

Trauma Informed Care:

Examining the Role of Trauma in the
Lives of People Living with
HIV/AIDS

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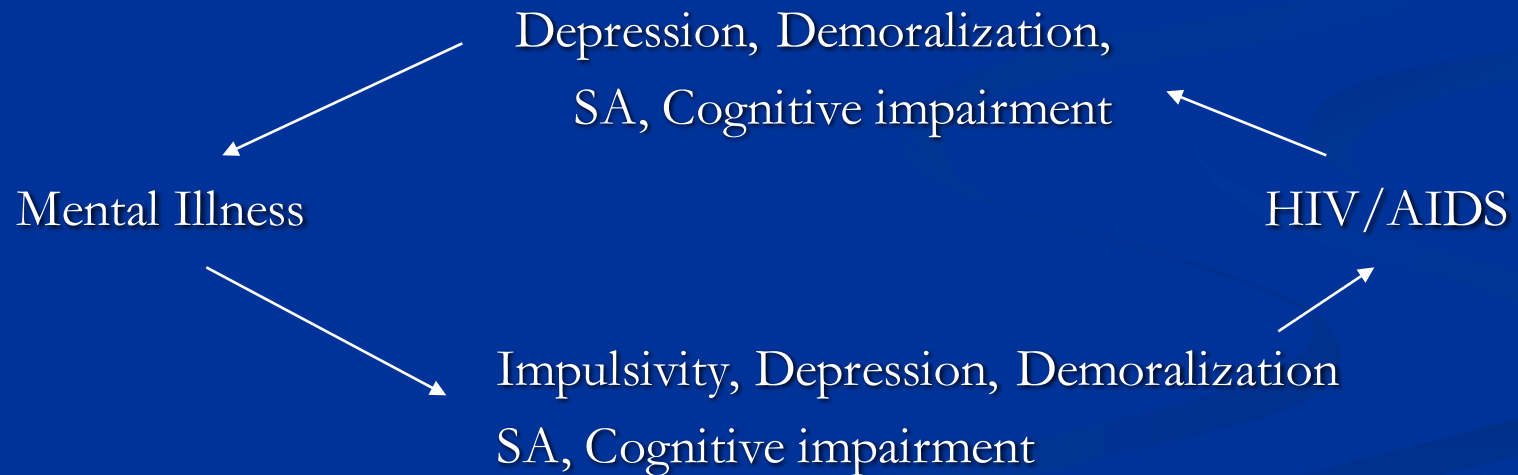
Lexington, KY

Objectives

- Explore the link between trauma in early childhood and the development of risk factors which increase risk of HIV/AIDS
- Develop an understanding of complex/developmental trauma and its neurodevelopmental impacts
- Define what it means to have a Trauma Informed Perspective
- Examine the usefulness of administering the Adverse Childhood Experiences questionnaire in a clinical setting

Mental Illness & HIV/AIDS

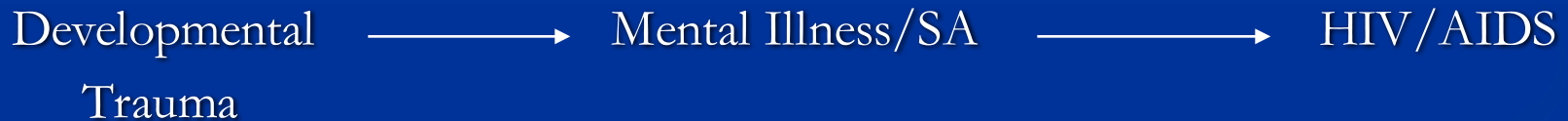
- There is an increasingly recognized link between mental illness and HIV/AIDS*
 - Pre-existing mental health/substance abuse problems increase the risk of contracting HIV



Adding Trauma to the Equation

- Researchers are finding that childhood trauma/neglect underlies many mental health/substance abuse problems which occur later in life (J.E.B Myers, et al, 2002)
 - Trauma is a “common path” to the later development of MH/SA problems
- There is an increasing need to “contextualize” mental illness/substance abuse
 - Mental health problems (and by extension physical health problems) do not occur in a vacuum, but are a function of a person’s experience and genetic inheritance
 - Traumatic experiences have a very specific and serious negative impact on the neurodevelopment of an individual
 - In turn, these impacts affect physical and behavioral health outcomes

Adding Trauma to the Equation, cont.



* These relationships are about increased risk. One factor increases the risk for subsequent factors to develop.

ACEs Study

- Started in 1985
- Large scale study conducted by CDC and Kaiser of CA in 1995
- Set out to examine the impacts of Adverse Childhood Experiences (ACEs) on adult health
- N= 17, 337
- ACE score: a measure of the cumulative exposure to abuse, neglect, SA and serious household dysfunction

ACE Questionnaire

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Neglect (emotional and physical)
- Divorce
- Presence of Intimate Partner Violence
- Substance abuser in the home
- Family member with mental illness
- Incarceration of a family member

ACEs Study, cont.

■ Key Concepts:

- Stressful traumatic experiences in childhood negatively impact (neuro)development
- These negative impacts can lead to social, emotional and cognitive impairments, which lead to:
 - Increased risk of engaging in unhealthy behaviors
 - Risk of violence and re-victimization
 - Disease, disability, premature mortality

Other ACEs Study Findings

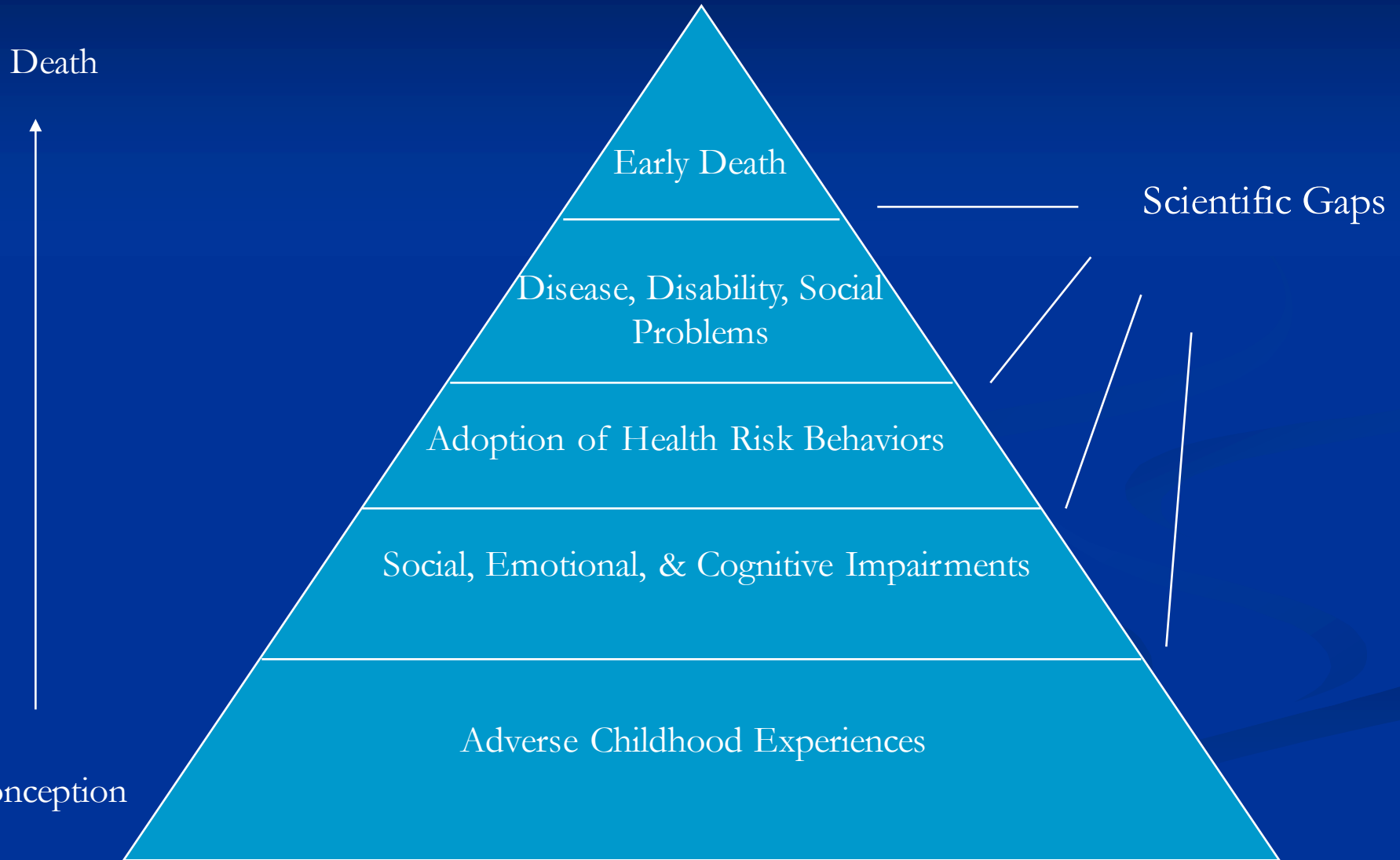
- **ACEs are common**
 - More than 1 in 4 grew up with SA in the home
 - 2/3 of the sample pop. had at least 1 ACE
 - More than 10% had 5 or more ACEs
- **ACEs tend to occur in groups, and are interrelated**
 - Tend to be co-occurring
 - If you find one ACE, should look for others
- **Strong, graded relationship to numerous health, social and behavioral problems throughout the lifespan**

ACEs Study Findings cont.

- Percentage of adverse childhood experiences reported:

<u>ACE Score</u>	<u>Prevalence</u>
0	36.4%
1	26.2%
2	15.8%
3	9.5%
4	6.0%
5	3.5%
6	1.6%
7 or more	0.9%

Whole Life Model



Neurodevelopmental Impacts

- Development of brain structure/function is impacted by early social experiences with primary caregivers
- The presence of ACEs can result in the following:
 - Problems with emotion/mood regulation
 - Behavioral/Impulse control
 - Problems with cognition (self awareness, problem solving, planning/anticipating)

Neurodevelopmental Impacts, cont.

- Brain structures impacted by stressful/traumatic experiences in early childhood
 - Limbic structures (emotional brain)
 - Amygdala, Hippocampus
 - Prefrontal Cortex (thinking brain)
 - Right orbital prefrontal cortex

Defining Trauma

- Traumatic event vs. trauma response
- Traditional diagnostic criteria vs. broader understanding of trauma
 - i.e. PTSD/ASR vs Complex PTSD
 - DSM-V definition of PTSD improved, yet still limiting
- Type I vs. Type II trauma
 - Type I-Acute Trauma (car accident, witnessing death, assault)
 - Type II-Chronic Trauma (abuse/neglect, DV relationship, captivity)

Trauma Defined

- Type I or Acute trauma, most commonly associated with traditional PTSD symptoms
 - Natural disasters
 - Mass Interpersonal Violence
 - MVA
 - Rape/sexual assault
 - Stranger physical assault
 - Emergency worker exposure to trauma
 - Combat exposure

Trauma Defined, cont.

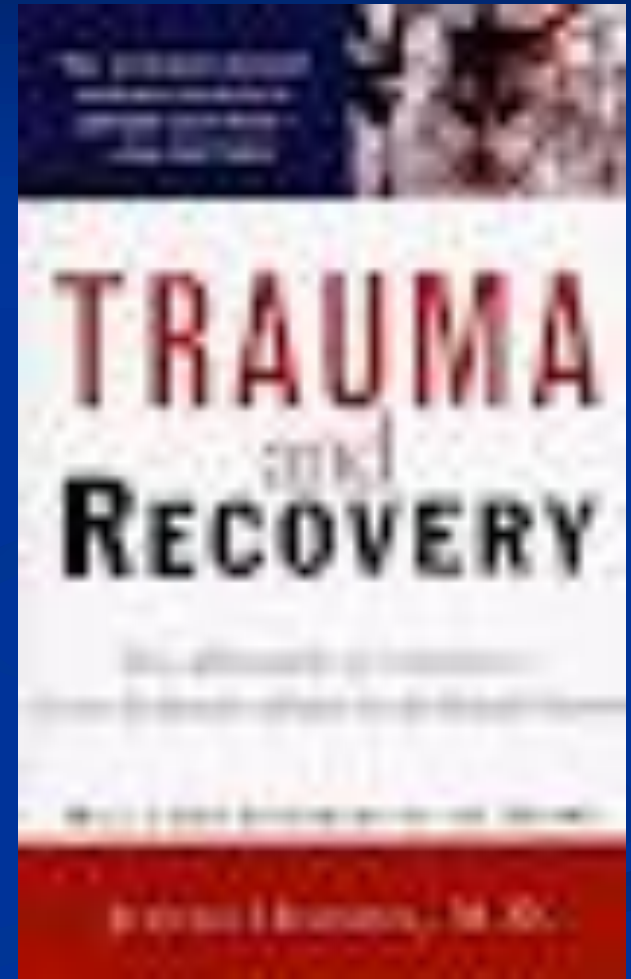
- DSM-V criteria for PTSD
 - Nature of traumatic event
 - Exposure to actual or threat of death, or threat to physical integrity
 - Traumatic event is reexperienced in various ways
 - Persistent avoidance of trauma-related stimuli/numbing
 - Marked alterations in arousal and reactivity
 - Negative alterations in cognitions and mood
- Dissociative symptoms specifier added
 - Depersonalization
 - Derealization

A Broader Understanding of Trauma

- Type II-Chronic trauma
 - ACEs capture the nature of chronic stressful/traumatic experiences which increase the risk of long-term mental health/SA issues
 - 10 specific categories of ACEs listed in the study, including:
 - Childhood abuse (emotional, physical, sexual)
 - Neglect (emotional, physical)
 - Growing up in seriously dysfunctional home
 - Witnessing DV
 - Alcohol or SA in the home
 - Mentally ill or suicidal family member in the home
 - Parental marital discord (evidenced by divorce/separation)
 - Crime in the home (evidenced by incarcerated family member)

“A New Diagnosis”

- In 1992, Judith Herman, MD introduces “Complex PTSD”
- A diagnosis (and conceptualization of trauma) that addresses the need for a deeper understanding of chronic exposure to overwhelming events
- Provides an expanded definition of trauma; addresses limitations of traditional PTSD diagnosis



Complex PTSD--Criteria

- Prolonged exposure to stressful experiences
- Alterations in:
 - Affect regulation
 - Consciousness
 - Self-perception
 - Perceptions of the perpetrator
 - Relationships with others
 - Systems of meaning

Complex PTSD & HIV

- ACEs study findings: As number of ACEs goes up, so do the risk factors for HIV/AIDS
 - Incidences of injection drug use, promiscuity and hx of STD all rise significantly along with reported ACEs
 - Examples
 - 0 ACEs reported = less than 1% incidence of injection drug use
 - 4 or more ACEs reported = 5% incidence
 - 0 ACEs reported = around 3% >50 sex partners
 - 4 or more ACEs reported = about 6% reporting >50 sex partners

Complex PTSD & HIV cont.

- Why are individuals with complex trauma histories engaging in behaviors which put them at increased risk of contracting HIV?
 - Development of mental health problems in adolescence and adulthood
 - Substance use problems
 - Sexual risk behaviors and revictimization
- Neurodevelopmental impacts resulting from chronic exposure to traumatic events can lead to such behaviors

Substance Use and Other “Tension Reduction” Behaviors

- Without functional affect regulation skills, trauma survivors develop other means of managing trauma-related distress.
 - Substance use (IV drug use a particular risk factor)
 - Indiscriminate sexual behavior
 - Self harm
 - Suicidality
 - Binging and purging

The Story of David S.

- Patient referred to individual outpatient therapy
- Presented with severe depression, dissociation, hx of suicide attempt; chronically suicidal; socially isolated
- Long history of binge drinking; drinking to black out; multiple DUIs and jail time
 - Would go for significant periods of time without drinking, then binge and drink and drive, get arrested
- Significant hx of childhood sexual abuse;
- Contracted HIV (sexually transmitted)
- ACE score of 4

Administering ACE Questionnaire in a Clinical Setting

- A first line intervention for trauma and related medical problems.
- ACE survivors fail to recognize the impacts of ACEs, may even deny unless asked.
- Addressing ACEs in this setting can be validating and open the door to treatment
- Provide rationale for addressing ACEs
 - ACEs: Informing Best Practices (2015)
www.avahealth.org/aces_best_practices/

Administering ACE Questionnaire in a Clinical Setting

- Potential Screening Questions:
 - “How would you feel if you learned that a child you care about was growing up exactly as you did?”
 - “Can you tell me how that has affected you later in life and how often you think about those experiences?”
- Supportive statements:
 - “You are experiencing a normal response to abnormal life experiences in childhood. There is help for this.”

Adopting a Trauma Informed Perspective

- Recognition that majority of individuals with mental health diagnoses are trauma survivors
- Recognizing that PLWHA have a particularly high incidence of ACEs.
- Understanding symptoms as sequelae of trauma; viewing self-defeating behaviors as attempts to cope with or “master” trauma
- Focus on providing client-centered care; validating subjective experience of patients
- Partnering with patients, empowering them to make choices for themselves

Trauma Informed Care

Why is this important?

- Increases compassion, understanding of patients who are in great pain
- Improves relationship between caregiver and patients; depersonalizes patient's behaviors
- Contextualizes MH, SA and HIV problems
- Accurate diagnosis, better intervention
- Provides framework for providers to help them understand complex, often overwhelming patient presentations

Trauma Informed Care

Why is this important?

- If providers are uninformed about trauma, they can unwittingly re-traumatize patients
- As service providers we have the capacity to hinder treatment, harm our patients, or help to facilitate healing
- Relationships are of utmost importance: Trust
- Trauma survivors have experience a lifetime of betrayal by trusted individuals in their life.

References/Resources

- ACEs online resource: www.acesconnection.com
- ACEs: Informing Best Practices (2015)
www.avahealth.org/aces_best_practices
- Anda, R. (1995) *The health and social impact of growing up with adverse childhood experiences: The human and economic costs of the status quo*. The Adverse Childhood Experiences Study
- Herman, J. (1992). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. New York: Basic Books.

References/Resources

- Triesman, G., Angelino, A. (2004). *The psychiatry of AIDS: A guide to diagnosis and treatment*. Baltimore,MD: The Johns Hopkins University Press.
- <http://cdc.gov/nccdphp/ace/> The official CDC website for the Adverse Childhood Experiences study

Conclusion

Questions/closing comments

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