A Health Systems Approach to Trauma-Informed Care

April 2017

Introduction

Trauma-informed care is an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally. It is critical for Ryan White HIV/AIDS Program (RWHAP) Part B staff, including AIDS Drug Assistance Program (ADAP) staff, to recognize the impact of trauma across the HIV care continuum and to develop programming that addresses the trauma clients have experienced. This issue brief is the first of several resources from NASTAD about trauma-informed care. The document is intended for health department staff, including ADAP staff and case managers.

Trauma and Public Health

In the United States, public health's understanding and framework for trauma has increased and expanded in recent years. The Adverse Childhood Experiences (ACE) study, published in 1998, was the first time the relationship between exposure to abuse and/or household dysfunction and the risk factor for several of the leading causes of death in adults were highlighted. The ACE study showed a strong, graded relationship between exposures to abuse and/or household dysfunction and risk factors, which means the more often or more extreme the exposure, the more likely the person will experience the measured risk factors. Examples of trauma include being diagnosed with a chronic illness, surviving a major natural disaster, physical abuse, and sexual violence.

Experiences of trauma are not limited to a single gender identity, sexual orientation, race, ethnicity, nor serostatus. While data suggests that experiences of trauma may impact many people living with HIV, experiences of women living with HIV requires an understanding of the reciprocal and complex relationship between intimate partner violence (IPV) and HIV status among women. Women living with HIV are twice as likely to report experiences of IPV during their life compared to the general population of women and had worse health outcomes

as a result.[1,2,3,4,5] Women, especially Black women, who have experienced IPV and are living with HIV, take longer, on average, to be linked to care, are less likely to be retained in care, are less likely to take antiretroviral therapy (ART), and are more likely to experience treatment failure.[5,6,6] Understanding trauma and how to respond to trauma is critical in both HIV care and prevention service coordination.[7] Of particular concern is at the time of serostatus disclosure, as nearly half of all women living with HIV reported experiences of physical abuse after disclosing their status.[8] The lower number of women retained in care compared to all people living with HIV speaks to the urgency in implementing programs that address trauma. Recognizing the role of trauma in a client's life is the first step to understanding why they may be hesitant to return to a particular provider, take medications, or return for routine laboratory tests.

Developing Trauma-Informed Models of HIV Care and Prevention

Regardless of the setting, all trauma-informed care models include significant training for staff at all levels. From frontline staff to providers to peers, interactions with clients should be trauma-informed. Beyond the training, staff will be able to support one another in implementing the chosen models through the office or clinic. To see how trauma-informed care services were

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[1] Machtinger, E.L., et al. Psychological trauma and PTSD in HIV-positive women: a meta-analysis. *AIDS Behavior*. 2012; 16(8): 2091-2100; and Black, M.C., et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2011.

[2] Cohen MH, Cook JA, Grey D, et al. Medically eligible women who do not use HAART: the importance of abuse, drug use, and race. Am J Public Health. 2004;94(7):1147–1151.

[3] Mugavero MJ, Raper JL, Reif S, et al. Overload: impact of incident stressful events on antiretroviral medication adherence and virologic failure in a longitudinal, multisite human immunodeficiency virus cohort study. Psychosom Med. 2009;71(9):920–926.

[4] Mugavero M, Ostermann J, Whetten K, et al. Barriers to antiretroviral adherence: the importance of depression, abuse, and other traumatic events. AIDS Patient Care STDS. 2006;20(6):418–428.

[5] Lichtenstein B. Domestic violence in barriers to health care for HIV-positive women. AIDS Patient Care STDS. 2006;20(2):122–132.

[6] Health Resources and Services Administration. Ryan White HIV/ADS Program Annual Client-Level Report 2015. http://hab.hrsa.gov/data/data-reports. Published December 2016.

[7] The Office of National AIDS Policy White House Advisor on Violence Against Women White House Council on Women and Girls published a report in 2013 to address the intersecting epidemics of HIV and IPV to integrate trauma in to HIV care and prevention models. The five objectives included: 1) improve health and wellness for women by screening for IPV and HIV; 2) improve outcomes for women in HIV care by addressing violence and trauma; 3) address certain contributing factors that increase the risk of violence for women and girls living with HIV; 4) expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls; and 5) support research to better understand the scope of the intersection of HIV and violence against women and girls and develop effective interventions. To read the full report, including all recommendations and action steps, click here.

[8] Gielen AC, McDonnell KA, Burke JG, et al. Matern Child Health J. "Women's lives after an HIV-positive diagnosis: disclosure and violence." 2000;4(2):111–120.

implemented in a medical clinic and community organization along with the perspective of two clients living with HIV click on the video links below.

Dr. Edward Machtinger, UCSF | Dr. Erin Falvey, Christie's Place | Patients at UCSF

Health Department Actions

Through a series of interviews with health departments, advocacy groups, and community members, NASTAD has developed a list of action steps for health department staff to better address trauma in their clients' lives. Operationalizing health department trauma-informed care programming includes five key activities: initial trainings, on-going workshops, working group meetings, physical space updates, and staff support. Opportunities for funding vary based on the activity and departmental goals. Sources of funding may include Ryan White HIV Program dollars, state funds, and applying for support from the Department of Health and Human Services, Office of Women's Health through Project Connect (click here to learn more).

1) Develop Trainings for Health Department Staff and Case Managers

The initial training should be completed in cohorts of staff and can be done onsite or online depending on the training organization and length of series. All staff from frontline to management should be trauma-informed. This training should include an overview of trauma-informed frameworks for care, organizational changes and considerations, and places for ongoing learning. Health department staff should recognize the intersections of trauma-informed care, racial justice, and harm reduction trainings/workshops as a holistic approach to client care.

Organizations that provide trauma-informed care trainings to health departments and health care clinics offer a variety of options: both in-person or online, over a series of months or a single training time, and support participants after the initial training. A few options are listed below:

Training Organization	Length of Training	Type of Training
Coldspring Center for Social and Health Innovation	Six months	An in-person session (six to seven hours) and six months of online trainings that are self-paced. Coldspring operates a Trauma Informed Excellence® model with four training series: trauma informed care, thrive: self-care and culture, leadership, and trauma specific treatment. To learn more about the Center, click here.
The National Council for Behavioral Health	Varies	The National Council has three offerings: Face-to-Face Training, Ongoing Consulting, and an Annual National Council Trauma-Informed Care Learning Community. Each training offers at

		least a one-day workshop and continued assistance depending on the organizational needs. To learn more about the Trauma-Informed Learning Community, click here.
Substance Abuse and Mental Health Services Administration (SAMHSA)/National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)	Varies	Publicly funded systems and organizations can request technical assistance for trauma-informed care systems, not for treatment of trauma. Their framework centers around realizing, recognizing, responding, and resisting re-traumatization. For more information about their approach and interventions, click here.
The Trauma Steward Institute	Multi-day summit	Two-day workshops geared at medical providers, social workers, mental health practitioners, and other allied health professionals. The workshops aim to address the how current and past crises, toll, or trauma impact people and establish concrete means for how to keep going individually and collectively. To learn more, click here.

2) Support Ongoing Learning Opportunities for Health Department Staff

Depending on the type of program your health department chooses, the supported on-going learning varies in length and mode of learning. All programs offer an in-person training for cohorts of staff, followed by additional trainings and/or support online, upon request, or in-person. Included in the cost of training, staff may receive up to a year of additional support and assistance, and during that time a working group should be developed internal to the health department. In many cases, the working group is responsible for developing and/or hosting at least an hour-long meeting per month for the staff.

3) Initiate Working Group Meetings on Trauma-Informed Care

The working group should consist of a cross-section of staff, where possible, and eventually be written into their staff job description. An example of a working group is the Iowa Department of Public Health (IDPH) Trauma Leadership Workgroup with a mission to "create a trauma sensitive-culture that promotes action, based on evidence connecting trauma with health and well-being." Their group functions as an interdepartmental team to promote trauma-informed care across disciplines, including but not limited to HIV, early childhood mental health, domestic/sexual violence, and nutrition and physical activity. The IDPH Trauma Leadership Workgroup meets on a bi-monthly basis, while other organizations meet monthly. In some instances, the working group may also be responsible for writing grants for trauma-informed care programs and training, analyzing or assessing physical space to identify areas where clients may feel more comfortable, removing possibly-triggering images, and updating budgets to include staff time for training and personal care.

4) Provide Appropriate Staff Support

Critical to the success of trauma-informed care is staff support. Staff, particularly case managers, experience vicarious trauma or may have experienced trauma themselves. Staff supervision and support from trauma-informed care experts, mental health professionals are key to ensuring staff can attend to their own care. These benefits can include flexible schedules, wellness programs, and other employee-sponsored activities. Examples include weekly staff meetings inclusive of mindfulness time or meditation, staff membership to a gym, or attending community events. Flexible schedules are becoming increasingly common and allow staff to manage their own needs, while also ensuring that employees still meet their objectives.

Conclusion

The comprehensive response to HIV must include trauma-informed care to improve patient outcomes across the HIV care continuum by addressing the underlying issues in their life beyond their HIV diagnosis. Trauma-informed care is a method for delivering services from the front desk staff to the medical provider that acknowledges previous and current trauma in a person's life. Implementing trauma-informed care involves a multi-pronged approach, starting with comprehensive staff training, on-going learning, work group development, and employee support.

This resource was prepared by NASTAD (National Alliance of State & Territorial AIDS Directors) under cooperative agreement (U69HA26846) with the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/HAB. Please contact Amy Killelea or Kelsey Donnellan if you have any questions or comments.

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April 2017