating a policies and procedures manual so that the program, once established, can be continued, expanded and replicated with ease. The fifth section includes tools for Adolescent Providers to support their Young Adult Leaders in their own self-management and life skills. The final section is a copy of the Young Adult Leader toolkit with answer keys for the Adolescent Provider where appropriate.

Section I: Transitioning Youth

Transitioning refers to “the purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child/adolescent-centered to adult-oriented healthcare systems.”¹

Transitioning support is a particularly important issue for HIV-positive youth as people living with HIV are living longer due to medical advancements. Providing transitioning support for HIV-positive youth who are moving into adult care settings may affect client health status and functioning as well as the quest to keep clients in care over time. Successful transitioning may also reduce the number of HIV-positive people who know their status but are not in care. Additionally, a supportive transitioning process is essential as adolescent years can pose a multitude of developmental, security-related, and mental and physical health-related challenges that don't disappear when clients enter adult care.

The outcome of a successful transition is a youth who responsibly and confidently maintains his or her own treatment plans, and who is capable of seeking appropriate help when needed.

It is important for clinical care staff who work with HIV-positive youth in transition to recognize:

- Transitioning is a process, not an event,
- Health care providers and family members must “let go”,
- Transition should take place when the client is healthy and the client should be involved in the process,
- The client should be prepared for the change from a pediatric health care provider to an adult provider,
- Coordination of health care, education, social services, and vocational services is essential.

The literature suggests that providers do the following to successfully transition HIV-positive youth from adolescent to adult health care settings:

- Discuss transitioning long before it occurs
- Encourage and support self-management and life skills

¹ HRSA CAREAction Newsletter. “Transitioning: From Adolescent to Adult Care.” June 2007
Transitioning HIV+ Youth From Adolescent to Adult Services Program
Cicatelli Associates Inc. – Oct 2010

- Use appropriate screening tools to assess readiness to transition
- Create a transition plan with the client by identifying:
 - appropriate adult care providers who are comfortable with the developmental age group and familiar with HIV+ youth
 - who will oversee the transition process (adolescent provider, nurse, social worker, etc.)
 - who will be involved in the transition process
 - the process, for example:
 - Adolescent provider provides a clinical summary of the client's medical history to the adult provider
 - Adult provider meets client for the first time at adolescent clinic
 - Adolescent provider visits adult clinic with client prior to transition
 - Adult providers are included in a clinic visit with adolescent provider and client prior to transition
 - Adolescent provider accompanies client to first appointment with adult provider
 - Receive feedback continuously from the client
- House adult and adolescent clinics in the same building
- Have a health provider divide time equally between two clinics
- Establish a med-peds care model
- Establish a clinical infrastructure
- Provide multiple support interventions (support groups, newsletters, etc.)
- Provide in-service training for adult providers
- Involvement of a peer partner or peer advocate

Whether youth are transitioning with a mentor or without, the Adolescent Providers at the Adolescent Clinic play an instrumental role in making sure that the youth transition successfully from adolescent to adult HIV care. Provided in this section are several tools that can help you to create an optimal transition experience for your youth.

The first tool is a checklist that contains benchmarks for the youth in transition. These benchmarks will help you to understand where the youth is in the transition process, and where they typically should be based on their age. This checklist should only be used as a guide as youth develop at different rates.

Refer to:

Tool #1: Transitioning: What to Expect.....Page 8

Each clinic needs to establish who will be the Young Adult Leader's Supervisor. For the purposes of this toolkit, the Adolescent Provider will be the supervisor. In order to help ease the transition process, it is helpful for the Young Adult Leader's Supervisor in the Adolescent Clinic to develop a relationship with the Adult Clinic that the youth are transitioning to. This can be achieved to a greater or lesser extent depending on the workload and flexibility of the Adult Providers and support staff. Tool #2 can be used as a guide to finding the optimal Adult Clinic with which to partner, and as a list of information to gather that will be useful in structuring the Young Adult Leader Mentorship Program.

Refer to:

Tool #2: Choosing the Adult Clinic.....Page 9

One of the key elements of a smooth transition to adult-oriented healthcare systems is developing a coordinated transfer process that includes a detailed written plan, pre-transfer visits to the adult clinic, and introduction to the designated Adult Provider. In order to carry-out these tasks, it is important that the adolescent and adult-care providers develop a relationship.

The agreement between the adolescent and adult-care providers needs to be clearly described in order for both providers to know what to expect from one another and what is expected on the first and subsequent visits (e.g., who will attend, etc).

Tool #3 outlines the steps that the Adolescent Provider can take in order to establish a connection with the Adult Clinic where youth will be transitioning to. A Sample Adolescent/Adult Provider Memorandum of Understanding (MOU) that can be used between the providers has been included, as well as a Clinical Summary Template that the Adolescent Provider can complete and send to the Adult Provider at the appropriate time as indicated in Tool #3.

Refer to:

**Tool #3: Steps to Developing a Relationship with the Adult
Provider
.....Page 10**

Tool #4: Sample Adolescent/Adult Provider MOU.....Page 11

Tool #5: Clinical Summary Template.....Page 13

One of the most important tasks in preparing the youth to transition to the Adult Clinic is to make sure they have accurate expectations of what the experience will be like. Tool #6 presents a checklist of helpful information, resources, and activities that will facilitate a smooth transition for the youth from adolescent to adult care.

Refer to:

Tool #6: Preparing Youth to Meet the Adult Provider...Page 16

In order to establish whether the Transition Program is effective in aiding the transition of HIV+ youth from adolescent to adult care, it is important to set program goals and to track whether they are being met. Tool #7 can help you establish your goals and know what to measure to track your progress. As you realize what is achievable, you may decide to readjust your goals. Tracking your progress will also allow you to ask the questions: “Why is this working?” Or, “What can we do to improve this outcome?”

Refer to:

Tool #7: Setting Program GoalsPage 17

As part of setting and tracking program goals, it is useful to assess the attitudes and behaviors of youth who are exiting the program. An effective way to do this is through an Exit Survey. A sample Exit Survey is provided as Tool #8. If possible, it is best to find a way for these surveys to be completed and analyzed anonymously, for instance ask someone who is not directly connected with the program to collect and compile the data. Regardless, make sure the youth know who will see their answers and what level of anonymity or confidentiality you can provide them.

Refer to:

Tool #8: Transition Program Exit Survey.....Page 18

Transitioning: What to Expect

Use this worksheet to understand where the transitioning youth should be in the transitioning process and to determine the areas where they need help.

Ages 8-12		
Transitioning Task	Discussed (✓)	Achieved (✓)
Encourage caregivers to disclose to child		
Solicit direct conversation with adolescent		
Increase private meetings with child		
Begin to explain medications		
Deal with early adherence issues		
Link to support groups and/or counseling		
Connect to social events, summer camps, and support groups		
Pair youth with older mentor		
Facilitate questions		
Assess "sexual knowledge" base		
Other:		

Ages 13-16		
Transitioning Task	Discussed (✓)	Achieved (✓)
Begin discussion of transition to adult care		
Assist adolescent with a calendar for appointments and prescriptions		
Ensure adolescent understands diagnosis, needed medications, health precautions		
Connect to teen-based adherence programs		
Promote after-school activities		
Ensure support network exists		
Sustain healthy relationships		
Link to adolescent friendly gynecologist (girls)		
Begin to review sexuality and safe sex practices		
Begin discussions about disclosure		
Other:		

Ages 17-19		
Transitioning Task	Discussed (✓)	Achieved (✓)
Begin identifying adult care providers		
Enforce responsibility in making and keeping appointments		
Provide copies of medical records and forms of identification		
Review medical history		
Promote questions about care regimen and possibilities for future changes in regimen		
Promote after-school activities		
Ensure support network exists		
Sustain healthy relationships		
Continue sexuality conversations		
Encourage questions about HIV+ sexuality and pregnancy		
Other:		

Ages 20-24		
Transitioning Task	Discussed (✓)	Achieved (✓)
Connect to adult care provider, accompany, and provide follow-up		
Provide youth with substantial medical and entitlements history		
Help identify appropriate adult providers by visiting new clinics		
Transfer medical records to new provider, highlight key issues		
Support mentorship of a younger HIV+ adolescent		
Continue sexuality conversations		
Encourage questions about HIV+ sexuality and pregnancy		
Disclosure of HIV status to potential sexual partner(s)		
Other:		

Choosing the Adult Clinic

Many times the adult clinic you choose will be decided by proximity or financial considerations. However, if you have a choice, choose a clinic with providers that are:

- Interested in being part of the transition program
- Serving a smaller number of clients
- Accessible by phone
- Able to meet with you periodically to discuss the youth and the program structure

Once you have found an amenable adult clinic, it is important to find out:

- The **days and hours** of operation:
- How many **different providers** work at the clinic and who are they:
- Who will be the **lead provider** and the transition program contact:
- How many patients** each provider sees in an average day/**how much time** they spend with each patient:
- Any **special policies** they have in place for dealing with transitioning youth:
- Any **special policies they would be willing to establish** for dealing with transitioning youth:
- Other **“Youth Friendly” personnel** in the clinic that can provide more assistance to transitioning youth:
- Other services** offered in the same clinic or building that may be relevant to transitioning youth:
- How often someone would be **available to meet** to discuss the transition program, and when:
- The best way to **contact the clinic** and individual providers (phone numbers, email addresses, etc):
- Other **important information** or considerations:

Steps to Developing a Relationship with the Adult Provider

Tool #3

Use the following checklist to contact and establish a relationship with the adult provider before transitioning each youth.

Task	Timeline (based on 1 st appointment with the adult provider)	Check (✓)
Call the adult provider to: <ul style="list-style-type: none"> • Discuss the patient that will be transitioning, highlighting key issues • Learn about the services and point people at the adult health care setting • Set up a meeting to develop an MOU 	1 year before	
Meet with the adult provider to develop an MOU (see Tool #4)	6 months before	
Share the MOU with the patient for feedback	5 months before	
Sign a final copy of the MOU	4 months before	
Send to signed copy to the adult provider to be signed	4 months before	
Prepare a clinical summary about the patient, highlight key issues Send to the adult provider (see Tool #5)	4 months before	
Set up a meeting at the adult health care setting for the patient to meet the adult provider and tour the facilities	3 months before	
Visit the adult health care setting with the patient to introduce him/her to the adult provider and tour the facilities	2 months before	
Transfer medical records to adult provider	1 month before	
Accompany the transitioning patient to his/her first appointment with the adult provider	TRANSITION	
Follow-up with adult provider at 3-month intervals for the first 9 months	3, 6 & 9 months after	

Sample Adolescent/Adult Provider Memorandum of Understanding (MOU)

AMONG: Dr. Jones at the Adolescent Clinic
Dr. Ming at the Adult Clinic

As part of the Transitioning Program for HIV+ Youth, Dr. Jones at the Adolescent Clinic and Dr. Ming at the Adult Clinic agree to work together to meet the following expectations:

- 1) To discuss the transitioning patient beginning one year before the transition date and continuing until nine months after the transition date.
- 2) To have an introductory conversation at least 9 months prior to transition, regarding a summary of the patient's case and an overview of adult facility services.
- 3) To exchange and review a clinical summary of the patient at 4 months prior to transition.
- 4) To transfer and receive the patient's medical records one month prior to transition.
- 5) To verbally converse regarding the patients progress at 3, 6 and 9 months following transition, and as necessary.
- 6) To create and sign an MOU, with patient feedback, at 4-6 months prior to transition.
- 7) To set up and provide a clinic visit for the patient at 2-3 months prior to transition.
- 8) To provide a transitioning appointment at the adult clinic attended by both providers.

To facilitate and support the above activities, Dr. Jones at the Adolescent Clinic agrees to provide the following during the program:

- 1) Screen and match an eligible Young Adult Leader to be a mentor to the transitioning patient.

- 2) To support and monitor the Young Adult Leader in mentoring the transitioning patient from 3 months prior to transition to 9 months after transition via monthly face-to-face individual and group check-ins, and additional support via telephone, as needed.

- 3) To check in monthly with the patient regarding their transition process from one year prior to transition through 9 months post transition.

Signature of Dr. Ming at the Adult Clinic

_____ Date

Signature of Dr. Jones at the Adolescent Clinic

_____ Date

Clinical Summary Template

Complete the following review of each youth's medical and social history and send to the Adult Provider who the youth will be transitioning to. This summary should be completed and shared with the young person so that they participate in the review of their history.

Client's Name: _____

Date: _____ Age: _____ Hospital Name or No.: _____

Date/Age at Diagnosis: _____

Medical History

Presenting Illness/Circumstances:

Subsequent Hospital Admissions/Serious Problems:

Other significant problems:

Progress in puberty:

Family History:

Developmental History:

Current Occupation:
(in education/at work)

HIV Viral Parameters:

	Age/Date	CD4%	CD4 Count	Viral
Load				
Presentation				
Nadir CD4				
Highest Viral Load				
Currently				

Resistance Tests

Test:	Age/Date	Type of Test	RT Mutations	PI

Mutations:

Detailed Drug History
(ART & Prophylaxis, etc.)

Drug Name:	Reason for Start/Switch	Age/Date Started	Age/Date Stopped	Toxicities/ Reactions

Participation in Studies:

Allergies:

Immunizations:

Adherence history:
(including use of gastrostomies)

GP aware of diagnosis: yes/no

Social History

Significant social events:

Family structure:

Bereavements in the immediate family (with dates):

Agencies/voluntary organizations:

Other social supports:

Contact numbers:

Preparing Youth to Meet the Adult Provider

It is important to accomplish each of the following with youth in order to prepare them to meet with the Adult Provider.

- Provide the youth with **information about the provider**, the clinic, and what to expect when they get there (See the *Working with the Adult Clinic* worksheet)
- Furnish any available **personality information** about the provider (e.g., smiles a lot, likes it when you prepare questions in advance, etc) in order to help the youth feel like they know the provider already
- Have the Adult Provider **meet you and the youth** at your clinic for the first meeting
- Show the youth **a picture of the Adult Provider** so they'll recognize them when they see them. Also show pictures of the receptionists and other people they may encounter, especially anyone designated as "Youth Friendly"
- Help the youth to **schedule their first appointment** at the adult clinic (this should be well before their 24th birthday so they can come back to you if need be)
- Check in with the youth before** the Adult appointment regarding their fears, concerns, and feelings
- Check in with the youth after** the Adult appointment regarding how it went, their feelings, and what could make it go more smoothly next time
- Continue to **check in with the youth periodically** for the first year to ensure a smooth transition
- Provide a Young Adult Leader as a **peer mentor** to help prepare the youth to transition, to accompany the youth to their first appointments, and to process the experiences (see Section II)

Setting Program Goals:

How to know if a youth has successfully transitioned

When determining what needs to be accomplished in order for youth to have “successfully” transitioned, consider the following questions:

What is the follow-up period?

- Does a youth graduate from the program after a certain amount of time (e.g., one year), or

- After a certain benchmark is passed (e.g., attendance at 5 consecutive appointments with the adult provider)

What counts as success?

Define success in terms of each of the following:

- % adherence to treatment regimen

- % appointments attended

- # of life skills achieved

- progression through the Transition: What to Expect Checklist (Tool #1)

The Exit Survey:

Once the follow-up period is over, ask the youth to self-assess their transition experience based on:

- Satisfaction with the process

- Confidence in their ability to manage their own treatment plans

- Other measures important to your organization

Transition Program Exit Survey

Date _____

Age _____

Gender _____

Number of months in the transition program _____

Name of Adolescent Provider _____

Name of Adult Provider _____

Answer the following Questions:

1) Over the past year, how many times have you missed an appointment with a healthcare provider?

(Please write in the number)

___ ___

2) How frequently did you miss taking your HIV medication over the past year?

(Please circle one)

Often
Sometimes
Rarely
Never

3) How many healthcare appointments do you expect to miss in the next year?

(Please write in the number)

___ ___

4) How frequently do you think you will miss taking your HIV medication over the next year? (Please circle one)

Often
Sometimes
Rarely
Never

5) How satisfied or unsatisfied are you with your transition experience in general?
(Please circle one)

Very Satisfied
Somewhat Satisfied
Somewhat Dissatisfied
Very Dissatisfied

6) How supported did you feel during your transition from Adolescent HIV care to Adult HIV care? (Please circle one)

Very Supported
Somewhat Supported
A Little Supported
Not Supported at All

7) How satisfied or dissatisfied are you with your treatment at the Adult Clinic?
(Please circle one)

Very Satisfied
Somewhat Satisfied
Somewhat Dissatisfied
Very Dissatisfied

8) How prepared or unprepared do you feel to manage your HIV treatment going forward?
(Please circle one)

Very Prepared
Somewhat Prepared
Somewhat Unprepared
Very Unprepared

9) What were the best things about the Transition Program?

10) What suggestions do you have for changes to the Transition Program?

Section II: Creating the Young Adult Leaders Mentorship Program

Involving Young Adult Leaders as mentors can help transitioning youth be more successful in their transition from adolescent to adult HIV care. In the following section you will find tools to help you create the Young Adult Leaders Mentorship Program.

Before recruiting people to be mentors in the Young Adult Leader Mentorship Program, it is important to have a clear understanding of whom at the clinic they will be working with and receiving support and/or resources from. The first tool in this section encourages you to think about all of the people that the Young Adult Leader will be working with. You should also think about what you want the Young Adult Leaders to be, what characteristics or skills you would like them to have, and what you will expect of them. Tool #10 will help you answer some questions in order to create a Job Description. Tool #11 is a sample Job Description for a Young Adult Leader.

Refer to:

- Tool #9: Who Should Be Involved? Page 22**
- Tool #10: Young Adult Leaders Job Description Page 23**
- Tool #11: Sample Job Description Page 24**

Once you determine what you are looking for in a Young Adult Leader, you will need to recruit them. In addition to recruiting from the youth you know who have successfully transitioned already, you may want to recruit in places like community centers, hospitals, and clinics. One way to do this is by distributing and hanging fliers. Tool #12 is a sample flier that you can use as a guide for fliers you create to attract potential volunteers to your program.

Refer to:

- Tool #12: Sample Recruitment Flier Page 26**

Once you have attracted potential volunteers, you will need to screen them to make sure they will make acceptable mentors. Tool #13 provides a guide for developing a screening process. A sample interview guide is also provided. This interview guide can be modified to serve as a written application as well.

Refer to:

Tool #13: Screening Potential Volunteers..... Page 27
Tool #14: Sample Interview Guide Page 28

Once you have assessed the suitability of your volunteers and accepted them into the program, they need to be oriented to the Young Adult Leader Mentorship Program. Tool #15 is provided to help you figure out how to cover important elements in an orientation.

Refer to:

Tool #15: Orienting Young Adult Leaders..... Page 29

Oriented Young Adult Leaders are ready to be matched with transitioning youth. You may decide, based on the number of Young Adult Leaders that you have, to match more than one youth to each Young Adult Leader. The process of matching is very important. If the transitioning youth and the Young Adult Leader connect, then the match has a much greater chance of improving the youth's transitioning experience. Tool #16 presents a set of characteristics for you to consider when matching two individuals. Some characteristics will be more important than others, and will be more important for some individuals than for others. Also, depending on how large your program is, you may or may not have the luxury of making perfect matches.

Refer to:

Tool #16: Making a Match..... Page 30

Once you have determined who will be matched with whom, it is important to plan how the transitioning youth and the Young Adult Leader will meet. Tool #17 will aid the process of figuring out how the first meeting will take place and what the follow-up process will be.

Refer to:

Tool #17: Facilitating the Match..... Page 31

Who Should Be Involved?

Identify the individuals (e.g., young adult leader, social worker, nutritionist, mental health professional, case manager, nurse, caregivers, etc.) that you would like to involve in each client’s transition process. If you do not know a specific person, indicate the title or position of the person whom you would want to contact. Note: the Young Adult Leader is already listed.

Name	Title	Contact Information	Role in Transition Process
	Young Adult Leader		To provide support and guide the transitioning HIV+ youth

Young Adult Leaders Job Description

Answer these questions to help you create a comprehensive job description and recruitment flier for the Young Adult Leader position in your clinic.

Who are potential Young Adult Leaders? Can anyone apply and be accepted, or are there specific requirements you're looking for? (e.g., age, HIV status, etc)

What will the Young Adult Leader be doing? What are the activities or services that they will be performing? Describe in detail.

What is the time commitment (how many hours per month for how long)?

What specific traits or skills are needed or preferred? (e.g., familiarity with HIV and the transitioning process, etc.)

What is the application and matching process like? How can they apply and what should they expect?

What are the benefits to the Young Adult Leader? Why should someone volunteer for this program?

Recruitment: Where are you likely to find potential volunteers? List as many specific places as possible.

Message: What will you say to potential Young Adult Leaders? What short message can you put on a flier? What few sentences can you say to someone in an elevator or on the street?

Sample Job Description

Position Title: Young Adult Leader
Tentative Start Date: October 2011
Reports To: Dr. Linda Ray
Stipend: N/A

JOB SUMMARY

Provide support to HIV+ youth transitioning from adolescent to adult care. Includes one-on-one time in and out of clinic settings, and frequent phone calls and check-ins with both the mentee and the supervisor.

TIME COMMITMENT

Young Adult Leaders commit to a minimum of 4 hours per month for a minimum of one year. This includes at least 2 hours spent meeting with the mentee, one hour meeting with the supervisor in individual and/or group settings, several check-in phone calls with the mentee and supervisor, and some time spent strengthening mentorship skills.

QUALIFICATIONS

- Be one of the following:
 - **An HIV+ youth, age 25-30 who has successfully transitioned from adolescent care to adult care**
 - A clinic volunteer who is oriented to the issues of transitioning
 - An HIV healthcare team member (e.g., case worker, nurse, nurse's assistant)
 - A community volunteer oriented to the issues of transitioning

SPECIFIC DUTIES

- Meet with the mentee one-on-one
- Accompany the mentee to clinic appointments, as needed
- Provide encouragement and support to the mentee
- Share your knowledge and experiences with the mentee, when appropriate.
- Help the mentee assess their current situation, set goals, plan action steps, and solve problems
- Communicate via phone with the mentee and supervisor
- Follow up with the mentee after clinic appointments and regarding treatment adherence
- Seek guidance from your supervisor when you are experiencing frustration, strong feelings or are unsure what to do.
- Be a good listener.
- Set appropriate limits and boundaries.

KNOWLEDGE/SKILL

- Ability to work well with others, including transitioning youth, fellow mentors, and supervisory staff
- Ability to work with a diverse group of people regardless of their, creed, race, and sexuality, and mode of contracting HIV
- Ability to follow the policies of the Young Adult Leader program
- Basic knowledge of HIV transitioning and treatment

PROFESSIONAL CONDUCT/OTHER

- Be reliable, communicative and responsible
 - Call when you say you will call
 - Show up when you say you will show up
 - **Honor your commitment of at least 4 hours per month for at least one year**
- Attend individual and group supervision as scheduled.
- Participate fully in all training activities.
- Maintain a neat and clean appearance.
- Maintain confidentiality at all times.

Adapted from: Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates, Supervisor's Guide.
Developed by Cicatelli Associates, Inc. 2007

Become a Mentor for an HIV+ Young Adult!



Transitioning from Adolescent to Adult Care can be Difficult – You Can Help!

Are you:

- Someone who has Already Transitioned?
- A Caring Clinic Volunteer?
- A Clinic Worker?
- A Caring Community Volunteer?



Contact
Dr. Sanchez at the
Adolescent Clinic
to Apply to be a Mentor!
drsanchez@clinic.com

*Help a Youth Transition Successfully into Adult HIV Care
and
Impact a Life!*

Screening Potential Volunteers

When screening potential volunteers, consider the following:

How will you determine which potential volunteers will make good mentors? (✓ all that apply)

- Face-to-face interview
- Written application or inquiry, i.e., “Why I want to be a mentor...”
- Reference Check
- Other: _____

Information to gather to assess their ability to commit:

- Competing time commitments (work, family, other activities)
- History of dependability

Information to gather about their expectations for the mentor-mentee relationship:

- Healthy and realistic
- Boundary considerations
- Confidentiality issues

Personality traits that will increase the likelihood that they will be effective mentors:

- Compassionate
- Positive
- Willing to share personal experiences

Sample Interview Guide

Young Adult Leader Candidate's Name _____

Interviewer Name _____

Date _____

What do you understand about the Young Adult Leadership mentoring program and what you would be doing as a mentor?

Why do you want to be a Young Adult Leader?

Can you talk a bit about any jobs, training, volunteering or other experiences you've had that would be useful for your role as a mentor?

Tell me about your other time commitments and how mentoring would fit into your schedule.

What do you think will be most challenging about being a Young Adult Leader? How do you think you can overcome those challenges?

What questions do you have for me?

Orienting Young Adult Leaders

Some questions to consider when creating an orientation for the Young Adult Leader are listed below.

What should volunteers know about the program?

What policies and procedures are the *most* important to communicate?

What skills should the volunteers have or be working on?

What will be the matching process? What can you tell them about the person they will be matched with? Any special considerations?

What part of the orientation will be communicated in person? What will be written material?

How many people will attend each orientation session? Will the orientation be group or individual?

Who will conduct the in-person portion of the orientation?

When and how often will orientations take place? Will the scheduling be determined by volunteer availability, or offered routinely, such as the same day of each month?

Making a Match

Use the following as a guide when matching transitioning clients with Young Adult Leaders.

Characteristics to think about when matching:

Do they share the same:

- Gender?
- Racial/Ethnic/Cultural Background?
- Socioeconomic Background?
- Interests?
- Attitude or Temperament?
- Need (mentee) and Skill (mentor) Areas?
- Geographic Proximity?
- HIV status/method of contracting HIV? (perinatally or behaviorally)

Matching on some characteristics may be more important than others, and more important for some matches than others

Facilitating the Match:

Consider the following for the first meeting between the Young Adult Leader and transitioning client and follow-up:

Where will the initial match take place?

- At the adolescent clinic? At the adult clinic? At another location?

Who will be there in addition to the mentor and mentee?

- The adolescent provider? The adult provider? Other people?

When will it take place?

- Daytime? Evening? Weekend?

What will take place at the meeting?

- Ice breaker activity? Policies and procedures review? Set-up of next meeting or contact?

What will be the follow-up?

- Will you call the mentor? Will you call the mentee? Will the mentor or mentee call you? When will this contact happen?

Section III: Program Supervision

Providing supervision for the Young Adult Leaders and their transitioning youth can help the Young Adult Leaders. It is also an opportunity to monitor and correct problems before they turn into major issues.

Included in this section are tools to help you develop a supervision plan and provide effective supervision for the participants in the Young Adult Leader Mentorship Program.

The first step is creating a supervision plan that works with your agency's needs and constraints. Tool #18 will help you determine what will work best for you and identify areas of supervision that are easier and harder to offer, providing you with a guide to thinking about your own supervision skills.

Refer to:

Tool #18: Creating a Supervision Plan.....Page 33

Part of supervision is keeping track of how well the matches are functioning and identifying areas where extra support is needed. Tool #19 provides sample questions to ask when checking in with Young Adult Leaders that will help elicit how successful the mentor/mentee relationship is and whether there are any problems that need attention. The questions may be adapted to use when checking in with the transitioning youth as well.

Refer to:

Tool #19: Individual Check-in GuidePage 34

While not a substitute for one-on-one check-ins, group supervision can provide an opportunity for the Young Adult Leaders to learn from one another, and for you to present information or skills to multiple Young Adult Leaders at one time. Tool #20 presents a guide for constructing a group supervision plan.

Refer to:

Tool #20: Group Supervision Plan.....Page 35

Creating a Supervision Plan

Use the question set below as a guide when developing a Young Adult Leaders supervision plan.

1. Who will provide the supervision? Is there enough time in your schedule, or do you need help?
2. How frequently will supervisory meetings be held? Individual check-ins should take place at least once per month in the beginning or if there are any identified issues
3. How is supervision provided? (via phone, in person individual, in person group, etc.)
4. What questions will you ask during supervisory meetings? What additional information is important to your agency?
5. What information will the Young Adult Leader be expected to provide? (Timesheets, etc.)
6. On a scale of 1-10, how comfortable are you with:
 - Giving positive feedback?
 - Giving constructive feedback?
 - Advising volunteers about emergency situations?
 - Contacting/confronting volunteers who do not show up for supervision or mentor duties
 - Firing volunteers?
7. What can you do to increase your comfort these areas?
8. How will you recognize outstanding volunteers?
 - Certificates?
 - Thank you letters?
 - Small gifts?
 - Social gatherings?
 - Continuing education and training?

Sample Supervision Checklist

Peer Mentor Name _____

Date/Time _____

What has been going well? For your mentee? For you? How can you tell?

What have been the challenges? For your mentee? For you? For your relationship?

What contact have you had with your mentee since our last meeting? (describe in detail)

What future meeting(s) do you have planned with your mentee?

What are your goals for the next month with your mentee? How will you achieve those goals?

What kind of support would you like from me or from the program?

Is there anything else you would like to talk about?

When is our next meeting?

Group Supervision Plan

Use the following questions to help you plan your group supervision routine.

- How often will the group meet? For how long?
- What is the attendance policy? How many can be missed per what period? What happens if someone has an ongoing scheduling conflict?
- Where will the meetings take place?
- What snacks or food will be provided and by whom?
- What will happen during group supervision?

Suggestions:

- Have each Leader present briefly on their match and any advice they'd like from the group
- Have Leaders sign up to rotate who presents their matches in detail
- Have Leaders volunteer to present each session, based on who has the need for input or advice from the group
- Present a different content area each session in support of healthy matches.
Possible topics include:
 - Time management skills
 - Maintaining appropriate boundaries
 - How to be an active listener
 - How to rationally detach from your mentee – how not to take their successes and failures personally or have your mental wellbeing depend on your mentee's
 - How to deal with the personal issues that come up through working with your mentee
 - Other knowledge, attitude, skill or behavior areas, as needed
- Networking: Spend time building relationships and community between the mentors through team-building activities, games, ice breakers, and case studies

Section IV: Policies and Procedures

Policies and procedures are essential to a successful transitioning program. Policies tell you what to do. Procedures tell you very specifically how to do something.

- Policies are a high level overall plan embracing the general goals and acceptable procedures of a governing body.
- Policies protect clients, staff, providers and the agency.
- Policies provide information on what is expected, and on what providers can and cannot do.
- Policies guide the manager in managing the program.
- Procedures are the small steps that describe very specifically how you will carry out the policy.

Supervisors of the Young Adult Leaders need to develop and/or be familiar with the policies and procedures guiding the transitioning program.

All of the decisions you make regarding the earlier sections can be compiled into a Policies and Procedures Manual, including a brief summary of the policies and procedures, as well as more detailed instructions and records. The policies and procedures can then serve as a guide when orienting new volunteers, and training new staff. The tools in this section will help you to create effective policies and procedures.

The first several tools in this section provide examples of effective policies and procedures used by other programs. They address such issues as appropriate boundaries, maintaining confidentiality, and how to dismiss ineffective volunteers. Use these examples to construct your own policies on these areas.

Refer to:

Tool #21: Setting Boundaries.....Page 38

Tool #22: Confidentiality AgreementPage 39

The next tool is a guide to creating a policies and procedures manual that you can use during orientation and training.

Refer to:

Tool #23: Creating a Manual..... Page 40

The final tool provides you with examples of Policies and Procedures Summaries that can be given to volunteers and referred to easily.

Refer to:

Tool #24: Policies and Procedures Examples.....Page 41

Setting Boundaries

Why is it important to set boundaries?

Setting boundaries is healthy for both you and those around you. You will have different boundaries with different people in your life. It is important that you are aware of what those boundaries are so those around you understand your limitations. Boundaries provide a structure for your relationships.

Poor boundaries in a mentoring relationship can result in:

The mentor or mentee feeling that he or she cannot say no to – or disagree with – one another

- Anxiety and discomfort on both sides
- A mentor or mentee having codependent and unclear expectations
- A mentee who feels like a victim
- The development of one-sided relationships – with no give and take
- Feelings of over-responsibility

Examples of good boundaries can be found in the following statements:

- I care about you, but I cannot take away your problems.
- I need time to be alone.
- I will not be the object of rage.
- I can disagree with you and still care about you.
- I form my own opinions.
- I only accept phone calls until 9 p.m., unless there is an emergency.
- I will not allow others to make me feel guilty or bad about myself.
- I will not do something for you that you are able to do yourself.

As a mentor, you should consider what your boundaries are before you are matched with a mentee. What are the limits of this relationship? By setting and maintaining good boundaries you will avoid becoming burned out. Mentors who do not set strong boundaries often feel used, disrespected and walked on. The youth they work with often feel confused. Bad boundaries are harmful to both people involved in the relationship.

It is much easier to set very strong boundaries and loosen them over time than it is to strengthen weak boundaries. Talk to other mentors and the program coordinator for assistance in setting good boundaries.

If you find yourself saying, ***“I will do this just this one time . . .”***

Think before you use these words. If you are tempted to do something “just this once,” chances are that it is something with which you are uncomfortable (against your boundaries). Many mentors regret saying these words because they soon learn that it is harder to say “no” once you have said “yes” in the past. Soon you find yourself caught in a tough situation and feeling resentful.

From: Angelo State University - Multicultural Center. *Raising and Meeting Standards: Mentor Handbook* [Online] 2010. http://www.angelo.edu/dept/multicultural_center/documents/FGRAMS%20Mentor%20Handbook%202010-2011.pdf.

Confidentiality Agreement

North Georgia Health District

The Living Bridge Center

Peer Counselor/Volunteer Confidentiality Agreement

I, _____, am volunteering my time to work with The Living Bridge Center (TLBC). I understand in the course of my work for The Living Bridge Center, I may learn facts about patients/clients/consumers, staff, and volunteers of The Living Bridge Center and its affiliates which are of a highly personal and confidential nature. Examples of such information are: HIV positive status, medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members and friends, and even the fact that an individual is a volunteer. I understand that all such information must be treated completely confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with The Living Bridge Center and authorized by The Living Bridge Center. Disclosure of this information without the specific consent of the individual to whom such information pertains is prohibited. The violation of confidence will cause my immediate termination as a TLBC volunteer and may also lead to possible legal action. In case of doubt about a situation, I will first contact the District Program Director or the clinic staff person with whom I am working and assisting in the clinic.

I agree to abide and uphold all of The Living Bridge Center Volunteer Guidelines.

Volunteer (Print Name): _____

Signature: _____ Today's Date: _____

Clinic Staff Signature: _____

District HIV Director Signature: _____

From: Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates, Supervisor's Guide.
Developed by Cicatelli Associates, Inc. 2007

Creating a Manual

Information to cover in a policies and procedures manual is included below.

Program Structure

- The time commitment
- The matching process
- The meeting process
- The supervision process
- Graduation – mentor and mentee
- Transitioning from mentee to mentor after successful completion of program

The Match Lifecycle

- A peer mentor is... A peer mentor isn't...
- The match: Stage 1 – establishing the relationship
- The match: Stage 2 – the mature relationship
- The match: Stage 3 – ending the relationship

Conduct Expectations

- Being considerate;
- Returning phone calls;
- Scheduling the next contact each time you meet;
- Attending scheduled meetings or calling to cancel;
- Notifying change of address or change of phone number;
- Contacting each other on a regular basis;
- Following through on agreed upon responsibilities;
- Verbally ending the relationship if it does not work.

Disciplinary Practices

- The process
- Verbal and written warnings
- Termination

Agreements:

- Confidentiality
- Safety
- Boundaries

Forms to fill out and sign for both mentor and mentee:

- Confidentiality
- Safety precautions
- Reference check
- Background check
- Releases

Policies and Procedures Examples

PEER ADVOCATE RIGHTS

- The right to confidentiality and privacy regarding your association with this agency.
- The right to have a positive volunteer experience.
- The right to adequate training, support, and supervision.
- The right to suggestion and grievance procedures.
- The right to be treated with respect and dignity by all patients, volunteers, and staff.
- Share your HIV status as you determine in your and your mentee's best interest.

VOLUNTEER RESPONSIBILITIES

- To maintain confidentiality/privacy of all patients, volunteers, and staff.
- To convey a professional attitude when representing the program
- To actively participate in training and in-service updates.
- To know and accept time requirements and assigned duties.
- To submit volunteer time and service records in accordance with agency guidelines.
- To set reasonable limits about the type and amount of work you are willing to do.
- To follow the suggestion and grievance procedures of program
- To perceive and respect other volunteers and staff as allies in a common cause.
- To assist and support the clinic and program in fulfilling its mission helping HIV+ youth transition to adult services.

APPEARANCE

We ask that you have a neat and clean appearance.

CONFIDENTIALITY

Confidentiality is not revealing any identifying information such as names, health status, address, employer, description, or any information that cause harm or harassment of a person in some way. It very important to respect the right to privacy and confidentiality of everyone, including patients, volunteers, and staff. If you have questions or doubt about confidentiality, ask the peer supervisor or any staff member.

ABSENCES AND TIMES

Be sure to check your calendar before you make any commitments and be prepared to keep any commitments you make (e.g., if you tell your mentee you will accompany them to the clinic for their next appointment, do it!). If for some reason you have to cancel a commitment with your mentee or supervisor, (this should be a rare event!) make sure to call them as far ahead of time as you can to let them know and to reschedule.

Be on time, your mentee is depending on you!! If you are going to be late, call to let them know as soon as possible.

PERSONAL CONTACTS

HIV+ youth in the transitioning phase can be in a vulnerable position. It is important to focus on the needs of your mentee and help them navigate through the adult health system. Be cautious when giving out unnecessary personal information. If you have any questions or are unsure, ask your supervisor. It is inappropriate for Young Adult Leaders to develop social relationships (dating, etc.) with their mentees under any circumstance.

TRAINING

Training and meeting requirements are necessary. Training includes orientation, individual supervision meetings, and group supervision.

DO NOT GIVE LEGAL, MEDICAL, OR RELIGIOUS ADVICE

It is illegal to give medical or legal advice without a professional license. There are no legal standards about giving religious advice but is against policy to do so. Refer the individual to a professional. Do not get involved arguing facts or policy with patients or staff. Never suggest specific drugs, procedures, alternative therapies, or home remedies. This falls into the realm of practicing without appropriate licensure.

THE FOLLOWING ACTIONS CAN BE CAUSE FOR DISMISSAL

- Breach of confidentiality
- Falsifying records of any kind
- Inappropriate behavior (sexual or otherwise), comments or contact towards patients, staff or other volunteers.
- Soliciting or accepting gifts from patients, staff, or volunteers.
- Using alcoholic beverages or illegal substances while engaged in mentorship duties
- Fighting or using obscene, abusive, or threatening language or gestures.
- Theft of property from staff, patients, or volunteers.
- Disregarding safety or security regulations.
- Insubordination or not following the directions of the supervisor.
- The distribution of information as verbal gossip or in writing that is false, inappropriate or harmful in any way to the patients, volunteers, or staff.

MEANS FOR DISMISSAL

Young Adult Leaders may be disciplined, suspended, or terminated if they are unable to uphold the guidelines as stated above. The program reserves the right to terminate any Young Adult Leader for inappropriate conduct. The program also reserves the right to prosecute any individual and seek compensation if necessary.

Policies and Procedures Examples Continued

St. Luke's Roosevelt Hospital Center

Center for Comprehensive Care

Peer Program

Policies and Procedures

MISSION:

The Peer Program is designed to make the CCC a truly comprehensive, patient-centered organization with peers providing support to other patients through listening, sharing in the experience of living with HIV, and providing information. The volunteer peer program is consistent with CCC's mission, which is to provide highest quality services in partnership with those we serve. Peers provide hope and support in coping with a chronic condition, and contribute to the quality of life of people living with HIV.

PROGRAM GOALS

- To provide encouragement and comfort to other CCC patients through inpatient friendly visits, new patient orientation, co-facilitation of patient education groups, and outpatient waiting room support.
- Through the bonds that peers form with patients and each other, patients will become more educated, inspired and able to take care of themselves thereby promoting a more healthful life.
- To grow individually through peer work.

DEFINITION OF A PEER

- A CCC Peer is a person, at least 18 years of age, who is HIV positive and a patient of the CCC. Peers' particular role derives from this situation. Because of peers' shared experience with other HIV positive patients, they can listen with particular understanding and be supportive in a unique way. When appropriate, peers can share their own experiences.
- CCC Peers are volunteers of St. Luke's Roosevelt Hospital.
- Peers are not advocates, although they help patients to problem solve. Their role is to listen and provide support through their shared understanding of living with HIV.
 1. A peer is not a counselor or therapist. It is the role of professionals to diagnose and treat people's individual issues.
 2. A peer offers a unique service, but does not work alone.
 3. Peers are CCC patients first and Peers second. Any conflict of roles should be resolved in that context.

ELIGIBILITY

In order to begin Peer work at the CCC, Peers must:

- Both a) be recommended to the program by a CCC staff member, and b) express interest to the facilitators of the program and go through an introductory interview.
- Complete at least 8 weeks of core training and participate in additional booster trainings as offered.
- Commit at least 5 hours per week of their time to the program, including volunteer work, supervision and additional support processes, unless otherwise approved by the facilitator.
- Be alcohol and drug free while working as a peer.
- Go through the St. Luke's Roosevelt Hospital Volunteer Department to be approved as a hospital volunteer.
- Review and agree to the Peer Position Description, Policies and Procedures and schedule.

DRESS CODE

- Peers must report to work clean and free of strong odors. Some people are allergic to perfumes, so it is important to only wear deodorant and to not use perfume, cologne, or scented lotions.
- In order to maintain a professional appearance and reduce the spread of germs, peers must follow this modified dress code:
 1. Long pants (no shorts)
 2. Closed toed shoes
 3. Minimal jewelry; no long dangling jewelry
 4. No sleeveless shirts
 5. No white sneakers. Dark sneakers are acceptable

CONFIDENTIALITY

- All information about patients should be kept private.
- Issues that patients raise that you feel should be shared must first be brought to the attention of the Peer Supervisor.
- You may share information about patients with your Peer Supervisor or therapist if for the purpose of getting questions answered or working through your feelings or concerns.
- You may share your own experience about peer work with CCC providers; however, you may not provide names or other identifying information about patients, unless it is appropriate (see "limits to confidentiality")
- You may not share information about others that you learn through your peer work with your family, friends and acquaintances.
- There are limits to confidentiality. If information you learn from patients meets the following criteria, you must inform a Peer Supervisor.

1. Patient poses danger to him or herself (such as plan to commit suicide).
2. Patient poses danger to others (such as plan to abuse or kill another person).
3. Patient has committed a serious criminal offense that has not been brought to the attention of authorities.
4. Patient is committing child, spouse or elder abuse.

BEHAVIOR AND CONDUCT

- Peers must work within their role and not attempt to answer questions, provide advice or give information that is beyond their knowledge or authority to give. For example, peers may not answer medical questions, but instead should refer patients to a doctor or hospital staff member who may help get the information requested.
- Peers are expected to respect hospital and clinic facilities, personnel, patients and visitors at all times.
- Peers are subject to the same behavioral guidelines as all CCC patients, which are outlined below.
- Any peer may be dismissed or removed from the program for disrespectful conduct, which includes:
 1. Name calling, foul and degrading language
 2. Shouting, yelling, screaming and cursing
 3. Excessive interrupting or continuous disruption of group process
 4. Lack of understanding /or lack of intent to understand
 5. Theft or destruction of property
 6. Violence or threat of violence
 7. Possession of weapon on hospital premises
- If you are dismissed from peer program, it will not jeopardize your care at the CCC in any way.
- Additional guidelines for peers are that they demonstrate appropriate behavioral boundaries. Examples of behavioral boundaries which must be followed:
 1. Treat every person with respect. Do not use language that is hurtful or negative about an individual. Do not roll your eyes, give the finger or use other body language that communicates disrespect.
 2. Refrain from being part of malicious gossip or activities.
 3. Respect decisions of staff.
 4. Show proper care and respect for the clinic property and the property of others. Do not steal or vandalize.
 5. Make a reasonable effort to clean up after yourself when in group situations where materials are handed out or food is provided.
 6. Be aware of personal limitations and seek consultation when needing help. For example, if you are feeling overwhelmed, sad or angry, step away from the peer work and consult with your supervisor or therapist. If you don't know the answer to a question, ask someone or refer the person asking to someone who may know.

- Peers may not exchange money, food, gifts or any other material items with patients.
 1. Do not give or buy patients food, under any circumstances. If a patient complains to you of hunger, inform a clinic or hospital staff person who may be able to help.
 2. Do not accept money from patients or lend money to patients, under any circumstances.
 3. Do not give or recommend drugs of any kind, whether legal or illegal. This includes vitamins, herbs or any other homeopathic treatments. You do not know patients' particular health conditions, and violating this policy may cause significant harm to the patient.
- Peers are expected to show up for their scheduled hours at least 10 minutes early.
 1. Peers must first report to St. Luke's, Stuyvesant 7 and sign in if working at the Morningside Clinic or St. Luke's inpatient unit. Peers must report to Roosevelt, 1st floor HIV Administrative offices to sign in if working at Samuels Clinic or Roosevelt Hospital.
 2. When the scheduled work time is over, peers must return to sign out and collect a metro card for travel reimbursement.

VIOLATION OF A CONDUCT CODE

- If the Conduct Code is violated, disciplinary action will include the following:
 1. First Offense: Sign a behavioral contract with the Peer Supervisor.
 2. Second Offense: Be placed on a probationary period of three months.
 3. Third Offense: Termination from the program.
- Removal from the Peer program:
 1. Any peer may be dismissed from the program for not performing his or her role in accordance with the Peer Position Description, after discussion and guidance in group supervision and at least one individual supervision session with a Peer Supervisor.
 2. Peers who violate the policies and procedures of the CCC will face disciplinary action and possible dismissal.
 3. Any peer who is dismissed as a patient of the CCC for behavioral misconduct will also be dismissed from the peer program.
 4. Any action, which involves weapons, violence or physical menacing, will be grounds for immediate termination.
 5. Any action that causes harm to yourself or another person will be grounds for immediate termination.

GUIDELINES FOR INPATIENT “FRIENDLY” VISITS

- Peers must follow the schedule outlined by the Peer Supervisors to avoid confusion on the inpatient unit.
- Peer must complete a “log sheet” (sign in) with the inpatient social worker. This includes keeping track of the names of each patient visited that day and writing it on the log sheet.
- Peers should not spend more than 3 hours on the inpatient unit in one day, and no more than 35 minutes with one person on the day of the visit.
- Peer must meet with their co-counselor after peer work each day for 30 minutes, on the day that they do inpatient peer work.
- Peers should discuss their feelings and energy levels with their supervisors to determine if and when a short break (~1-3 months) may be needed to avoid “burn out”.
- Peer work takes place during inpatient visiting hours, and while patient is on unit. Once a patient is discharged, peer work is over, unless there is a clear, mutual peer/patient agreement to continue supportive listening on the outpatient side.
- The CCC inpatient social worker will know when the friendly visits will be, and he or she will inform the nurse manager. The social worker will also inform patients of peer visits. A peer may approach only patients that agree to be visited by a peer.
- Peers may not visit inpatients in respiratory isolation as it poses health risks for both peers and patients.
- On the inpatient unit, please be careful about using the words HIV/AIDS to patients or when referring to patients. At St. Luke’s, not all patients on the unit are HIV-positive. You must protect patients’ confidentiality with other non-infected patients on the unit.
- Peers should ask questions to the CCC social worker on the unit during working hours. If general questions arise and social worker cannot be found, peers should ask the Nurse Manager. In emergency situations, peers may page a CCC social work director, Alan Rice (Roosevelt) or Jenny Mayer (St. Luke’s).
- Peer must complete a brief evaluation after each inpatient rotation. Evaluations must be turned in to the Peer Supervisor or Assistant.

SUPERVISION

- Peers will have group supervision once a week for one hour with Peer Supervisors, Christine Nollen and Kathy Boudin.
- Peers are encouraged to journal about their experiences on a weekly basis and bring journals to group supervision. Peers are not required to write their experiences and feelings in journals, but they must come to group supervision ready to share what happened in their peer work over the past week.
- Peer will be supervised by CCC social workers on the inpatient unit, and may get emergency assistance from Jenny Mayer, Co-Director of Social Work (Morningside Clinic, St. Luke’s) and Alan Rice, Co-Director of Social Work (Samuels Clinic, Roosevelt Hospital).

SUPPORT

- Peers will be co-counselors to their fellow peers. Peers will be paired up to do work and will serve as one another's co-counselor. The purpose of co-counseling is that you become a listener for the other person. The other person just talks without being interrupted until he or she is ready for co-counselor feedback. After the person has talked for uninterrupted time, they can ask for their co-counselor's impressions. Each person should get 15 minutes to be the focus of attention.
- Co-counseling sessions should last for up to 30 minutes, and immediately follow peer work.
- Peers are encouraged to have weekly, individual mental health support/therapy.
- If a peer is exhibiting behavioral issues, Peer Supervisors may encourage peers to seek a mental health provider.

From: Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates, Supervisor's Guide.
Developed by Cicatelli Associates, Inc. 2007

Section V: Supporting Young Adult Leaders

It is important that Adolescent Provider provides self-management and life skills support to the Young Adult Leaders who are involved in the transitioning program.

Self-management refers to the activities that empower and prepare patients to manage their health care and chronic disease. It reflects the patient’s central role in care and treatment and stresses use of self-management support strategies, including assessment, goal setting, action planning, problem solving, and follow-up.

Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. In particular, life skills are a group of competencies and skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner. Developing life skills helps young adults translate knowledge, attitudes and values into healthy behavior, such as acquiring the ability to reduce special health risks and adopt healthy behavior that improve their lives in general.

Self-management and life skills play an important role in transitioning adolescents to adult care. Therefore it is important that the young adults participating in the transitioning program can model the behavior they would like to effect in the transitioning youth.

Refer to:	PAGE
Tool #25: Self-Management Checklist.....	50
Tool #26: Life Skills Checklist.....	52

Self-Management Checklist

Use the following checklist to assess your Young Adult Leaders' self-management skills.

SELF-MANAGEMENT TASK	YES	SOMETIMES	NO
AT THE DOCTOR'S			
I interact directly with my health care team			
I make my own appointments with my doctor			
I know when and how to call the doctor when I have questions			
I know when and how to access urgent/emergency care			
I know and can verbalize my medical history			
I know and can verbalize my immunization history			
I organize transportation to my appointments			
I know the names and dosages of my medications			
I take my prescribed medication for HIV/AIDS every day			
I do not have any difficulty taking my HIV medications on time			
I know the rules for taking my medications (e.g., with food, not before bed, etc.)			
I order my medication refills and pick them up			
I know the possible side effects of my medications			
INSURANCE			
I know what type of insurance I have			
I know the limits of my insurance			
I know how to contact the insurance company with questions			
I file my own insurance claims			
I know when the insurance from my caregiver ends			

SELF-MANAGEMENT TASK	YES	SOMETIMES	NO
TESTING AND SCREENING			
My most recent CD4 cell (T-cell) cell test was within the last 3 months			
I know my most recent CD4 cell (T-cell) count			
I know my most recent CD4 cell (T-cell) percentage			
My most recent viral load test was within the last 3 months			
I know my most recent viral load count			
I have had a PPD test (for tuberculosis) within the last year			
I had had a blood test for Hepatitis C within the last year			
I had a blood test for syphilis within the last year			
I have been screened for alcohol & substance use within the last year			
I have been screened for mental health issues in the last year			
WOMEN: I have had a pelvic exam, including a pap smear, within the last year			
MEN: I have had a rectal exam, including an anal pap smear, within the last year			

Life Skills Checklist

Use the following checklist to assess your Young Adult Leaders' life skills.

LIFE SKILLS TASK	YES	SOMETIMES	NO
MAKING APPOINTMENTS			
I make my own appointments for my dental exam every 6 months			
I make my own appointment for my annual eye exam			
DAILY LIVING SKILLS			
I can grocery shop for myself/family			
I can cook meals for myself/family			
I know how to properly tidy and clean my home			
I know how to do laundry			
TRANSPORTATION			
I know how to use trains and buses			
I know how to get a driver's license			
I know how much time it should take to get from one place to another			
HEALTH AND SELF-CARE			
I get an adequate amount of sleep most nights			
I get at least 30 minutes of exercise every day			
I brush my teeth and floss daily			
I shower once a day			
I have the name of family and friends to call in emergencies			
I talk to partners about safe sex			
I manage to eat a healthy, balanced diet most of the time			
I know about contraception options, STIs, and STI prevention			

LIFE SKILLS TASK	YES	SOMETIMES	NO
EMOTIONAL HEALTH			
I can calm myself down when I get upset			
I talk to a social worker			
I have hobbies and sports that I am involved in during my leisure time			
OTHER			
I know how to find housing			
I keep track of important documents			
I have plans to graduate from high school			

Section VI: Young Adult Leader's Toolkit and Answer Keys

As part of their training, the Young Adult Leaders receive a toolkit of their own. These tools help to enhance their experience and reinforce their skills as mentors to transitioning youth.

Many of the tools ask the Young Adult Leaders to fill out the tool and then meet with their supervisors to discuss the answers. It is important that the Adolescent Provider familiarize themselves with the tools contained in this toolkit in order to be able to provide effective support to the Young Adult Leaders as they utilize the tools.

NOTE: Most of the tools are for the Young Adult Leaders to fill out on their own or to use with the youth whom they are mentoring. However, some ask questions that have correct and incorrect responses or relate to state/agency laws. For these tools, answer keys with example answers are provided for your convenience. In the case of policy and procedure questions, guidance is provided but the suggested answers should be changed to more accurately reflect the policies and procedures of the agency and state.

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Introduction to the Young Adult Leader Toolkit

Transitioning from adolescent to adult healthcare settings can be hard for anyone, especially HIV+ youth who have sometimes spent their whole lives working with the same doctor and the same clinic.

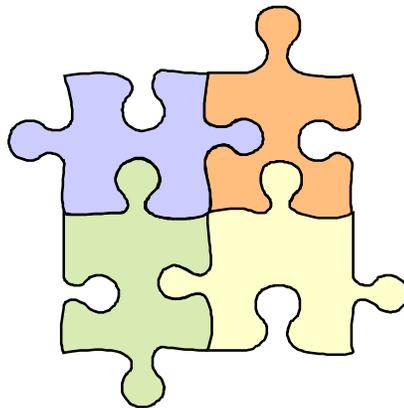
As a Young Adult Leader, you have either gone through this experience already, or you know a lot about it, and you can help.

As a Young Adult Leader, you:

- Understand the transitioning process
- Share your experiences with transitioning
- Model self-management and life skills for transitioning
- Communicate effectively
- Provide information and tools to the transitioning youth

This toolkit will help you to do all this and more.

Thank you for being a part of this very important process of helping HIV+ youth transition from adolescent to adult care.



Section I: What is Transitioning?

Transitioning is the process of youth with chronic physical and medical conditions moving from child/adolescent-centered healthcare to adult-centered healthcare.

Adolescence can be a challenging period of time as many changes are taking place, physically, mentally and emotionally. HIV+ youth face the additional challenge of moving from adolescent to adult healthcare systems. This can make an already difficult period of time even more so.

Some of the challenges of transitioning include:

- Adult clinics have more patients and less time for patients than adolescent clinics.
 - This can make youth who transition feel like they're not as cared about in the new setting.
- Families and doctors at the adolescent clinics can be overprotective of the youth.
 - This can hold the youth back from gaining the skills to transition or make them feel like they don't have the skills or the power to make choices about their care.
- Youth don't often know what to expect at the adult clinic.
 - This can make youth who transition experience "culture shock" when they move from the adolescent setting to the adult setting.

Transitioning youth are at risk of dropping out of healthcare or delaying their treatment. The goal of this program is for the adolescent provider, the adult provider, and you, the Young Adult Leader, to support the youth through this transition and help keep their treatment on track. This will support them in living long, healthy lives.

The tools in this section will help you provide the transitioning youth with information and guidance about what it's like to transition.

THE TRANSITIONING EXPERIENCE

Tool #1: Transitioning: What to Expect Page 61

This tool is a checklist you can use to assess where the youth are in their transition process, where they should be, and what you can do to help them at whatever stage they're in.

Tool #2: My Transitioning Experience..... Page 62

This worksheet will help you to think about your own transitioning experience so that you can share your experiences with the transitioning youth.

The Transitioning Experience



Transitioning: What to Expect

Use this worksheet to understand where the transitioning youth should be in the transitioning process and to determine the areas where you can help.

Ages 8-12			Ages 13-16		
Transitioning Task	Discussed (✓)	Achieved (✓)	Transitioning Task	Discussed (✓)	Achieved (✓)
Encourage caregivers to disclose to the youth			Begin discussion of transition to adult care		
Solicit direct conversation with the youth			Assist the youth with a calendar for appointments and prescriptions		
Increase private meetings with the youth			Ensure the youth understands diagnosis, needed medications, health precautions		
Begin to explain medications			Connect to teen-based adherence programs		
Deal with early adherence issues			Promote after-school activities		
Link to support groups and/or counseling			Ensure support network exists		
Connect to social events, summer camps, and support groups			Sustain healthy relationships		
Pair youth with older mentor			Link to youth-friendly gynecologist (girls)		
Facilitate questions			Begin to review sexuality and safe sex practices		
Assess "sexual knowledge" base			Begin discussions about disclosure		
Other:			Other:		

Ages 17-19			Ages 20-24		
Transitioning Task	Discussed (✓)	Achieved (✓)	Transitioning Task	Discussed (✓)	Achieved (✓)
Begin identifying adult care providers			Connect to adult care provider, accompany, and provide follow-up		
Enforce responsibility in making and keeping appointments			Provide youth with substantial medical and entitlements history		
Provide copies of medical records and forms of identification			Help identify appropriate Adult Providers by visiting new clinics		
Review medical history			Transfer medical records to new provider, highlight key issues		
Promote questions about care regimen and possibilities for future changes in regimen			Support mentorship of a younger HIV+ youth		
Promote after-school activities			Continue sexuality conversations		
Ensure support network exists			Encourage questions about HIV+ sexuality and pregnancy		
Sustain healthy relationships			Disclosure of HIV status to potential sexual partner(s)		
Continue sexuality conversations			Other:		
Encourage questions about HIV+ sexuality and pregnancy					
Other:					

My Transitioning Experience

Answer the following questions to help you reflect on your experiences when transitioning from adolescent to adult healthcare services. It is important to talk about these experiences with the youth that you are mentoring through the transitioning process.

1. How did you find out that you would be transitioning to adult services?
2. How did you feel about the idea of leaving your Adolescent Provider for a new Adult Provider?
3. What made you nervous or anxious about transitioning?
4. What made you feel good about transitioning?
5. What were some of the challenges that you experienced when transitioning?
6. What made the transitioning process easier?
7. Why are you glad you successfully transitioned?

Section II: Preparing to Mentor Others

As a Young Adult Leader, it's important to think about what you hope to get out of being a mentor. It's also important for you to recognize your strengths as a mentor, and to recognize the areas that are challenging for you so that you can seek support from your supervisor.

The tools in this section will help you prepare to role model helpful knowledge, skills and attitudes for transition, including self-management and life skills.

MY GOALS

Tool #3: My Goals as a Young Adult Leader Page 67

This tool will help you to think about your strengths, your needs, and your goals related to supporting youth in transition.

SELF-MANAGEMENT SKILLS

Self-management is everything you do that helps you manage your healthcare and HIV. It means that you have the central role in your treatment.

- Tool #4: Healthcare Self-Management Skills Checklist .. Page 68**
- Tool #5: My Plan to Achieving Self-Management Skills .. Page 70**

These tools will help you assess your own self-management skills and to develop a plan to gain the skills that you don't yet have so that you can become a more effective mentor. Then you can use these tools to help the youth assess their self-management skills and plan goals.

LIFE SKILLS

Life skills are the things that help you manage the challenges of everyday life. They help you use your knowledge, attitudes and values to make healthy decisions, such as reducing health risks and increasing healthy behaviors.

- Tool #6: Life Skills Checklist Page 72**
- Tool #7: My Plan to Achieving Life Skills..... Page 74**

These tools will help you assess your own life skills and to develop a plan to gain the skills that you don't have yet so that you can become a more effective mentor. Then you can use these tools to help the youth assess and plan goals for their life skills.



Mentorship Goals



My Goals as a Young Adult Leader

The following worksheet will help you think about your strengths, needs and goals as a mentor to a youth transitioning from adolescent to adult healthcare services.

1. Record at least three **things you would like to achieve** through mentoring. Rank the items in order of importance to you.
2. Record at least three **things that concern you most** about meeting with the transitioning youth that you will be mentoring. Rank the items in order of importance to you.
3. Record at least three **attitudes or perspectives on transitioning** that you will be able to provide during your meetings with the transitioning youth.
4. Record at least three **things about yourself that might get in the way** of your being able to support a youth in transition.
5. Record at least three **things you would like your supervisor to provide** to support you.



Self- Management Skills



Healthcare Self-Management Skills Checklist

Use the following checklist to assess your own self-management skills. You can also use this checklist with the transitioning youth to help them assess their own self-management skills.

SELF-MANAGEMENT TASK	YES	SOMETIMES	NO
AT THE DOCTOR'S			
I interact directly with my healthcare team.			
I make my own appointments with my doctor.			
I know when and how to call the doctor when I have questions.			
I know when and how to access urgent/emergency care.			
I know and can verbalize my medical history.			
I know and can verbalize my immunization history.			
I organize transportation to my appointments.			
I know the names and dosages of my medications.			
I take my prescribed medication for HIV/AIDS every day.			
I do not have any difficulty taking my HIV medications on time.			
I know the rules for taking my medications (e.g., with food, not before bed, etc.).			
I order my medication refills and pick them up.			
I know the possible side effects of my medications.			
MAKING APPOINTMENTS			
I make my own appointments for my dental exam every 6 months.			
I make my own appointment for my annual eye exam.			

SELF-MANAGEMENT TASK	YES	SOMETIMES	NO
INSURANCE			
I know what type of insurance I have.			
I know the limits of my insurance.			
I know how to contact the insurance company with questions.			
I file my own insurance claims.			
I know when the insurance from my caregiver ends.			
TESTING AND SCREENING			
My most recent CD4 cell (T-cell) test was within the last 3 months.			
I know my most recent CD4 cell (T-cell) count.			
I know my most recent CD4 cell (T-cell) percentage.			
My most recent viral load test was within the last 3 months.			
I know my most recent viral load count.			
I have had a PPD test (for tuberculosis) within the last year.			
I have had a blood test for Hepatitis C within the last year.			
I have had a blood test for syphilis within the last year.			
I have been screened for alcohol & substance use within the last year.			
I have been screened for mental health issues in the last year.			
WOMEN: I have had a pelvic exam, including a pap smear, within the last year.			
MEN: I have had a rectal exam, including an anal pap smear, within the last year.			

My Plan for Achieving Self-Management Skills

From Tool #4: Healthcare Self-Management Skills Checklist, record the skills that have checkmark in the "No" or "Sometimes" columns.

Write down what is keeping you from achieving each of the skills (barriers) and what are some strategies for overcoming each one? This tool can also be used with the transitioning youth.

Skill	Barriers to Achieving the Skill	Strategies to Overcome Barriers

Life Skills



Life Skills Checklist

Use the following checklist to assess your own life skills. You can also use this checklist with the transitioning youth to help them assess their own life skills.

LIFE SKILLS TASK	YES	SOMETIMES	NO
DAILY LIVING SKILLS			
I can grocery shop for myself/family.			
I can cook meals for myself/family.			
I know how to properly tidy and clean my home.			
I know how to do laundry.			
TRANSPORTATION			
I know how to use trains and buses.			
I know how to get a driver's license.			
I know how much time it should take to get from one place to another .			
HEALTH AND SELF-CARE			
I get an adequate amount of sleep most nights.			
I get at least 30 minutes of exercise every day.			
I brush my teeth and floss daily.			
I shower/bathe/wash myself once a day.			
I have the name of family and friends to call in emergencies.			
I talk to partners about safe sex.			
I know about contraception options, STIs, and STI prevention.			
I manage to eat a healthy, balanced diet most of the time.			

LIFE SKILLS TASK	YES	SOMETIMES	NO
EMOTIONAL HEALTH			
I can calm myself down when I get upset.			
I talk to a social worker.			
I have hobbies and sports that I am involved in during my leisure time.			
I have friends or others I can talk to when I need support.			
OTHER			
I know how to find housing.			
I keep track of important documents.			
I have plans to graduate from high school .			



My Plan for Achieving Life Skills

From Tool #6: Life Skills Checklist, record the skills that have checkmark in the "No" or "Sometimes" columns.

Write down what is keeping you from achieving each of the skills (barriers) and what are some strategies for overcoming each one? This tool can also be used with the transitioning youth.

Skill	Barriers to Achieving the Skill	Strategies to Overcome Barriers

Section III: Building Relationships with Transitioning Youth

Building a positive relationship with the transitioning youth is a key part of the mentorship process. This requires time and effort, but without it the mentorship process is less likely to be successful.

The tools in this section will help you to build a positive relationship with the transitioning youth.

BUILDING RELATIONSHIPS

Tool #8: Building Relationships with Transitioning Youth...Page 78

This worksheet outlines the steps you can take to start building a trusting relationship with the transitioning youth.

CONFIDENTIALITY

Confidentiality refers to the rules around who you can share information with about the transitioning youth. These rules are different in each state and healthcare facility, but it's important that you know what the rules are so that you don't violate them and so that you can explain them to the transitioning youth. Being upfront and consistent about confidentiality is a key part of building trust because it lets the youth know what they can expect from you.

Tool #9: Rules of Confidentiality Page 81
Tool #9 ANSWER KEY: Rules of Confidentiality Page 82

This tool will help you figure out with your supervisor what the confidentiality rules are for you based on the state you live in and the healthcare facility you work in.

Tool #10: Checklist on Confidentiality Issues Page 83

While you and the people you work with legally have to follow the confidentiality rules, the transitioning youth do not. Knowing this, the above tool will help you decide what personal information you are willing to share with the transitioning youth.

Tool #11: Sharing Information with your Team Page 84
Tool #11 ANSWER KEY: Sharing Information with your Team Page 85

Some types of information that the youth shares with you, you will have to share with your supervisor. This tool will help you to figure out with your supervisor what you should share with them.

BOUNDARIES

As a Young Adult Leader, you may have a lot in common with the transitioning youth and be able to understand them better than anyone else on their healthcare team. While this can be useful, being too familiar with them can cause problems.

Boundaries are limits on behaviors. Maintaining boundaries can help keep your relationship with the youth comfortable for both of you.

Tool #12: What to Do About Typical Boundary Violations. Page 87

**Tool #12 ANSWER KEY: What to Do About Typical
Boundary Violations Page 88**

Use this tool with your supervisor to clarify the boundary policies at your agency and to come up with a plan for what to do if you or the youth violates those boundaries.

Building Relationships



Building Relationships with Transitioning Youth

During your first meeting with the transitioning youth, it is important to get to know one another and begin to build a trusting relationship. This can be done by discussing the topics listed below. You can make notes before meeting the youth to prepare. You can also use this tool to take notes when the youth is sharing information with you.

Introduce yourself

- Name

- Age

- Your experiences:
 - What makes you an effective Young Adult Leader to the transitioning youth

- What you are doing now
 - For example: school, job, etc.

- Why you are meeting with the youth
 - For example: "I wanted to meet with you today to talk about the Transitioning Program and how we can work together."

Ask the youth to tell you about himself/herself

- Where are you from?

- What do you like to do?

Confidentiality





Rules of Confidentiality

Use this tool with your supervisor to determine what your agency's policies are on confidentiality.

Key Questions	My Supervisor's Answer
What laws are there that protect the information I receive from the youth?	
What is unique about HIV confidentiality?	
What happens to me or the agency if I break confidentiality?	
What could happen to the youth if I break their confidentiality?	
What could happen to my relationships with the youth if I break confidentiality?	
Is there any information I should always share with my supervisor? If so, what?	
Is there any information that I can promise the youth that I won't share with my supervisor? If so, what?	
Is there any information I should share with someone other than my supervisor? If so, what?	
What if I know the youth from outside the clinic or if I run into them outside the clinic?	
What should I explain to the youth about the confidentiality policy?	
Other questions I have:	

Rules of Confidentiality – Supervisor Guide

Use this tool to determine what your agency's policies are on confidentiality. Note: The answers provided below are examples. Answers will vary from state to state and agency to agency.

Key Questions	My Supervisors Answers (Examples)
What laws are there that protect the information I receive from the youth?	<ul style="list-style-type: none"> • Laws protect information about a youth that you learn about through serving that youth. • The agency or anyone working for the agency—including peers—<i>cannot</i> release information without the youth's written consent.
What is unique about HIV confidentiality?	<ul style="list-style-type: none"> • The professional standard is very high for protecting HIV information. • There are legal implications.
What happens to me or the agency if I break confidentiality?	<ul style="list-style-type: none"> • This will be agency- and policy-specific but may include warnings and eventual termination from the program.
What could happen to the youth if I break his/her confidentiality?	<ul style="list-style-type: none"> • The youth could face discrimination.
What could happen to my relationships with the youth if I break confidentiality?	<ul style="list-style-type: none"> • As someone who has transitioned, you would already understand that sharing information without consent would make the youth less likely to trust you.
Is there any information I should always share with my supervisor? If so, what?	<ul style="list-style-type: none"> • This rule is absolute and is not open to interpretation. However, if a youth is a harm to self or others, you should share that information with your supervisor.
Is there any information that I can promise the youth that I won't share with my supervisor? If so, what?	<ul style="list-style-type: none"> • The answer to this will likely be <i>No</i>.
Is there any information I should share with someone other than my supervisor? If so, what?	<ul style="list-style-type: none"> • Inside your clinic, you must share information with your supervisor, and other team members, on a need to know basis.
What if I know the youth from outside the clinic or if I run into him/her outside the clinic?	<ul style="list-style-type: none"> • No matter what your relationship is outside the clinic, you must not reveal information to anyone outside of the clinic without written consent from your youth. • If you run into a youth outside the clinic, do not acknowledge him/her unless s/he acknowledges you first.
What should I explain to the youth about the confidentiality policy?	<ul style="list-style-type: none"> • "Confidentiality means that I cannot tell anyone outside of the clinic anything about you, unless you give me your written consent." • "I can't even let someone know you get services here, or that I know you." • "The only time we would ever reveal information without your consent would be if you are a danger to yourself or someone else. In that case, I'd talk to my supervisor and s/he would contact 911 or the police, to get you help. S/he wouldn't reveal any information about HIV." • "I want to make sure you can trust me with the things you want to share with me." • "I will not tell anything to anyone outside of the clinic, unless you give me written permission." • "I also don't keep secrets from my supervisor. Whatever you share with me, you're also sharing with my supervisor."
Other questions I have:	

Checklist on Confidentiality Issues

Being a Young Adult Leader may sometimes feel like you're more of a 'friend' than a mentor. However, making decisions about what you do and do not share about your personal life and setting and maintaining boundaries about those things is an important part of being an effective Young Adult Leader. Protect your own confidentiality, not just the youth's. Talk with other Young Adult Leaders and your supervisor about how to respond in the situations described below.

Sample Question	Your Answer	Who can you talk to about this issue?
Do I want the youth to know my HIV status?		
How do I protect my own confidentiality?		
Does my job 'out' me as a person living with HIV/AIDS?		
What should I do if I have trouble taking my own meds? Do I share that with the multidisciplinary team?		
How comfortable am I sharing about... My transitioning experience? My HIV status? My medication regimen? My family life? My challenges in life?		

Sharing Information With Your Team

Sometimes you will learn things about the youth you're working with and you won't know what to do with the information or how to respond. Think of how you would respond in each of the situations below, and then work with your supervisor to write your responses in the space provided. Work with your supervisor to decide who you should tell on your team about each issue.

Scenario	What to say to the youth	Who to bring issue to
The youth tells you s/he isn't taking medications as prescribed.		
You hear from a neighbor that your youth is shooting drugs, but the youth denies s/he is using.		
Your youth threatens to hurt him or herself, or someone else.		
Your youth asks you not to tell anyone else that her boyfriend beats her.		



Sharing Information With Your Team - Supervisor Guide

Note: The answers provided below are examples. Answers will vary from state to state and agency to agency.

Scenario	What to say to the youth (Examples)	Who to bring issue to
The youth tells you s/he isn't taking medications as prescribed	"It can be difficult taking meds all the time. What do you think is making it hard for you? What do you think would make it easier? Who can you talk to about making those changes?"	Supervisor
You hear from a neighbor that your youth is shooting drugs, but the youth denies s/he is using	"I hope you know that you feel like you could tell me if you were shooting drugs. And either way, it's important to know the risks involved with shooting drugs, especially when you're HIV+, and that if you are shooting drugs, that you take precautions to make sure you and the people around you stay safe."	Supervisor
Your youth threatens to hurt him or herself, or someone else	"I take what you're saying very seriously. I'll talk to my supervisor about what we can do to help you."	Supervisor
Your youth asks you not to tell anyone else that her boyfriend beats her	"I can't promise not to tell anyone, but I can promise that I'll do what I can to help you stay safe in the way that's best for you. And I'll let you know who I'm telling what to and what will happen. To start, I'm going to tell my supervisor and I'll let you know what s/he says."	Supervisor

Boundaries



What to do About Typical Boundary Violations

Think about how you would respond in each situation below. Then, talk with your supervisor about how to handle these situations and write your responses in the spaces provided.

The Situation	You can respond by...
The youth asks you for money...	
The youth flirts with you, wants to have sex with you, or touches you sexually...	
The youth asks you for information about another youth who is transitioning...	
The youth asks you about your personal health and you do not want to share...	
The youth asks for your home phone number...	
You see the youth when you are out shopping. You wonder if you should say "Hi?"...	
The youth sees you when you are off work and eating at a local restaurant. You are having a few drinks with your meal (you are over 21 years old). Your youth buys you a drink and comes over to chat...	

What to do About Typical Boundary Violations - Supervisor Guide

Think about how you would respond in each situation below. Then, talk with your supervisor about how to handle these situations and write your responses in the spaces provided. Note: The answers provided below are examples. Answers will vary from state to state and agency to agency.

The Situation	You can respond by... (Examples)
The youth asks you for money...	Explain that you can't give him/her money. Help him/her to brainstorm ways to get what s/he needs another way.
The youth flirts with you, wants to have sex with you, or touches you sexually...	Explain that it's important to keep your relationship with him/her platonic. If this issue persists, talk to your supervisor. You may have to stop being his/her mentor.
The youth asks you for information about another youth who is transitioning...	Explain that just as you are keeping his/her information confidential, you have to keep information about other program participants confidential.
The youth asks you about your personal health and you do not want to share...	Relate the question back to how s/he is feeling about his/her own health.
The youth asks for your home phone number	If giving out home phone numbers is not allowed, explain this and let him/her know another way s/he can contact you.
You see the youth when you are out shopping. You wonder if you should say "Hi?"	In order to maintain confidentiality, do not acknowledge the youth unless s/he acknowledges you. Mirror his/her response to seeing you.
The youth sees you when you are off work and eating at a local restaurant. You are having a few drinks with your meal (you are over 21 years old). Your youth buys you a drink and comes over to chat.	If the youth is under 21 years of age or if this kind of behavior is not allowed: <ul style="list-style-type: none"> • Explain to the youth that you appreciate that you are becoming close, but that drinking together is against agency policy. • Let him/her know that you are looking forward to seeing him/her at your next scheduled meeting time.

Section IV: Supporting Youth in Transition

As a Young Adult Leader, your purpose is to help transitioning youth through the transition from adolescent to adult healthcare.

The tools in this section give you a number of strategies you can use to help and support the youth throughout their transition.

ASKING QUESTIONS

Tool #13: Interviewing Questions Page 94

This tool gives you a number of questions you can ask the youth to encourage them to share their thoughts, feelings and experiences so that you can understand what they are going through and provide them with the proper support.

MOTIVATIONAL INTERVIEWING

Motivational interviewing is a counseling style that is used to help people figure out what they want and move forward. For this program it is used to help motivate the youth to transition to adult healthcare settings by finding out information from them that you can use to assist them in their transitioning process.

The following tools will help you to use some of the strategies of Motivational Interviewing with the transitioning youth.

Tool #14: Open-Ended Questions Page 97
Tool #14 ANSWER KEY: Open-Ended Questions Page 98

Open-ended questions encourage people to talk about whatever is important to them. They help to build a positive relationship, gather information and increase your understanding of where the youth is coming from.

Tool #15: Affirmations Page 99

Affirmations are compliments or statements of appreciation and understanding. They acknowledge the youth's strengths and efforts and also help to build your relationship.

Tool #16: Summarizing Page 100

Using summarizing makes sure you understand what the youth has communicated, and allows you to reinforce important information that was discussed.

PREPARING FOR THE TRANSITION

Tool #17: Ways to Address Barriers Page 102
Tool #17 ANSWER KEY: Ways to Address Barriers Page 103

This tool will help you identify what is standing in the way of the youth's transition and help you to support them in overcoming those barriers.

Tool #18: My Healthcare Team Page 104

Use this tool to help the youth keep track of all the people on their healthcare team.

Tool #19: What I Need to Know About the Adult Provider and Clinic Page 105

Use this tool to help the youth keep track of all the important information about the adult provider and the new adult clinic.

Tool #20: Appointment Journal Page 106

Use this tool with the youth to help them keep track of appointment information, any questions they have for their doctor, and any important information that comes out of their appointment.



Asking Questions



Interviewing Questions

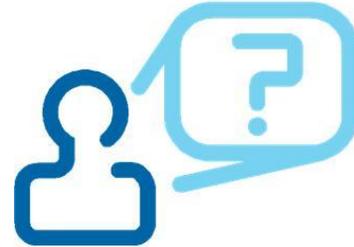
The following questions can help to initiate discussions with the transitioning youth to get them to open up about their experiences. Check off the ones you want to ask!

PERSONAL (GET TO KNOW YOU)

- Who is in your family?
- Who do you live with?

HEALTH (SELF)

- How is your health in general right now?
- Who is your medical provider?
- How often do you see him/her?



TREATMENT (MEDICATION)

- What have you and your provider discussed regarding treatment?
- Do you understand the major side effects of the medication and how to manage if they appear?
- What help do you need in managing your medications?

DISCLOSURE AND TESTING

- Who have you told about your HIV test results?
- Have you disclosed to your girlfriend/boyfriend/partner/spouse/children?
- What was their reaction? What would happen if you told them?
- Who else has tested for HIV—your spouse? Partner? Children?
- Would you like help talking with them?

HEALTH (FAMILY, OTHERS)

- Does anyone in the house need special help or attention regarding their health?
- Describe the type of special help/attention needed.

HEALTHY LIFESTYLES (NUTRITION, EXERCISE, SLEEP, PERSONAL HYGIENE, SUBSTANCE USE AND ALCOHOL)

- What do you do for exercise?
- Are you getting enough sleep? Too much?
- Do you do any of the following:
 - Smoke Cigarettes? If yes, how much?
 - Drink alcohol? If yes, how much?
 - Use drugs? If yes, how much?
- How does your use of these substances affect you? Your family? Your children?

CHILDREN (KEEP IN SCHOOL, TUTOR, AFTER SCHOOL SUPERVISION, CONNECT TO SERVICES)

- Do you have any children?
- How do your children influence how you manage your healthcare?
- Are they in school?
- If so, how are they doing in school? Do they need any special help?
- Are they involved in after school activities?
- How are they supervised after school?

SPIRITUALITY

- Is spirituality/religion significant to you? Can you describe how?
- Who do you turn to for your spiritual needs? Are they available to you now?
- Has living with HIV made any difference in your feelings about God or the practice of your faith?

STIGMA AND DISCRIMINATION (LISTEN AND HEAR, REPORT TO GHARP)

- How have others reacted to your being HIV infected?
- How did they find out you were HIV infected?
- Have you been discriminated against because you're HIV infected? How, and by whom? At work, at school, etc.

SUPPORT

- Who/Where do you typically go to for support?
- What kind of help or support do they give you?

Motivational Interviewing



Open-Ended Questions

Practice identifying open-ended questions by checking the appropriate box on the left as it relates to the question on the right. Review the correct answers with your supervisor. Then, practice creating open-ended questions to ask to the youth that are transitioning.

OPEN	CLOSED	Is it an "open" or "closed" question?
		1. What do you like about being a teenager?
		2. Where did you grow up?
		3. What is it like at your current clinic?
		4. Are you willing to meet again this week?
		5. What can I do for you today?
		6. Do you like your current provider?
		7. Have you ever thought about what it would be like to change clinics?
		8. Is it important for you to take your meds consistently?
		9. In the past, how have you overcome obstacles in your life?
		10. Are you willing to meet with me for this one week?
		11. What are your thoughts or feelings about transitioning?
		12. Do you care about your health?
		13. What are the most important reasons you want to stay in treatment?
		14. What do you want to set as your clinic visit date?
		15. Is this an open question?

Now make up three of your own examples of OPEN-ended questions that you could ask youth.

1.
2.
3.

Open-Ended Questions - Answer Key

Practice identifying open-ended questions by checking the appropriate box on the left as it relates to the question on the right. Review the correct answers with your supervisor. Then, practice creating open-ended questions to ask to the youth that are transitioning.

OPEN	CLOSED	Is it an "open" or "closed" question?
X		16. What do you like about being a teenager?
	X	17. Where did you grow up?
X		18. What is it like at your current clinic?
	X	19. Are you willing to meet again this week?
X		20. What can I do for you today?
	X	21. Do you like your current provider?
	X	22. Have you ever thought about what it would be like to change clinics?
	X	23. Is it important for you to take your meds consistently?
X		24. In the past, how have you overcome obstacles in your life?
	X	25. Are you willing to meet with me for this one week?
X		26. What are your thoughts or feelings about transitioning?
	X	27. Do you care about your health?
X		28. What are the most important reasons you want to stay in treatment?
	X	29. What do you want to set as your clinic visit date?
	X	30. Is this an open question?

Now make up three of your own examples of OPEN-ended questions that you could ask youth.

1.
2.
3.

Affirmations

Use the following worksheet to review how to give affirmations to youth who are transitioning.

Affirmations connect to respect & genuineness

- Recognize what the youth is good at or doing well
- Help the youth feel confident in their ability to change
- Must be true statements that are heartfelt



Examples:

The youth says: "I love my current doctor - he's like an uncle to me!"

You could say: "That's great that you were able to build such a strong relationship"

Or (you try):

The youth says: "These new meds that I'm on give me really bad stomach pains - I'm gonna have to talk to my doctor about switching them!"

You could say: "It's great that you're continuing to take them until you talk to your doctor, even though they give you stomach pains. It shows that you're already making responsible choices about your health."

Or (you try):

The youth says: "I was really sick and in and out of school for an entire semester when I was first diagnosed. Everyone kept asking me what was up and I didn't know what to tell them."

You could say: "That must have been really difficult for you."

Or (you try):

Other affirmations:

- "I appreciate how hard it must have been for you to decide to do..."
- "I think it is great that you want to do something about this problem."
- "You're certainly a resourceful person to have been able to..."
- "That's a real good question."
- "You took a big step."
- "I must say, if I were in your position, I would find it difficult too."
- "You seem to be a very spirited and strong-willed person..."
- "You certainly have to cope with a lot of problems right now."

Summarizing

Summarizing is a way of linking together and reinforcing what has been discussed. It also shows that you have been listening carefully and prepares the youth to tell you more. It is wise to summarize periodically so that you can be sure that you are understanding what the youth who is transitioning is saying.

There are **three types** of summaries used in motivational interviewing.

1. COLLECTING Summary

This is the main type of summarization people use. Use this when the youth has just told you a lot of information and you want to make sure you got it all.

Example: *"This transition has left you feeling vulnerable. It's not transitioning that scares you, really; it's the feeling of responsibility and the impact on your health..."*

Practice: Make a statement that collects and summarizes the following information that a youth tells you:

The youth has been with their current provider for 10 years. Their mother is really active in their treatment planning and helps them to remember to take their medications and go to appointments. They are used to the support and worried that they won't be able to stay on track if they change to an adult provider.

The other two types of summaries are:

2. LINKING Summary

Use this to tie together what the youth has just been saying with what they have said in the past.

Example: *"Sounds like you are torn between two directions. On the one hand, you're somewhat worried about transitioning and moving away from home; yet when we last met you talked about the freedom of being independent and not linked to any case manager or service provider."*

3. TRANSITIONAL Summary

Use this to shift from one focus to another, such as wrapping up a session. Start with a *prefacing statement* that formally announces what is to follow.

Example: *"Our time is running out, and I'd like to try to pull together what you've said so far, so we can see where we are and where we are going..."*

Preparing to Transition



Ways to Address Barriers to Transitioning

Work with your supervisor to come up with ways to address these barriers with the youth.

IF A YOUNG PERSON PRESENTS WITH THE BARRIER...	AS A YOUNG ADULT LEADER, I COULD ADDRESS THIS BY
1. The near familial relationship with Adolescent Providers.	
2. A youth may be less likely to disclose sexual activity or experimentation with substance use to an adult social worker / provider.	
3. Adult clinics feel too unsafe for discussing personal issues.	
4. Transitioning may be seen as moving closer to illness and/or death.	
5. Fewer incentives to give up adolescent services.	
6. Adult-oriented care is based on strict medical model.	
7. Transitioning is too abrupt and unorganized.	
8. Transitional issues not given any systematic focus.	
9. Adult clinics are too large and uncomfortable.	
10. The youth does not understand basic HIV/AIDS info.	
11. Limited "life skills" development.	
12. The youth does not understand the adult system.	
13. Too much focus on just healthcare.	
14. Assumption(s) that the youth is a fully functioning adult at the age of 25.	
15. The youth has been sheltered and over protected.	
16. Feelings of "culture shock" not fitting in.	
17. Transitioning started too late.	
18. Other. . .	

Ways to Address Barriers to Transitioning – Supervisor Guide

Work with your supervisor to come up with ways to address these barriers with the youth

IF A YOUNG PERSON PRESENTS WITH THE BARRIER...	AS A YOUNG ADULT LEADER, I COULD ADDRESS THIS BY (EXAMPLES)
19. The near familial relationship with Adolescent Providers	Discuss ways to provide closure with the provider Discuss ways to stay connected to the provider
20. A youth may be less likely to disclose sexual activity or experimentation with substance use to an adult social worker / provider	Discuss the pros and cons of disclosure Role-play the disclosure with the youth
21. Adult clinics feel too unsafe for discussing personal issues	Role-play talking about personal issues Suggest s/he write down what s/he wants to talk about beforehand to prompt him/her
22. Transitioning may be seen as moving closer to illness and/or death	Help him/her to reframe to see his/her achievements and that s/he is now graduating to a stage where s/he needs less provider involvement
23. Fewer incentives to give up adolescent services	Help the youth to come up with his/her own incentives or reasons for making the transition
24. Adult-oriented care is based on strict medical model	Discuss other services at the adult clinic Brainstorm other places where s/he could get his/her non-medical needs met
25. Transitioning is too abrupt and unorganized	Discuss ways to make the transitioning process smoother Encourage the youth to start the transition process early so there is time for organization and acclimation
26. Transitional issues not given any systematic focus	Help the youth to deal with his/her transition process outside of the system Explain that that's what you're there for!
27. Adult clinics are too large and uncomfortable	Introduce him/her to adult clinic staff; orient him/her to the clinic, etc. Reassure him/her that overtime s/he will get used to the ways of the adult clinic
28. The youth does not understand basic HIV/AIDS info	Give him/her the information you have (included in section 5 of the toolkit). Direct him/her to people and resources for more information
29. Limited "life skills" development	Help him/her to assess where s/he is in his/her life skills development and how to increase his/her life skills using tools in the toolkit (tools #19 and #20)
30. The youth does not understand the adult system	Explain what you know about how it works and answer any questions s/he might have, making sure to say "I don't know" if you're not sure, and then ask your supervisor for the answers
31. Too much focus on just healthcare	Help the youth think of other places in his/her life that could focus on aspects besides healthcare
32. Assumption(s) that the youth is a fully functioning adult at the age of 25	Brainstorm things the youth can say to the adult provider to make the information the provider is sharing more easily understood. Examples include: <ul style="list-style-type: none"> • "Can you please repeat that?" • "What do you mean by that?" • "I'm not familiar with that, do you have any information I can take with me?" • "What would be the reasons someone wouldn't want to do what you're suggesting?"
33. The youth has been sheltered and over protected	Help him/her to assess and build up his/her life skills using tools in the toolkit (tools #17 to #20)
34. Feelings of "culture shock" not fitting in	Validate his/her experience Reassure him/her that it will get easier over time
35. Transitioning started too late	Help him/her understand what to expect so that s/he is as mentally prepared as possible to make the transition
36. Other...	

My Healthcare Team

Work together to list who is currently part of the youth's healthcare team.

Think about who else they may want to add.

Title	Name	Contact Info	How they help me manage my health
Primary Care Doctor			
Specialty Doctor(s)			
Physician Assistant			
Nurse(s)			
Dentist			
Therapists (physical, occupational, speech, etc.)			
Pharmacist			
Mental Health Professional			
Social Worker/Case Manager			
Parent(s)/Guardian(s)			
Others (describe):			

What I Need to Know About the Adult Provider & Clinic

Record the listed information about the Adult Provider and clinic that the youth will be transitioning to.

Clinic Name:	
Clinic Address:	
Clinic Phone Number:	
How I can get there:	
Clinic Hours:	
Doctor Name(s):	
Nurse Name(s):	
Receptionist Name(s):	
Differences between adolescent and adult clinic: Length of a visit Structure of a visit What the doctor does What the nurse does Role of Social Worker Role of Case Manager How often you need to schedule a visit	

Appointment Journal

Youth can use this journal to record appointment details and prepare questions to ask providers. It can also be used to record important information shared during the appointment.

Date: _____

Time: _____

Location: _____

Doctor's Name: _____



Questions for the Doctor: _____

Important Issues Presented by the Doctor: _____

Next Appointment Date: _____

Section V: HIV Education and Support

Your job as a Young Adult Leader also includes providing health education to the transitioning youth.

The tools in this section will provide you with important health information and tips for communicating the information.

INFORMATION

Tool #21: FAQs about HIV & AIDS	Page 110
Tool #22: FAQs about HIV Transmission.....	Page 112

These tools will give you basic information on the transmission and treatment of HIV/AIDS. If the youth wants any additional information or advice, refer them to the other members of their healthcare team.

COMMUNICATION

Tool #23: Responding to Questions	Page 116
Tool #23 ANSWER KEY: Responding to Questions.....	Page 117

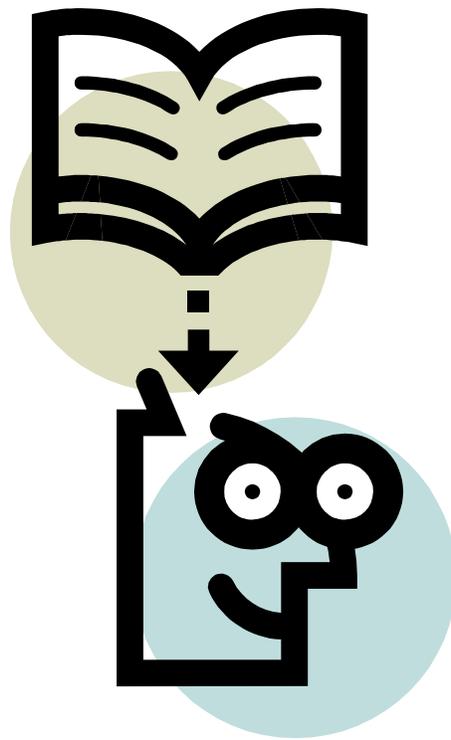
This tool will help you respond to questions that you don't know the answer to, or questions asking for your advice or opinion rather than factual information.

Tool #24: Assessing Your Comfort Level..... Page 118

This tool will help you to assess your comfort level in responding to more difficult questions or talking about difficult topics. Review this tool then talk to your supervisor about how to become more comfortable in the areas you're less comfortable in.



Information

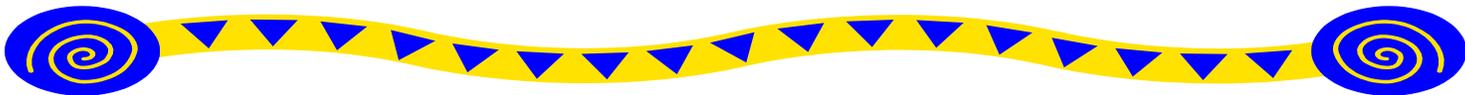


Frequently Asked Questions about HIV and AIDS

Below are some frequently asked questions. What other questions might the youth ask? Write the questions in the boxes provided, and ask your supervisor for help in determining how to answer them.

<p>1. What is HIV?</p>	<p>Human Immunodeficiency Virus. It is the virus that causes AIDS. There are two main types of the virus, HIV-1 and HIV-2</p>
<p>2. What's the difference between HIV-1 and HIV-2</p>	<p>HIV-1 is the most common type of HIV in the U.S.</p> <p>HIV-2 is primarily found in West Africa</p> <p>HIV-1 and HIV-2 are transmitted the same way; both cause immune system damage</p> <p>Very few cases of HIV-2 in the U.S.</p> <p>Most of the cases of HIV-2 in the U.S. are associated with people who are from West Africa, or have sexual or injection partners from West Africa</p>
<p>3. What is AIDS?</p>	<p>Acquired Immuno-deficiency Syndrome</p> <p>AIDS = HIV and a T-cell count below 200 or at least one opportunistic infection(s)</p> <p>Opportunistic infections are listed in the current CDC case definition</p>
<p>4. HIV is a retrovirus. What is a retrovirus?</p>	<p>Retroviruses cannot reproduce on their own; instead they invade T-cells and then use T-cells to produce more virus</p> <p>As new HIV breaks out of the T-cell, the T-cell is destroyed; new HIV particles find more T-cells, make more HIV, and destroy more T-cells</p>

<p>5. How does HIV make people sick?</p>	<p>HIV weakens the immune system by destroying T-cells (CD4 cells)</p> <p>As the immune system is weakened, it cannot protect the person from other germs it comes in contact with</p> <p>Germs that normally would not harm a person can have a major impact because the immune system is impaired</p>
<p>6. What are the major characteristics of HIV?</p>	<p>Lifelong infection; once infected, always infected</p> <p>HIV mutates as it reproduces, making it difficult to develop medications that work over long periods of time</p> <p>Damages the immune system</p> <p>Easily destroyed when outside of the body; HIV is no longer infectious after contact with air for several seconds</p>
<p>Question:</p>	<p>Response:</p>
<p>Question:</p>	<p>Response:</p>
<p>For more information, please visit CDC: http://www.cdc.gov/hiv/</p>	



Frequently Asked Questions about HIV Transmission

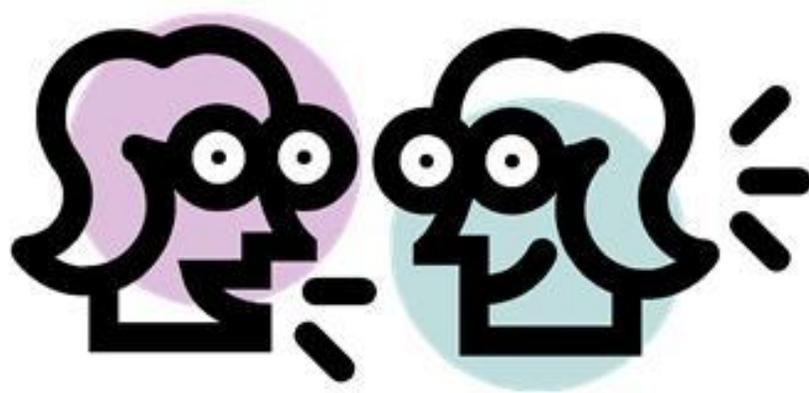
Below are some frequently asked questions. What other questions might the youth ask? Write the questions in the boxes provided, and ask your supervisor for help in determining how to answer them.

<p>1. How is HIV transmitted from person to person?</p>	<p>Body fluids from a person living with HIV must enter the blood stream or contact a mucous membrane of an uninfected person. This is called "exposure"</p> <p>Infection happens once HIV enters a cell and starts to reproduce</p> <p>Not every exposure to HIV leads to infection, which is why some people may not contract HIV even after unprotected sex or sharing injection equipment</p>
<p>2. What body fluids transmit HIV?</p>	<p>Blood, semen (and possibly precum), vaginal and cervical secretions, and breast milk contain enough virus to be able to transmit HIV from person to person</p> <p>Internal body fluids, found in the lungs, heart, joints, brain and spinal cord, are also infectious; people rarely come in contact with these fluids</p> <p>HIV is also present in saliva, tears, perspiration, urine, and feces, but the amount of HIV present is not enough to transmit the virus through casual contact</p>
<p>3. How can sex transmit HIV?</p>	<p>Sexual transmission can happen when body fluids carrying HIV come in contact with a mucous membrane or torn skin</p> <ul style="list-style-type: none"> • Anal intercourse (penis to rectum) • Vaginal intercourse (penis to vagina) • Oral sex (mouth to penis or vagina)—this is considered low to very low risk for HIV • Blood, semen, vaginal secretions directly on broken skin or mucous membrane

<p>4. What does “the hierarchy of risk” mean?</p>	<p>Some forms of sex transmit HIV more easily than other. For example:</p> <ul style="list-style-type: none"> ▪ The rectum has one layer of very absorbent skin and very little natural lubrication ▪ The vagina has two layers of skin and can produce natural lubrication ▪ The mouth has three layers of skin and saliva (which may offer some protection against HIV) <p>HIV is more easily transmitted through unprotected anal sex than vaginal sex, and oral sex is considered low to very low risk for HIV.</p>
<p>5. How can injection drug use transmit HIV?</p>	<p>HIV is found in blood and blood can be passed from person to person through shared injection equipment.</p> <ul style="list-style-type: none"> • Blood can be caught in the needle point or syringe barrel • Blood can also collect near the plunger • Tourniquets used to “tie off” may also carry blood • Cookers used to prepare drugs • Filters (also called “cotton”) <p>Hepatitis C Virus (HCV) lives outside the body longer than HIV and so is an even greater risk when injection equipment is shared</p>
<p>6. How is HIV transmitted from mother-to-child?</p>	<p>HIV transmission can happen from a pregnant mother living with HIV to her child before birth, during delivery, and after birth while breastfeeding (mostly through chapped, cracked nipples that leak blood)</p> <p>With medical care and medications, an HIV+ woman has less than a 1% chance of passing the virus on to her child; that number rises to 25% without medical treatment</p>

<p>7. What other ways is HIV transmitted?</p>	<p>Donor products: blood products, semen, donated body organs or tissues</p> <p>Tattooing, piercing, injecting steroids</p> <p>Occupational injury: needle sticks, recapping needles, blood splashes, risk of transmission is low</p>
<p>8. What is reinfection?</p>	<p>This is commonly used to refer to when people who are already infected with HIV come in contact with HIV again. For example, someone who is HIV positive may have unprotected sex with another person who is HIV positive.</p>
<p>Question</p>	<p>Response:</p>
<p>Question</p>	<p>Response:</p>
<p>For more information, please visit one of the following: CDC: http://www.cdc.gov/hiv/</p>	

Communication



Responding to Questions

Work with your supervisor to determine how to address the following types of questions.

Type of Question	Tips on how to respond
<ul style="list-style-type: none"> • How should you respond if the youth asks you a Personal question? • Should you answer it? • What's ok to share? • How do you not share something personal without hurting your relationship with the youth? 	
<ul style="list-style-type: none"> • How should you respond if the youth asks you a Challenging question - a question that challenges your authority as a Young Adult Leader? • What if you disagree on something? • What if they don't want to listen to the information and guidance that you're there to give? 	
<ul style="list-style-type: none"> • How should you respond to a question if you Don't Know the answer? • What if the question is fact-based? • What if they're asking for your advice? 	
<ul style="list-style-type: none"> • How should you respond if the youth asks for your Opinion? • What if the question doesn't have one right answer? • What if you think there is one right answer to the question? 	

Responding to Questions - Supervisor Guide

Work with your supervisor to determine how to address the following types of questions. Note: The answers provided below are examples. Answers will vary from state to state and agency to agency.

Type of Question	Tips on how to respond (Examples)
<ul style="list-style-type: none"> • How should you respond if the youth asks you a Personal question? • Should you answer it? • What's ok to share? • How do you not share something personal without hurting your relationship with the youth? 	<p>You should decide what information about yourself you are willing to share, and what you are not willing to share. As a Young Adult Leader, you may want to share some information about yourself with the youth. However, you should share information only if it in some way is helpful to the youth or your professional relationship with the youth.</p>
<ul style="list-style-type: none"> • How should you respond if the youth asks you a Challenging question - a question that challenges your authority as a Young Adult Leader? • What if you disagree on something? • What if s/he doesn't want to listen to the information and guidance that you're there to give? 	<p>Don't get in arguments with the youth; Acknowledge the youth and his/her concerns. Recognize that not all people will agree with you, or want the information you have to share. Be sure to identify where your information comes from.</p>
<ul style="list-style-type: none"> • How should you respond to a question if you Don't Know the answer? • What if the question is fact-based? • What if s/he is asking for your advice? 	<p>Never make up an answer to a question. It is always better not to know than to guess. It is okay to say "I don't know." Tell the person you will find out the information, and get back to him/her with it.</p>
<ul style="list-style-type: none"> • How should you respond if the youth asks for your Opinion? • What if the question doesn't have one right answer? • What if you think there is one right answer to the question? 	<p>Opinion questions can often be turned back to the youth: for example, if someone asks, "What's the best way to do that?" the Young Adult Leader can respond by asking, "What has worked best for you?" or "What have you tried?" You can help youth develop his/her own "pros and cons" list of different ways of managing a task. Emphasize that there are many different ideas about that issue and each person must choose what is best for him or herself.</p>

Assessing Your Comfort Level

Assess your comfort in discussing the topics below. For each topic, put in the number that matches how you feel according the following scale:

Strongly Agree Neutral Strongly Disagree
 1-----2-----3-----4-----5

Talk with your supervisor about strategies to increase your comfort level.

	I have enough information to talk about this with the youth	I have enough experience to feel comfortable talking about this	My values or cultural beliefs do not keep me from discussing this	STRATEGIES: What can I do to feel more comfortable?
Asking about unprotected anal or vaginal intercourse with partners				
Discussing other kinds of sex				
Discussing safer sex that involves barriers like condoms				
Discussing the low HIV risk of oral sex				
Discussing harm reduction for sex, that does not involve condoms				
Talking about safer drug use (cleaning needles or not sharing needles)				
Asking about intimate partner violence				
Discussing Heterosexuality				
Discussing Homosexuality				
Discussing Bisexuality				
Discussing Transgender				
Anything else?				