



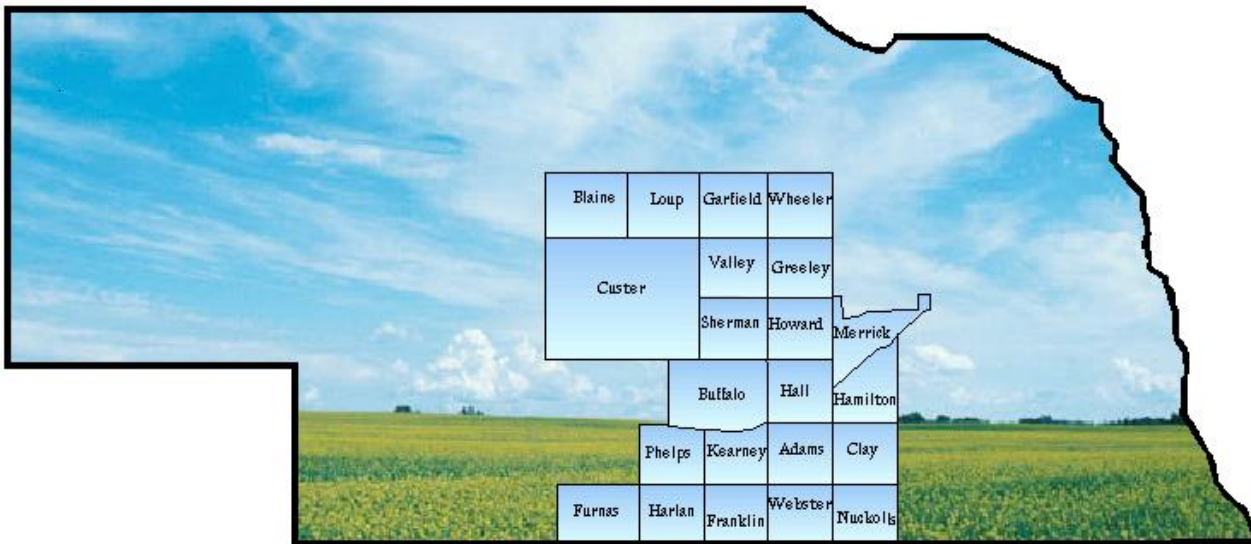
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INTERIM WAITLIST PACKET



The Mission of Region 3 Behavioral Health Services is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge.



Interim Waitlist Packet

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ALCOHOL AND DRUG USE DURING PREGNANCY

More than 90% of pregnant women take prescription or nonprescription (over-the-counter) drugs or use social drugs (such as tobacco and alcohol) or illicit drugs at some time during pregnancy. In general, drugs, unless absolutely necessary, should not be used during pregnancy because many can harm the fetus. About 2 to 3% of all birth defects result from the use of drugs other than alcohol.

Sometimes drugs are essential for the health of the pregnant woman and the fetus. In such cases, a woman should talk with her doctor or other health care practitioner about the risks and benefits of taking the drugs. Before taking any drug (including over-the-counter drugs) or dietary supplement (including medicinal herbs), a pregnant woman should consult her health care practitioner. A health care practitioner may recommend that a woman take certain vitamins and minerals during pregnancy.

Drugs taken by a pregnant woman reach the fetus primarily by crossing the placenta, the same route taken by oxygen and nutrients, which are needed for the fetus's growth and development. Drugs that a pregnant woman takes during pregnancy can affect the fetus in several ways:

- They can act directly on the fetus, causing damage, abnormal development (leading to birth defects), or death.
- They can alter the function of the placenta, usually by causing blood vessels to narrow (constrict) and thus reducing the supply of oxygen and nutrients to the fetus from the mother. Sometimes the result is a baby that is underweight and underdeveloped.
- They can cause the muscles of the uterus to contract forcefully, indirectly injuring the fetus by reducing its blood supply or triggering preterm labor and delivery

How a drug affects a fetus depends on the fetus's stage of development and the strength and dose of the drug. Certain drugs taken early in pregnancy (within 20 days after fertilization) may act in an all-or-nothing fashion, killing the fetus or not affecting it at all. During this early stage, the fetus is highly resistant to birth defects. However, the fetus is particularly vulnerable to birth defects between the 3rd and the 8th week after fertilization, when its organs are developing. Drugs reaching the fetus during this stage may have no effect, or they may cause a miscarriage, an obvious birth defect, or a permanent but subtle defect that is noticed later in life. Drugs taken after organ development is complete are unlikely to cause obvious birth defects, but they may alter the growth and function of normally formed organs and tissues.

The Food and Drug Administration (FDA) classifies drugs according to the degree of risk they pose for the fetus if they are used during pregnancy. Some drugs are highly toxic and should never be used by pregnant women because they cause severe birth defects.

Cigarette (Tobacco) Smoking: Although cigarette smoking harms both pregnant women and the fetus, only about 20% of women who smoke quit during pregnancy. The most consistent effect of smoking on the fetus during pregnancy is a reduction in birth weight: The more a woman smokes during pregnancy, the less the baby is likely to weigh. The average birth weight of babies born to women who smoke during pregnancy is 6 ounces less than that of babies born to women who do not smoke. The reduction in birth weight seems to be greater among the babies of older smokers.

Birth defects of the heart, brain, and face are more common among babies of smokers than among those of nonsmokers. Also, the risk of sudden infant death syndrome (SIDS) may be increased. A mislocated placenta (placenta previa), premature detachment of the placenta (abruptio placentae), premature rupture of the membranes (containing the fetus), preterm labor, uterine infections, miscarriages, stillbirths, and premature births are also more likely. In addition, children of women who smoke have slight but measurable deficiencies in physical growth and in intellectual and behavioral development. These effects are thought to be caused by carbon monoxide and nicotine. Carbon monoxide may reduce the oxygen supply to the body's tissues. Nicotine stimulates the release of hormones that constrict the vessels supplying blood to the uterus and placenta, so that less oxygen and fewer nutrients reach the fetus. Pregnant women should avoid exposure to secondhand smoke because it may similarly harm the fetus.

Caffeine: Whether consuming caffeine during pregnancy harms the fetus is unclear. Evidence seems to suggest that consuming caffeine in small amounts (for example, one cup of coffee a day) during pregnancy poses little or no risk to the fetus. Caffeine, which is contained in coffee, tea, some sodas, chocolate, and some drugs, is a stimulant that readily crosses the placenta to the fetus. Thus, it may stimulate the fetus, increasing the heart rate. Caffeine also may decrease blood flow across the placenta and decreases the absorption of iron (possibly increasing the risk of anemia). Some evidence suggests that drinking more than seven cups of coffee a day may increase the risk of having a stillbirth, premature birth, low-birth-weight baby, or miscarriage. Some experts recommend limiting coffee consumption and drinking decaffeinated beverages when possible.

Cocaine: Babies born to mothers who use cocaine often have problems, but whether cocaine is the cause of those problems is unclear. For example, the cause may be cigarette smoking, use of other illicit drugs, deficient prenatal care, or poverty.

Hallucinogens and LSD: Hallucinogens and LSD may, depending on the drug, lead to an increased incidence of spontaneous miscarriage, premature delivery, or fetal/neonatal withdrawal syndrome.

Opiates: Opiates, such as heroin, methadone, and morphine, readily cross the placenta. Consequently, the fetus may become addicted to them and may have withdrawal symptoms 6 hours to 8 days after birth. However, use of opiates rarely results in birth defects. Use of opiates during pregnancy increases the risk of complications during pregnancy, such as miscarriage, abnormal presentation of the baby, and preterm delivery. Babies of heroin users are more likely to be small.

Amphetamines: Use of amphetamines during pregnancy may result in birth defects, especially of the heart.

Marijuana: A new study has found that cannabis use by pregnant women has a significant negative effect on their babies' health. The study was carried out by the National Drug and Alcohol Research Center. It showed that cannabis smoking had a major effect. Cannabis use seemed to have quite a significant impact on the baby in terms of the baby's weight being lower and born more often prematurely. This places those babies at a disadvantage. The research suggests that if babies are born early and underweight it is an indicator for long-term negative outcomes, so they are significant indicators of someone who could well have problems later in life.

Illicit Drugs: Use of illicit drugs (particularly opiates) during pregnancy can cause complications during pregnancy and serious problems in the developing fetus and the newborn. For pregnant women, **injecting illicit drugs** increases the risk of infections that can affect or be transmitted to the fetus. These infections include hepatitis and sexually transmitted diseases (including AIDS). Also, when pregnant women take illicit drugs, growth of the fetus is more likely to be inadequate, and premature births are more common.

Alcohol: Drinking alcohol during pregnancy is the leading known cause of birth defects. Because the amount of alcohol required to cause fetal alcohol syndrome is unknown, pregnant women are advised to abstain from drinking any alcohol regularly or on binges; avoiding alcohol altogether may be even safer. The range of effects of drinking during pregnancy is great.

The risk of miscarriage almost doubles for women who drink alcohol in any form during pregnancy, especially if they drink heavily. Often, the birth weight of babies born to women who drink regularly during pregnancy is substantially below normal. The average birth weight is about 4 pounds for babies exposed to large amounts of alcohol, compared with 7 pounds for all babies. Newborns of women who drank during pregnancy may not thrive and are more likely to die soon after birth.

Fetal Alcohol Spectrum Disorders: Fetal alcohol spectrum disorders (FASDs) can cause serious disabilities that last a lifetime. They can affect how a person looks, grows, learns, and acts. But, FASDs are 100% preventable—if a woman does not drink alcohol while she is pregnant.

Fetal alcohol syndrome is one of the most serious consequences of drinking during pregnancy. Binge drinking as few as three drinks a day can cause this syndrome. It occurs in about 2 of 1,000 live births. This syndrome includes inadequate growth before or after birth, facial defects, a small head (probably caused by inadequate growth of the brain), mental retardation, and abnormal behavioral development. Less commonly, the position and function of the joints are abnormal and heart defects are present.

Babies or developing children of women who drank alcohol during pregnancy may have severe behavioral problems, such as antisocial behavior and attention deficit disorder. These problems can occur even when the baby has no obvious physical birth defects.

- FASD is a term that describes the range of effects that can occur in a person whose mother drank alcohol while pregnant. These effects can include physical and mental disabilities and problems with behavior or learning. Often, a person has a mix of these problems. The term FASD is not intended for use as a clinical diagnosis.
- People with an FASD often have problems with learning, memory, attention span, problem solving, speech, and hearing. They are at very high risk for trouble in school, trouble with the law, alcohol and drug abuse, and mental health disorders.
- FASDs include fetal alcohol syndrome (FAS), which causes growth problems, abnormal facial features, and central nervous system problems. Children who do not have all of the symptoms of FAS can have another FASD. These children can have problems that are just as severe as those of children with FAS.
- It is not known exactly how many people have an FASD. Studies by the Centers for Disease Control and Prevention (CDC) have shown that 0.2 to 1.5 cases of FAS occur for every 1,000 live births in the United States. Other studies using different methods have estimated the rate of FAS at 0.5 to 2.0 cases per 1,000 live births. Scientists believe that there are at least four times as many cases of FASDs as FAS.

There is no known amount of alcohol use that is safe during pregnancy. There is no known time during pregnancy when alcohol use is safe.

- All drinks with alcohol can hurt an unborn baby. A 12-ounce can of beer has as much alcohol as a 4-ounce glass of wine or a 1-ounce shot of liquor. Some drinks, like malt beverages, wine coolers, and mixed drinks, have more alcohol than a 12-ounce can of beer.
- A woman should not drink any alcohol if she is pregnant or planning to get pregnant. If a woman could become pregnant, she should talk to her doctor and take steps to lower the chance of exposing her baby to alcohol.
- FASDs last a lifetime—there is no cure. But if children with an FASD are identified early, they can receive services to help increase their well-being.
- FASDs are 100% preventable—if a woman does not drink alcohol while she is pregnant.

PRENATAL CARE

What is prenatal care?

Prenatal care is the health care that helps you have a healthy pregnancy and a healthy baby. Prenatal care starts with your first visit to a prenatal health care provider who is trained to take care of you and your baby during pregnancy.

What is pre-conception care?

Ideally, before becoming pregnant you should visit your health care provider for a complete physical exam including a pap smear. This visit is called pre-conception care. At this visit you will have a chance to discuss with your provider some changes that you can incorporate into your lifestyle for a healthier pregnancy. The following are some suggestions to consider prior to getting pregnant:

- Take a multivitamin supplement with folic acid daily beginning three months before a planned pregnancy
- Stop smoking and avoid second-hand smoke
- Stop drinking alcohol
- Do not use drugs
- Avoid stress
- Maintain healthy eating habits
- Get into good physical shape

A physician, physician's assistant, nurse, or midwife can provide components of prenatal health care. You should schedule your first prenatal care visit as soon as you confirm that you are pregnant, and preferably no later than three months into your pregnancy.

Why are prenatal care visits important?

Your prenatal care provider will share with you how you and your baby are making progress during the 40 weeks (9 months) of your pregnancy. They will also provide special care if you or your baby have any problems during your pregnancy, labor, or delivery.

During your prenatal visits you will learn what you can do to increase your chances of having a healthy pregnancy and baby. You will talk with your provider about how to maintain a healthy diet, how to exercise, and the steps and precautions to follow to develop a healthy baby. An important aspect of prenatal care is the information that is shared between the expectant mother and her prenatal care provider. This information affects both the care the expectant mother **receives, and how she takes care of herself.**

How often should I go to my prenatal health care provider?

In the 40 weeks of your pregnancy, you will visit your prenatal care provider between 9 and 13 times:

- During the first 28 weeks of your pregnancy, you will visit your health care provider at least once every 4 weeks.
- Between weeks 28 to 36, you will see your provider at least once every 2 or 3 weeks.
- In the last four weeks of your pregnancy (between 36 to 40 weeks), your visits will be once per week.
- It is very important that you go to every appointment.

Who Can Participate in My Prenatal Care?

Prenatal care is not just for you and your baby; the baby's father, family members, or close friends can participate and make you feel closer to the baby from the start. They can be with you to listen to the baby's heartbeat and during the ultrasound to see the baby, and in your prenatal visits to learn what is good for you to help you have a healthy pregnancy. Deciding to see a prenatal care provider is the best choice you can make for yourself and your baby.

For information on prenatal services in your community, call 1-800-311-2229 or contact your state or local Health Department. (Listing of Health Departments is included in this packet.)

Additional Resources

National Alliance for Hispanic Health
National Hispanic Prenatal Health Helpline
1-800-504-7081 (English and Spanish speaking)
PrenatalHelp@hispanichealth.org
<http://www.hispanichealth.org>

March of Dimes
1-800-925-1855
In English: <http://www.modimes.org>
En español: <http://www.nacersano.org>

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Sexually Transmitted Diseases

The Role of STD Detection and Treatment in HIV Prevention

Testing and treatment of sexually transmitted diseases (STDs) can be an effective tool in preventing the spread of [HIV](#), the virus that causes AIDS. An understanding of the relationship between STDs and HIV infection can help in the development of effective HIV prevention programs for persons with high-risk sexual behaviors.

Link Between STDs and HIV infection

Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons (Wasserheit, 1992).

There is substantial biological evidence demonstrating that the presence of other STDs increases the likelihood of both transmitting and acquiring HIV.

- **Increased susceptibility.** STDs appear to increase susceptibility to HIV infection by two mechanisms. Genital ulcers (e.g., [syphilis](#), [herpes](#), or chancroid) result in breaks in the genital tract lining or skin. These breaks create a portal of entry for HIV. Additionally, inflammation resulting from genital ulcers or non-ulcerative STDs (e.g., [chlamydia](#), [gonorrhea](#), and [trichomoniasis](#)) increase the concentration of cells in genital secretions that can serve as targets for HIV (e.g., CD4+ cells).
- **Increased infectiousness.** STDs also appear to increase the risk of an HIV-infected person transmitting the virus to his or her sex partners. Studies have shown that HIV-infected individuals who are also infected with other STDs are particularly likely to shed HIV in their genital secretions. For example, men who are infected with both gonorrhea and HIV are more than twice as likely to have HIV in their genital secretions than are those who are infected only with HIV. Moreover, the median concentration of HIV in semen is as much as 10 times higher in men who are infected with both [gonorrhea](#) and HIV than in men infected only with HIV. The higher the concentration of HIV in semen or genital fluids, the more likely it is that HIV will be transmitted to a sex partner.

How Can STD Treatment Slow the Spread of HIV Infection?

Evidence from intervention studies indicates that detecting and treating STDs may reduce HIV transmission.

- **STD treatment reduces an individual's ability to transmit HIV.** Studies have shown that treating STDs in HIV-infected individuals decreases both the amount of HIV in genital secretions and how frequently HIV is found in those secretions (Fleming, Wasserheit, 1999).
- Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious. It is critical that all individuals, **especially those with herpes**, know whether they are infected with HIV and, if uninfected with HIV, take measures to protect themselves from infection with HIV.
- Among individuals with both herpes and HIV, trials are underway studying if treatment of the genital herpes helps prevent HIV transmission to partners.

HIV

HIV is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

Symptoms of HIV Infection

The only way to know whether you are infected is to be tested for HIV. You cannot rely on symptoms alone because many people who are infected with HIV do not have symptoms for many years. Someone can look and feel healthy but can still be infected. In fact, one quarter of the HIV-infected persons in the United States do not know that they are infected.

AIDS

AIDS stands for acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infection. When someone has one or more specific infections, certain cancers, or a very low number of T cells, he or she is considered to have AIDS.

Spread of HIV

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

Risk Factors for HIV Transmission

You may be at increased risk for infection if you have:

- injected drugs or steroids, during which equipment (such as needles, syringes, cotton, water) and blood were shared with others
- had unprotected vaginal, anal, or oral sex (that is, sex without using condoms) with men who have sex with men, multiple partners, or anonymous partners
- exchanged sex for drugs or money
- been given a diagnosis of, or been treated for, hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD) such as syphilis
- received a blood transfusion or clotting factor during 1978–1985
- had unprotected sex with someone who has any of the risk factors listed above

In the health care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eyes or inside of the nose). There has been only one instance of patients being infected by a health care worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States.

Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (such as through air, water, or insects), the pattern of reported AIDS cases would be much different from what has been observed. For example, if mosquitoes could transmit HIV infection, many more young children and preadolescents would have been diagnosed with AIDS.

All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance, guidance, and laboratory support from CDC. *No additional routes of transmission have been recorded,* despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the common misperceptions about HIV transmission.

HIV in the Environment

Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. (See page 3, *Saliva, Tears, and Sweat*.) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies have unnecessarily alarmed some people.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions, therefore, it does not spread or maintain infectiousness outside its host.

Households

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings "including the home" to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown. For example,

- Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit.
- Cuts, sores, or breaks on both the care giver's and patient's exposed skin should be covered with bandages.
- Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately.
- Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.
- Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes. Dispose of needles in puncture-proof containers out of the reach of children and visitors.)

Businesses and Other Settings

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. CDC recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

In 1985, CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for health care institutions.

CDC knows of no instances of HIV transmission through tattooing or body piercing, although hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing (other than ear piercing) is relatively new in the United States, and the medical complications for body piercing appear to be greater than for tattoos. Healing of piercings generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.

Kissing

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during "French" or open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

Biting

In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.

Saliva, Tears, and Sweat

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

Insects

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects—even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect feces.

There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Two factors serve to explain why this is so—first, infected people do not have constant, high levels of HIV in their bloodstreams and, second, insect mouth parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

Effectiveness of Condoms

Condoms are classified as medical devices and are regulated by the Food and Drug Administration (FDA). Condom manufacturers in the United States test each latex condom for defects, including holes, before it is packaged. The proper and consistent use of latex or polyurethane (a type of plastic) condoms when engaging in sexual intercourse—vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including HIV infection.

There are many different types and brands of condoms available—however, only latex or polyurethane condoms provide a highly effective mechanical barrier to HIV. In laboratories, viruses occasionally have been shown to pass through natural membrane ("skin" or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception). Women may wish to consider using the female condom when a male condom cannot be used.

For condoms to provide maximum protection, they must be used *consistently* (every time) and *correctly*. Several studies of correct and consistent condom use clearly show that latex condom breakage rates in this country are less than 2 percent. Even when condoms do break, one study showed that more than half of such breaks occurred prior to ejaculation.

When condoms are used reliably, they have been shown to prevent pregnancy up to 98 percent of the time among couples using them as their only method of contraception. Similarly, numerous studies among sexually active people have demonstrated that a properly used latex condom provides a high degree of protection against a variety of sexually transmitted diseases, including HIV infection.

Preventing Transmission

Your risk of getting HIV or passing it to someone else depends on several things. Do you know what they are? You might want to talk to someone who knows about HIV. You can also do the following:

- Abstain from sex (do not have oral, anal, or vaginal sex) until you are in a relationship with only one person, are having sex with only each other, and each of you knows the other's HIV status.
 - If both you and your partner have HIV, use condoms to prevent other sexually transmitted diseases (STDs) and possible infection with a different strain of HIV.
 - If only one of you has HIV, use a latex condom and lubricant every time you have sex.
- If you have, or plan to have, more than one sex partner, consider the following:
 - Get tested for HIV
 - If you are a man who has had sex with other men, get tested at least once a year.
 - If you are a woman who is planning to get pregnant or who is pregnant, get tested as soon as possible, before you have your baby.
 - Talk about HIV and other STDs with each partner before you have sex.
 - Learn as much as you can about each partner's past behavior (sex and drug use), and consider the risks to your health before you have sex.
 - Ask your partners if they have recently been tested for HIV; encourage those who have not been tested to do so.
 - Use a latex condom and lubricant every time you have sex.
 - If you think you may have been exposed to another STD such as gonorrhea, syphilis, or *Chlamydia trachomatis* infection, get treatment. These diseases can increase your risk of getting HIV.
 - Get vaccinated against hepatitis B virus.
- Even if you think you have low risk for HIV infection, get tested whenever you have a regular medical check-up.
- Do not inject illicit drugs (drugs not prescribed by your doctor). You can get HIV through needles, syringes, and other works if they are contaminated with the blood of someone who has HIV. Drugs also cloud your mind, which may result in riskier sex.
- If you do inject drugs, do the following:
 - Use only clean needles, syringes, and other works.
 - Never share needles, syringes, or other works.
 - Be careful not to expose yourself to another person's blood.
 - Get tested for HIV test at least once a year.
 - Consider getting counseling and treatment for your drug use.
 - Get vaccinated against hepatitis A and B viruses.
- Do not have sex when you are taking drugs or drinking alcohol because being high can make you more likely to take risks.

To protect yourself, remember these ABCs:

A=Abstinence

B=Be Faithful

C=Condoms

HIV Testing

Once HIV enters the body, the body starts to produce antibodies—substances the immune system creates after infection. Most HIV tests look for these antibodies rather than the virus itself. There are many different kinds of HIV tests, including rapid tests and home test kits. All HIV tests approved by the US government are very good at finding HIV.

Finding a Testing Site

Many places offer HIV testing: health departments, doctors' offices, hospitals, and sites specifically set up to provide HIV testing.

You can locate a testing site by visiting the [CDC HIV testing database](#) or by calling CDC-INFO (formerly the CDC National AIDS Hotline) at 1-800-CDC-INFO (1-800-232-4636) 24 Hours/Day. You do not have to give any personal information about yourself to use these services to find a testing site.

TUBERCULOSIS (TB)

What is TB?

TB is short for a disease called tuberculosis. Tuberculosis (TB) is caused by a germ called *Mycobacterium tuberculosis* that is spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. When a person with infectious TB coughs or sneezes, droplet nuclei containing *M. tuberculosis* are expelled into the air. If another person inhales air containing these droplet nuclei, he or she may become infected. However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and active TB disease.

What is Latent TB Infection?

Persons with latent TB infection do not feel sick and do not have any symptoms. They are infected with *M. tuberculosis*, but do not have active TB disease. The only sign of TB infection is a positive reaction to the tuberculin skin test or special TB blood test. **Persons with latent**

TB infection are not infectious and cannot spread TB infection to others.

Overall, about 5 to 10% of infected persons will develop active TB disease at some time in their lives. About half of those people who develop active TB will do so within the first two years of infection. For persons whose immune systems are weak, especially those with HIV infection, the risk of developing active TB disease is considerably higher than for persons with normal immune systems.

Of special concern are persons infected by someone with extensively drug-resistant TB (XDR TB) who later develop active TB disease; these persons will have XDR TB, not regular TB disease.

A person with latent TB infection (LTBI)
Usually has a skin test or blood test result indicating TB infection
Has a normal chest x-ray and a negative sputum test
Has TB bacteria in his/her body that are alive, but inactive
Does not feel sick
Cannot spread TB bacteria to others
Needs treatment for latent TB infection to prevent TB disease; however, if exposed and infected by a person with multidrug-resistant TB (MDR TB) or extensively drug-resistant TB (XDR TB), preventive treatment may not be an option

What is Active TB Disease?

In some people, TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to active TB disease. Some people develop active TB disease soon after infection, while others develop active TB disease later when their immune system becomes weak.

The general symptoms of active TB disease include:

- Unexplained weight loss
- Loss of appetite
- Night sweats
- Fever
- Fatigue
- Chills

The symptoms of TB of the lungs include:

- Coughing for 3 weeks or longer
- Hemoptysis (coughing up blood)
- Chest pain

Other symptoms depend on the part of the body that is affected.

Persons with active TB disease are considered infectious and may spread TB bacteria to others. If TB disease is suspected, persons should be referred for a complete medical evaluation. If it is determined that a person has active TB disease, therapy is given to treat it. TB disease is a serious condition and can lead to death if not treated.

A person with active TB disease
Usually has a skin test or blood test result indicating TB infection
May have an abnormal chest x-ray, or positive sputum smear or culture
Has active TB bacteria in his/her body
Usually feels sick and may have symptoms such as coughing, fever, and weight loss
May spread TB bacteria to others
Needs treatment to treat active TB disease

You Can Prevent TB

What is TB?

TB is spread through the air from one person to another. TB germs are passed through the air when someone who is sick with TB disease of the lungs or throat coughs, speaks, laughs, sings, or sneezes. Anyone near the sick person can breathe TB germs into their lungs.

TB germs can live in your body without making you sick. This is called **latent TB infection**. This means you have only inactive (sleeping) TB germs in your body. The inactive germs cannot be passed on to anyone else. However, if these germs wake up or become active in your body and multiply, you will get sick with TB disease.

When TB germs are active (multiplying in your body), this is called TB disease. These germs usually attack the lungs. They can also attack other parts of the body, such as, the kidneys, brain, or spine. **TB disease** will make you sick. People with **TB disease** may spread the germs to people they spend time with every day.

How do I know if I have been infected with TB germs?

If you have been around someone who has **TB disease**, you should go to your doctor or your local health department for tests.

There are two tests that can be used to help detect TB infection: a skin test or special TB blood test. The skin test is used most often. A small needle is used to put some testing material, called tuberculin, under the skin. In 2-3 days, you return to the health care worker who will check to see if there is a reaction to the test. In some cases, a special TB blood test is given to test for TB infection. This blood test measures how a person's immune system reacts to the germs that cause TB.

To tell if someone has **TB disease**, other tests such as chest x-ray and a sample of sputum may be needed.

What should I do if I have TB?

If you have **latent TB infection**, you may need medicine to prevent getting **TB disease** later. Usually, only one drug is needed to treat latent TB infection. It is important that you take your medicine exactly as you are told.

TB disease can also be treated by taking medicine. It is very important that people who have **TB disease** finish the medicine, and take the drugs exactly as they are told. If they stop taking the drugs too soon, they can become sick again. If they do not take the drugs correctly, the germs that are still alive may become difficult to treat with those drugs.

It takes at least six months to one year to kill all the TB germs. Remember, **you will always have TB germs in your body unless you kill them with the right medicine.**

People who are more likely to get sick from **TB disease** include:

- people with HIV infection (the virus that causes AIDS);
- people who have been recently infected with TB (in the last two years)
- people who inject illegal drugs;
- babies and young children;
- elderly people;
- people who were not treated correctly for **TB** in the past; and
- people with certain medical conditions such as diabetes, certain types of cancer, and being underweight.

These things make your body weaker. When your body is weaker, it is difficult to fight TB germs.

Protect your family and friends from TB – Get tested and take all your TB drugs!

TRAUMA-INFORMED CARE

Trauma is the experience of physical or emotional abuse, sexual abuse, abandonment or neglect, war experiences, or having been in a tornado, flood or other disaster. An experience of trauma may have happened in early childhood or in adulthood. National community-based surveys finds that between 55% - 90% of us have experienced at least one traumatic event.

Common Reactions to Traumatic Experiences

When trauma becomes disabling it impacts your feelings, your thoughts, and your ability to manage your life. You might feel increased tension and anxiety or anger; you may use drugs or alcohol or engage in other harmful behaviors to make you feel better. Many persons with trauma histories also become substance abusers or have addictive problems such as gambling or overeating or promiscuous behaviors.

Studies on Trauma

One very famous study called the ACE Study (Adverse Childhood Experiences Study) looked at early childhood trauma and its effect later in life. It is determined that 90% of public mental health clients have been exposed to multiple physical or sexual abuse traumas.

Why Trauma Informed Care is Important

Behavioral Health Service Systems become trauma informed by thoroughly incorporating, in all aspects of service delivery and the physical setting, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery.

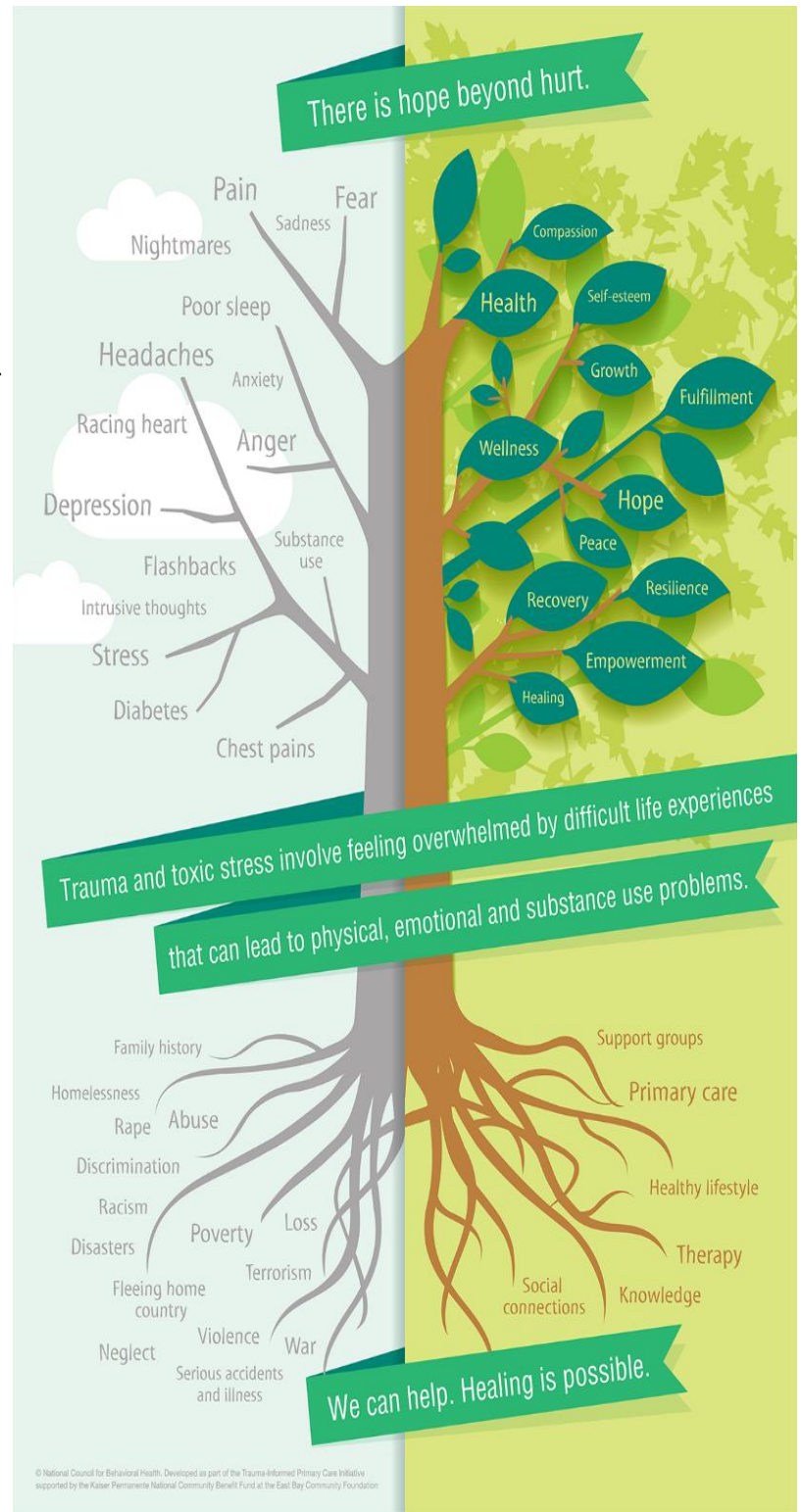
Building on key principles of safety, trustworthiness, choice, collaboration, and empowerment, trauma informed services are designed to be welcoming and friendly for all individuals.

Addressing trauma is a national priority and one identified by Region 3 to move forward.

Increased knowledge and awareness of the regularity of trauma experienced by those we serve will change our attitude and thinking towards children, adults, and services. We can support the people we serve, work with, and interact with on a daily basis so they can achieve better personal outcomes of recovery and resiliency.

GROUNDING

Grounding Techniques helps keep someone in the present. Grounding involves detaching yourself from emotional pain by focusing on the outside world rather than what's going on inside you. It is useful for extreme emotional pain.



Examples of mental grounding

- Describe your surroundings in detail, using all your senses—vision, hearing, smell, taste, and feeling
- Describe what you are doing, such as eating, walking, or driving, in detail
- Think of categories; for example, categories shoes, hair, cars, or books
- Use imagery; for example, hop on a cloud and float away from your pain; put your pain in a bubble and let it float away
- Use a grounding statement, such as: ‘I am Jo’; ‘I am 23 years old’; ‘this is the present, and not the past’; ‘I am safe here’; ‘today is ...’
- Say the alphabet slowly
- Think of something funny.

Examples of physical grounding

- Rub your hands together—hard
- Press your heels into the floor, and notice how it feels
- Touch objects around you as you say their name, and explore them using all your senses
- Stamp your feet
- Change your posture to a more upright one
- Put your hands under running water
- Carry something small with you that grounds you, such as a rock or a piece of fabric.

Examples of soothing grounding

- Make encouraging statements to yourself, such as: ‘you can do this’; ‘just hang in there’
- Think of a place where you have felt calm and peaceful: remember everything about it, using all your senses
- Go to a safe place you have already created in your imagination: notice all the details in terms of environment, air temperature, shelter, other people there, animals, and so on
- Plan something nice for yourself, such as a bath or a good meal
- Think of people you care about; carry a photo or some other reminder of them with you
- Think of good things coming up in the next week or so
- As you breathe, on the exhale say something calming, such as ‘relax’ or ‘it’s OK’.

Suggestions to make grounding work well

- Practice the strategies
- Have a list of best grounding strategies somewhere handy (such as a note in a diary, or a note stuck in the car or on the fridge) to remind you to use them
- Start doing grounding exercises early in a distress cycle
- Rate your distress levels before and after grounding, so you can tell which strategies work best.

Trauma Informed Care Resources Self-Care

Books

- *Take Time for Your Life: A 7 Step Program for Creating the Life You Want*, Cheryl Richardson
- *10% Happier: How I Tamed the Voice in my Head, Reduced Stress Without Losing my Edge and Found Self-Help That Actually Works – A True Story*, Dan Harris
- *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*, Babette Rothschild
- *The Compassion Fatigue Workbook*, Françoise Mathieu
- *When the Body Says No: Exploring the Stress-Disease Connection* - Gabor Mate
- *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, Laura Van Dernoot Lipsky
- *Healing Neen*, Tonier Cain
- *Transforming the Pain: A Workbook on Vicarious Traumatization*, Karen Saakvitne & Laurie Anne Pearlman
- *Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World*, Richard Mollica
- *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook—What Traumatized Children Can Teach Us About Loss, Love, and Healing*, Bruce Perry
- *Trauma & Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror*, Judith Herman

- *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, Bessel A. van der Kolk, MD
- *Walking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*, Peter Levine
- *Help for Billy*, Heather T. Forbes
- *What Doesn't Kill Us – The New Psychology of Posttraumatic Growth*, Stephen Joseph
- *Healing From Trauma: A Survivor's Guide to Understanding your Symptoms and Reclaiming your Life*, Jasmin Lee Cori.
- *101 Trauma-Informed Interventions, Activities, Exercises and Assignments to Move the Client and Therapy Forward*, Linda A. Curran

Websites

- [Coloringcastle.com](http://coloringcastle.com)
- compassionfatigue.ca
- donothingfor2minutes.com
- get.gg – CBT self-help resources
- greentreeyoga.org
- heartmath.com
- proqol.org- Professional Quality of Life Scale
- nctsnetwork.org -National Child Traumatic Stress Network
- ptsd.va.gov -National Center for PTSD
- search-institute.org - Developmental Assets
- sidran.org -Sidran Institute
- palousemindfulness.com – free Mindful Based Stress Reduction training
- childtraumaacademy.com -Child Trauma Academy: Dr. Bruce Perry
- mentalhealth.samhsa.gov/nctic -National Center for Trauma-Informed Care
- developingchild.harvard.edu – Harvard Center for the Developing Child
- resiliencetrumpsaces.org
- resiliency.com
- mindfulhub.com
- mindfulschools.org
- mindful.org
- acestoohigh.com
- cdc.gov/ace/-Ace Study
- theannainstitute.org
- traumacenter.org -The Trauma Center
- trauma-pages.com -Trauma Information Pages
- emdr.com/find-a-clinician/