MODULE FOUR: BRIEF RISK INTERVENTION

This module is intended to assist clinical staff in better understanding the assessment process and their role in educating clients about their risk for HIV/AIDS and other infectious diseases.

Learning Objectives of this Module

Participants will be able to:
- Understand the Brief Risk Intervention (BRI)
- Learn about AIDS, HIV and other infectious diseases
- Learn the modes of transmission of AIDS, HIV and other infectious diseases
- Understand the importance of discussing these issues with clients

Overview

Time: 70 minutes

Module Topics:
1. Brief Risk Intervention
2. HIV and AIDS
3. Modes of Transmission
4. Tuberculosis
5. Hepatitis

Equipment
Overhead projector and screen for transparencies
Laptop, LCD projector and screen for PowerPoint
Flipchart with newsprint
Colored markers
Masking tape
Brief Risk Intervention

Before or after an icebreaker (optional), you can provide staff with an agenda or overview of what will be covered in this training.

8 minutes

Ask the participants: Why is it important for clients to know what HIV and AIDS and other infectious diseases are, how they are transmitted, how to avoid infection and infecting others, and what medical treatments are available?

People will decide to change their behaviors when they have:

Knowledge
+
Attitudes and ownership of risk that support positive decisions
+
Relapse prevention, communication, problem solving and decision making skills to make successful behavior changes

When discussing these topics with clients, the same information must be presented over and over again, with more details added as people learn and apply the information. Information cards and pamphlets can be distributed. However, no card or pamphlet, by itself, is sufficient.
7 minutes

Ask staff if they know what the BRI is?

In 1987, TASC designed the Brief Risk Intervention to educate substance-abusing clients about their risk for HIV and AIDS. In the early 1990’s, the BRI was modified to include information about Tuberculosis (TB) and Viral Hepatitis.

The BRI is simply a one-on-one interactive discussion about HIV/AIDS, TB, and Hepatitis between the TASC representative/care manager and the client. It is an effective 10-15 minute method of assessing and educating clients regarding their risk for HIV/AIDS and other infectious disease infection.

The BRI model is recognized by the National Institute on Drug Abuse (NIDA) as a model intervention strategy. Its approach is effective because it is individualized, non-invasive, motivational, and brief. Furthermore, the BRI allows each professional to develop his/her own script for the presentation in a way that demonstrates genuine concern and openness without triggering the client’s denial response. This is crucial in a discussion about HIV/AIDS and other sexually transmitted diseases because it involves a very personal discussion with clients. They may not be forthcoming with information or even want to discuss this information with you.

However, through disclosure of relevant information, the BRI attempts to effect a change in attitudes or behaviors, thus lowering the risk of exposure to HIV/AIDS, TB, and Hepatitis.
The goals of the BRI include:

- Recognition of risky behaviors
- Acceptance by the client that there is a possibility of risk
- Acceptance by the client that a new or modified behavior would reduce the risk
- Acceptance by the client that the new or modified behavior is possible to adopt

The BRI can help clients reduce their own risk of exposure to HIV, AIDS, TB, and Hepatitis, and as clients share their knowledge, it can diminish the risk that others face as well.

Pertinent information to discuss with the client includes:

Providing the facts and defining the Modes of Transmission for:
- HIV and AIDS
- Tuberculosis
- Viral Hepatitis
What are HIV and AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS was a term used in 1981 to describe what is now understood to be the end stage of a condition characterized by a defect in the body's natural immunity against disease. The word "acquired" means that you can "catch" this disease. "Immune deficiency" means that the virus affects the immune system and causes a deficiency in its working power.

The word "syndrome" means a collection of symptoms, which are the opportunistic diseases identified by the Center for Disease Control (CDC) that warrant an AIDS diagnosis (list and CDC definition pyramid chart available at end of unit). The term "AIDS-Related Conditions" (ARC) is no longer being used -- the appropriate term is "symptomatic conditions". It is important to note that symptoms of some of the opportunistic diseases are similar to medical issues with substance abusers, such as withdrawal.

AIDS is caused by a virus called human immunodeficiency virus (HIV). HIV destroys certain kinds of blood cells--CD4+ T cells (helper cells)--which are crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS.

An HIV-infected person receives a diagnosis of AIDS after developing one of the CDC-defined AIDS indicator illnesses. An HIV-positive person who has not had any serious illnesses also can receive an AIDS diagnosis on the basis of certain blood tests (CD4+ counts).
A positive HIV test result does not mean that a person has AIDS. A diagnosis of AIDS is made by a physician using certain clinical criteria (e.g., AIDS indicator illnesses).

Infection with HIV can weaken the immune system to the point that it has difficulty fighting off certain infections. These types of infections are known as "opportunistic" infections because they take the opportunity a weakened immune system gives to cause illness.

Many of the infections that cause problems or may be life threatening for people with AIDS are usually controlled by a healthy immune system. The immune system of a person with AIDS is weakened to the point that medical intervention may be necessary to prevent or treat serious illness.

Today there are medical treatments that can slow down the rate at which HIV weakens the immune system. There are other treatments that can prevent or cure some of the illnesses associated with AIDS. As with other diseases, early detection offers more options for treatment and preventative care.

Modes of Transmission

5 minutes

Direct transmission of HIV is limited to three modes:
- Blood Injections
- Sexual Practices without protection
- Pregnancy and/or Birth, and Breastfeeding
Blood injection involves:
- sharing drug injection equipment (needle, syringe, cotton, cooker, water)
- hemophilia treatments and/or blood transfusions (especially from 1977 to 1985)
- puncture by other unsterile instruments (tattooing, body piercing, scarification)
- mishandling of blood-involved procedures

Sexual practices involves:
- exchange of blood, semen, and/or vaginal secretions (HIV is easily transmitted)
- includes male-to-male, male-to-female, female-to-male, or female-to-female sexual practices

Pregnancy and/or Birth means:
- during pregnancy in the womb
- during the birthing process itself
- through breast milk while nursing
Tuberculosis

What is tuberculosis?

Tuberculosis (TB) is a disease caused by a germ called *Mycobacterium* (my-ko-bak-TEER-l-um) *tuberculosis*. TB most often affects the lungs, but TB germs can infect any part of the body.

TB may be latent or active TB. “Latent” means that the germs are in the person’s body but are not causing illness. If you have latent TB you will not have symptoms and cannot spread TB. However, if HIV has made your immune system too weak to stop the TB germs from growing, they can multiply and cause active TB (also called TB disease).

In people with HIV, TB in the lungs or anywhere else in the body is called an AIDS-defining condition. In other words, a person with both HIV and active TB has AIDS. How is TB spread?

TB is an air-born germ, meaning it is spread from one person to another through the air. When a person who has TB disease of the lung or throat coughs, sneezes, or sings, tiny, moist drops that contain TB germs are sent into the air. A person who breathes air that contains these drops may get TB. People with TB disease are most likely to spread it to people they spend time with every day, such as family members, friends, or coworkers.

You can’t get TB from shaking hands, sitting on a toilet seat, or sharing dishes or utensils.
Hepatitis is a liver disease. There are 5 different types of Hepatitis that are caused by different viruses:

- **Hepatitis A**: is a liver disease caused by the hepatitis A virus (HAV). Good personal hygiene and proper sanitation can help prevent hepatitis A. Vaccines are also available for long-term prevention of hepatitis A virus infection in persons 2 years of age and older.

- **Hepatitis B**: is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Hepatitis B is spread through the same mechanisms as HIV and AIDS.

- **Hepatitis C**: is a liver disease caused by the Hepatitis C virus (HCV), which is found in the blood of persons who have the disease. HCV is spread by the same modes as HIV/AIDS.
**Hepatitis D:** is a defective virus that needs the hepatitis B virus to exist. Hepatitis D virus (HDV) is found in the blood of persons infected with the virus.

**Hepatitis E:** is a virus (HEV) transmitted in much the same way as hepatitis A virus. HEV is transmitted primarily by the oral routes. Most outbreaks are associated with fecal matter that contaminates drinking water. Hepatitis E does not often occur in the United States.

5 minutes

Other facts:

- Highest risk sources for contracting these diseases are men who have had sex with other men, injection drug users, recipients of blood products from 1977 to 1985, anyone who has had sex with someone in any of these groups, and anyone with an HIV positive mother.

- Highest risk acts for contracting these diseases include needle sharing, anal intercourse (riskier for the recipient), unprotected oral intercourse (stomach fluids do "kill" the HIV; however, the risk is from cuts or sores in the mouth), unprotected vaginal intercourse, other sharing of unsterile blood products (tattoo needles, razors, etc.), and other extended, intimate contacts with body fluids.

- Risk of contracting these diseases corresponds with dose, frequency, and condition of recipient.
• Risk reduction methods include abstinence (from drugs and/or sex), safer sexual practices (latex condoms/shields, nonoxynol-9 products, etc.), monogamous relationships with non-infected partner, eliminate risky acts, eliminate high risk sources, substitute high risk acts with lower risk acts, reduce frequency of any or all risk factors, continuance/maintenance of safer behaviors.

Now that you know the facts about these infectious diseases, we need to think about how we will discuss this with clients. I would like you to get into groups of 2. In your group, discuss how you will introduce this topic of a BRI to your client. What exactly will you say to your client? Think about how uncomfortable you and your client may feel with the topic and how you can avoid those issues.

After you have briefly discussed how to introduce this topic, practice. One of you will be the client and the other will be the TASC staff introducing the topic of the BRI. After one person has been the staff person, switch roles so that each person gets a chance to practice. You will have 5 minutes for this exercise.

After 5 minutes, bring the group back together. Ask and discuss: What were some of the things that your group partner said or did that you think would make the individual feel more comfortable?