



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Utilizing Trauma Informed Principles to End the HIV Epidemic

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Disclosures



Neither Matt Bennett nor Holly Hanson have relevant financial or non-financial interests to disclose.

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Learning Outcomes



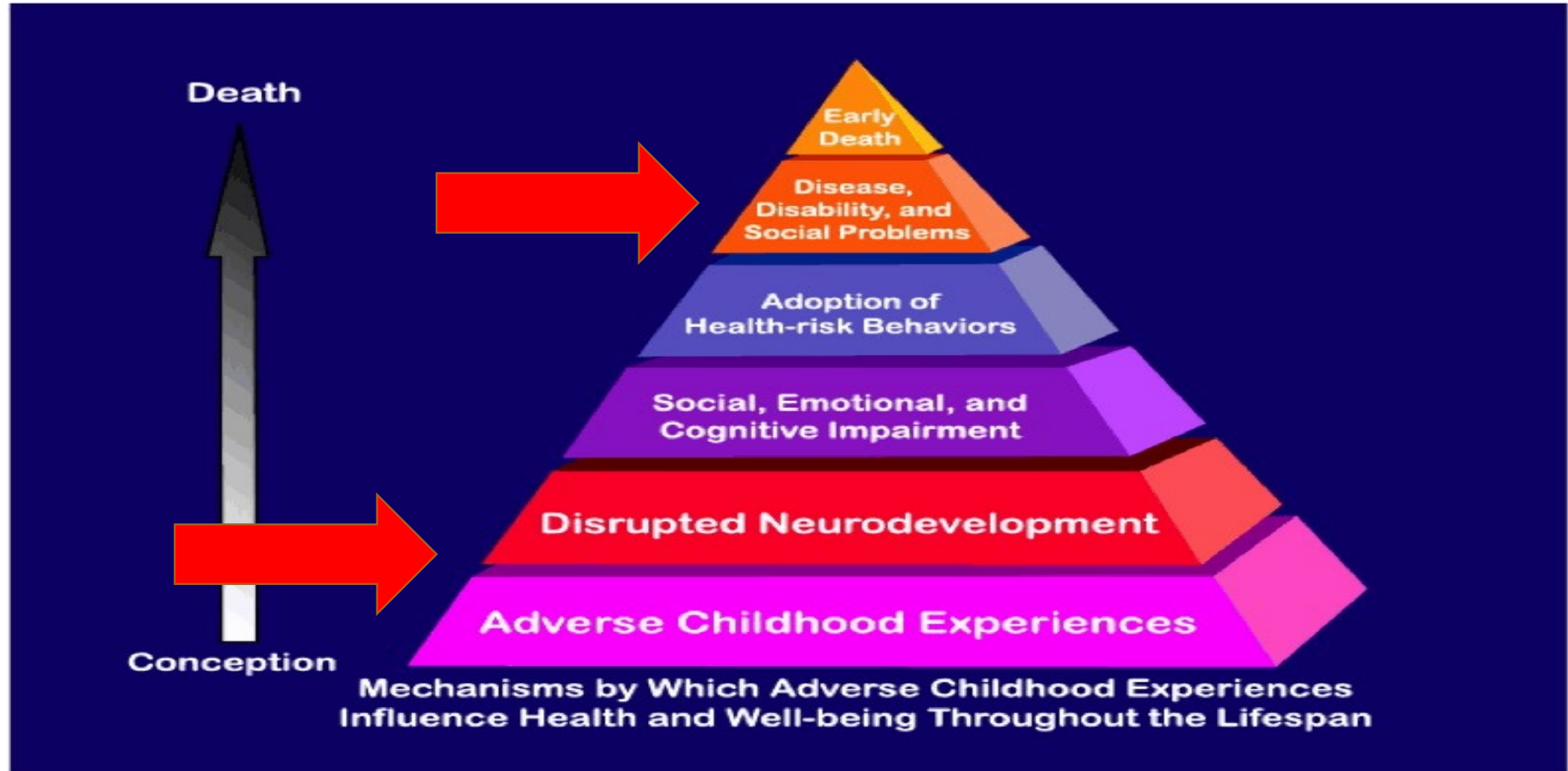
At the conclusion of this activity, the participant will be able to:

1. Recognize the impact of trauma on the lives of people living with HIV and describe its role along the care continuum.
2. Gain an understanding of the relationship between trauma and risk factors for HIV.
3. Identify concrete steps and best practices for implementing trauma informed principles into a variety of systems, including Parts A-D.
4. Learn how programs and interventions can maximize opportunities for healing and growth, and ultimately ending the HIV epidemic.

Who we are



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The Trauma-Informed Journey

Trauma-
Informed
Leadership

Self-care

Trauma-
Informed
Care

Trauma
Treatment

Need for a New Model of Leadership & Self-care



- We are a mess: #1 Physicians; #2 Nurses; #3 Social Workers
- Empathetic Intensity
 - Compassion Fatigue
 - Vicarious Trauma
 - Secondary Trauma
- Burnout

Impact of Empathetic Intensity & Burnout



Physical Health

Cardiovascular Disease
Stroke
Type II Diabetes
Musculoskeletal Disorder
Cancer
Physical Fatigue
Sexual Issues
Gastrointestinal problems
Headaches
Physical Illness
Back problems

Social/Work Health

Social Isolation
Relationship Issues
Poor performance
Absenteeism
Tardiness
Theft
Dehumanization of clients
Turnover (at least 40% is stress related)
Client & Employee Filed Grievances
Litigation
Low Job Satisfaction

Mental Health

PTSD
Memory Loss
Cognitive decline
Sleep Problems
Headaches
Mental Fatigue
Anxiety & Irritability
Depression
Aggression
Defensiveness
Negative World View
Hopelessness
Feeling of incompetence and doubt
Negative attitude

Trauma-Informed Leadership



- Affective Leadership + Intellectual Leadership = Individual & Organizational Excellence
- A trauma-informed journey goes no where without leadership and champions
- Trauma-Informed Supervision

Self-care is Quality Care



- Leadership service of role models of health and wellness for staff
- Staff serve as role models of health and wellness for clients
- Self-care Plans
 - Proactive and Reactive
 - Employee Assistance Programs
 - Wellness and Excellence

Trauma-Informed Care



- Becoming trauma literate
 - Neurobiology
 - Epigenetics
 - Impact on mental, medical, social, and cognitive health
 - Hope and Post-traumatic growth
- Relationships, Relationships, Relationships
- Avoiding Retraumatization
- Policy reviews, rethinking quality improvement, supporting existing outcomes

Trauma-Specific Treatment



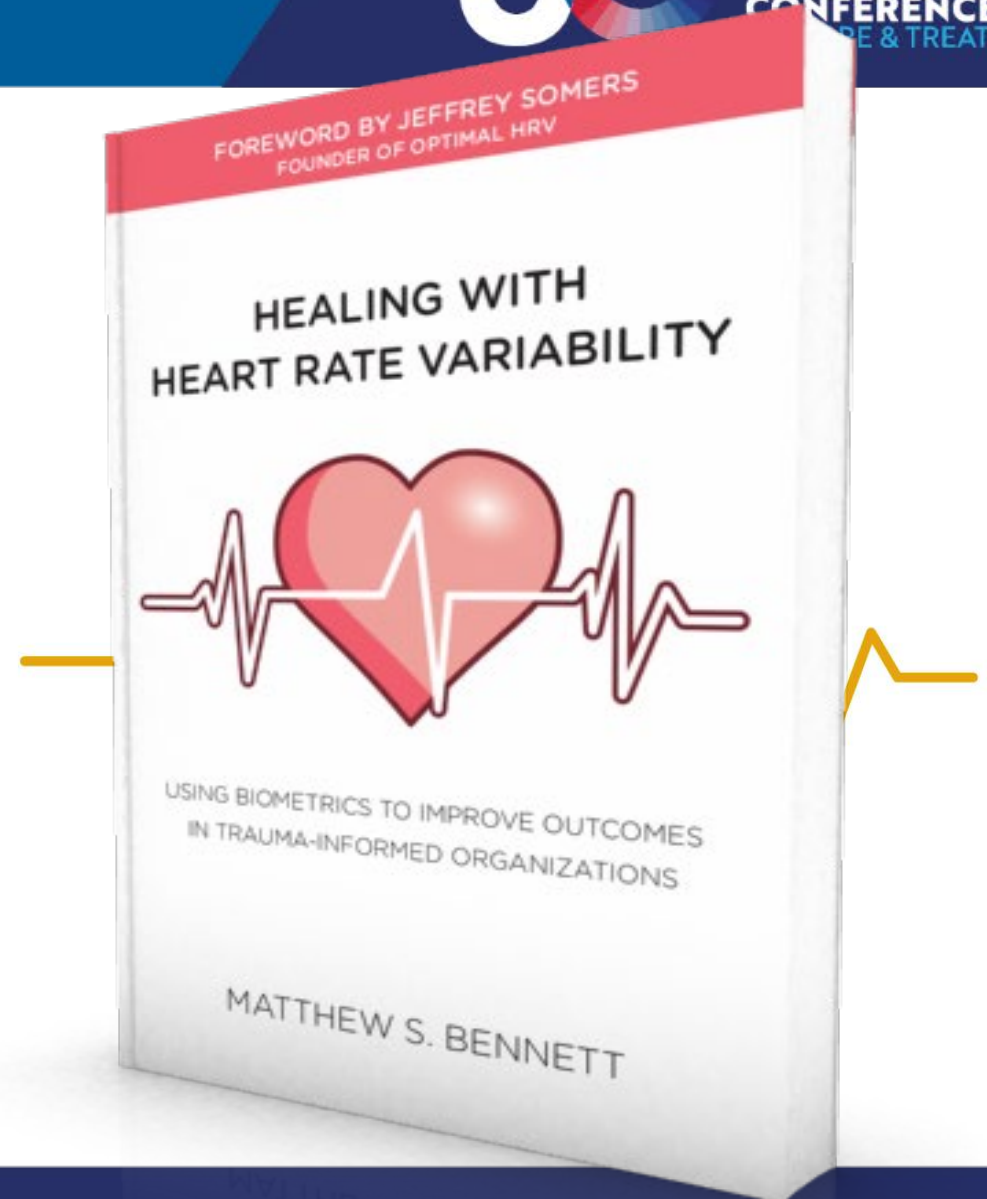
- Many roads to post-traumatic growth
- Ensure access to best practice treatments
- Integrated care and warm handoffs

A New Way to Quantify Outcomes



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PREVENTION & TREATMENT

- Quantifying health and wellness
- Charting post-traumatic growth
- Organizational health
- [Optimalhrv.com](https://optimalhrv.com)



Ending the HIV Epidemic



Focusing on integrating trauma-informed principles is **CRITICAL** to ending the HIV epidemic.

- Research shows that PLWH are **disproportionately impacted by trauma** due to high rates of lifetime sexual, physical, and emotional abuse, interpersonal violence, chronic toxic stress, and racism.
- This violence and abuse **negatively impacts** the quality of their lives as well as health outcomes along the HIV Care Continuum.

Insight into the Challenge



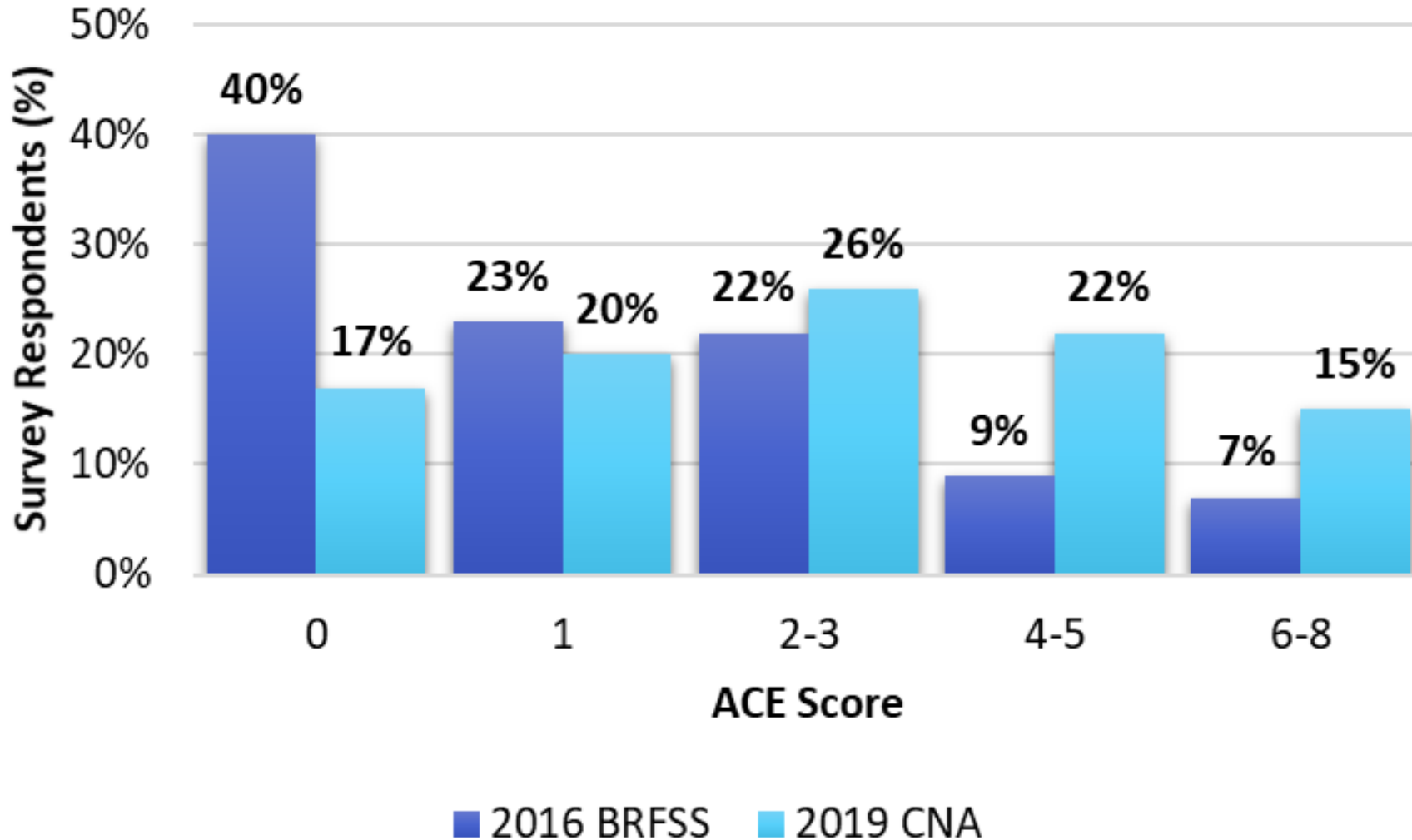
“In a forthcoming study looking at deaths in our program over the past decade, **only 16% were due to complications of HIV/AIDS,**” states Edward L. Machtinger, MD, Director of UCSF’s WHP.

Insight into the Challenge



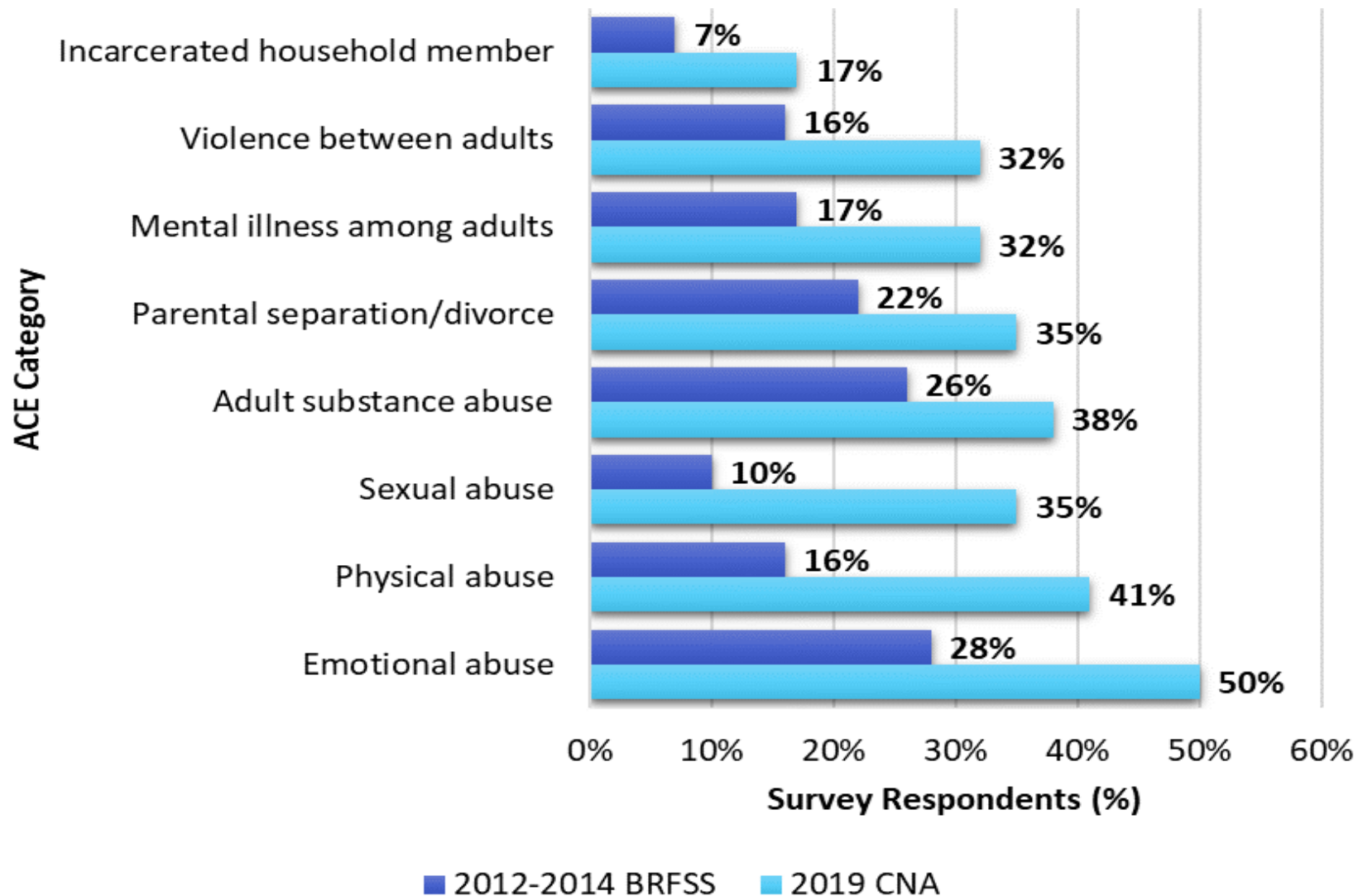
“The majority of the rest of these deaths were due to the effects of trauma: directly through murder; and indirectly through substance abuse, depression, isolation, and illnesses linked to trauma like obesity, diabetes, heart, lung, and liver disease.”

ACE Scores Among 2019 CNA Respondents (n=555) and 2016 BRFSS Respondents (n=7,257)



- IA General population more than **twice** as likely to have an ACE score of zero compared to 2019 CNA respondents
- 2019 CNA respondents were more than **twice** as likely to have an ACE score of four or more compared to IA general population

ACEs Among 2019 CNA Respondents (n=555) and 2012-2014 BRFSS Respondents (n=19,000+)

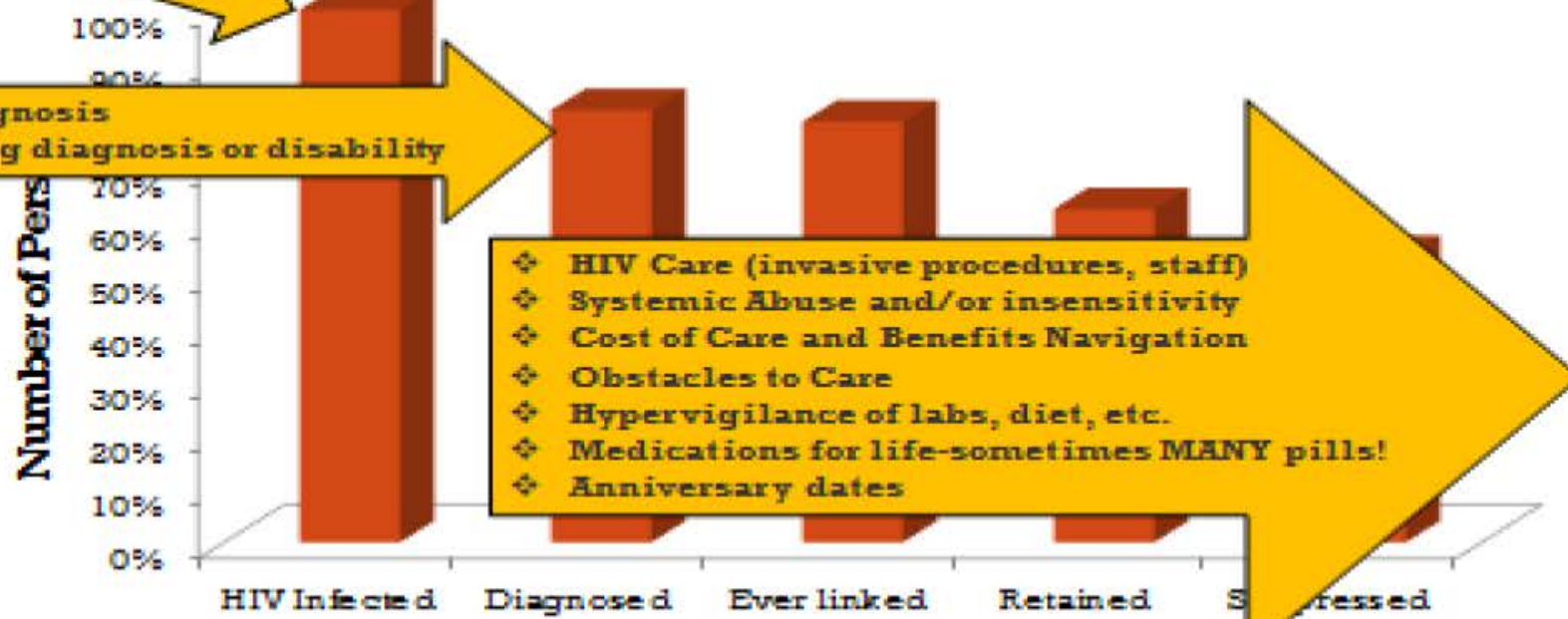


- 2019 CNA respondents were **twice** as likely to have experienced:
 - Incarcerated household member
 - Violence between adults
 - Mental illness among adults
 - Physical abuse
- 2019 CNA respondents were more than **three times** as likely to experience sexual abuse

HIV CARE CONTINUUM & TRAUMA

Past experience = Risky Behaviors

- ❖ Traumatic Diagnosis
- ❖ Fear of Life-long diagnosis or disability



STIGMA
DEPRESSION



Continuum – Risk of infection

- Exposure to trauma is associated with a higher incidence of HIV transmission (Brezing & Freudenreich, 2015)
- Among HIV-positive men having sex with men, unprotected sex with casual partners is associated with ACEs, especially sexual abuse. (Kamen et al., 2013)

Continuum – Retention in Care

Studies indicate that PLWH with past of recent trauma:

- Take longer to be linked with care after dx
- Are less likely to stay in care
- Are less likely to adhere to ART

- Taking ART differently than prescribed is correlated with frequent childhood trauma, childhood sexual abuse, depression, and PTSD (Whetten et al., 2013; Meade et al., 2009).
- HIV-positive women with recent trauma are four times more likely to experience ART failure (Machtinger et al., 2012b).
- Sexual trauma is associated with greater likelihood of ART being unable to control HIV infection; a term for this is “treatment failure” (Machtinger et al., 2012b).

Trauma and HIV Mortality



Numerous studies have demonstrated the adverse impact of trauma on health outcomes of PLWH:

- Faster disease progression
- More hospitalizations
- Almost twice the rate of death

Ryan White Organizations Need to Understand:



- The IMPACT of trauma on the lives of PLWH and any co-occurring mental or substance use disorder conditions.
- The impact of trauma and prior negative experiences in health care on PLWH's ability to trust care providers.
- That living with HIV may increase a person's sense of isolation, stress, fears, shame, and internalized stigma.
- The prevalence of ongoing trauma and toxic stress (e.g., IPV, workplace, or community violence)
- The impact of trauma on one's ability to self-manage HIV and other chronic conditions.
- The impact of structural factors such as racism, homophobia, and transphobia in the lives of PLWH

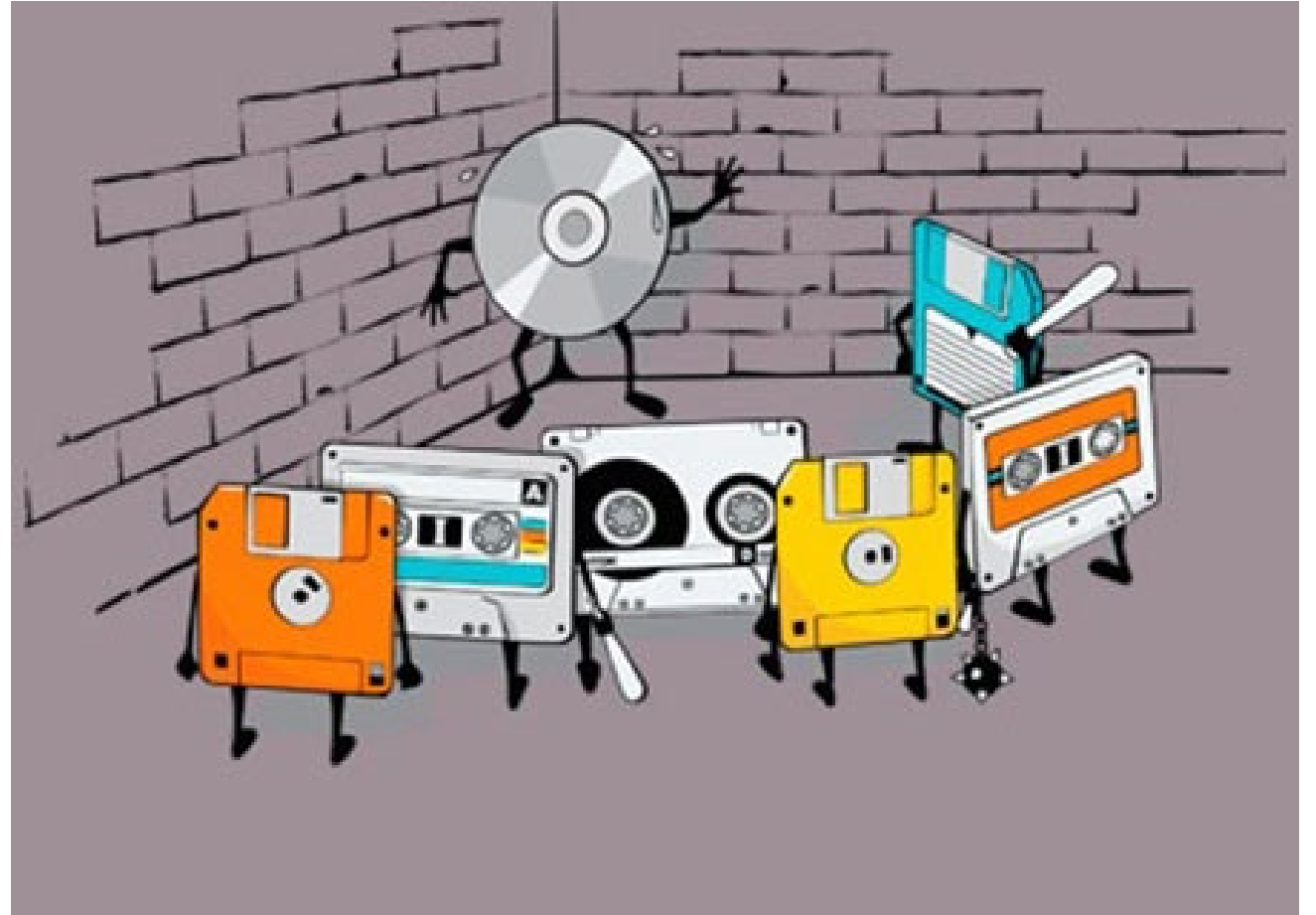
Summary:



- Trauma is very widespread in the lives of PLWH
- Violence and other forms of trauma, including all types of racism, further influence health and well being.
- Trauma affects the ability to effectively link to and engage in care.
- It's going to be critical to End the Epidemic to go beyond a focus on viral suppression to addressing the impact of trauma.

Implementation

So now that
we know...
what do we
do?





TRAUMA AWARE

Knowledge Building

Creation of TILT

Organizational
Implementation Capacity
(OIC) Administered

Trauma Responsive Domain
Organizational Assessment

TILT Gathers Baseline Data



TRAUMA RESPONSIVE

Hot Spot Identification

Prioritization and TIC
Domain Focus

Initial Work Plan
Established

Implementation Process
Initiated

Monthly Technical
Assistance Begins



TRAUMA HEALING

Implementation Occurring

Barriers Identified and
Addressed

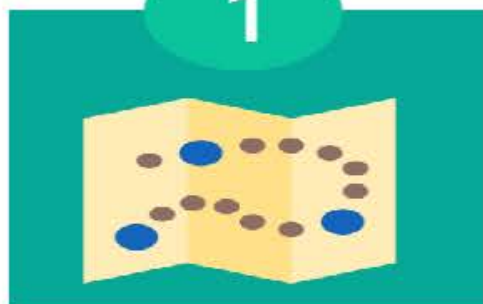
Iterative Process Created by
CORE Team to Keep
Momentum

TIC CORE Team Has an
Ongoing Presence and
Support by Leadership

Policies and Procedures
Exist Now to Sustain Work

CQI Process Present

1



KICK OFF &
PLANNING

2



ORGANIZATIONAL
ASSESSMENT

3



ORGANIZATIONAL
PROFILE

4



PLANNING
MEETING

5



TRANSFORMING
PROCESS

6



ONGOING
TECHNICAL
ASSISTNACE

7



IMPLEMENTATION
CHECK-INS

8



IMPLEMENTATION
PROGRESS
REPORT



10

TRAUMA
INFORMED
DOMAINS



PHYSICAL ENVIRONMENT

5



CULTURALLY RELEVANT RESOURCES &
EDUCATION

6



CROSS SECTOR COLLABORATION

7



EQUITABLE ENGAGEMENT AND
INVOLVEMENT

8



ADDRESSING CULTURAL, HISTORICAL,
RACIAL AND GENDER BASED HEALTH
INEQUITIES

9



ORGANIZATIONAL CULTURE

10



WORKFORCE WELLNESS

1



WORKFORCE TRAINING &
DEVELOPMENT

2



PREVENTION ACTIVITIES

3



SERVICE DELIVERY & CAPACITY

4

AWARENESS KEY ELEMENTS: LEARN & REDUCE STRESSORS		RESPONSIVE KEY ELEMENTS: CONNECTION & IDENTIFY NEEDS		HEALING KEY ELEMENTS: INTERVENTION & LINKAGE	
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
WORKFORCE WELLNESS					
No Wellness Programs	Basic Wellness Services	Individual Access to Health Services	Direct Administrative Support	Organization-Wide Wellness	Resilient Team Building
Wellness is responsibility of individual outside of the workplace	E-Service Wellness programs available Wellness newsletters available Wellness resource lists of employees provided (no linkage)	Employee Assistance Program (EAP) Health insurance acces with quality behavioral health providers Designated HR professionals provide linkage to mental health and wellness services	Regular supervision that offers time to process impact on work Professional development (face-to-face) offered to teach about impact of vicarious trauma	Gym and meditation rooms available onsite Wellness Committee that provides active education & health building Critical Debriefing offered Peer support programs offered	Reflective supervision taught and offered Self Care is promoted and active part of work culture Administration actively runs leadership groups for all employees

Examples:



- 1) Workforce Wellness
- 2) Workforce Training and Development
- 3) Prevention Activities
- 4) Service Delivery & Capacity
- 5) Physical and Built Environment
- 6) Culturally Relevant Resources and Education
- 7) Cross-sector collaboration
- 8) Equitable Engagement and Collaboration
- 9) Addressing Cultural, Historical, Racial, and Gender Based Health Inequities
- 10) Organizational Culture
- 1) Reflective supervision taught and offered
- 2) TIE Training required
- 3) Integrating Resilience Assessment and Building
- 4) Development of TIC “crosswalk”
- 5) Agency remodeled
- 6) Need
- 7) TIPWG and TILT
- 8) Resurrecting or maintaining CABS and/or ensuring geographic parity on EtHE
- 9) Racial Equity Challenge
- 10) Implementation of *Organizational Health in Trauma-Exposed Environments*

A word about Racial Justice

TRAUMA-INFORMED & EQUITY AND SOCIAL JUSTICE INTERSECTIONS



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How to Claim CE Credit



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ryanwhite.cds.pesgce.com

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