

# Trauma-Informed Health Care

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# Learning Objectives

- Describe trauma prevalence among people living with HIV
- Discuss Model Trauma Informed Health Care (TIHC)

# The Women's HIV Program at UCSF

## Patients:

- Women of color
- 10% gender minority
- 15-71 years old
- Marginally housed, low income
- Medically and psycho-socially complex
  - Psycho-socially complex?
  - In this context why is this important?
  - Violence news



# Recent Deaths at WHP

1. Rose *murder*
2. Amy *murder*
3. Patricia *suicide*
4. Regina *suicide*
5. Vela *suicide*
6. Iris *addiction/overdose*
7. Mary *addiction/organ failure*
8. Nadine *addiction/lung failure*
9. Lily *pancreatic cancer*
10. Pebbles *non-adherence*



*Photo by Lynnly Labovitz;  
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# Trauma

“... an event, series of events, or set of circumstances [e.g., physical, emotional and sexual abuse; neglect; loss; community violence, structural violence] that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being”.

The logo for the Substance Abuse and Mental Health Services Administration (SAMHSA). It features the acronym "SAMHSA" in a large, bold, italicized, black sans-serif font.

Substance Abuse and Mental Health  
Services Administration

# A few more important definitions

**Complex Trauma:** repeated trauma, physically or emotionally (e.g., repeated childhood physical and/or sexual abuse, witnessing ongoing IPV, experiencing long-term IPV)

**PTSD:** includes 4 types of symptoms: 1) re-experiencing of the traumatic event(s); 2) avoidance of situations that remind you of the event; 3) negative changes in the way you think about yourself, other people or the world, and 4) feeling “keyed up”.

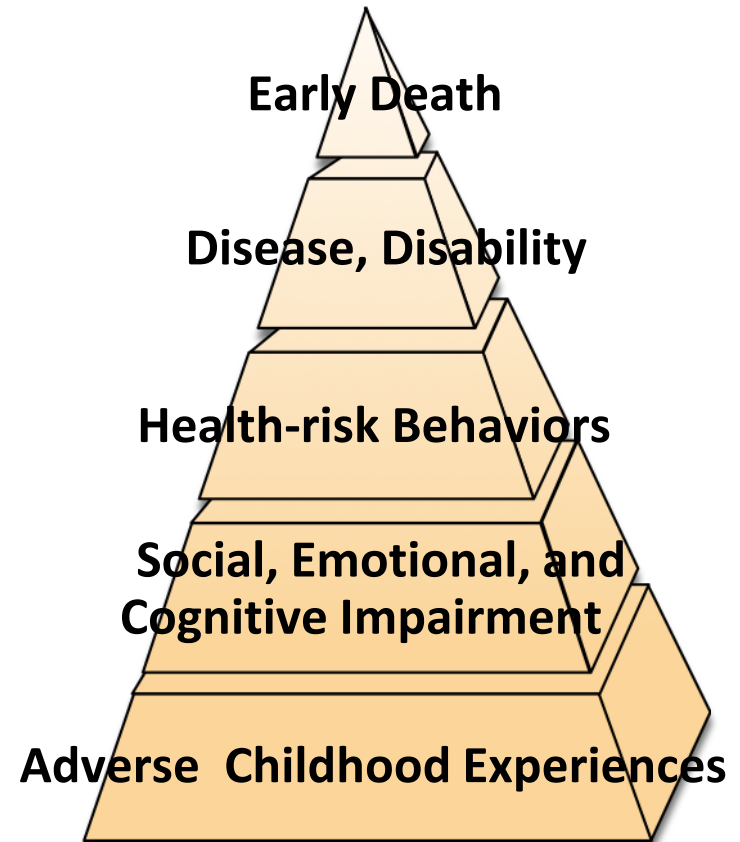
**Complex PTSD:** Includes all of the symptoms of PTSD + trouble regulating and handling emotions and relationships, and feelings low self-worth and powerlessness

Cloitre, M., et al., *The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults*. 2012.

# Trauma and Health

## ▪ The ACE Study

- 17,000 patients completed surveys about 10 categories of childhood abuse, neglect and family dysfunction
- Compared answers to an array of current health behaviors and conditions
- Conclusion: ACEs are common; and are strong predictors of later health risks and disease



# The Ace Study: Key Findings

- 64% reported at least one ACE category
- 12.5% (one in six) reported four or more
- 25% of women and 16% of men reported having experienced childhood sexual abuse
- **Individuals who reported four or more ACE categories had:**
  - 2x rate of lung and liver disease
  - 3x the rate of depression
  - > 3x times the rate of alcoholism
  - > 4x rate of intimate partner violence and >5x rate of rape
  - 11 times the rate of intravenous drug use
  - 14 times the rate of attempting suicide



# Impact of trauma on other HIV-specific outcomes

Recent or lifetime trauma associated with:

## ▶ HIV risk factors/HIV incidence

- Maman S, Campbell J, Sweat MD, Gielen AC. Soc Sci Med. 2000;50:459–78.\*
- Jewkes RK, Dunkle K, Nduna M, et al. Lancet. 2010;376:41–8.

## ▶ Faster disease progression

- Pence BW, et al. J Acquir Immune Defic Syndr. 2012 Apr 1;59(4):409-16\*
- Mugavero, MJ, et al. AIDS Patient Care STDS 2007 Sep;21(9):681-90.] \*
- Leserman, J, et al. Psychol Med Aug;32(6):1059-73.\*

## ▶ More hospitalizations

- Pence BW, et al. Journal of acquired immune deficiency syndromes. 2012 Apr 1;59(4):409-16\*.

## ▶ Almost twice the rate of death\*

- Weber, K., et al. International AIDS Conference 2012. \* = bivariate analysis

# Summary Results



- High levels of trauma in WLHIV
- ACES high when compared to Felletti (12% compared to 54%)
- Well being and quality life inverse relationship to trauma (THS)
- Stimulants, cocaine, amphetamines associated with higher THS
- Undetectable viral load not significantly associated with trauma

# Trauma-informed Health Care



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# Foundation/Environment

## Physical and psychological safety for patients and staff

- Staff training on trauma and trauma-Informed communication
- Calming physical environment



# Foundation/Environment Trauma-Informed Values

- Safety
- Trustworthiness
- Transparency
- Peer support
- Collaboration instead of hierarchy
- Empowerment, Voice and Choice
- Cultural, historical and gender understanding



*SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach. 2014*

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>.

# Education and Inquiry

## **Emphasis on Universal Education**

Make link between trauma and health for patients (through conversations, posters, and handouts)

## **Inquiry/ Screening Options**

Assume trauma history instead of asking

Screen for impacts of past trauma instead of trauma itself

Explore trauma through an informal conversation

Use a structured tool to explore past traumatic experiences

# Response

- Continuum of response
- Importance of partnerships
- Response should match screening/inquiry process



# Responding to IPV

## **Prioritizing Safety and Autonomy**

### **1. Safety Plan**

Social worker or medical provider uses standardized safety plan including a list of local/national resources. Good plans can be downloaded at: [www.leapsf.org](http://www.leapsf.org).

### **2. Danger Assessment**

Helps to determine the level of danger an abused woman has of being killed by her intimate partner. Free and available to the public but requires some training to use. [www.dangerassessment.org](http://www.dangerassessment.org).

### **3. Link with DV/legal agencies**

Local IPV agencies are usually available to speak by phone to facilitate safety planning, danger assessment and need for shelter or legal services; if not, National DV Hotline.

### **4. Prompts and Standardized documentation in EMR**

Prompts to remind clinicians to screen, provide a simple script and the screening questions, and for positive screens, include a note template that also provides guidance.

### **5. Clinic-wide panel management of active IPV cases**

Social workers maintain list of active IPV cases; all discussed at quarterly IPV interdisciplinary conferences and mentioned at weekly preclinical meeting to ensure maximal care coordination.



# Healing from Lifelong Trauma: Improving Damaged Connections

## Improving Connections with Others

### 1. Trauma-specific individual and group therapies

Trauma-specific cognitive behavioral therapy (CBT); motivational interviewing; prolonged exposure therapy for PTSD; evidence-based multimodal programs including STAIR Narrative Therapy and Seeking Safety for co-occurring substance abuse and PTSD.

### 2. Peer-led empowerment, support and leadership training.

Examples: Leadership training by the Positive Women's Network-USA; expressive therapy with theater by the Medea Project: Theater for Incarcerated Women

## Improving Physiological Connections

### 3. Trauma specific psychiatry and physiologic techniques

Medications can help with symptoms of PTSD such as hyper-arousal; Techniques such as Eye Movement Desensitization and Reprocessing (EMDR)

## Improving Connections with Our Bodies

### 4. Body/Mindfulness-Focused Healing

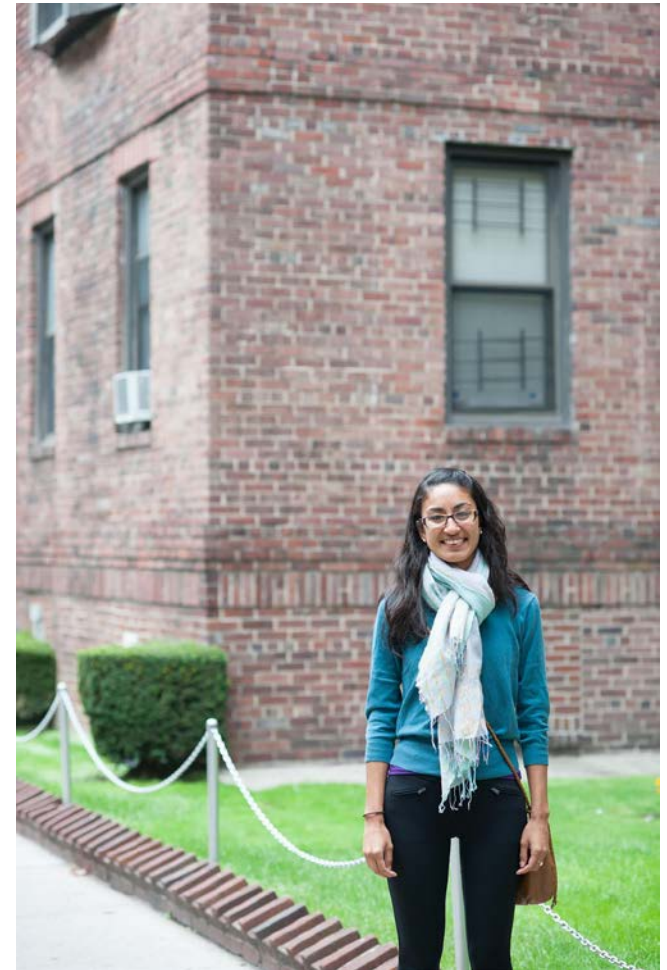
Mindfulness-based Stress Reduction; yoga; massage; meditation

The National Center for PTSD. <http://www.ptsd.va.gov/>. Last accessed February 4, 2016.

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# Conclusions

- People can heal; deep cycles of violence can be broken; ACEs in children can be reduced, and entire communities can benefit by addressing trauma in adults.
- Trauma-informed primary care (TIPC) has the promise to improve HIV-related health outcomes and overall health and wellbeing for patients living with HIV.
- TIPC is also a powerful tool for HIV prevention, increasing the likelihood of undetectable viral loads for those living with HIV and decreasing risk behaviors in those at risk for HIV.



*Photo by Keith Sirchio;  
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