New York State Peer Worker Certification Program in
HIV, HCV and Harm Reduction

HIV EXAM STUDY GUIDE

we rise by lifting others

HIV Education and Training Programs
Office of the Medical Director, AIDS Institute
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td>About this Study Guide</td>
<td>3</td>
</tr>
<tr>
<td>Basic Information about the Certification Test</td>
<td>4</td>
</tr>
<tr>
<td>Code of Ethics</td>
<td>5</td>
</tr>
<tr>
<td>General Competencies</td>
<td>10</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>12</td>
</tr>
<tr>
<td>Trauma Informed Care</td>
<td>13</td>
</tr>
<tr>
<td>LGBTQ Cultural Competency</td>
<td>14</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>15</td>
</tr>
<tr>
<td>Being a Care Team Member</td>
<td>16</td>
</tr>
<tr>
<td>Supervision</td>
<td>17</td>
</tr>
<tr>
<td>Receiving Feedback</td>
<td>18</td>
</tr>
<tr>
<td>Boundaries</td>
<td>19</td>
</tr>
<tr>
<td>Professional Development</td>
<td>20</td>
</tr>
<tr>
<td>Self Care</td>
<td>21</td>
</tr>
<tr>
<td>HIV Specialized Competencies</td>
<td>23</td>
</tr>
<tr>
<td>HIV Testing</td>
<td>23</td>
</tr>
<tr>
<td>Engagement, Linkage and Retention in Care</td>
<td>26</td>
</tr>
<tr>
<td>Anti-retroviral Therapy (ART) Initiation and Treatment Adherence</td>
<td>30</td>
</tr>
<tr>
<td>Patient Navigation</td>
<td>34</td>
</tr>
<tr>
<td>Client Self-Management</td>
<td>36</td>
</tr>
<tr>
<td>Harm Reduction, Syringe Access and Health Promotion</td>
<td>38</td>
</tr>
<tr>
<td>Support Groups</td>
<td>40</td>
</tr>
<tr>
<td>Supportive Services</td>
<td>41</td>
</tr>
<tr>
<td>Case Conferencing</td>
<td>42</td>
</tr>
<tr>
<td>Facilitating Client Involvement in Continuous Quality Improvement Efforts</td>
<td>43</td>
</tr>
<tr>
<td>Health Coverage</td>
<td>44</td>
</tr>
<tr>
<td>Documentation and Record-Keeping</td>
<td>45</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>46</td>
</tr>
<tr>
<td>Sample Questions</td>
<td>47</td>
</tr>
</tbody>
</table>
ABOUT THIS STUDY GUIDE

This Study Guide was developed to help people prepare for the knowledge exam which must be passed in order for a person to become a New York State Certified Peer Worker in HIV, HCV and Harm Reduction. If you are reading this Study Guide, it is likely that you are either a person seeking certification or a supervisor or colleague of a person seeking certification. The AIDS Institute wishes to express its appreciation to all those seeking to becoming certified, as well as to those supporting individuals who are seeking certification.

The most important element that a Peer Worker brings to the table is his or her life experience. The certification process does not require individuals to have a college degree or high school diploma. In many cases, people who are preparing for this exam have not taken a written test in a long time and/or may have concerns about taking a written exam. If this is the case, please be aware that the AIDS Institute recognizes the importance of your life experience and shares your concern about taking this test. We have worked hard to create a test that is straightforward and does not include questions designed to trick test takers.

This Study Guide will provide you with:
- Information about the exam and how it is conducted
- A review of the major areas of knowledge contained in the exam for the HIV track

Peer workers who have completed the required 90 hours of coursework will be in the best position to earn a high score on the exam. Therefore, it is recommended that people take the exam after they have completed all or most of the required coursework. In addition to reviewing this Study Guide, it can be helpful to review training materials, slides or handouts from the trainings you have attended. In most instances, the material in this Study Guide was taken directly from training courses.

Review of this Study Guide is optional. This study guide was developed to be as comprehensive as possible, so the AI understands that it is lengthy. However, if you choose to use this Study Guide, it will be most helpful if you review each section of the guide because the questions on the exam may come from any of this material.

If you are seeking certification in more than one of the tracks (HIV, HCV or Harm Reduction), please be aware that you will have to take separate tests for each track. You should review the Study Guide for each track prior to taking the test for that track. You may note some overlapping questions if you are taking multiples tests to be certified for multiple tracks.

If you have questions about this study guide, the exam or peer certification process in general, please call HIV Education and Training Programs at 518-474-3045.
BASIC INFORMATION ABOUT THE CERTIFICATION TEST

• The exam will be available online, via your Peer Certification Application on http://hivtrainingny.org
  o You MUST create both a profile on http://hivtrainingny.org and begin your online application in order to access the exam link
  o The link will be available by clicking on the “Exam” button on the right hand side of your application
• Each exam will include 30 straight-forward, case-based exam questions
• Exam is based on the Core Competencies & the Code of Ethics
• Test takers will select their track (HIV, HCV or HR)
  o If you are being certified in more than one track, you will need to take and pass a test for each track
• You must receive a score of 75% or better to pass
• There is a time limit of 60 minutes per exam
  o When 60 minutes is up, the exam will close and you will be scored on whatever you have completed
• If you do not pass, you may re-take the exam until you do
• Questions will be shuffled each test, so test takers will not get the same questions each time
• You can take the test up to 3 times per day
• When you pass, a message will automatically be sent to your online application
• You will also receive an online letter that you can print, and share with your supervisor, that indicates you have passed the exam
• Passing the exam brings you a step closer to applying for certification. Please be sure to review all requirements for certification, which can be found on hivtrainingny.org by clicking on the peer certification tab and selecting the “FAQ” link
CODE OF ETHICS

- New York State Certified Peer Workers must be aware of, and agree to follow, an established Code of Ethics.
- Peer Workers should keep the Code of Ethics in their awareness on a daily basis. This will ensure that the Peer Worker’s interactions with clients come from a place of integrity.
- Peer Workers will also follow hiring agency policies on workplace conduct, including use of substances.
- If a Peer Worker violates the Code of Ethics, he or she may be sanctioned, which may include loss of the certification and loss of employment.

The following section provides the Code of Ethics, with corresponding examples of what a peer should and should not do in a situation related to that ethic.

1. Certified Peer Workers view themselves as professionals, demonstrate respect for the important work they do and maintain a commitment to continued learning and professional development.
   
   **DO:** Peer workers do hold themselves to a high standard of service and continue to seek out new training opportunities via [http://hivtrainingny.org](http://hivtrainingny.org)
   
   **DO NOT:** Peer Workers do not badmouth their jobs and think that they know everything there is to know about peer work.

2. Certified Peer Workers learn about the roles of other members of the care team and colleagues as appropriate. They work to maintain positive relationships with team members and colleagues and treat them with professional courtesy and respect.
   
   **DO:** Peer Workers do ask members of their care team about their job duties and how they can work together to improve outcomes for their clients
   
   **DO NOT:** Peer worker do not overstep boundaries by taking on duties that are the responsibility of someone else on his care team, like trying to provide case management for a client.

3. Certified Peer Workers have a commitment to their own HIV, HCV or behavioral health care and are actively engaged in maintaining their physical, mental and emotional well-being.
   
   **DO:** Peer Workers do make their treatment and wellness a top priority, and ask for support when they feel like work is too much or they are being triggered.
   
   **DO NOT:** Peer Workers do not get burnt out by taking on too much or let their work get in the way of making it to his their appointments.

4. Certified Peer Workers respect the rights and dignity of the people they serve. They never engage in any form of physical or psychological abuse or exploitation.
   
   **DO:** Peer Workers do act in a supportive way towards clients and celebrate the accomplishments of his clients.
   
   **DO NOT:** Peer Workers do not force their clients to do anything, say mean things or raise their voices to them, even when clients push their buttons and don’t do what the Peer Worker thinks is best.
5. **Certified Peer Workers abide by Mandatory Reporting standards established by regulatory and/or agency policy.**
   
   **DO:** Peer Workers do follow the rules of their agency around reporting important things their clients share with them or that the peer worker witnesses.
   
   **DO NOT:** Peer Workers do not keep secrets regarding clients and the clients’ situation, especially if the peer worker’s agency requires reporting things like child abuse in the home of a client they visit for an outreach appointment.

6. **Certified Peer Workers respect the right of the people they serve to make their own decisions and refrain from passing judgement on behaviors or decisions that are different from their own.** Certified Peer Workers respect the autonomy of the people they serve and demonstrate respect regardless of the decisions the people they serve make.
   
   **DO:** Peer Workers do allow their clients to ultimately make their own decisions, even if the peer worker does not agree with them, and continues to support their clients on their path to wellness.
   
   **DO NOT:** Peer Workers do not give their clients a hard time if they make a choice that the peer worker would not have made themselves.

7. **Certified Peer Workers appreciate and respect the cultural and spiritual beliefs and practices of the people they serve.** Certified Peer Workers do not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, gender identity or expression, sexual orientation, age, religion, national origin, marital status, political belief, disability, other preference or personal characteristic, condition or state.
   
   **DO:** Peer Workers do understand that their clients are different from them in many ways, and while they do not always see eye to eye, peer workers accept the clients’ choices and decisions in all aspects of the clients’ life.
   
   **DO NOT:** Peer Workers do not judge or belittle his clients for who the clients are or what choices the clients make.

8. **Certified Peer Workers utilize supervision and abide by the standards for supervision established by the NYS DOH AIDS Institute, regulatory body, and/or their employer.**
   
   **DO:** Peer Workers reach out to their supervisors when they have concerns about their ability to do their job.
   
   **DO NOT:** Peer Workers do not brush off supervision and see it as something other than a valuable asset to his professional development.
9. Certified Peer Workers never engage in romantic, sexual or intimate activities with the clients in their caseload and follow all relevant agency policies. Peer workers do not enter into business or any other type of relationship considered inappropriate. Certified Peer Workers will report any incidents that may be considered unprofessional to appropriate supervision.

   **DO:** Peer Workers do inform their supervisor if they begin to develop feelings for a client, so the peer worker and supervisor can discuss how to handle it, and possibly switch the client off the peer worker’s caseload.

   **DO NOT:** Peer Workers do not sneak around to date a client and hide it from their supervisor.

10. Certified Peer Workers do not accept gifts of money or items of significant value, as defined by the employer or agency, from the people they serve. Certified Peer Workers do not personally loan, give money or give items of significant value, as defined by the employer or agency, to the people they serve.

    **DO:** Peer Workers do decline gifts, like a wristwatch, that a client offers as thanks for the peer worker’s support.

    **DO NOT:** Peer Workers do not give clients’ money to pay their cell phone bill, even if the client is in a bind.

11. Certified Peer Workers only provide services and support within the hours, days and locations that are authorized by their employer/agency.

    **DO:** Peer Workers do inform clients of their work schedules so that clients can reach the peer worker during those days and times.

    **DO NOT:** Peer Workers do not meet with or take phone calls from clients outside of their work schedule.

12. Certified Peer Workers will follow hiring agency policies on workplace conduct, including use of substances.

    **DO:** Peer Workers do follow the rules of the hiring agency around how they should act.

    **DO NOT:** Peer Workers do not allow their substance use to interfere with their ability to do their job and provide quality service.

13. Certified Peer Workers do not offer services outside the boundaries of the Certified Peer Worker Competencies unless explicitly included in their job description and are otherwise trained, licensed or certified to do so.

    **DO:** Peer Workers focus on tasks that are included in their job description and tasks that their supervisor instructs them to do.

    **DO NOT:** Peer Workers do not crack their clients sore back because that’s what they do at home for their brother.
14. Certified Peer Workers are not licensed practitioners of the healing arts. They do not offer advice to the people they serve to change prescribed medications or therapies in any way. Certified Peer Workers actively encourage and assist the people they serve to direct concerns about their prescribed medications or therapies to the prescribing provider or other healthcare professional.

DO: Peer Workers encourage clients to talk to their medical provider about the side effects the client is having with a recent medication change.

DO NOT: Peer Workers do not tell clients to stop taking his new medication because it is upsetting his stomach.

15. Certified Peer Workers should refrain from communicating to the people they serve any personal opinions or assessments of the quality of services offered at their facility or any other facility. If someone they serve expresses concern regarding another staff member or service provider, the Certified Peer Worker: a) shares strategies for improving the relationship, b) encourages the individual to discuss the concern with the provider, and c) if needed, informs the individual that he or she may bring the concern to the appropriate staff member or appropriate regulatory body.

DO: Peer Workers do encourage clients to voice concerns about the care they receive directly to their provider. If the client is unable to do so for whatever reason, Peer Workers do help the client to consider other options to make sure the client’s issue is heard.

DO NOT: Peer Workers do not tell clients that they think their provider is a jerk, and that they will have the client switched to another provider’s caseload.

16. Certified Peer Workers are knowledgeable about their legal requirements for maintaining confidentiality of protected health information and other records. At all times and in all settings, Certified Peer Workers protect the confidentiality of persons served by the agency where they are employed, both during and after their period of employment.

DO: Peer workers do keep the information they learn about clients to themselves forever, even after the peer worker leaves their job at their agency.

DO NOT: Peer Workers do not share a client’s HIV status or other personal information with family, friends, or anyone else that is not part of the care team and required to know about it.

17. Certified Peer Workers have a duty to inform the people they serve that information they share with the peer worker may become part of their record and may be shared with other members of the individual’s care team or others as required by law, safety or agency policy.

DO: Peer Workers do let their clients know that the information the client shares with them during their time together may be shared with other members of the care team in order to provide them with the best possible services.

DO NOT: Peer Workers do not promise the client that they will keep what they told the peer worker a secret.
18. **Certified Peer Workers accurately document the services they provide in accordance with agency policy.**
   
   **DO:** Peer Workers do try to provide a detailed summary of the sessions with their clients in the client’s record, and mention any issues that came up for them.
   
   **DO NOT:** Peer Workers do not wait too long before documenting their notes on a client’s session.

19. **Certified Peer Workers follow the standard requirements for continuing education training as established by the certification body and/or their employer.**
   
   **DO:** Peer Workers do attend at least 10 hours of continuing education training in order to maintain their New York State Peer Worker Certification.
   
   **DO NOT:** Peer Workers do not let their certification lapse by only attending one day of training per year.
GENERAL COMPETENCIES

- Peer Workers demonstrate a commitment to personal self-management of health conditions and treatment regimens

Share Lived Experience
- All Certified Peer Workers should be competent at sharing their personal experience and comfortably discloses their status in a strategic, compassionate and responsive manner.

Defining “shared lived experience” in the context of HIV, HCV, Harm Reduction Peer Work:

Shared lived experience can be defined as:

The unique and deep bond that can be created between a Peer Worker and a client is due to the fact that they have similar experiences and have common concerns and challenges

Shared lived experience allows the Peer Worker to have a deep level of understanding and insight into the client’s experience

The Peer Worker’s process of learning to grow, and even thrive, while facing challenges similar to the client’s puts the Peer Worker in a position to share meaningful lessons learned in a way that the client can view as highly credible

Shared lived experience provides the basis for a unique helping relationship.

- Peer Workers should make effort to relate to clients via their shared lived experience, despite the differences that may exist between them
- Peer Workers should share their story in a way that offers an example of what worked for them or how they got through something.
- Peer Workers should not share their story in a way that tells or forces the peer in what to do, or enables the peer to not do something for themselves.

In addition to communicating their story in a strategic fashion to clients, Peer Workers are expected to employ effective oral, written and non-verbal communication skills appropriate for the specific work setting, and in a Culturally Competent and Health Literate manner.

- Peer Workers address health literacy needs of clients to ensure client understanding of messages delivered by using:
  - Plain language is clear, succinct language or writing designed to ensure the reader or listener understands as quickly and completely as possible.
  - Teach back method, where a provider prompts a patient or client to explain in their own words what they understood and what they need to do after their visit. Teach back method is our best way to assess patient understanding.
• Peer Workers communicate using a person-centered approach such as active listening, stages of change, motivational interviewing and/or harm reduction counseling.

A successful client-centered approach incorporates the following steps:

1. Conducting a personalized risk assessment
2. Supporting client-initiated behavior change
3. Helping the client recognize barriers to risk reduction
4. Negotiating an acceptable and achievable risk-reduction plan
5. Referring clients to other services, if needed

The manner in which services and information are provided is equally important to the steps of a client-centered approach. Prevention information and services should be:

• Culturally competent (i.e., program services provided in a style and format sensitive to cultural norms, values, and traditions that are endorsed by cultural leaders and accepted by the target population);
• Sensitive to issues of sexual identity;
• Developmentally appropriate (i.e., information and services provided at a level of comprehension that is consistent with the age and the learning skills of the person being served); and
• Linguistically specific (i.e., information is presented in dialect and terminology consistent with the client's language and style of communication).

By incorporating the above, providers are better able to reach the goals of a client-centered approach:

• To encourage clients to express their concerns;
• To allow clients to articulate what information they require;
• To provide clear and adequate information to empower clients to address their own needs;
• To give clients greater control of decision making (particularly important when talking about changes in behavior); and
• To reach joint decisions.
CULTURAL COMPETENCY

- Culture is a very broad concept. Perceiving, assuming and stereotyping are part of the “human condition”
- Providers need to be aware so this “human condition” does not interfere with the delivery of services
- Peer Workers need to identify cross-cultural differences between their clients, themselves and other providers
- It is important to identify potential cultural obstacles and barriers early in the provider-client/patient relationship
- Everyone has a culture and cultural background that shapes one’s views about health, illness, mental health and human services
- It is impractical, if not impossible, to learn every aspect of every culture and subculture
- Providers should explore the various types of challenges that are likely to occur in cross-cultural encounters

The Culturally Competent person:

- Knows that competency involves a deeper commitment to the people for whom we provide services
- Recognizes and learns to work within the context of different languages, customs, worldviews, religions, spiritual views, health beliefs, gender roles, sexuality and family relationships when interacting with clients/patients
- Develops specific practice skills
- Has an awareness and acceptance of difference whereby diversity is valued
- Understands how one’s own culture influences how one thinks, acts and delivers services
- Understands the dynamics of difference and is conscious of those dynamics inherently when cultures interact
- Becomes familiar with the different aspects of various cultures in target areas and institutionalizes cultural knowledge within an agency, institution or system
- Has the ability to adapt practice skills that fit the cultural context of the patient/client
- The achievement of cultural competence assures that clients/patients are treated with dignity and that cultural traditions and values that can impact healthcare are identified and treated respectfully.
Cultural Competency also involves Cultural Sensitivity. Peer Workers should be aware of:

Trauma Informed Care

- Recurring painful experiences or non-life-threatening events can impact clients physically, emotionally, behaviorally and cognitively
- A high level of trauma experiences effect treatment adherence and health outcomes
- A greater number of traumas and other stressful life events have shown to predict a faster progression of HIV to AIDS and the development of opportunistic infections and death.
- Peer Workers should take care to be aware of the trauma histories of clients, and also how they are impacted by the trauma of clients- and seek support and self-care when appropriate or necessary to avoid burnout and compassion fatigue

Remember the Guiding Principles of Trauma Informed Care to support client resilience:

- Safety - Ensuring physical and emotional safety for clients and staff.
- Trustworthiness - Maximizing trust, ensuring clear expectations and consistent boundaries.
- Choice - Making patient choice and control a priority.
- Collaboration - Sharing power with clients, working together.
- Empowerment - Making client empowerment and skill building a priority.
LGBTQ CULTURAL COMPETENCY

- Peer Workers should work to build knowledge, understand attitudes and enhance skills to deliver culturally competent services to the diverse range of lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) clients.
- Peer Workers should create a welcoming and safe environment for LGBTQ clients and identify communication skills needed for effective engagement of the wide range of LGBTQ clients at risk for, or living with, HIV, STIs or Hepatitis C.

Peer Workers need to know who their LGBTQ clients are to:

- Improve Service Delivery
- Increase knowledge
- Encourage Trust
- Patients/clients who don’t come out to their providers are more likely to LIE or LEAVE.

Best Practices for Asking About Sexual Orientation and Gender Identity

- Ask questions in open and non-judgmental manner
- Explain that all staff at your agency routinely ask these questions of all patients/clients
- Ask with clear voice and open body language
- Let client take lead on eye contact
- Be aware you may be observed by LGBTQ clients who may be watching for signs of acceptance or denial
- Make eye contact at time of asking questions
- Explain the reason is for promoting health and wellbeing for all clients
- Be patient in waiting for answers
- Make efforts to ensure surroundings indicate safety. Use LGBT-friendly posters, etc.
- Demonstrate real interest in the client’s responses.

When You are Working with a Transgender Client for the First Time:

- Ask what they prefer to be called and use that name
- Ask about their pronouns and names for body parts
- Avoid invasive and unnecessary questions
CONFIDENTIALITY

- Peer Workers should be knowledgeable about their legal requirements for maintaining confidentiality of protected health information and other records.
- Peer Workers are bound by the same confidentiality laws as every other health or human services provider.
- All health information obtained by a Peer Worker in the course of doing their work must be kept confidential, even after they leave their job.
- Information about a client may be shared by providers within the facility (on the same care team). In order to share information externally, a signed confidentiality release is needed.
- Peer Workers should inform people they serve that information they share with the peer worker may become part of their record and may be shared with other members of the individual’s care team or others as required by law, safety or agency policy.
- Additionally, Certified Peer Workers must abide by Mandatory Reporting standards established by regulatory and/or agency policy.
BEING A CARE TEAM MEMBER

- Peer Workers may work as member of multi-disciplinary team to retain participants in care by addressing barriers to the provision of service delivery and needed supportive services for participant- Participate!
- Get involved! A Peer Worker’s perspective is unique and valuable. Peer Workers convey their point of view in a respectful way when working with colleagues.
- Peer Workers recognize the limits of their knowledge and seek assistance from others when needed
- Certified Peer Workers learn about the roles of other members of the care team and colleagues as appropriate. They work to maintain positive relationships with team members and colleagues and treat them with professional courtesy and respect.
- Peer Workers view themselves as professionals and demonstrate respect for the important work they do

**Best Practice for Being an Effective Team Member**

- Know the roles and responsibilities of each team member
- Demonstrate respect for each role and person
- Encourage the participant to value the role of each provider
- Encourage participants to resolve any issues directly with provider
- Share updates about the participant in accordance with agency policy
SUPERVISION

- Peer Workers utilize supervision and abide by the standards for supervision established by the NYS DOH AIDS Institute, regulatory body, and/or their employer.
- Peer Workers recognize their own vulnerabilities and emotional responses to work-related matters and identifies strategies for managing the situation, including asking for help from supervisor(s) and/or other supports.
- Peer Workers must recognize the limits of their knowledge and seeks assistance from supervisor, other staff, or other available supports when needed.
- Peer Workers never engage in romantic, sexual or intimate activities with the clients in their caseload and follow all relevant agency policies. Peer workers do not enter into business or any other type of relationship considered inappropriate. Certified Peer Workers will report any incidents that may be considered unprofessional to appropriate supervision.

<table>
<thead>
<tr>
<th>Why is supervision important?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides access to support and guidance</td>
</tr>
<tr>
<td>Helps build the worker's skills and knowledge</td>
</tr>
<tr>
<td>Opportunity to get positive feedback</td>
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<tr>
<td>Provides other viewpoints/insights into your work</td>
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<td>Person to turn to for help if you need it</td>
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<td>Helps you do the best that you can for clients</td>
</tr>
<tr>
<td>Connection to person higher up in the organization</td>
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<tr>
<td>Supervisor approval of your activities protects you</td>
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<tr>
<td>Tracks professional development and progress</td>
</tr>
<tr>
<td>Prevents burnout and address job-related stress</td>
</tr>
</tbody>
</table>
RECEIVING FEEDBACK

Welcome feedback: Your powers of self-perception only go so far. People around you notice things, both positive and negative. Feedback gives you the opportunity to learn. Remember to keep the feedback in perspective.

Try not to respond to constructive feedback defensively: Take time to assess the feedback before taking action. Make sure you get specific examples that support the feedback. Arguing or justifying your position reflect negative emotions and make the conversation more challenging than it needs to be.

Listen: Ask questions to be sure you understand what is being said. For example, "So am I right in hearing you say that I need to manage my time better?" You may also want to ask for an example to better understand what is meant.

Feedback is a two-way street: Discuss with your supervisor what you think he/she does to support your job performance and what he/she could do differently to enable you to do a better job. Ask your supervisor for help with obstacles or roadblocks.

Compare Feedback: Be open to getting feedback from your supervisor, co-workers and clients. If you see that you get similar feedback from multiple sources, then it becomes especially important to strongly consider the feedback.

Evaluate the feedback: Being open to receiving feedback does not mean that you must accept all feedback as valid. A good practice is to be open to hearing the feedback and avoid reacting when it is given. If over time, you reflect on the feedback and decide that you do not think it is valid, you may decide to just “file” that feedback. Know that, in the end, you are in charge of what you do with the feedback.
BOUNDARIES

Peer Workers should set boundaries with clients, and clearly communicate them to the client up front.

- **Clear boundaries help peer workers:**
  - understand the limit of what they should try to do for a client
  - avoid stepping in where they should not
  - avoid disclosing information to the client that they should not
  - prevent job burnout
  - avoid situations that could become problematic
  - minimize the amount of time spent thinking about clients when not at work
  - improve job satisfaction

**Clear boundaries help clients:**

- be clear about what they can and cannot expect from the Peer Worker
- avoid feeling hurt or disappointed when unrealistic expectations are unmet
- avoid becoming dependent on the Peer Worker
- avoid situations that could become problematic
- improve their satisfaction with the peer services they receive

**Remember:**

- Certified Peer Workers do not accept gifts of money or items of significant value, as defined by the employer or agency, from the people they serve. Certified Peer Workers do not personally loan, give money or give items of significant value, as defined by the employer or agency, to the people they serve.
- Certified Peer Workers only provide services and support within the hours, days and locations that are authorized by their employer/agency. You may want to inform your clients about when and how they can and cannot contact you.

**Consult with your Supervisor about Boundary Issues**

Peer workers are encouraged to discuss with their supervisor any issues or concerns about maintaining appropriate boundaries with clients. If at any point a client behaves inappropriately or makes the peer worker feel uncomfortable in any way with regards to respecting boundaries, the peer work should talk about the issue with his or her supervisor.
PROFESSIONAL DEVELOPMENT

**Importance of Continuing Professional Development**

- Keep up with changes in information
- Become aware of changes in policy
- Build your existing skills
- Acquire new skills
- Network with other professionals
SELF CARE

- Certified Peer Workers have a commitment to their own HIV, HCV or behavioral health care and are actively engaged in maintaining their physical, mental and emotional wellbeing.

The World Health Organization's 1998 definition of Self-care is as follows: ‘Self-Care is what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure etc), environmental factors (living conditions, social habits, etc.) and socio-economic factors (income level, cultural beliefs, etc.).

<table>
<thead>
<tr>
<th>Healthy and Unhealthy Responses to Stress</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Responses</td>
<td>Unhealthy Responses</td>
</tr>
<tr>
<td>Talk to a friend</td>
<td>Eating mindlessly</td>
</tr>
<tr>
<td>Exercise, walking, swimming, jogging, sports</td>
<td>Drinking alcohol, getting drunk</td>
</tr>
<tr>
<td>Church, meditation, prayer, yoga</td>
<td>Shopping, spending money you don’t have</td>
</tr>
<tr>
<td>Time in nature</td>
<td>Substance use</td>
</tr>
<tr>
<td>Spend quality time with family</td>
<td>Gambling</td>
</tr>
<tr>
<td>Movie, TV, sporting events</td>
<td>Risky sex</td>
</tr>
<tr>
<td>Affirmations</td>
<td>Blaming yourself for the stress</td>
</tr>
<tr>
<td>Reiki, massage, spiritual healing</td>
<td>Anger, treating others badly</td>
</tr>
<tr>
<td>Talk with minister or other helper</td>
<td>Withdrawing</td>
</tr>
<tr>
<td>Practice letting go</td>
<td>Depression, excessive sleep</td>
</tr>
<tr>
<td>Reading, self-help books, self-help exercises</td>
<td>Lashing out at others</td>
</tr>
</tbody>
</table>

- Peer Workers must develop awareness of and manage their own personal biases and triggers when dealing with clients, as required for their specific worksite.
- It is important for Certified HIV/HCV/HR Peer Workers to consider the challenges and benefits of peer work, both before employment and periodically after being certified, to learn techniques for coping, ensure that barriers are overcome and avoid disruptions in employment.

Challenges to Being a Peer Worker

- Work-related stress
- Role Change (From Client to Employee)
- Less time for own needs
- Put off own appointments, self-care, etc.
- Difficult to make own appointments during work hours
- Attend fewer NA/AA Meetings
- Ethical concerns
- Patients’ issues bring up own issues
- Negative attitudes/prejudice toward peers
- Own side effects and medical issues may impair ability to perform
- Unemployment or employment gaps make transitioning to work more difficult
- Lack of peer network and social support for work
- Impact of work on benefits
- Reluctance to accommodate to the challenges of a worker with chronic disability

**Benefits to Being a Peer Worker**

- Better relationship with providers
- Improved treatment adherence for HIV
- Improved own access to healthcare services
- Higher rates of HIV viral suppression
- More engaged with treatment regimen
- Improved self-confidence, emotional & financial stability and life satisfaction
- More interested in future career opportunities
- Improved family & social connections

In general, health and human services providers may have the strongest emotional reactions when working with clients who are facing issues or challenges that are similar to the issues or challenges that they have faced in their own lives.

When a Peer Worker has “unfinished personal business” around a specific issue that a client is facing, he or she should pay close attention. This is a situation where there is a strong likelihood of an emotional reaction.

**Remember: When in Doubt, Ask Your Supervisor.** Your Supervisor is a valuable asset and source of support.

- Peer Workers must learn to recognize their own vulnerabilities and emotional responses to work-related matters and identifies strategies for managing the situation, including asking for help from supervisor(s) and/or other supports
- Peer Workers must recognize the limits of their knowledge and seek assistance from supervisor, other staff, or other available supports when needed

**Signs that a Peer Worker is being triggered by something that a client is going through:**

- Becoming judgmental / disappointed in a client
- Feeling "spaced out", not paying attention
- Having a strong emotional reaction or "flashback" to Peer Worker's own experience
- Can't stop thinking about situation
- Feeling so involved that "neutrality" is lost
- Loss of good judgement in the situation
- Effects the person beyond work, in personal life
HIV SPECIALIZED COMPETENCIES

HIV TESTING

HIV Testing Law:

- Required to offer routine testing to all ages 13-64, regardless of risk
- Only Oral Consent is necessary for rapid tests
- Patients must be provided the key points about HIV prior to HIV test

2014 Update: Oral Consent and Linkage to Care

- Permits streamlined oral consent to HIV testing, except in correctional settings where consent must be in writing
- Authorized health department staff are permitted to use information obtained through case reporting system to follow-up with medical providers regarding linkage to care and retention in care, but information is still confidential

Consent for Testing:

- HIV testing consent may be obtained ORALLY
- Except in corrections settings where written consent is required
- Documentation of the test should be noted in the patient’s medical chart or client file by the person ordering the test
- Patient must be given opportunity to decline testing

Key Points of Information to Provide Before HIV Testing:

- HIV is the virus that causes AIDS and can be transmitted:
  - through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV;
  - by contact with blood of someone with HIV as in sharing needles (piercing, tattooing, injecting drugs); and
  - by HIV-positive women to their infants during pregnancy or delivery, or while breast feeding.
- The law protects the confidentiality of HIV test results and other related information.
- The law prohibits discrimination based on an individual’s HIV status and services are available to address discrimination.
- An individual’s consent for HIV testing is valid for repeated testing until consent is revoked by the person or expires.

- Peer Workers may use a testing to share his/her personal experiences in a strategic manner to demonstrate to the client the importance of knowing one’s HIV status

*HIV post-test messages must be tailored to status.*
For clients with a preliminary positive rapid HIV test result:

- A rapid test or an ELISA (EIA) test is a preliminary positive,
- Additional laboratory testing is needed to confirm for sure that the individual is infected with HIV
- It helps to have the individual verbalize their understanding of the preliminary test result
- A peer worker may want to offer accompaniment, and support to access confirmatory testing
- The client will need a follow up appointment to receive his/her final test result

For clients with a confirmed positive HIV test result:

- Peer Workers may offer to join the client and HIV testing provider in the session where the client is told he or she has confirmed HIV infection
- Peer Workers should:
  - Help to explain available medical treatments, with emphasis on the benefits of ART and the importance of viral suppression
  - Emphasize the important benefits of accessing and staying in medical care
  - When applicable, use his or her experience with engagement and linkage to care and HIV treatment options to help the client understand that he or she can live a healthy life with HIV
  - Remember the Confidentiality of HIV-related information

Peer workers may offer linkage to counseling to cope with:

- the emotional effect of learning the result
- potential discrimination as a result of disclosure of the test result
- behavior change to prevent transmission of HIV
- It is the responsibility of provider to make an appointment for follow-up medical care, but a peer worker may assist the client in doing so
- An appointment for HIV care must be scheduled within 30 days
- Explain the importance of partner services and make an effective referral to the appropriate partner services program
- Regulations emphasize the requirement that known contacts, including a known spouse, will be reported and that the HIV-positive person will be requested to cooperate in contact notification efforts and may name additional contacts they wish to have notified with the assistance of public health officials, or possibly with the peer worker.
- If the client is pregnant, this may be an opportunity to discuss the importance of treatment and adherence for the prevention of perinatal transmission
- FYI- NYS law requires both HIV and AIDS diagnoses to be reported to NYS DOH (by the provider, NOT the Peer Worker)
For clients with a negative or indeterminate test result:

- Post-test information for negative results does not have to be provided face-to-face
- A negative result and information may be provided by mail, electronic messaging or telephone as long as patient confidentiality is reasonably protected
- **The window period** is the length of time after infection but before an HIV test is able to detect the presence of infection

The Need for Retesting

- If a person engages in risk behaviors during the window period, they will need to retest for HIV.

Window periods for different test:

- 12-14 days with 4th generation HIV tests
- 3-4 weeks with rapid antibody tests

- There are risks associated with participating in sexual and needle-sharing activities that can result in HIV infection, so a harm reduction approach should be used to help client choose options for reducing risk of infection

- Peer Workers may refer and link clients to a range of prevention services

Linkage to effective treatment of HIV:

- Prolongs life
- Delays progression to AIDS
- Reduces:
- Hospitalizations
- Opportunistic infections
- Drug resistance
- Greatly reduces the spread of HIV (less infectious)

- Peer workers should learn and know the location and functioning of syringe exchange program and ESAP (which provides clean needles) to all clients who use drugs
ENGAGEMENT, LINKAGE AND RETENTION IN CARE

- Peer Workers strategically use their personal experience of HIV treatment to explain the importance of participating in HIV health care.
- Peer Workers may be responsible for:
  - Conducting outreach to people at risk for or living with HIV/HCV in the community
  - Meeting and greeting clients who are new to the organization
  - Providing a tour of the health care facility, introducing the client to appropriate staff, the location of reception, waiting rooms and exam rooms.
- Regular HIV care appointments are important for proper antiretroviral treatment, monitoring the immune system and viral load.
- Peer Workers can help clients to identify challenges and obstacles to making and keeping appointments, which can include:
  - Feeling overwhelmed with new diagnosis or multiple appointments
  - Feeling nervous about visiting a new service or provider
  - Confidentiality concerns
  - Financial, Insurance, or Benefit problems
  - Transportation issues
  - Managing multiple medical and psychosocial issues.
- Peer Workers can help clients’ problem-solve in response to these challenges utilizing their own experience, agency and community resources.
- Peer Workers can provide coaching on communicating with providers, planning for appointments and follow-up (new medications, equipment, information, etc.)
  - Any other facility-specific information needed to have a successful appointment.
- Peer Workers may initiate contact with clients who have missed appointments, discontinued care or who have yet to engage in health care services.

Elements that Should Be Communicated To Promote Appointment Attendance

Provide **verbally and when possible in writing**, the following information:

- Appointment date and day of the week
- Appointment time and information about whether to arrive prior to the designated time
- Facility name, address, specific room number or clinic name
- Directions to the facility and directions to find the specific room or clinic space
- Provider name
- Information about what to bring to the appointment
- Information about any lab work that should be completed prior to the appointment and how long before the appointment the lab work should be drawn in order to have the results available in time for the appointment
- Any other facility-specific information needed to have a successful appointment.
Best practices for promoting appointment attendance and Cancelling / Rescheduling Appointments:

- **Don’t Just Book It!** Assist the client with his/her personal calendar to make sure that you will have the time to make and keep the appointment. And make sure to check all other important commitments (personal and professional) so they will not interfere with your appointment time (prior or during the appointment).
- Inquire if there are family members who need their care. To the extent possible help the client consider how to arrange for someone to take their place for those duties while at the appointment.
- Provide help/coaching in writing down the exact address of the appointment, including the specifics such as: floor, suite, nearby landmarks.
- Help in figuring out the best method of transportation and discuss what resources you will need to make sure you will be able to have access to it. When needed, accompany the client.
- Assist clients in identifying a key contact person at the clinic.
- Coach the client in how to write down questions or concerns that he or she would like to discuss with their doctor so their time is well spent.
- If the client has special questions / concerns that you think may take more time than is available during the visit, help the client identify other resources to answer the questions including contacting the office to discuss those issues in advance.
- For visits to new providers mention the importance of bringing any health related important information such as previous laboratory test, prescriptions, etc.
- Stress the importance of keeping appointments to make certain that they stay in good health.
- Offer to meet and greet clients who are new to the agency/clinic.
- A peer worker may make follow-up calls regarding attendance at health care appointments including:
  - reminding clients of an appointment;
  - exploring reasons for missing an appointment;
  - assisting clients with re-scheduling an appointment

A Peer Worker can assist clients with cancelling and rescheduling appointments including but not limited to the following elements:

- Explaining that clinic staff appreciate advance notice of appointment cancellations in order to allow them to deal with clinic flow and meet the needs of other patients.
- Explaining/informing the client about the importance of cancelling an appointment well in advance, for example at least 48 hours before the appointment whenever possible.
- Coaching/practicing with the client on how to conduct cancelations using the clinic’s preferred method (e-mail, phone calls, etc.).
- Helping the client understand reasonable expectations regarding how soon a new appointment can be rescheduled.
- Peer Workers should receive permission from a client before leaving any information that might suggestion the client’s HIV status via phone or voicemail, mail, or at a person’s home.
When necessary, Peer Workers may help the client by taking an active role cancelling and rescheduling appointments. However, Peer Workers should be careful to avoid “enabling” clients and should help clients assume higher levels of responsibility for their appointments.

- Based on knowledge of the facility practices, a peer worker explains to the client what to expect during his or her first HIV medical appointment, including physical exam, lab work and interactions with staff

- Peer Workers may accompany clients to health care appointments in accordance with job description and agency policies

**Important Considerations during Home Visits**

In the course of assisting clients with patient navigation, HIV Peer Workers may be required to make client home visits.

- Home visits might be conducted for one or more the following reasons:
  - To locate a client who has not been participating in health care
  - To meet a client in the process of escorting him or her to a visit
  - To assist with some aspect of self-management
  - Because the patient’s home is a convenient place to meet and talk

A home visit can provide a Peer Worker with important information about the living conditions of a client. In some cases, clients most in need of Patient Navigation services may be those who are most economically disadvantaged. As such, Peer Workers may make visit clients who are housed in marginal or unsafe housing conditions.

Some of the issues that a Peer Worker can pay attention to and document during a home visit include:

- Overall safety issues in the home
- Heating and/or air conditioning issues that can impact client health
- Presence or absence of a refrigerator
- Presence or absence of food in the home
- Presence or absence of running water in the home
- Presence or absence of working bathroom facilities

During home visits, Peer Workers should be prepared to:

- Assess and respond to client’s needs
- Maintain professional boundaries
- Maintain Peer Worker’s own sense of safety
- Document the events during the home visit
- Discuss with supervisor

- **Peer Workers promote viral suppression...**
- Linkage to and Retention in Care + Treatment Adherence = Viral suppression
- Viral Suppression/Undetectable Viral Load = Improved health outcomes for client + Reduction of Transmission to Partners
- *All of which supports the goals and outcomes of Ending the Epidemic*

- Peer Workers reach out to engage clients across the whole continuum of the treatment process

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*Health Resources and Services Administration (HRSA) continuum of HIV care, describing the spectrum of engagement in HIV care.*

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Viral Suppression: “Viral Suppression” equals “Undetectable Viral Load.” In plain language, this is when antiretroviral therapy (ART) reduces a person’s viral load (HIV RNA) to an undetectable level. This leads to better health outcomes and reduces the chances of transmitting the virus to a partner.

Viral suppression does not mean a person is cured; HIV still remains in the body.

HART/ART: Highly Active Antiretroviral Therapy. Sometimes referred to as combination therapy or “Drug Cocktails.” You can help your clients get a basic idea of how ART works by addressing the following:

1. **ART blocks HIV reproduction:** There are medicines that block HIV from doing what it needs to do at almost every step in the reproductive process: Blocking attachment, blocking the making of DNA, blocking the integration of HIV DNA into the CD4’s DNA, blocking the maturation of new viral particles.

2. **ART uses multiple medications in combination:** The strategy is to use at least three medications that block at least three different points in the HIV reproduction cycle. This way if a virus gets past one medicine, there are still two more that can block it at other points in the process.

3. **When to Start ART:** The 2015 HIV Treatment Guidelines state that **all PLWHAs should be evaluated for and offered ART regardless of their CD4 levels.** Treatment should be recommended at all levels of CD4s. The benefits of early treatment include:
   a) The earlier you start ART, at higher levels of CD4 T-Cells, the stronger your immune system stays
   b) The earlier you start treatment, the fewer side effects you will have
   c) The earlier you start treatment the better your quality of life will be
   d) The earlier you start treatment, the lower the risk of passing HIV to others.

**ART is working when the client sees:**

- Decline in viral load
- Rise in CD4s.
- Reduction or elimination of symptoms

**What is Treatment Adherence?**

- Taking the correct medications;
- Taking medications at the prescribed time every day (on schedule);
- Taking the full dose as prescribed;
- Following any dietary restrictions (i.e., with or without food); and
- Avoiding herbs, supplements and other medications that cause interactions.

In order for antiretroviral drugs to work correctly, they need to be taken exactly as prescribed. This means taking the correct number of pills, capsules or tablets each day, taking them a certain number of hours apart, and following any dietary requirements.

Understanding dosing schedules is the first step to good adherence. A dosing schedule is how often a drug must be taken during the day. Some antiretrovirals must be taken twice a day and others once a day.

- Clients are sometimes nervous that if they miss just one dose, their HIV will become resistant to the drug.
- It’s helpful to reassure clients that missing an occasional dose isn’t the problem. Drug resistance develops when doses are missed regularly!

Peer Workers should appreciate and acknowledge to clients that taking medications and adhering to complicated regimens is difficult – often extremely difficult. It’s also important that peer workers acknowledge that adhering to HIV treatment is a life-long commitment.

**Why Adherence Matters**

- In order to inhibit HIV from reproducing, the proper amounts of medication must get into the body.
- Specifically, the drug needs to be at the proper level in the blood. Technically this is known as the inhibitory concentration (IC).
- To keep drug concentration at the right amount in the blood, the drugs must be taken correctly.
- If the concentration is allowed to drop, HIV will reproduce unimpeded.
- If this occurs too often, HIV can mutate and develop drug resistance to antiretrovirals. This means that HIV will be able to reproduce even if the medication or medications are present.
- Since each antiretroviral is different, a person can develop resistance to the drug in his/her combination or to the whole combination, depending on the antiretrovirals being taken and how adherent the patient is to each antiretroviral in the combination.

**Bottom line:** Adherence to antiretroviral therapy lowers viral load (significantly slowing down HIV replication) and delays HIV disease progression, leading to longer life and a better quality of life. Not taking ART medication regularly can result in: 1) poorer health, 2) the medications not working as well, 3) reduced options for future treatment, and 4) increased likelihood of transmitting the virus to partners

- Peer Workers can use their experience of HIV treatment options and adherence to motivate the client and demonstrate that a high level of adherence is achievable

- Peer Workers reinforce the client’s understanding of HIV-related lab results, including the meaning of viral load and CD4 count
  - Viral Load = the measure of the amount of HIV in ml of blood, the goal of HIV treatment is to lower this to and undetectable level.
- CD4 Count = the measure of # of CD4 cells found in cubic mm of blood, and the best way to measure the strength of the immune system, the goal of HIV treatment is to increase CD4 count
- These labs indicators should be measured at diagnosis and every 6 months after for those clients with a strong immune system

- Peer Workers work as part of the multi-disciplinary clinical team to provide tools and strategies using a client-centered approach to support clients in taking their medications every day as prescribed

Factors That Can Negatively Affect Adherence to Treatment
- Fear of known or suspected side effects
- Feeling sick from side effects
- Work or travel schedules that complicate taking their medications
- Treatment for other conditions that mean the client has many pills to take at different times, some with and some without food
- Ingrained, routine lifestyle behaviors (such as sleeping and eating schedules) that get in the way
- Mental health problems, especially depression
- Emotional distress
- Abuse of substances such as illicit drugs and heavy alcohol consumption
- Trouble making appointments or taking ART due to issues in which the client is a caretaker (taking care of children, parents, or other family members, for example)
- Not understanding why it’s important to take the medications on schedule
- Lack of constructive, positive communication with their primary care provider
- Lack of constructive, positive communication with their Peer Worker
- Distrust of healthcare professionals generally
- Lack of access to health care
- Lack of a social support system
- Financial problems
- Lack of stable housing
- Being in and out of jail
- The belief that ART has no value
- The belief that ART is harmful
- Fear of disclosure of HIV status
- Effects of stress and trauma
- Denial of their HIV status

Factors That Can Positively Affect Adherence to Treatment
- Teamwork – medical providers, Peer Workers, pharmacists, etc. working together
- A strong belief that ART is beneficial
- Understanding why it matters that medications are taken as prescribed
- Constructive, positive communication with their primary care provider
- Constructive, positive communication with their Peer Worker
- Simpler treatment regimens
• Advance preparation for the possibility of side effects & side effect management strategies.
• Routine behaviors (going to bed, getting up, mealtimes, etc.) that coincide with the dosing schedule
• Treatment for depression and other mental health issues (if applicable)
• Enrollment in substance use treatment program (if appropriate)
• Secure housing
• Employment
• Conscious awareness that they have decided that behavior change (adhering to treatment) will be beneficial
• Identifying challenges to adherence and accepting the responsibility to initiate behaviors to overcome those challenges.
• Solid social support system (formal and informal) – family, friends, peers, treatment buddies
• Access to adherence aides such as pillboxes, beepers, alarms, etc.

• Peer Workers should consider the adherence readiness of a client, involves going through the process of evaluating personal psychological, emotional, and logistical factors both before the client begins ART and while she/he is on treatment.
  o Treatment is most successful if the client is ready to participate in his or her treatment protocol. Peer Workers can help clients talk with their primary care providers about the client’s readiness to take medications.

• Refer clients back to health care providers to discuss any issues (i.e., side effects) that may be affecting his or her ability to adhere to a treatment regimen –
  o Remember, it is not the role of the Peer Worker to offer advice to the people they serve to change prescribed medications or therapies in any way. Certified Peer Workers actively encourage and assist the people they serve to direct concerns about their prescribed medications or therapies to the prescribing provider or other healthcare professional.

Stages of Change:
1. Pre-Contemplation (Not Considering It)
2. Contemplation (Thinking About It)
3. Preparation (Planning To Do It)
4. Action (Doing It)
5. Maintenance (Staying With It)
6. Return or Relapse (Stopped Doing It)

• The stages of change model are not a purely linear model.
• People move from one stage to the next at their own pace, can go backwards to a previous step in the process, and can relapse at any time.
• An individual may be at different stages for different behaviors
• Relapse or return is a normal part of the process of change that is to be expected.
• Relapses help us learn how to make enduring change.
• Planning for barriers in the preparation stage and beyond can help prevent the likelihood of relapsing/slipping in the future.
• Social support is an important part of the process of change.
PATIENT NAVIGATION

HIV Peer Workers can play an important role in helping clients navigate and learn about the health care system as well as the broader service delivery system.

Meet and greet patients who are new to the organization

- The goal of the Peer Worker “meet and greet” is to welcome the client into care and personalize the experience of getting health care services.
- One of the elements that helps people with HIV (or any patient) become fully engaged in their health care is if they feel comfortable or “at home” in the facility where they are receiving care.
- When a Peer Worker “meets and greets” a new patient or a patient who has been absent from care, it serves to build a bridge between the facility and the patient.

Provide a tour of the facility

- The goal of providing a facility tour is to orient the new client to the space where he or she will be getting health care.
- One of the most intimidating aspects of our current health care system is that many facilities are large and can appear overwhelming.
- It is not unheard of that a new patient could arrive at a health care facility, get lost and leave the facility without ever getting to the appointment.
- The facility tour helps makes sure that never happens to a patient. The facility tour helps the client learn his or her way around the space so that he or she feels oriented to the space and confident about where to go.

Inform the new patient about available services and processes

- The goal of informing the client about available services and processes is to orient him or her to the full range of services available from the facility, including health care interpreters for patients who have limited English proficiency.
- In some cases, the health care facility may also offer case management or care management, behavioral health services, dental services, laboratory, pharmacy, X-ray or imaging, or other services.
- The Peer Worker should take time to review the process for greeting the receptionist, signing in, taking a seat in the waiting room, filling out needed paperwork, dealing with billing issues, scheduling the next appointment, etc.
- In cases where a client is an immigrant who is new to health care services in this country or has had limited access or experience with health care services, this will be invaluable.
Introduce the patient to appropriate staff

- The goal of introducing the patient to appropriate staff is to personalize the experience of HIV care and begin to foster a healthy relationship between the client and his or her health care team.
- This brief opportunity gives the client a visual image of the provider and helps take some of the mystery out of their initial appointment.

Provide the patient educational and organizational materials

- The goal of providing patient education and organizational materials is to share information and offer the client paper documents that “anchor” some of the information and messages that were provided during the facility tour.
- Providing educational materials that highlight the importance of HIV care and emphasize that HIV treatment is effective, easy to take and has few or manageable side effects can begin the process of patient education as well as prepare the client to make the most out of his or her health care appointments.
- Clients who are educated about HIV care are better able to adhere to their treatment and have a greater sense of comfort and confidence when talking with the health care provider. When providing educational and organizational materials to a client, the Peer Worker should briefly go over the documents and offer to respond to any questions about the materials the client may have at any time. In this way, the Peer Worker can open the door for further discussions.

In addition, Peer Workers may responsible for:

- Accompanying clients to community activities and appointments and participating in community activities with peers as assigned and approved by supervisor, being mindful of confidentiality
- Engaging providers from HIV treatment and other services to meet the needs of clients
- Sharing information about how to get to the facility via public transportation, car or walking
- Exploring any concerns the client may have regarding personal safety while getting to, or navigating around, the health care facility

Peer Workers who are not healthcare professionals should NEVER:

- Provide physical assessments, diagnoses, or treatments
- Order care, treatments, or medications
- Attend to or become involved in any direct patient care
- Provide physical, occupational, or speech therapy
- Offer opinions about any aspect of healthcare delivered within or external to the organizations
- Provide recommendations or opinions about doctors or healthcare organizations
CLIENT SELF-MANAGEMENT

- Peer Workers relate their own and/or others’ life experiences (while respecting privacy) to clients to inspire hope and empowerment
- Peer Workers model positive self-management behaviors
  - Remember, Peer Workers have a commitment to their own HIV, HCV or behavioral health care and are actively engaged in maintaining their physical, mental and emotional wellbeing
- Certified Peer Workers may work as part of the care team to:
  - Help the client develop self-management goals, provide coaching, track progress and celebrate meeting these goals.
  - Assist clients in voicing concerns or questions to members of the care team without enabling the client
    - If someone they serve expresses concern regarding another staff member or service provider, the Certified Peer Worker: a) shares strategies for improving the relationship, b) encourages the individual to discuss the concern with the provider, and c) if needed, informs the individual that he or she may bring the concern to the appropriate staff member or appropriate regulatory body
    - A Peer Worker should refrain from communicating to the people they serve any personal opinions or assessments of the quality of services offered at their facility or any other facility
  - Educate clients about health, wellness, treatment adherence, viral suppression, and available support services
  - Celebrate treatment adherence and viral suppression accomplishments
  - Validate client’s life experiences and feelings and celebrates client’s efforts and accomplishments
  - Recognize and responds to the complexities and uniqueness of each client’s process of treatment adherence and viral suppression, and tailors services and support to meet the preferences and unique needs of clients
  - Recognize and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use
    - Peer Workers respect the choices, rights and dignity of the people they serve. They never engage in any form of physical or psychological abuse or exploitation.
    - Peer Workers respect the right of the people they serve to make their own decisions and refrain from passing judgement on behaviors or decisions that are different from their own. Certified Peer Workers respect the autonomy of the people they serve and demonstrate respect regardless of the decisions the people they serve make.
    - Peer Workers appreciate and respect the cultural and spiritual beliefs and practices of the people they serve. Certified Peer Workers do not practice, condone, facilitate or collaborate in any form of discrimination on the basis of
ethnicity, race, gender, gender identity or expression, sexual orientation, age, religion, national origin, marital status, political belief, disability, other preference or personal characteristic, condition or state.

- Implements peer-run, evidence based self-management interventions as determined by the agency

A successful **client-centered approach** incorporates the following steps:

1. Conducting a personalized risk assessment
2. Supporting client-initiated behavior change
3. Helping the client recognize barriers to risk reduction
4. Negotiating an acceptable and achievable risk-reduction plan
5. Referring clients to other services, if needed

The manner in which services and information are provided is equally important to the steps of a client-centered approach. Prevention information and services should be:

- Culturally competent (i.e., program services provided in a style and format sensitive to cultural norms, values, and traditions that are endorsed by cultural leaders and accepted by the target population);
- Sensitive to issues of sexual identity;
- Developmentally appropriate (i.e., information and services provided at a level of comprehension that is consistent with the age and the learning skills of the person being served); and
- Linguistically specific (i.e., information is presented in dialect and terminology consistent with the client's language and style of communication).

By incorporating the above, providers are better able to reach the goals of a client-centered approach:

- To encourage clients to express their concerns;
- To allow clients to articulate what information they require;
- To provide clear and adequate information to empower clients to address their own needs;
- To give clients greater control of decision making (particularly important when talking about changes in behavior); and
- To reach joint decisions.
HARM REDUCTION, SYRINGE ACCESS AND HEALTH PROMOTION

The goals of **harm reduction** are:

- Support the empowerment and health of each client
- Reduce the risk of HIV, STIs, and viral hepatitis
- Reduce or eliminate the negative impact of substance use or sexual behavior

The harm reduction philosophy empowers clients and helps them identify ways they can change their behaviors to reduce their risk for infections and other negative health outcomes.

- For example, if a person is unwilling to stop having unprotected anal intercourse, then using lots of lubricant can be one way of decreasing the chance of a cut or tear in the anus that can create a portal of entry for HIV, STIs, and viral hepatitis.
- Another example might be to educate a person who injects drugs to clean the injection site with an alcohol pad to reduce the chance of local infections which can compromise the health of the user.

The harm reduction approach includes the following practices for Peer Workers:

- Acknowledge what motivates a client’s risk behaviors
- Understand that change is incremental and often cyclical
- Remember that small steps toward decreased harm are positive
- Although abstinence is included in the continuum of harm reduction, do not insist that it is the ultimate goal
- Provide non-judgmental and user-friendly services
- Let clients be responsible for their own behavior
- Ensure mutual respect between clients and Peer Worker

Peer workers should promote and provide referrals to a wide range of harm reduction, health promotion and social services including:

- syringe exchange,
- safer injection practices,
- opioid overdose prevention,
- counseling about alcohol use,
- safer sex practices, condom availability,
- smoking cessation,
- STD screening and treatment,
- PrEP.

- Peer Workers should continually educate themselves, by researching, developing and maintaining up-to-date information about community, health and other resources and services, both informal and formal
- Peer Workers should recognize signs of harm, crisis or distress that may interfere with treatment adherence and take action to engage the client and tell other members of the
care team and address the situation by using knowledge of local resources, services or client support.

- Peer workers should also:
  - Notice and respond to situations where suicide thoughts may be present
  - Recognize that invitations for help are often overlooked
  - Move beyond the common tendency to miss, dismiss, and avoid suicide
  - Apply the TALK steps: Tell, Ask, Listen, KeepSafe
  - Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help
SUPPORT GROUPS

- Peer Workers may be involved in and lead or co-lead a support group. They may be expected to:
  - Market the support group to recruit clients to join the group
  - Act as a liaison between peers and co-facilitator, to bridge gaps and ensure groups are meeting the needs of the participants

**Best Practices for Peer Workers Facilitating Support Groups**

- Lead by example by strategically sharing personal experience/stories
- Encourage active participation and client sharing of information
  - Don’t let anyone dominate the group
  - Allow everyone time to be heard
- Establish and enforce support group rules to ensure confidentiality and that the group is a “safe space” -- What happens in group stays in group!
- Make statements that show understanding, compassion, sympathy, and concern
- Encourage clients to listen and provide supportive feedback
SUPPORTIVE SERVICES

- Peer Workers work as part of multi-disciplinary team to identify supportive services that meet the needs of the clients and provide targeted referrals and linkages to essential support services outside of agency
- Peer Workers should educate clients about the range of behavioral health services and works to destigmatize these services
- Peer Workers may assist clients with making appointments for supportive services or arranges appointments for them. Peer Workers may also accompany clients to supportive service appointments in accordance with job duties and during scheduled work hours.

Supportive Services a Peer Worker should be aware of include:

**Psychosocial Assessment and Support Services** - Housing status; employment status; educational level; presence of family / social support system; living will; health care proxy; permanency planning for children

**Mental Health Assessment and Services** - Depression; anxiety; post-traumatic stress disorder; suicidal ideation; sleep and appetite problems; psychiatric history, including psychotropic medication

**Substance Use Assessment and Services** - Use of alcohol and other substances; possible effect of substance use on patient’s health; referral for treatment; harm reduction options; Syringe Exchange Programs and other options for obtaining new clean needles and syringes; and, options for obtaining new needles and syringes

**Partner Notification and Safer Sex** - Importance of disclosure to partners; options for partner notification; counsel that HIV transmission can occur during unprotected sex even if patient has undetectable viral load; safer sex options; condom use; avoiding use of non-oxynol

**Tobacco Use Assessment and Services** - Smoking status; the importance of stopping smoking; offer referral to smoking cessation program

**Reproductive Health** - Discuss family planning options; prevention of mother to child transmission of HIV; clinical guidelines for pregnant women living with HIV

**Domestic Violence** - All male and female patients should be asked about current or previous domestic violence; emphasize confidentiality; explain exceptions to confidentiality such as the provider’s responsibility to report child abuse.

**Diet and Exercise** - Importance of a healthy diet and regular exercise; diet and exercise and its impact on risk for diabetes, high blood pressure, lipid abnormalities; role of diet in managing medication side effects
CASE CONFERENCING

- Peer Workers work as member of multi-disciplinary team to retain clients in care by addressing barriers to the provision of service delivery and needed supportive services for client- Participate!
- Peer Workers should provide a brief summary of their work with the client, including reporting on psycho-social issues, barriers or facilitators to care
- Get involved! A Peer Worker’s perspective is unique and valuable. Peer Workers convey their point of view in a respectful way when working with colleagues.
- Peer Workers recognize the limits of their knowledge and seeks assistance from others when needed.

<table>
<thead>
<tr>
<th>Best Practice for Being an Effective Team Member</th>
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<tbody>
<tr>
<td>Know the roles and responsibilities of each team member</td>
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<tr>
<td>Demonstrate respect for each role and person</td>
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<tr>
<td>Encourage the client to value the role of each provider</td>
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<tr>
<td>Encourage clients to resolve any issues directly with provider</td>
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<tr>
<td>Share updates about the client in accordance with agency policy</td>
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</tbody>
</table>
Peer Workers should engage and encourage clients to play a role in facility-level QI activities, and participates in QI activities as part of their role as members of the care team.
  - Certified Peer Workers learn about the roles of other members of the care team and colleagues as appropriate. They work to maintain positive relationships with team members and colleagues and treat them with professional courtesy and respect.

Peer Workers themselves should also participate in QI activities as part of their role as members of the care team.

A Peer Worker represents the voices and perspectives of clients in the QI process.

Peer Workers participate in agency efforts to reduce and eliminate prejudice, stigma and discrimination against people who have HIV.
  - A Peer Worker’s ability to be open and honest about their status and share their story is one way for them to reduce stigma.

Peer Workers Actively participate in efforts to improve the organization
  - Peer Workers view themselves as professionals and demonstrate respect for the important work they do.
HEALTH COVERAGE

Peer Workers should know:

- New York’s Health Exchange website, entitled “New York State of Health- Official Health Plan Marketplace” (https://nystateofhealth.ny.gov/) is the place to visit to assess eligibility for health insurance coverage.

- AIDS Drug Assistance Program (ADAP) provides free medications for the treatment of HIV/AIDS and opportunistic infections.
  - Clients can contact ADAP at 1-800-542-2437

- Peer workers should have a basic understanding of how employment may affect his or her own benefits and coverage.
DOCUMENTATION AND RECORD-KEEPING

- It is important for Peer Workers to understand that record keeping and documentation is an important ethical requirement.
- Documentation helps protect the Peer Worker by having a record of what was done with each client.
- It is important to complete documentation in a timely manner or else the Peer Worker may not remember all of the details correctly.
- Peer workers respect the confidentiality of participant records and follows all agency policies for handling participant records
- Peer Workers document services provided to the participant in the participant record, in accordance with agency policies, including documenting referrals and follow-up activities
- Documents time and effort as needed for billing/ reimbursement practices, in accordance with agency policies

Peer Workers who are skilled at documentation think like a newspaper writer and try to summarize: Who, What, When, Where, Why

Documentation should be:
- Clear and brief
- Concise, precise
- Accurate and complete
- Readable (legible) – acceptable grammar

When writing case notes it is important to avoid using:
- Slang
- Abbreviations

Important Note: Peer Workers share information from their own life experiences with clients. It is not necessary to include in the client record your own personal information that you shared with the client.

Best Practice Tips:
- USE CLIENT QUOTES! Avoid “interpreting”
- Follow up with clients regarding things you have documented in the past
  - This is good health care and builds rapport between you and the client
CONTINUING EDUCATION

- Certified Peer Workers are required to follow the standard requirements for continuing education training as established by the certification body and/or their employer.
  - The AIDS Institute requires a minimum of 10 hours of continuing education training credits (of AI approved coursework) per year to maintain your certification, but your employer may require more or less for your employment.
SAMPLE QUESTIONS

1) **CHECK ALL** responses that would be considered a healthy and appropriate response to work stress.
   a) Talking to a friend
   b) Talking to a supervisor
   c) Complaining about a participant to a coworker in the waiting area
   d) Taking a walk on your lunch break
   e) Having a few drinks on your lunch break

   **Correct Answer: A, B & D are all correct**

2) How might you accurately explain the ultimate goal of HIV treatment to a client?
   a) Lower treatment adherence and raise drug resistance
   b) Lower treatment tolerance and raise drug competency
   c) Lower viral load and raise CD4 count
   d) Lower CD4 count and raise viral load

   **Correct Answer: C**