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
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”.

SAMHSA
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

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

► Faster disease progression
  • Mugavero, MJ, et al. AIDS Patient Care STDS 2007 Sep;21(9):681-90.] *

► More hospitalizations

► Almost twice the rate of death*
Summary Results

- High levels of trauma in WLHIV
- ACES high when compared to Felleti (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

**ENVIRONMENT**
Calm, safe, and empowering for patients, staff, and providers

**INQUIRY**
Screen for immediate safety (e.g., IPV).
For past trauma: assume a history of trauma; screen for the impacts of past trauma; use open ended questions; and/or use a structured tool

**EDUCATION**
Describe the connection between trauma and health and opportunities for healing to all patients

**FOUNDATION**
Trauma-informed values; clinic champion(s);
interdisciplinary team-based care; community partnerships; buy-in from organizational leadership; and training, supervision, and support for staff and providers

**RESPONSE**
Express empathy; refer to trauma-informed onsite or community services that promote safety, connection, and healing

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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
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

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.

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Citations


Citations

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