2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Developing a Program-tailored Trauma-informed Approach to Enhance HIV Care Delivery

Ameeta Kalokhe, MD MSc & Jessica Sales PhD
Emory University School of Medicine and Rollins School of Public Health

Matthew Bennett, MBA, MA
Trainer, Podcaster, Blogger, & Author of Connecting Paradigms: A Trauma-Informed & Neurobiological Approach to Motivational Interviewing Implementation

Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

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

1. To discuss methods for effectively conducting a multi-tier trauma-informed care needs assessment of your Ryan White program to identify barriers and facilitators to implementing trauma-informed HIV care
2. To explain methods for developing and prioritizing trauma-informed care strategies tailored to the needs of your Ryan White program based on needs assessment results
3. Compare current assessment practices and standards of care with best-practices and how to align research in TIHC, Pre-treatment, harm reduction, and MI to improve health outcomes.

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Trauma-informed HIV Care: first steps

Outline

- Why address trauma in HIV care settings?
- What is trauma-informed care?
- Is there evidence supporting the effectiveness of trauma-informed care?
- The “Trauma-informed HIV Care” Study
- Conclusions and next steps

Defining Trauma

Traumatic experience: event(s)/circumstances *"**experienced** by an individual **as physically or emotionally harmful** or life threatening and that has **lasting adverse effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."*

- Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma includes (but is not limited to):

- sexual assault, intimate partner violence
- school violence, community violence, bullying
- military trauma, natural disasters, forced displacement
- traumatic grief and separation

https://www.samhsa.gov/trauma-violence

Why address trauma in HIV care settings?

Trauma is prevalent among people living with HIV (PLH)

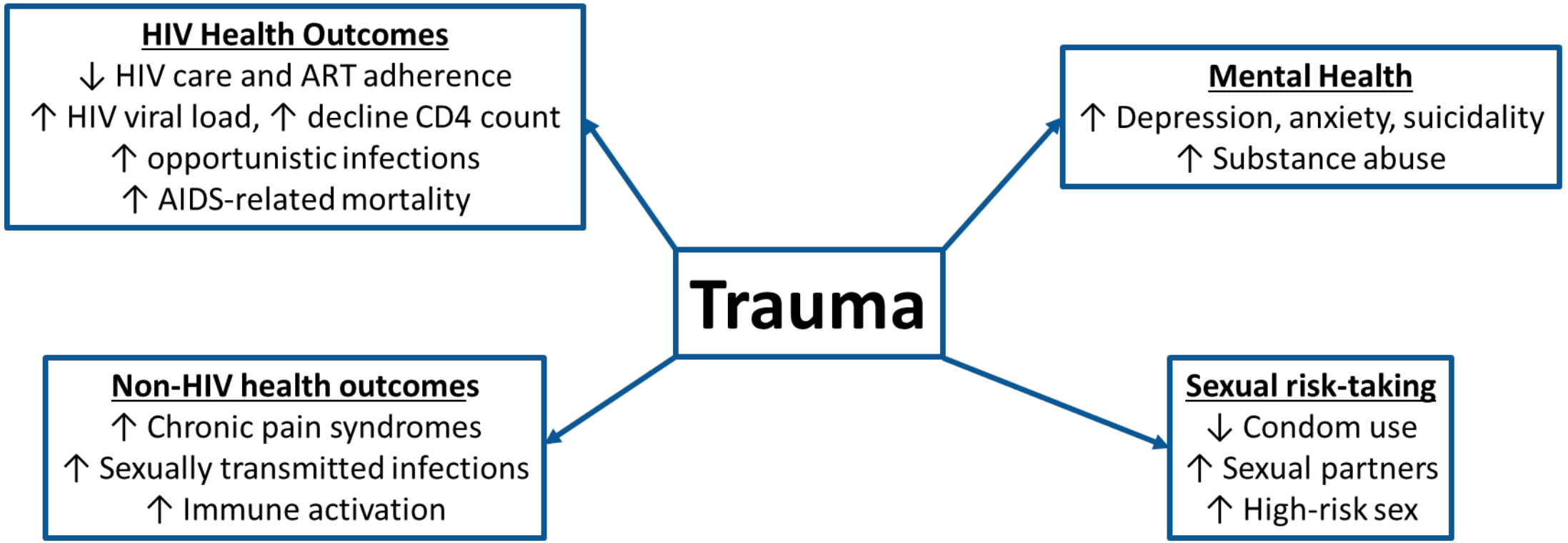
- Child physical and/or sexual abuse before age 13 years: 30%
- Intimate partner violence: 68-95% women, 68-77% men, 93% transgender

Trauma is reported more frequently by low-income/uninsured and racial/ethnic minorities

…Ryan White-funded HIV care settings may be opportune venues to address trauma and trauma sequalae

Hatcher AM. *AIDS*. 2015
Ramachandran S. *AIDS Care*. 2010
Henny KD. *AIDS & Behavior*. 2007
Kalokhe AS. *AIDS Pt Care STDS*. 2012

Why address trauma in HIV care settings?



Why address trauma in HIV care settings?

The “Tool Box” of Ryan White-funded HIV Care Clinics:

- Providers and staff who are trained to ask sensitive questions
- Providers and staff often have strong, longstanding relationships with patients
- Co-location of substance abuse, mental health, and other support services (or established referral networks with providers of these services)

…RW-funded clinics are well-positioned to address trauma and sequelae of trauma

What is Trauma-informed Care?

Trauma-informed Care (TIC) is an organizational treatment framework promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a means of recognizing and addressing the consequences of trauma. Per SAMHSA guidelines, trauma-informed (TI) systems and programs:

1) *realize* the widespread impact of trauma and understand potential paths for recovery
2) *recognize* signs and symptoms of trauma in clients, staff, and others involved with the system
3) *respond* by fully integrating knowledge about trauma into policies, procedures, and practices
4) seek to actively *resist re-traumatization*

TABLE 1 TIC domains and associated targeted activities to become a "Trauma-informed" Organization[47]

	Supporting Staff Development	Creating a Safe and Supportive Environment	Assessing and Planning Services	Involving Patients	Adapting Policies
Example Activities to Implement per TIC domain	• Agency-wide training about trauma and trauma-related topics • Staff support outlets (e.g., built-in opportunities to debrief) • Promote or provide opportunities for self-care among staff/providers	• Establish a safe physical environment • Establish a supportive environment (cultural competence; privacy & confidentiality) • Written safety & crisis prevention plans	• Screening and assessment for trauma and trauma symptoms (PTSD) - conducted routinely • Developing goals and plans • Offering services and trauma-specific interventions • Strengthening referral to trauma-services	• Involve patients in selection of services to be offered • Involve patients as peer-advocates • Involve patients in policy decisions • Allow multiple outlets for patients to provide feedback	• Create policies that address issues of safety (e.g., threats made to patients) • Policy outlining program's response to patient crisis. • Regularly review policies and modify as needed.

Is there evidence of the effectiveness of trauma-informed care?

Evidence from mental health, substance use and social service settings demonstrates TIC:

- enhances the effectiveness of evidence-based health services
- improves patient outcomes
- increases staff morale
- is cost-effective

Despite guidelines recommending screening for and addressing trauma within HIV services, limited research exists to guide implementation and evaluation of TIC in HIV care settings.

Before implementation of TIC in any setting, we first need to:

- understand the organization's current level of TIC
- barriers/facilitators to enhancing TIC unique to that organization

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The Trauma-informed HIV Care Study

CFAR
EMORY CENTER FOR AIDS RESEARCH

Trauma-informed HIV Care Study: Aims

- Dearth of evidence regarding trauma-informed care (TIC) in HIV clinical settings:
  - Existing levels of TIC provision
  - Associated barriers/facilitators to enhance TIC implementation
  - Strategies to enhance TIC implementation

- Aims: To conduct a comprehensive, multi-tier trauma-informed care needs assessment examining current level, barriers and strategies to the adoption of trauma-informed care within an HIV clinical care setting

CFAR
Emory Center for AIDS Research

Trauma-informed HIV Care Study: Approach

- Engage key center stakeholders
- Mixed-methods need assessment
  - Methods
    - Surveys assessments: 100+ items, 5 trauma-informed care implementation domains examining level of trauma-informed care implementation
    - In-depth interviews: barriers, facilitators, & strategies to enhance trauma-informed care
    - Review of the center's intake procedures
  - Participants: purposive sample of patients, providers, staff, administrators and local community-based organizations that provide support to trauma survivors

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Trauma-informed HIV Care Study: Approach

- Cross-sector collaboration
  - *Is care management that integrates substance abuse, mental health, and violence/trauma services available?*
- Engagement & Involvement
  - *Are patients involved in providing services (i.e. peer-run support groups, educational, therapeutic groups?)*
- Screening, Assessment & Treatment Services
  - *Soon after entering care, are patients asked about trauma related to learning of their HIV diagnosis?*
- Physical Environment
  - *Are procedures in place to assist a patient in accessing HIV care in another community if it is not safe for him/her to use center services?*
- Training & Workforce Development
  - *Do staff receive training on the relationship between HIV and trauma?*

Adaptation of survey assessment from the National Center on Family Homelessness "Trauma-informed Organizational Toolkit"

- Utilized provider & staff insight
- Tailored to needs of people living with HIV
- Tailored to existing resources and services at the HIV care center and local trauma-support organizations with whom the center partnered

Trauma-informed HIV Care Study: Findings

Strength

Gap

TRAUMA-INFORMED CARE DOMAIN (n=31)	
Screening, Assessment and Treatment Services	2.10
Engagement and Involvement	2.02
Physical Environment	1.98
Cross-sector Collaboration	1.96
Training & Workforce Development	1.57

Screening, Assessment and Treatment Services (n=31)	
Offering Services & Trauma-specific Interventions	2.22
Intake Assessment Process & Follow-up	2.19
Screening for Trauma and Sequelae of Trauma	2.13
Open and Respectful Communication	2.07
Developing Goals & Plans	2.04
Safety and Crisis Planning	1.59

Safety and Crisis Planning (n=31)	
Written safety plans are incorporated into patients' individual goals and plans	1.73
Each patient has an individualized written crisis prevention plans (i.e. list of triggers, strategies and responses, list of support persons)	1.45

Trauma-informed HIV Care Study: Findings

Screening, Assessment, and Treatment Services: Qualitative Results

Repeated screening → re-traumatization

It's not very effective if [the intake] health educator is hearing those things and then not going to tell the provider or the social worker afterwards, so then the patient's gonna' have to be ***asked those questions again****…[And], if a patient feels maybe triggered by whatever was asked, they're more than likely* ***not going to bring it up again****.*

- Intake Staff

Time as a barrier to screening

We only have half an hour to see the patient. *And in that half-hour, you have to take care of their…physical health, of their HIV, of their sex life, of, uh, doing – and refill of medications, and everything else in between. So unless they volunteer, nobody would have the time to sit down and explore that.*

- HIV care provider

Trauma-informed HIV Care Study: Findings

Strength

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Screening, Assessment and Treatment Services	2.10
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Physical Environment	1.98
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Training & Workforce Development	1.57

Gap

Training & Workforce Development (n=31)	
Staff supervision, Support, and Self-care	1.63
Training & Education	1.53

Training & Education (n=31)	
Informed consent & confidentiality	2.17
Working with people whose background differs from their own	2.10
Factors that increase risk of trauma	1.32
The relationship between childhood trauma and adult re-victimization	1.30
What traumatic stress is	1.29
Risk for re-traumatization of victims of violence by staff and peers	1.22
How traumatic stress affects the brain and body	1.21

Trauma-informed HIV Care Study: Findings

Training & Workforce Development: Qualitative Results

Need for trauma training and debriefing

*I personally feel that this **focus on trauma** and how it affects behaviors later in life **is completely left out in staff education**, as well as the **need to provide debriefing opportunities for staff** who deal with patients who live with trauma. I think **HIV diagnosis** itself is a **traumatic incident** for many of our patients and we have **not addressed it as such** as medical providers.*

- HIV care provider

Training should be interactive and engage audiences of different levels of training and experience

*"so I think any kind of didactic lecture is not gonna be as effective as something that's more **interactive** and has a sense that the audience you're dealing with is people from, you know, patient access representatives who may only have, you know, a **high school education**, to, you know, folks who have **post-graduate education**. So you have to **figure out a way to reach all those people** and I think that's pretty difficult."*

- HIV care provider

Trauma-informed HIV Care Study: Findings

Strength

TRAUMA-INFORMED CARE DOMAIN (n=31)	
Screening, Assessment and Treatment Services	2.10
Engagement and Involvement	2.02
Physical Environment	1.98
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Training & Workforce Development	1.57

Gap

Training & Workforce Development (n=31)	
Staff supervision, Support, and Self-care	1.63
Training & Education	1.53

Staff supervision, Support, and Self-care (n=31)	
Staff members have regular team meetings.	2.39
The Center has a formal system for reviewing staff performance.	2.27
Staff members meet with their supervisor regularly	2.07
Part of the staff's time with their supervisor is used to help staff members understand how their stress reactions impact their work with patients.	1.40
The actions that follow (solicitation of input) demonstrate that staff have been heard.	1.34
Part of staff's time with their supervisor is used to help staff members understand their own stress reactions.	1.24
Staff members receive individual supervision from someone who is trained in understanding trauma.	1.17

Trauma-informed HIV Care Study: Findings

Staff Supervision, Support and Self Care: Qualitative Results

Lack time to support self-care/debriefing

*As a supervisor myself, I do my best to support my fellow providers, but it has been **increasingly difficult to protect time for debriefing/self-care sessions** due to the demands of the health system.*

-HIV provider/Admin. team

Secondary trauma/staff trauma histories

*I definitely think that there's staff that have a reason why they **don't deal with the clients well because they have their own [trauma]** still going on, so I think there should be something also that can help, where we offer the service and it can be done on the job. I think it would be beneficial to the clients, cause **when a person has dealt with their own trauma they can help the others** with their trauma.*

-Staff/Admin. team

Conclusions

- Trauma is prevalent among people living with HIV (PLH)
- Ryan White-funded clinics are well-positioned to address trauma among PLH
- Some TIC implementation strengths/gaps identified in this TI-HIV Care Study are likely universal to Ryan White-funded clinics, while others may be clinic-specific
- A mixed-methods needs assessment tailored to the services and resources of an HIV clinical setting can:
  - identify strengths and gaps in trauma-informed care implementation
  - inform concrete, tangible TIC implementation strategies tailored to clinic needs, resources, and implementation barriers/facilitators
- The time is now. There's increasing support for Trauma-informed HIV care
  - But we need *evidence* to tell us how best to do it (i.e. without inadvertently re-traumatizing our patients)

Thank you

Study Team

- Cam Escoffery
- Clara Riddick
- Kaitlin Piper
- Julia Schiff
- Beth Getachew
- Jasmine Lucas
- Leslie Salas

Site Partners

- Jonathan Colasanti
- Jeri Sumitani
- Lisa Roland
- Carlos del Rio
- Wendy Armstrong
- Eugene Farber
- **Study participants**

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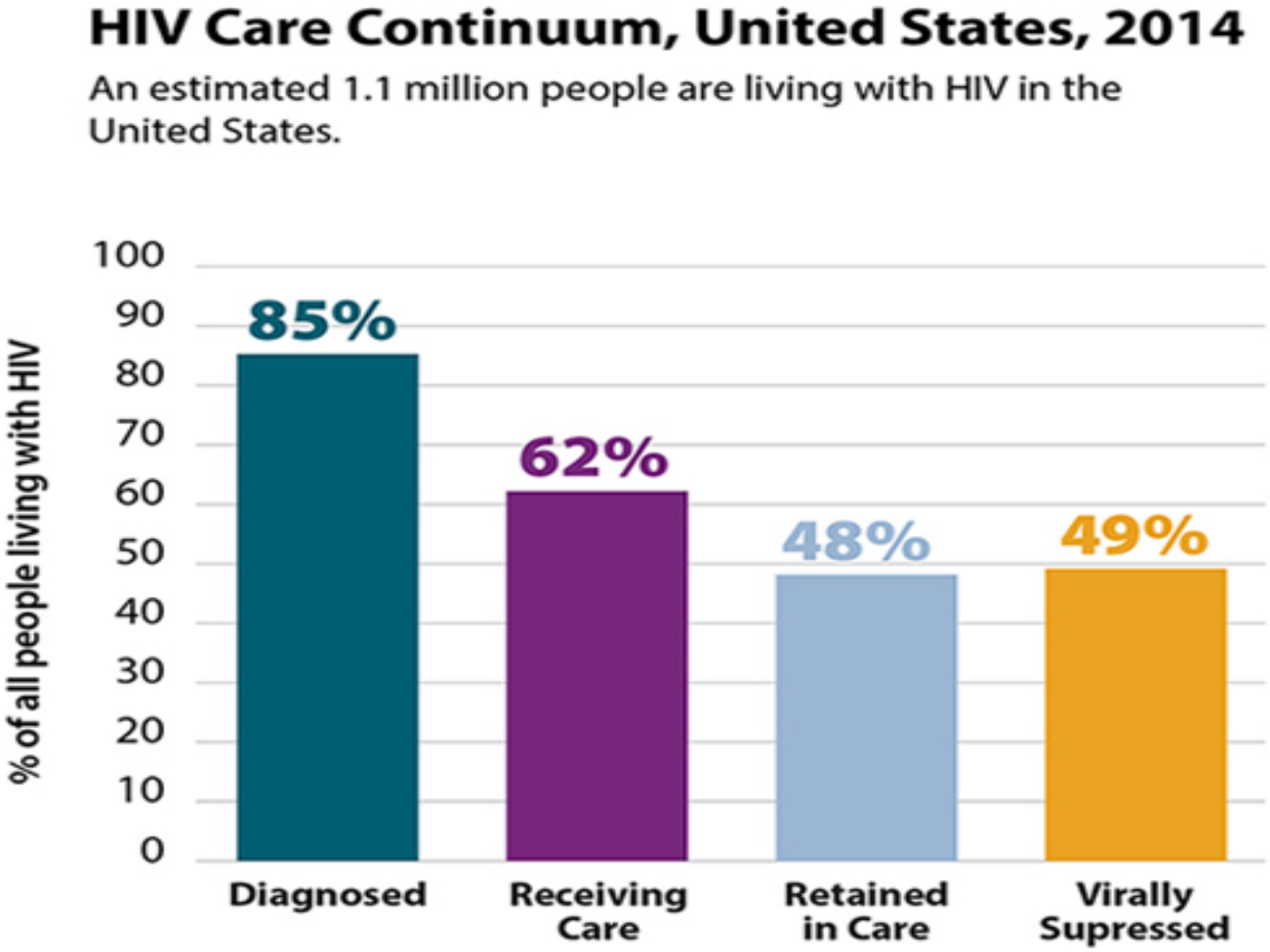
Stop the Insanity! Looking at current assessment practices under a trauma-informed lens

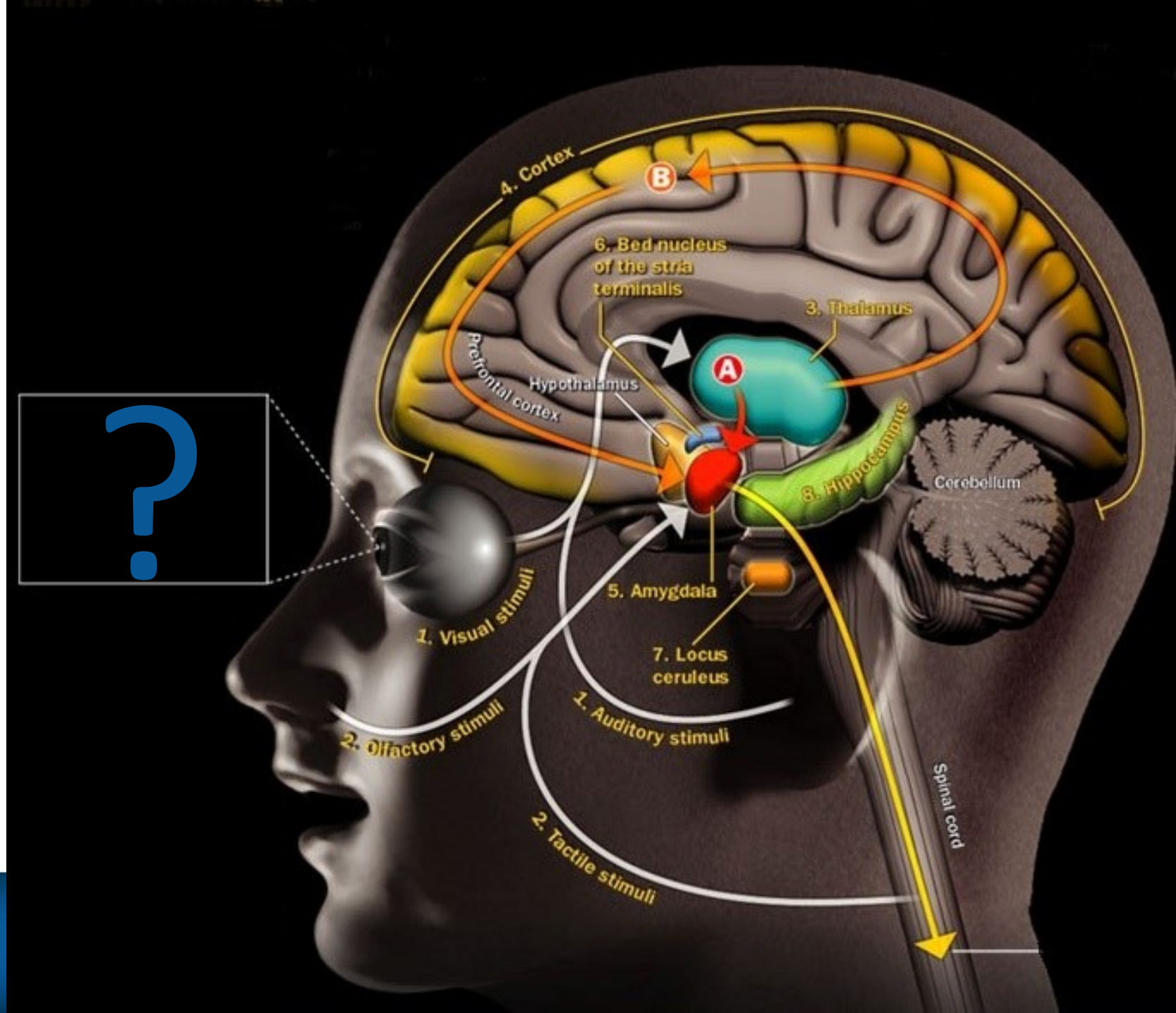
What if our practices contribute to Disengagement?

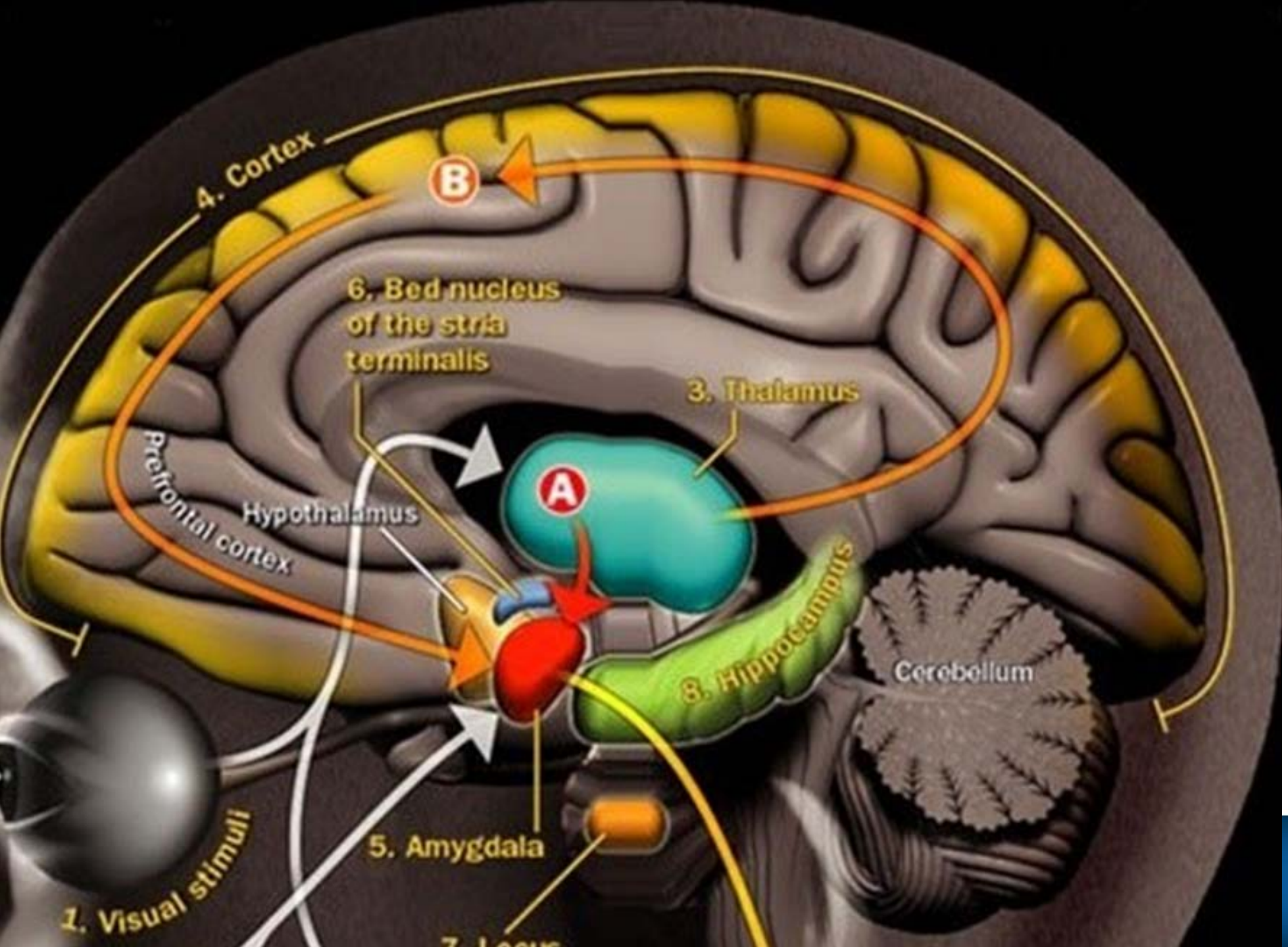


Stress before the Assessment even Starts

- Stigma & all the “isms”
- Fear of AIDS – Death Sentence
- Past negative experience in health care, systems, and social services
- Other struggles: mental illness, substance abuse, poverty, transportation

How Traditional Assessments can Retraumatize and lead to Disengagement





According to 2011 eHIVQUAL data: 80% of PLWH in Part C & D have PTSD!

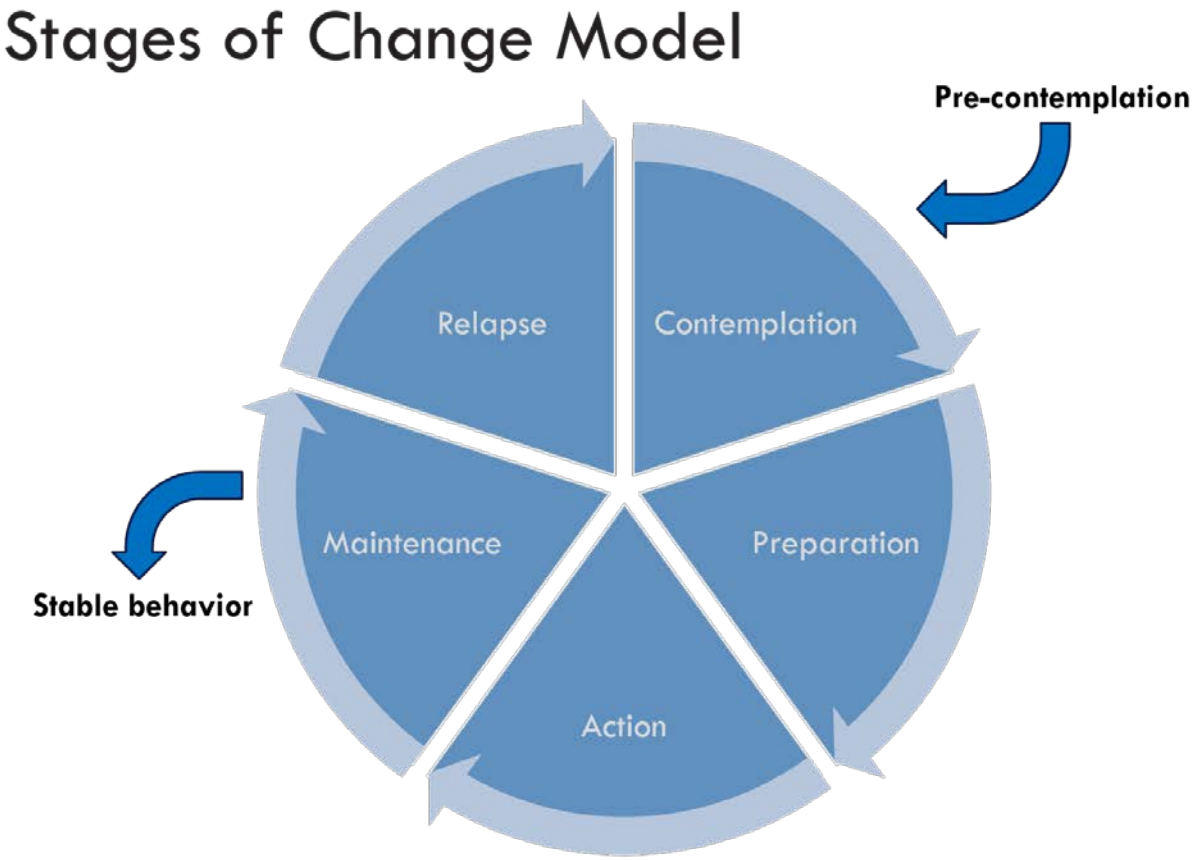
Common Questions Trauma

Sexual Activity	• Sexual assault, IPV, child abuse, infidelity, discrimination, & cultural norms
Mental Health & Substance Abuse	• Cultural stigma & shame
Criminal History	• Shame, judgment, & trauma in the system

Can we really say we are strength- based, client-centered, harm reduction, or trauma-informed?

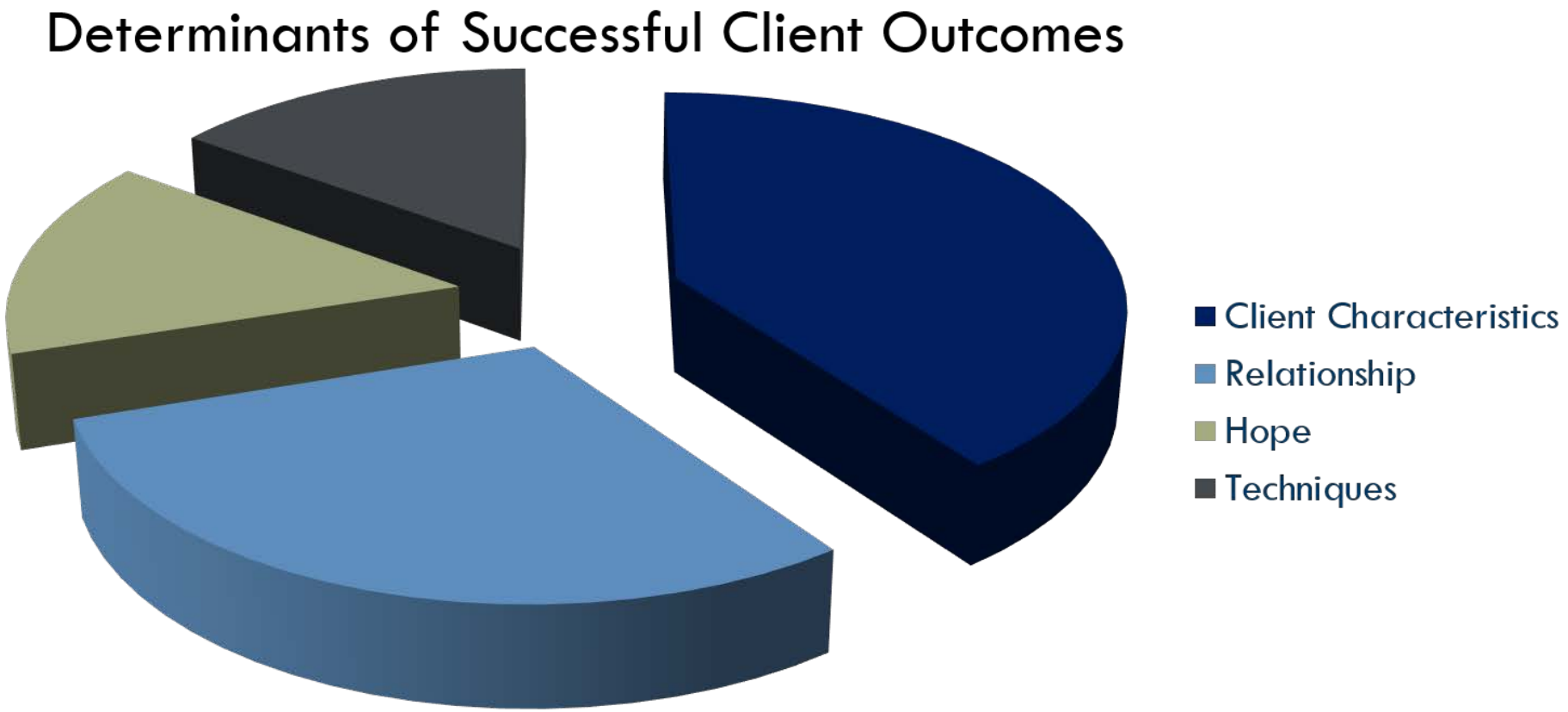
Engaged	Disengaged
Hope	Assessment
Importance	Premature Focus
Goals	Labeling
Expectations	Chatting

Miller & Rollnick, 2012



Kern, 2005

How do we support best practices?



Achor, 2010; Murphy, 2008

Pretreatment Approach to Engagement

1. Relationship Formation
   - Empathy
   - Trust
2. Common Language Construction
   - Health Literacy
   - System Literacy
   - Cultural Humility
3. Ecological Considerations
   - Basic Needs
   - Housing
   - Other (More Important) Medical Concerns
4. Facilitate Change
   - Motivational Interviewing
   - Shared Agendas vs. Formal Planning
5. Promote Safety
   - Harm & Risk Reduction
   - Psychological & Relational Safety

Levy & Johnson, 2017

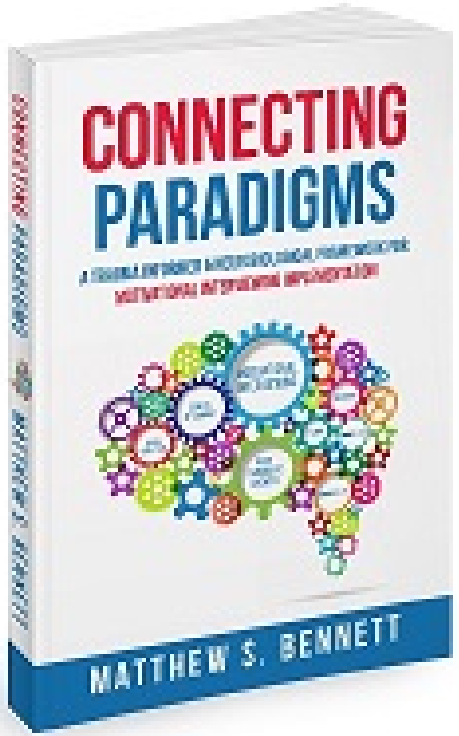
Join the Revolution!

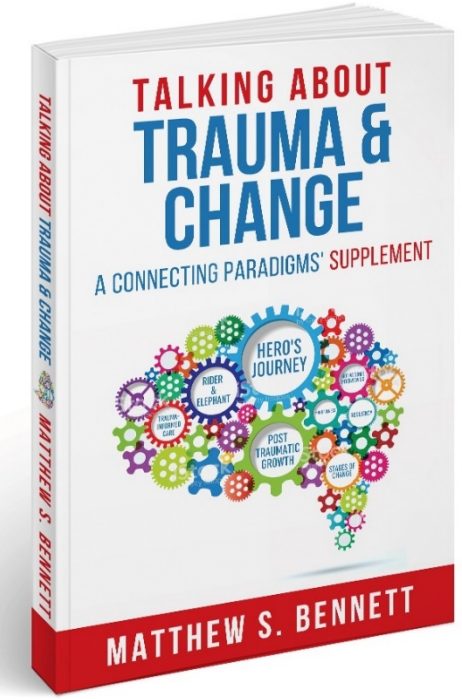
1. Stop the madness!
2. Figure out what you are ABSOLUTELY required to do
3. Get all those doing assessment involved and understand the client experience
4. Get client input
5. Do one of that PDSA (Plan, Do, Study, Act) things!
    - What do you need and why
    - When do you need it
    - What is the best trauma-informed way to get the information
6. Make sure everyone is trained (and competent) in Motivational Interviewing
7. Talk to your project officer and advocate for a national movement!

Matt Bennett, MBA MA

- matt@BIGL3C.org
- 720.635.5504

- connectingparadigms.org
- Matt's Mumblings Blog
- Trauma-Informed Lens Podcast
- Coming Soon: Self-care Podcast





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