AETC AIDS Education & Training Center Program Southeast

Trauma Informed Care and Approaches to Infusing It in Our Practices

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Synopsis

The goal of this talk is to learn about how about trauma; recognize individuals impacted by trauma; and develop strategies to work with individuals presenting to care who have been impacted by trauma.

Disclosures

- Dr. Hill has no disclosures.

- Acknowledging slides from the following:
  - AAP Trauma-informed Care Echo
  - Community Training Resilience
  - Dr. Vinetra King, Clinical Psychologist

Objectives

- Know how to identify individuals experiencing trauma
- Learn about resources about Trauma Informed Care
- Identify strategies for practicing Trauma Informed Care as individuals and organizations

A Tale of Two Adolescents

- 13-year-old female with recently diagnosed HSV-2, gonorrhea, and trichomonas presents to establish care and start birth control. She is accompanied by her DHR worker and a juvenile detention officer.
- Family History: mother and father both with HIV; father incarcerated
- Social History: recently removed from mother, currently living with grandmother
- Sexual History: doesn't remember age of sexual debut, also unsure of the number of sexual partners
- Menstrual History: Menarche 11yo, LMP unknown, cycles irregular
- You try to begin discussing options for contraception and cycle regulation and the patient interrupts you and shouts **"birth control is for dirty people."**

- 25 year old woman with HIV, VL 38,000, CD4 count 201 presenting for regularly scheduled follow up. She has been living with HIV for 5 years and is currently on a biktegravir-based regimen.
- She last took her medicine 3 months ago.
- She reports that she has challenges swallowing pills and has tried several ARTs including a liquid form.
- Social History: she is a single mother. She works nights.
- You get ready to go into her room when one of your colleagues makes a comment**: "She clearly doesn't care about her HIV. If she would, she would take her medicines."**

Women and HIV

- HIV Incidence
  - Heterosexual women account for 7% of new diagnoses
  - Trans women account for 2% of new diagnoses
  - Women who use injection drugs account for 3% of new diagnoses
  - Black women can be between 5-10x more likely to be diagnosed with HIV than their White counterparts
  - Latina women can be 2-3x more likely to be diagnosed with HIV than their White counterparts

HIV & AIDS Trends and U.S. Statistics Overview | HIV.gov

Short-term distress is almost universal

- Children, adolescents, and adults vary in their response to traumatic stress
  - Development of new fears
  - Separation anxiety (especially in young children)
  - Sleep disturbance, nightmares
  - Sadness
  - Loss of interest in normal activities
  - Reduced concentration
  - Decline in schoolwork
  - Anger/Irritability
  - Somatic complaints
- **NOT ALL** short-term responses to trauma are **PROBLEMATIC**
- If symptoms persist beyond one month of the event, may warrant further evaluation and treatment

Positive Stress	Tolerable Stress	Toxic Stress
▪ Normal and essential part of healthy development ▪ Brief increases in heart rate and blood pressure ▪ Mild elevations in hormonal levels ▪ *Example*: Final exam Playoff game.	▪ Body's alert systems activated to a greater degree ▪ Activation is time-limited and buffered by caring adult relationships. ▪ Brain and organs recover ▪ Example: Death of a grandparent, car accident.	▪ Occurs with strong, frequent or prolonged adversity ▪ Disrupts brain architecture and other organ systems ▪ Increased risk of stress-related disease and cognitive impairment ▪ Example: abuse, neglect, caregiver substance dependence or mental illness

Intense, prolonged, repeated, unaddressed;
Child or family vulnerabilities, limited supports, devel. delays

Social-Emotional buffering, Learned skills, Parent/Child Resilience, Early Detection, Effective Intervention

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Defining Trauma

"A traumatic event is a frightening, dangerous, or violent event that poses a **threat** to a child's life or bodily integrity"

-National Child Traumatic Stress Network

Trauma Mechanisms

- Life Course Perspective
  - Adverse Childhood Exposures or ACEs
- Current Experiences

ACE's Study

Maltreatment and household dysfunction associated with poor health as adult

Source: Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. May 1998;14(4):245-258.

The 4 ACES

Adverse Childhood Experiences	Adverse Circuitry Expression	Adverse Community Environments	Adverse Cultural Exposures
• Mental illness • Emotional neglect • Physical neglect • Emotional abuse • Sexual abuse • Home violence • Divorce • Physical abuse • Incarcerated relative	• Autism Spectrum Disorder • Epilepsy • Fetal Alcohol Syndrome • ADHD • Cerebral Palsy • Kernicterus • Fragile X Syndrome	• High Unemployment • Limited economic mobility • Food deserts • Pour housing conditions • Low access to social services • Unsafe neighborhoods and parks • Systemic racism	• Homophobia • Xenophobia • Racism • Ageism • Ableism • Sexism • Classism

ACEs in People with HIV

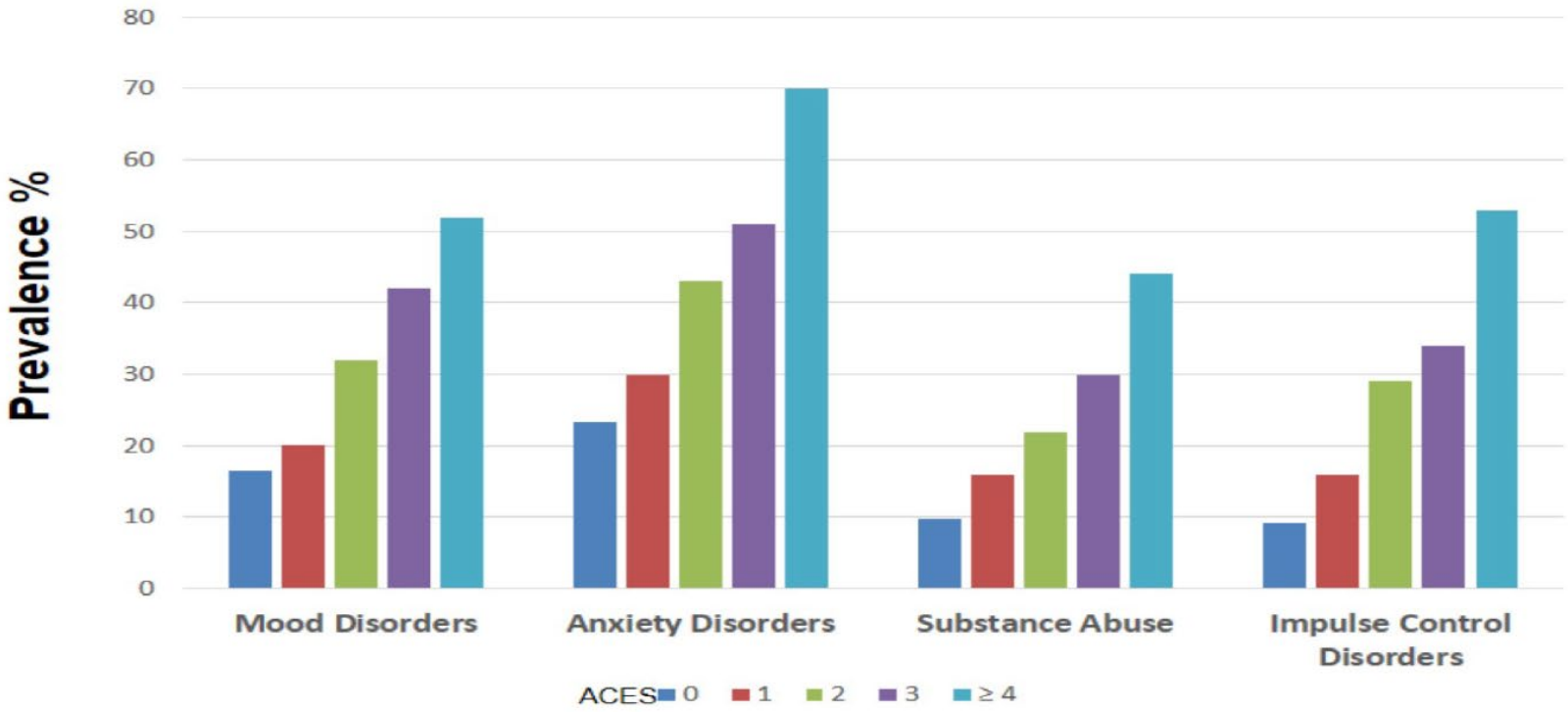
- ACEs contribute to behaviors that are associated with increased HIV transmission
  - hazardous drinking
  - illicit drug use
  - intimate partner violence
  - risky sexual behaviors
- ACEs are associated with poorer health-related quality of life
  - psychiatric disorders
  - worse mental quality of life
  - medication adherence
  - faster disease progression
  - greater mortality rates among PWH
- Some studies suggest there is a critical threshold for number of ACEs at which quality of life begins to be negatively impacted

Percent of Cumulative Adverse Childhood Experiences ACES in the Original Study[1]

Number of ACES	Women	Men	Total
	N=9367	N=7970	N=17337
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

[1]http://www.cdc.gov/violenceprevention/acestudy/prevalence.html

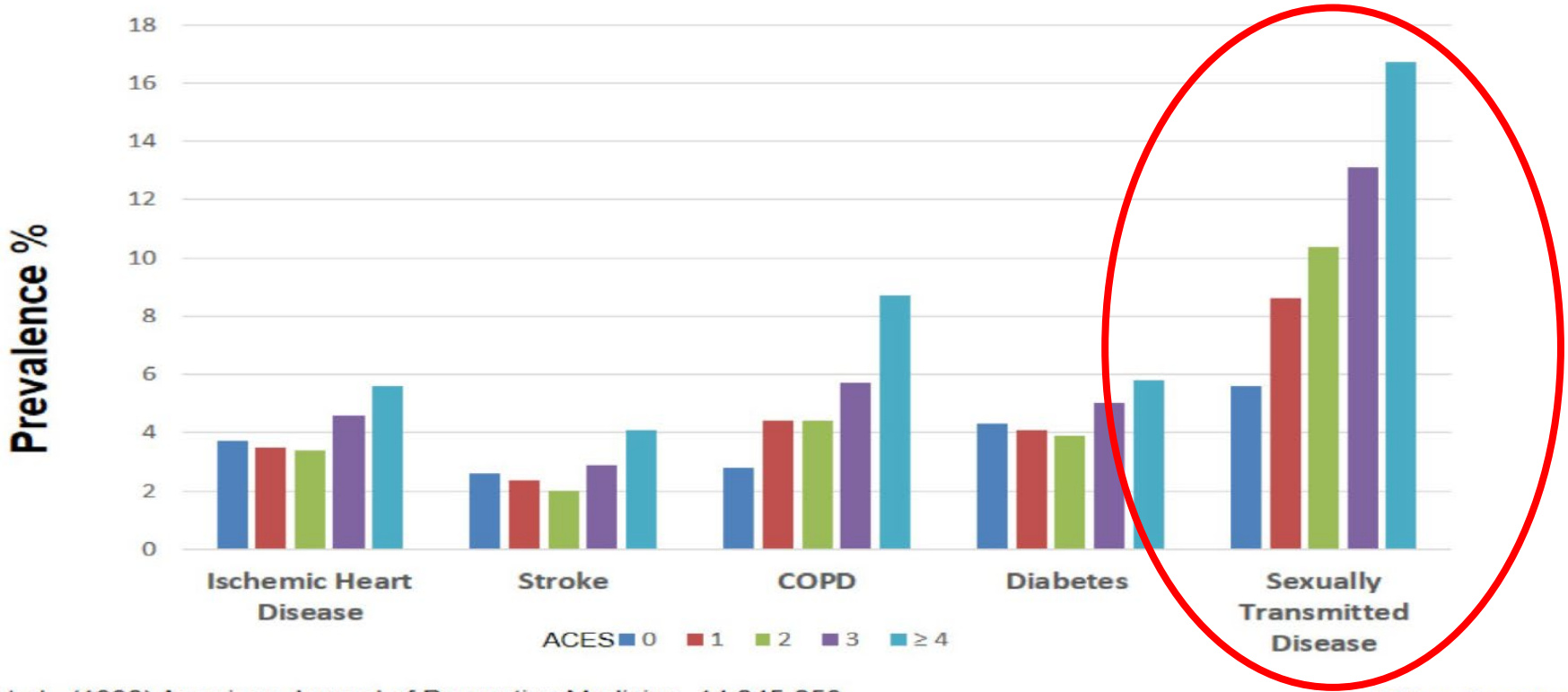
Cumulative ACES & Mental Health[1,2]



[1]Data from the National Comorbidity Survey-Replication Sample (NCS-R).
[2]Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

CANarratives.org

Cumulative ACES & Chronic Disease[1]



[1]Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.

CANarratives.org

Prevalence of Trauma

- Trauma is nearly ubiquitous in women with HIV
  - Contributes to HIV diagnosis as well as morbidity and mortality
- Female sex workers are at increased risk of HIV
  - Experience violence and victimization from partners, clients, police
- More than 50% of women with HIV from high-income countries experienced
  - Intimate partner violence (55%)
  - childhood physical and/or sexual abuse (58%)
  - lifetime sexual abuse (61%)
- PWH endorse nonviolent traumatic stressors
  - unexpected death of a family member
  - childhood neglect
  - incarceration at a young age
  - **receiving an HIV diagnosis**

Cuca et al, 2019
Decker et al, 2018
Machtinger et al.,2012
Leserman et al.,2005
Martin & Kagee,2011

Prevalence of Trauma

- Adolescents are commonly exposed to traumatic events
  - 46% of youth experience one potentially traumatic event
  - 25% develop trauma related symptoms
- Adolescents are exposed to more severe forms of trauma

TABLE 1: National and Across-State Prevalence of ACEs among Children and Youth

Adverse Childhood Experiences (ACEs)	National Prevalence, by Age of Child				Range Across States
	All Children	Age 0-5	Age 6-11	Age 12-17	
Child had ≥ 1 Adverse Childhood Experience	46.3%	35.0%	47.6%	55.7%	38.1% (MN) – 55.9% (AR)
Child had ≥ 2 Adverse Childhood Experiences	21.7%	12.1%	22.6%	29.9%	15.0% (NY) – 30.6% (AZ)
Nine assessed on the 2016 NSCH[1]					**% with 1+ Additional ACEs**
Somewhat often/very often hard to get by on income*	25.5%	24.1%	25.7%	26.5%	54.4%
Parent/guardian divorced or separated	25.0%	12.8%	27.5%	34.2%	68.0%
Parent/guardian died	3.3%	1.2%	2.9%	5.9%	74.7%
Parent/guardian served time in jail	8.2%	4.5%	9.2%	10.6%	90.6%
Saw or heard violence in the home	5.7%	3.0%	6.1%	8.0%	95.4%
Victim of violence or witnessed neighborhood violence	3.9%	1.2%	3.7%	6.5%	92.1%
Lived with anyone mentally ill, suicidal, or depressed	7.8%	4.4%	8.6%	10.3%	82.4%
Lived with anyone with alcohol or drug problem	9.0%	5.0%	9.3%	12.7%	90.7%
Often treated or judged unfairly due to race/ethnicity**	3.7%	1.2%	4.1%	5.7%	75.3%

*47% of children in households with poverty level incomes have parents who reported "often hard to get by on income". **1 in 10 black and "other" race/ethnicity children had parents who reported their children often were treated or judged unfairly. 4.4% of Hispanic and Asian/Non-Hispanic children had parents who reported this (1% for white children)

WHAT IS TRAUMA INFORMED CARE?

"A system in which **all parties** involved **recognize and respond** to the impact of traumatic stress on those who have contact with the system…**infuse and sustain** trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies…**act in collaboration** with all parties involved with the child, using the best available science to **maximize safety**, **facilitate recovery**, and **support** the child's ability to thrive"

-National Child Traumatic Stress Network

STRATEGIES TO ADDRESS TRAUMA AND IMPROVE CARE ACROSS THE HIV CONTINUUM

The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress"

-American Psychological Association

Trauma-Focused Therapies

- Trauma-Focused CBT
  - Appropriate for ages 3 and older
- Eye Movement Desensitization and Reprocessing Treatment (EMDR)
  - Effective in adults
  - Some studies in adolescents
- Individual Psychoanalytic Psychotherapy

Trauma Informed Therapy

- Specialized training

- Moves at a slower pace in order to build trust and safety necessary prior to exploring trauma
- It is NOT talk therapy
- Acknowledges systemic/structural isms and their impact on individuals
- Major principles
  - Safety
  - Choice
  - Collaboration
  - Trustworthiness
  - Empowerment

Choosing Therapy:
https://www.choosingtherapy.com/trauma-informed-care/

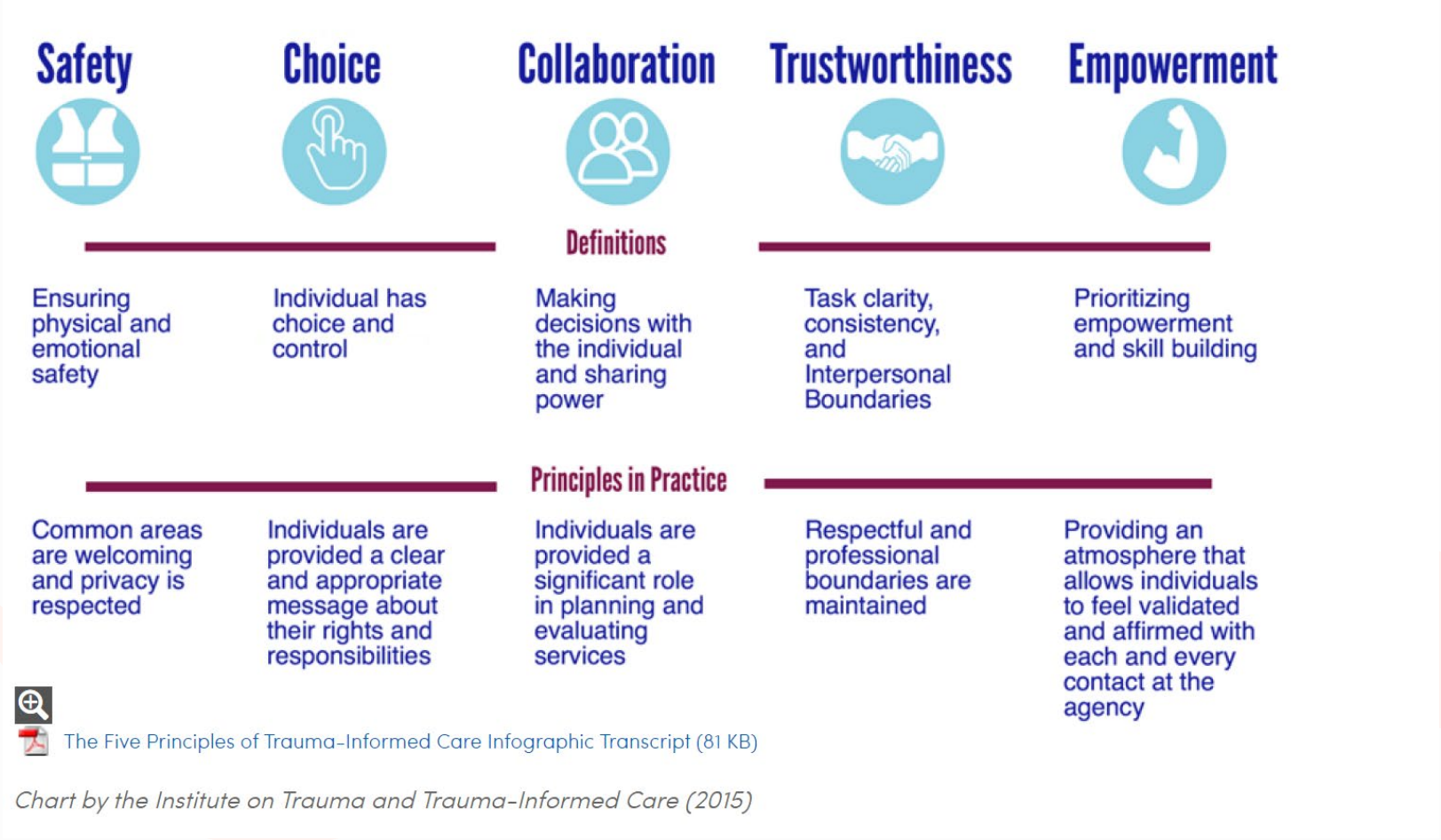
Key Considerations to Transform Your Orgniazation

- Use existing frameworks to ensure consistency
- Consider taking Trauma-Informed Organizational Assessment to understand how your practice currently functions
  - Also helps with identification of areas where individuals may be re-traumatizing clients/patients
- Know the population you serve: Screen patients for trauma as well as strengths and resiliency skills
- Involve clients/patients in the development of your services
- Provide specialized services based on the population

https://www.traumaticstressinstitute.org/resources/trauma-informed-care-organizational-assessment/

https://www.homelesshub.ca/resource/eight-tips-becoming-trauma-informed-practice

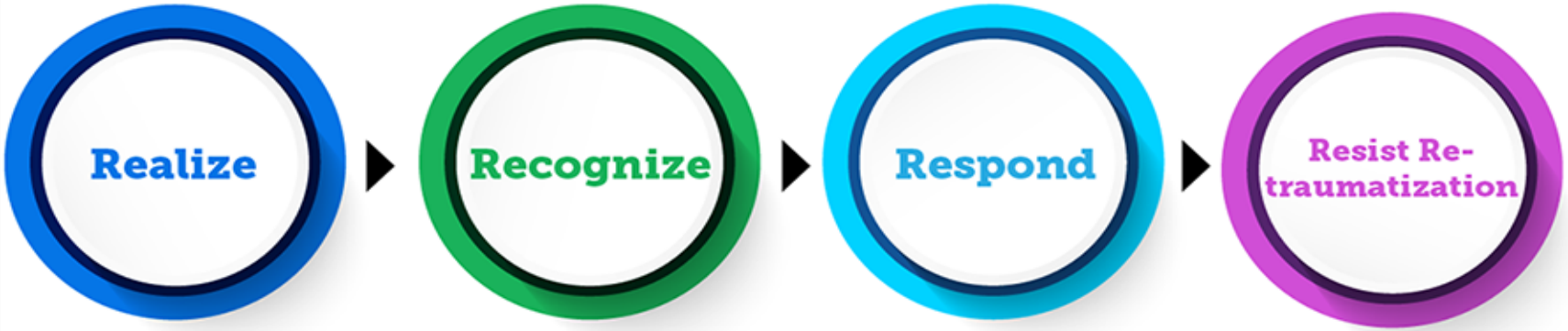
Trauma Informed Care Guiding Principles



The Five Principles of Trauma-Informed Care Infographic Transcript (81 KB)

Chart by the Institute on Trauma and Trauma-Informed Care (2015)

The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Building Resilience

- Involves behaviors, thoughts, and actions that anyone can learn and develop
- Doesn't mean the individual won't experience any difficulties or distress

Thinking and learning brain
Hope
Regulation or self control
Efficacy
Attachment
Developmental skill mastery
Social connectedness

Resilience Achieved with THREADS

- Resiliency skills the THREADS of childhood:
  - **T**hinking and learning brain
  - **H**ope
  - **R**egulation or self control
  - **E**fficacy
  - **A**ttachment
  - **D**evelopmental skill mastery
  - **S**ocial connectedness

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Benefits of Screening for ACEs and Trauma

- Increased likelihood clinicians will use Trauma informed approaches
- Improved relationships with care team
- Provides a signal to the team that client may need additional resources
- Provide PWH information they need to help them gain insight into some of their mental health challenges
  - ?Motivation to seek out resources

Kelly C. AIDS Care. 2019 October ; 31(10): 1241

ACEs Screening Recommendations

	Score Yes = 1, No = 0
A person in the household often or very often acted in a way that made the child/teen afraid that they would be physically hurt (e.g., sworn at, insulted, put down, humiliated)	
A person in the household often or very often hit, pushed, grabbed, or slapped the child/teen so hard that they had marks or were injured	
A person in the household touched the child/teen in a sexual way	
Child/teen often or very often felt that people they lived with did not love them, look out for each other, feel close to each other, or were a source of strength and support	
Child/teen often or very often did not have enough to eat or clean clothes to wear, and did not have someone to take care of and protect them	
Child/teen's parents or guardians were separated or divorced	
Child/teen witnessed a person in the household being pushed, grabbed, hit, or physically threatened	
Someone the child/teen lived with had a problem with drinking or used street drugs	
Someone the child/teen lived with had mental illness	
Someone the child/teen lived with served time in prison	
Total:	

Example of Screen modified to for children. https://www.porticonetwork.ca/web/childhood-trauma-toolkit/tools

Life Events Checklist for DSM-V				
Natural disaster (for example, flood, hurricane, tornado, earthquake)	Serious accident at work, home, or during recreational activity	Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)	Combat or exposure to a war-zone (in the military or as a civilian)	Severe human suffering
Fire or explosion	Exposure to toxic substance (for example, dangerous chemicals, radiation)	Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm	Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	Sudden violent death (for example, homicide, suicide)
Transportation accident (for example, car accident, boat accident, train wreck, plane crash)	Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	Other unwanted or uncomfortable sexual experience	Life-threatening illness or injury	Sudden accidental death
. Serious injury, harm, or death you caused to someone else	Any other very stressful event or experience			

Individual Actions to Become More Trauma-Informed

- FRAYED VS THREADS
- Approach clients/patients with “what has happened” or “I know you’re doing the best you can” attitudes
- Avoid power struggles
- Work in interdisciplinary settings and as teams
- Avoid repeat asking of the same questions that may be triggering
- Strength-based approaches
- Identify available resources

Most Common Symptoms of Trauma

You are FRAYED (and at the end of your rope)

- **F**its, **F**rets and **F**ear
- **R**egulation disorders
- **A**ttachment disorders
- **Y**elling and **y**awning
- **E**ducational delays
- **D**efeated

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Comparing Patients Experiencing Trauma with Those with Resilience

Trauma (FRAYED)

- **F**its, **F**retts, and **F**ear
- **R**egulation disorders
- **A**ttachment disorders
- **Y**elling and **Y**awning
- **E**ducational delays
- **D**efeated

Resilience (THREADS)

- **T**hinking and learning brain
- **H**ope
- **R**egulation or self control
- **E**fficacy
- **A**ttachment
- **D**evelopmental skill mastery
- **S**ocial connectedness

Using a Strengths-Based Approach

- Focus on helping youth and families recognize, understand, and value their own strengths in responding to a traumatic event
- Assessments includes:
  - Assessing resources and capacities of child, family, and community
  - Determining how the provider can support and utilize resources to improve functioning
- Goals
  1. Establish alliance
  2. Identify strengths and problems
  3. Instill hope and encouragement
  4. Find practical solutions
  5. Build strengths and competence
  6. Foster empowerment and change

VALIDATE!

"Thank you for trusting me"

"You are so brave"

Barriers and Facilitators to Implementing Trauma Informed Care

"If I do ask about [trauma], then I'm still at a loss of where to send people, which informs if I asked or not, because...you don't wanna ask a question you don't know the answer to"(Provider).

In terms of the referral for services, I don't think all providers know what the services available are...I would do better for my patients if I personally knew more about the available services for referral that are located that could be tailored to each person's specific circumstance. (Provider)

I feel so connected with [my doctors] because they've seen me from the beginning and they were able to really calm me down and get me into a place to where I would take the medicine and take it correctly. And they listened to me. (Patient)

"If you are not a skilled and trained counselor or provider, then it's almost a disservice. Like you say, 'where you raped recently? 'then you check a box and move on"(Provider).

Piper KN 2023 *AIDS CARE*

EXAMPLES IN ACTION

INSPIRE- TIC Participatory Intervention for Female Sex Workers

- N=60 FSW were enrolled in INSPIRE Intervention in Baltimore
  - Outreach worker delivered 5-8 semi-structured conversation

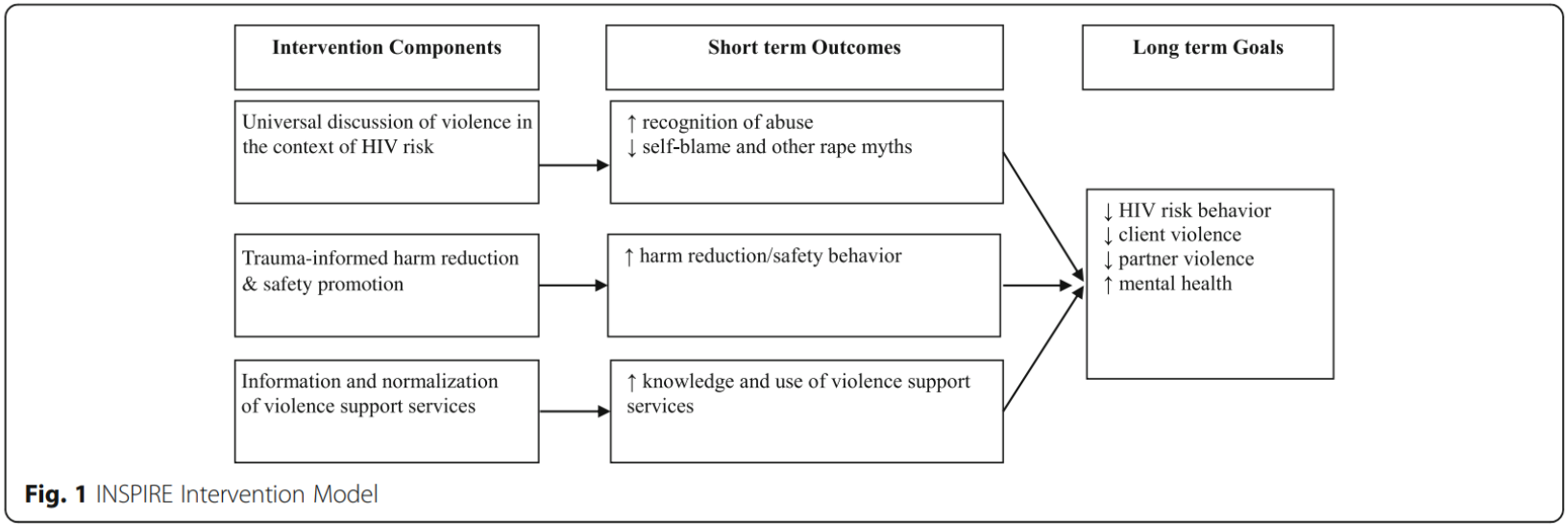


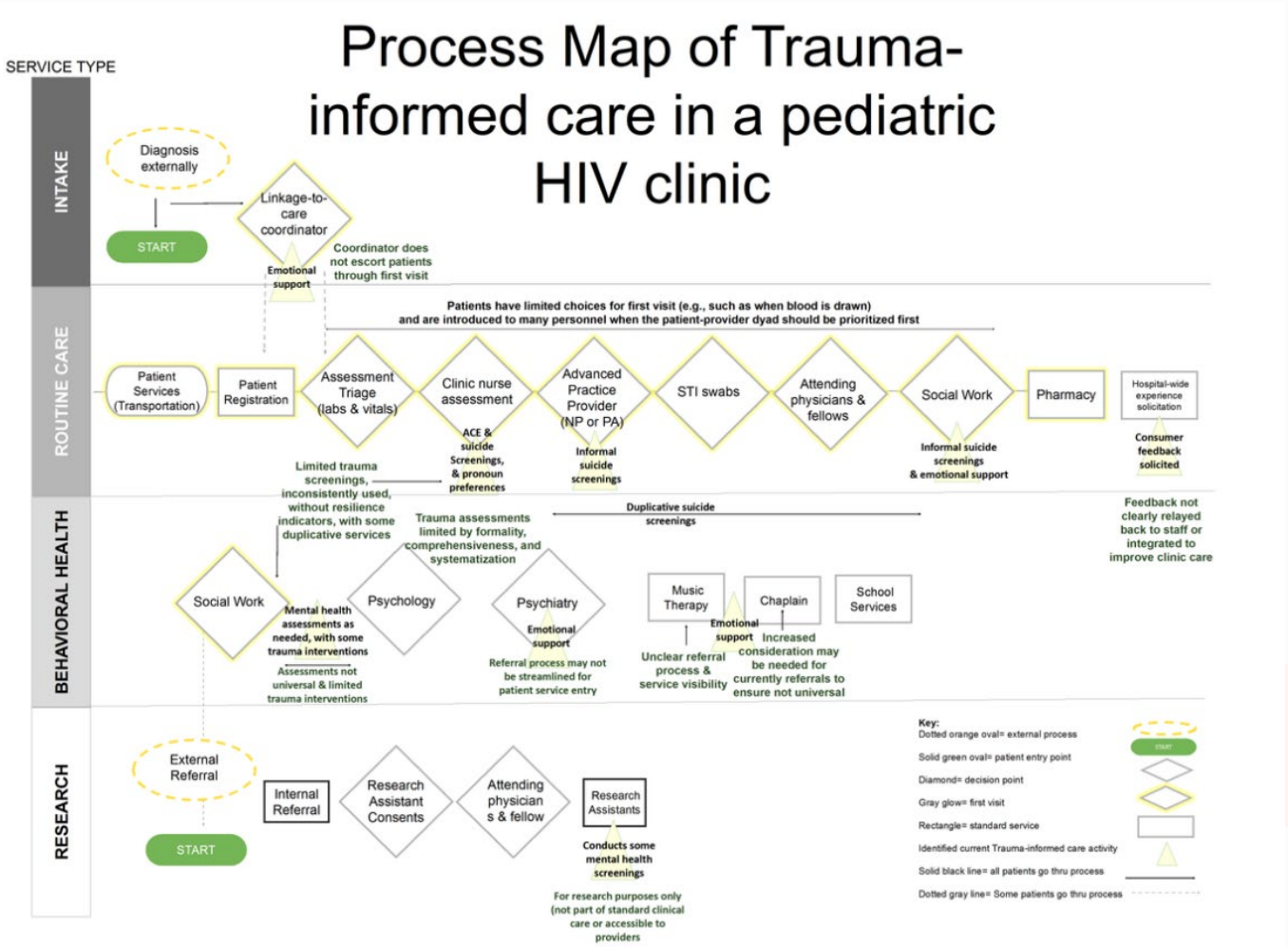
Fig. 1 INSPIRE Intervention Model

Decker et al. 2018

Steps to Developing Process Map

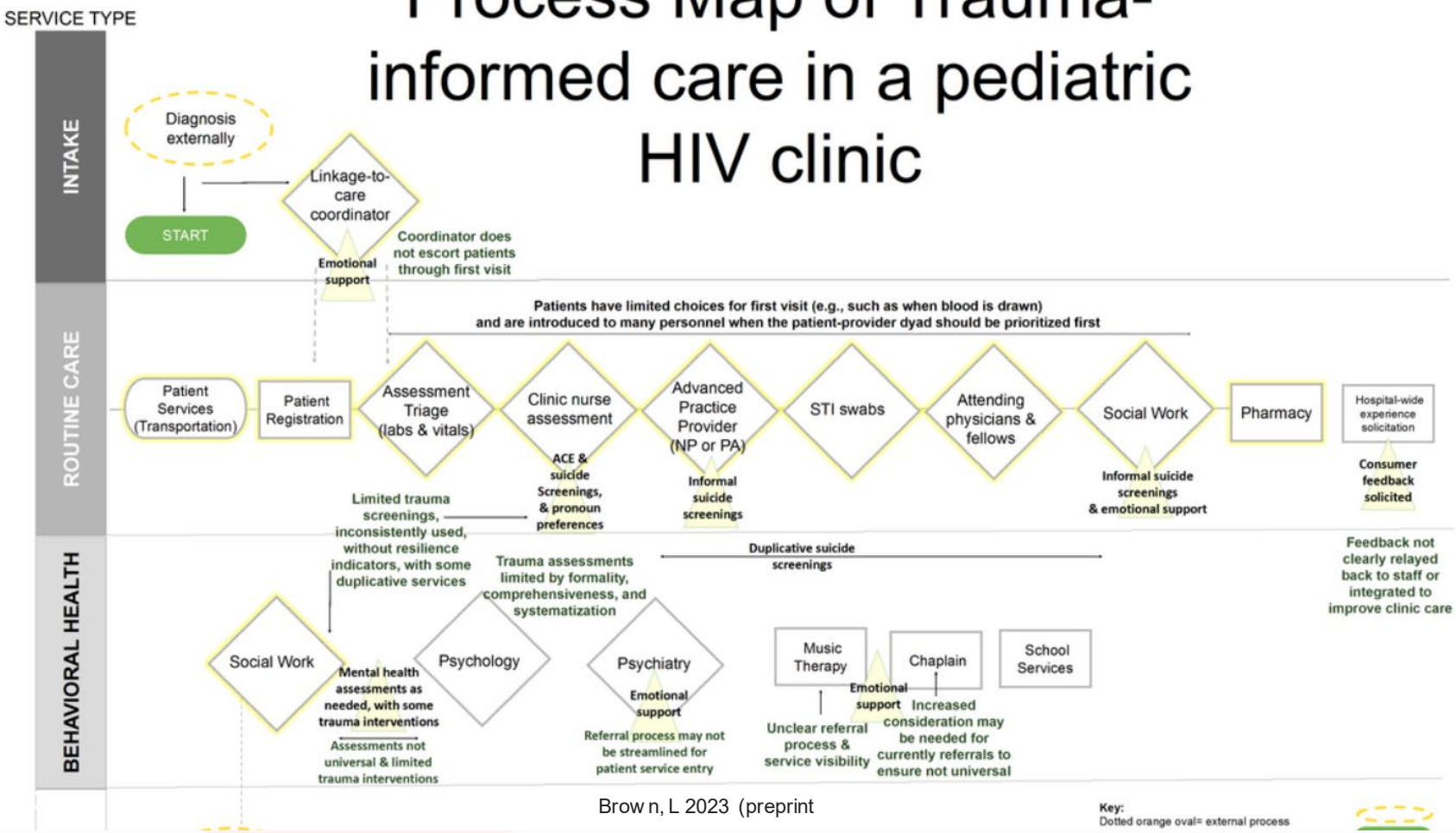
Process Mapping phase & quality criteria	*Activity*
Preparation, Planning, and Process Identification 1. *Patient service clearly identified.* 2. *Team educated on use of PM* 3. *Patient representative involved*	1. Evaluator meets regularly with site champions 2. Kickoff meeting held between clinic personnel and evaluator to share project intent (e.g., Grand Rounds) 3. Team consults with Implementation Science (IS) specialists (e.g., NIH-assigned IS Hub) 4. Engage local community via advisory group, comprising researchers, practitioners, persons with lived experience, personnel, and other community members to develop proposal and plan to support work and involve community
Data and Information Gathering 1. *Information gathered to inform PM*	1. Review extant literature on process mapping to guide PM activities 2. Review characteristics of clients/ patients to assess outcomes needing improvement 3. Conduct site visit(s), recording thick descriptions of space and interactions with personnel, including direct care staff and ancillary support staff (e.g., registration, security guards/police officers) 4. Apply recommendations from TIP 57 to create a list of trauma-informed assessment items for site visit (See Supplementary table). 5. Review written policies and procedures of site 6. Engage personnel to describe *who* & *what* of services in mixed discipline spaces, with follow-up groups to evince *how* care is provided, conducted by discipline/service area to describe workflow a. Groups explore shared understandings of current trauma screenings, assessments, referrals, and services for all care
Process Map Generation 1. *Different perspectives from multiple stakeholder groups gathered*	1. Create initial map by evaluator & champions 2. Employ standardized PM symbols
Analysis 1. *Process map analyzed* 2. *Additional information gathered and integrated* 3. *Standardized symbols integrated* 4. *Final map validated with key stakeholders*	1. Update map drafts iteratively by reviewing notes from personnel discussions & organizing points by TIP 57 principles & OTR domains for measuring principles in action. 2. Review descriptions & decide on summaries for service areas 3. Validate map with a member of each service area & with a patient representative group

Brown, L 2023 (preprint)



Brown, L 2023 (preprint

Process Map of Trauma-informed care in a pediatric HIV clinic



Brown, L 2023 (preprint

TIC Dimensions, Associated Activities, & Recommendations

OTR dimension	TIC activity	Recommendations
Trauma Responsive Services	Psychological trauma screening	1) integrate universal screening, brief intervention, referral to treatment (SBIRT) for trauma into routine care, with non-clinical staff conducting SBIRT and reducing the number of repeated non-systematized questions on sensitive topics; 2) incorporate mental health and trauma assessments for all positive screens; 3) utilize electronic patient-reported outcomes; 4) integrate resilience assessments; and 5) conduct Plan-Do-Study-Act cycles to improve mental health screening practices in an on-going way.
	Formal trauma assessments	1) trauma screening tools should be followed with gold standard assessment tools following positive screens; 2) multi-level resilience assessments should be integrated; and 3) PTSD assessments should include two-step process to confirm diagnoses.
	Clinical trauma interventions	1) adapt evidence-based approach to setting via implementation science methods; 2) implement intervention(s) to improve patient mental health, access to services, and HIV outcomes, and 3) train more providers to administer different stages of trauma interventions, including paraprofessionals and community health workers; 4) decrease reliance on Licensed Clinical Social Workers for case management, freeing them up to work at the top of license to provide clinical trauma therapy.
Practices of Inclusivity, Safety, and Wellness	Initiatives to promote professional quality of life (Pro-Qol) and culture or trauma resilience	1) implement multi-level interventions to alter institutional climate and culture; 2) utilize instruments as repeated measures (e.g., pre/post/post, etc.) to measure changes in to measure Professional Quality of Life, climate, and culture; and 3) conduct pre-implementation stage research to explore perceived barriers and facilitators to personnel-level TIC interventions; 4) engage advisory board to co-produce TIC implementation efforts.
Training and Sustaining a Trauma Responsive Workforce	TIC training for personnel	1) implement interventions as repeated measures (e.g., pre/post/post, etc) to measure changes in attitudes, practices, etc. to change personnel TIC knowledge, attitudes, and practices; 2) utilize instruments to measure attitudes; and 3) conduct further pre-implementation stage research to explore perceived barriers and facilitators to TIC implementation.
Cultural Responsiveness	Initiatives to promote cultural responsiveness	1) implement interventions to promote humanistic communication among providers and address racism as a form of trauma; and 2) conduct further pre-implementation stage research to explore perceived barriers and facilitators to addressing cultural responsiveness as part of TIC.

Brown, L 2023 (preprint

Follow-up: A Tale of 2 Adolescents

- Now 16yo
- Has not been incarcerated in almost 1 year; her younger sister is now incarcerated
- Her mother recently passed away after a massive seizure
- Father has Covid-19 and refuses to speak to her even now after her mother's passing
- She is sexually active with 1 male. She is still not on any form of contraceptive
- Dropped out of school, but is working on her GED
- Works full time and uses money to help her grandmother pay the bills

- Now 27yo
- Feels heard
- Participates in motivational interviewing
- Participates in trauma informed therapy
- Adherence is improving
- Has identified additional individuals to support her with her family

Helpful Resources

- American Psychological Association – www.apa.org
- The National Child Traumatic Stress Network – www.nctsn.org

- Feel free to reach out to the Adolescent Health Center for a list of Trauma-Informed Pediatric, Adolescent, and Young Adult Providers

Any Questions???

Contact Information

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Recommendations from APA

1. Support the youth, family, and community
2. Provide education about trauma reactions and hope for full recovery
3. Help youth, families, and communities return to or create normal roles and routines
4. Understand the youth and family cultural perspective relating to the trauma, reactions to the trauma, and need for and type of intervention
5. Assess need and provide care consistent with youth's need
6. Respect youth and family readiness and willingness for treatment
7. Consider confidentiality and privacy issues
8. Advocate for trauma-focused treatment for those who don't fully recover
9. Take care of yourself and watch out for burnout