

Building capacity to address the effects of trauma in Ryan White Part A (RWPA) programs

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DOHMH Credits

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CHAIN Credits

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- ▣ The contents of this report are solely the responsibility of the researchers and do not necessarily represent the official views of HRSA, NYC DOHMH, or PHS.

Workshop Outline

1. Define trauma
2. Examine the impact of trauma on health outcomes
3. Discuss the prevalence of trauma in the United States and among special populations
4. Define trauma informed care (TIC)
5. Describe strategies employed by DOHMH
6. Review results of implementation of TIC in RWPA programs
7. Discuss next steps



What is Trauma?

The 3 “E’s” of trauma



Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and 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.

(SAMHSA, 2014)

Effects of Trauma



Trauma impairs: memory, concentration, new learning, and focus



Trauma has been correlated to: heart disease, obesity, addiction, pulmonary illness, diabetes, autoimmune disorders, and cancer



Trauma impacts an individual's ability to: trust, cope, and form healthy relationships



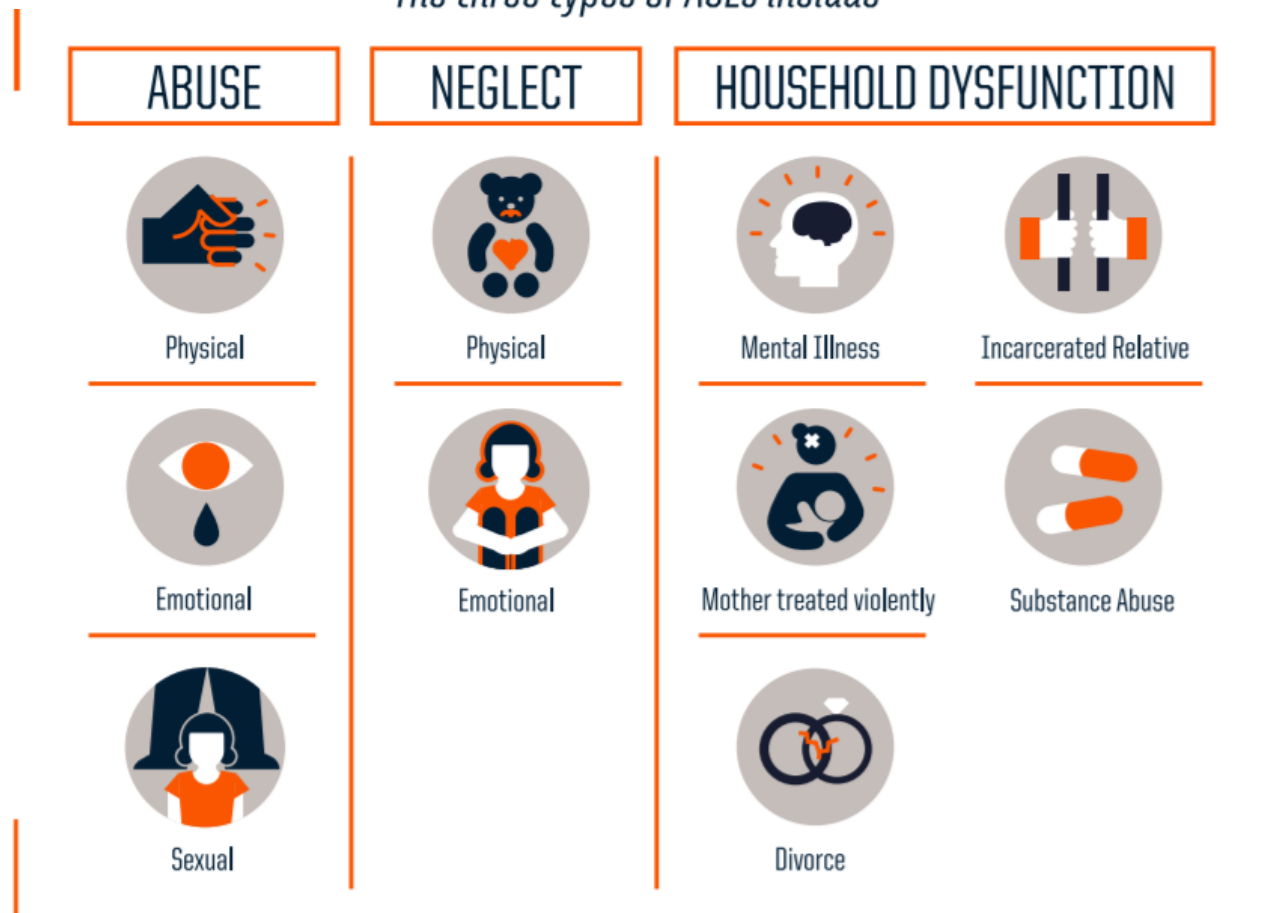
Trauma disrupts: emotion identification, ability to self-sooth or control expression of emotions; one's ability to distinguish between what's safe and unsafe



Trauma shapes: a person's belief about self and others; one's ability to hope; one's outlook on life

Adverse Childhood Experiences (ACE)

The three types of ACEs include



Source: <http://www.cdc.gov/ace/prevalence.htm>

Prevalence of Trauma

70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives.

That's

223.4 million people

Intersection of Trauma and Substance Use

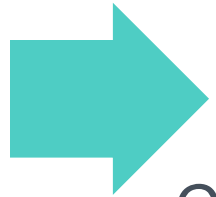
National Comorbidity Survey (NCS) data indicated a **7.8%** lifetime prevalence of PTSD and a **26.6%** lifetime prevalence of substance use disorders (SUDs); individuals with PTSD were **2 to 4 times** more likely than individuals without PTSD to meet criteria for an SUD.



National Epidemiologic Survey (2010) estimated a lifetime PTSD prevalence of **6.4%**. Among individuals with PTSD, **nearly half (46.4%)** also met criteria for an SUD and more than **one-in-five (22.3%)** met criteria for substance use dependence.

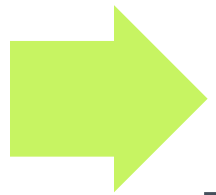


Trauma Among PLWH



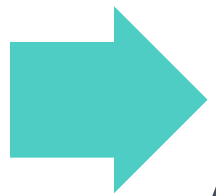
Higher rates of trauma exposure

Compared to the general population in childhood and adulthood



Trauma is a barrier

To HIV status disclosure, accessing HIV care, and medication adherence



Mental health conditions

Are linked to poorer adherence, increased viral load, and decreased CD4 counts

Trauma and Women Living with HIV



Estimated rate of recent PTSD is **30%** among women living with HIV

Estimated rate of IPV is **55%** among women living with HIV

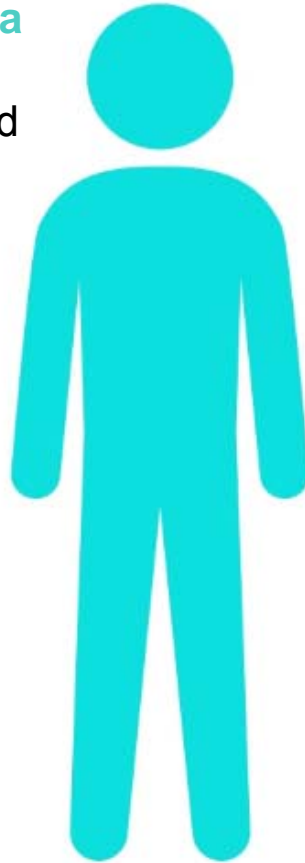


Estimated rate of adult sexual abuse and physical abuse are **35%** and **54%** among women living with HIV

Trauma and MSM Living with HIV

MSM have **higher rates of trauma** and are more likely to experience **psychologic outcomes** compared to HIV positive men who do not have sex with men

A history of **childhood sexual abuse** was highly **associated** with greater engagement in **HIV-risk behavior**, leading to higher rates of **HIV transmission** and acquisition among MSM



In a systematic review, lifetime rates of physical partner abuse ranged from **15%-39%**

Lifetime rates of sexual partner abuse ranged from **12%-33%**

Lifetime psychological partner abuse in the previous year ranged from **50.6%-78%**

Lifetime rates of partner abuse of any type ranged from **28%-78%**



Building capacity for trauma-informed care in Ryan White Part A Programs

New York Ryan White Part A Service System



Largest eligible metropolitan area (EMA) primarily focused on providing HIV care and treatment services to people living with HIV

Provides a comprehensive system of care for people living with HIV who are uninsured or underinsured

>16,000

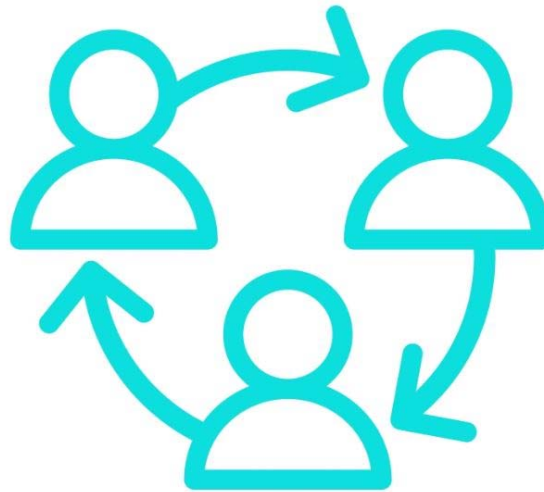
PLWH served in the
NY EMA in the last
year


Violence and Health Outcomes among People with HIV in NYC

Maiko Yomogida, MA
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Mailman School of Public Health

Background

In order for the service providers to effectively utilize the TIC techniques, the relationships between trauma exposures, behavioral and situational characteristics, and health and HIV clinical outcomes need to be reviewed and understood





Community Health Advisory & Information Network (CHAIN) Study Questions

- What proportion of a community sample of PLWH (CHAIN participants) has experienced a traumatic event during their lifetime, and what types of traumatic events are reported more often?
- Which subgroups of CHAIN participants are more or less likely to have experienced a traumatic event during their lifetime, and what type of traumatic events are reported more often by the subgroups?
- What are the relationships between current socioeconomic and behavioral characteristics and the type of trauma experienced by CHAIN participants?
- What are the relationships between the experience of trauma and health and medical care utilization outcomes?

CHAIN

- Ongoing cohort study of PLWH in NYC and three northern counties (Westchester, Putnam, Rockland) representing NY Eligible Metropolitan Area (EMA) under Ryan White Part A program
- Probability sample of PLWH in NY EMA receiving publicly funded services
- NYC completed two cohorts (1994-2002, 2002-2015); Tri-County cohort started in 2001, switched to repeated cross-sectional method in 2008, and completed three CS rounds

CHAIN

- Over 3,000 individual with over 11,000 surveys completed since 1994
- Enrollment for the new cohort of PLWH currently underway – follow-up interviews will be completed every 12-18 months
- Important source of information about service needs, service utilization, and quality of services in NY EMA, especially for the HIV Health and Human Services Planning Council of New York, and NYC Department of Health and Mental Hygiene

Study Sample

- The data for this study are from **545** NYC interviews completed during 2011-2013
- The majority (**54%**) are male, racial/ethnic minority (**54%** Black, **35%** Hispanic/Latino) and age over 50 (**55%**); Among male participants, **31%** are MSM
- **72%** are living under the federal poverty line, 62% have history of homelessness, and 68% reported current or past problem substance use
- **87%** have suppressed viral load, **76%** are on ART and completely adherent
- **26%** visited ER and **19%** reported missing appointments during the past 6 months

Trauma Measures

- ▣ **Trauma Exposure** is assessed by asking CHAIN participants whether they have experienced events that can have a lasting damage to their emotional and physical well-being (standardized assessment tool)
- ▣ Asked whether they have ever experienced during the lifetime and if so whether it happened during the past **12** months

Traumatic Events

Childhood

- Violent: physical assault or abuse as a child
- Sexual: sexual assault or rape as a child or teenager
- Loss: Loss of a parent or someone like a parent before age 18

Adulthood

- Violent: physical assault by a intimate partner or by a non-partner
- Sexual: sexual assault or rape
- Loss: Loss of a child through death, loss of a spouse, partner or loved one

Lifetime

- Witness Violence: Direct combat in a war, seeing violence in family when growing up, seeing someone physically assaulted or abused, seeing someone seriously injured or violently killed
- Other: serious accident or fire, a natural disaster



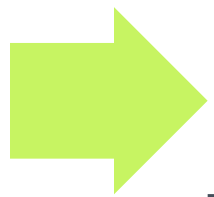
87%

Reported experiencing at least one
traumatic event



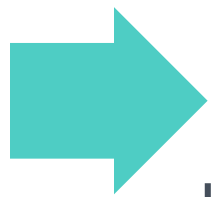
4 traumatic events

Was the average reported by respondents



1 out of 3

Reported childhood physical (32%) or sexual abuse (26%)



1 out of 3

Lost a parent or parent figure before the age of 18

 **2 out of 5**

Reported either adulthood physical (36%) or sexual assault (17%)

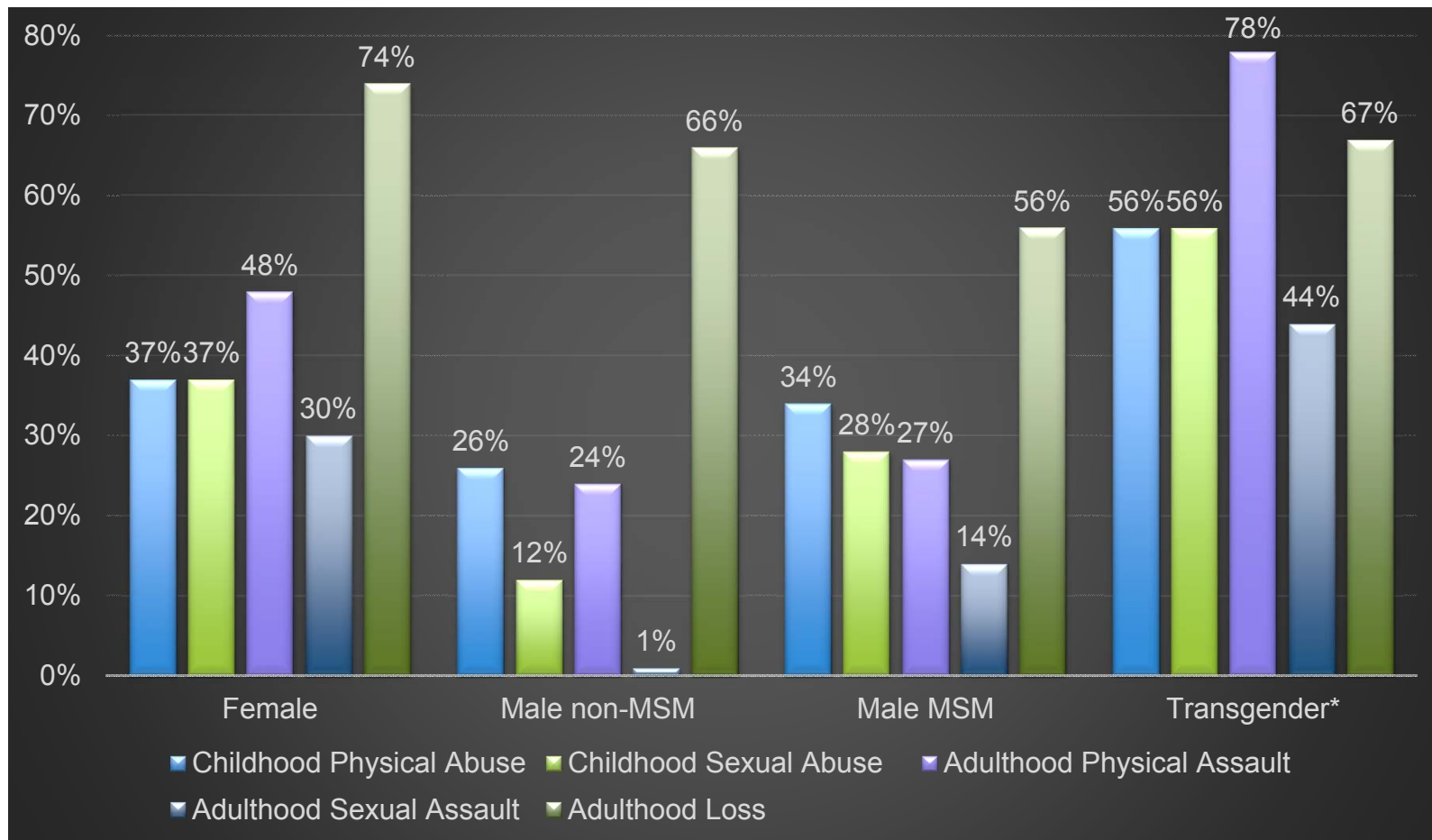
 **2 out of 3**

Lost a child or a loved one through death (68%)

 **2 out of 3**

Reported witnessing violent events and **1/3** experienced other traumatic events such as a serious accident, fire, or a natural disaster

Gender and Traumatic Events



Homelessness & Substance Use

	Childhood Physical	Childhood Sexual	Childhood Loss	Adulthood Violence	Adulthood Sexual	Witnessing Violence	Other
Homelessness Experience							
Never homeless	24%*	22%*	20%*	31%*	12%*	60%*	25%*
Ever Homeless	37%	30%	36%	40%	21%	73%	41%
Problem Substance Use							
Never	23%*	21%†	25%	29%†	14%	55%*	34%
Past	36%	30%	33%	38%	19%	74%	36%
Current	39%	26%	31%	40%	18%	77%	33%

*p<.05, † p<.10; Statistical Significance

Trauma Exposure and HIV Outcomes

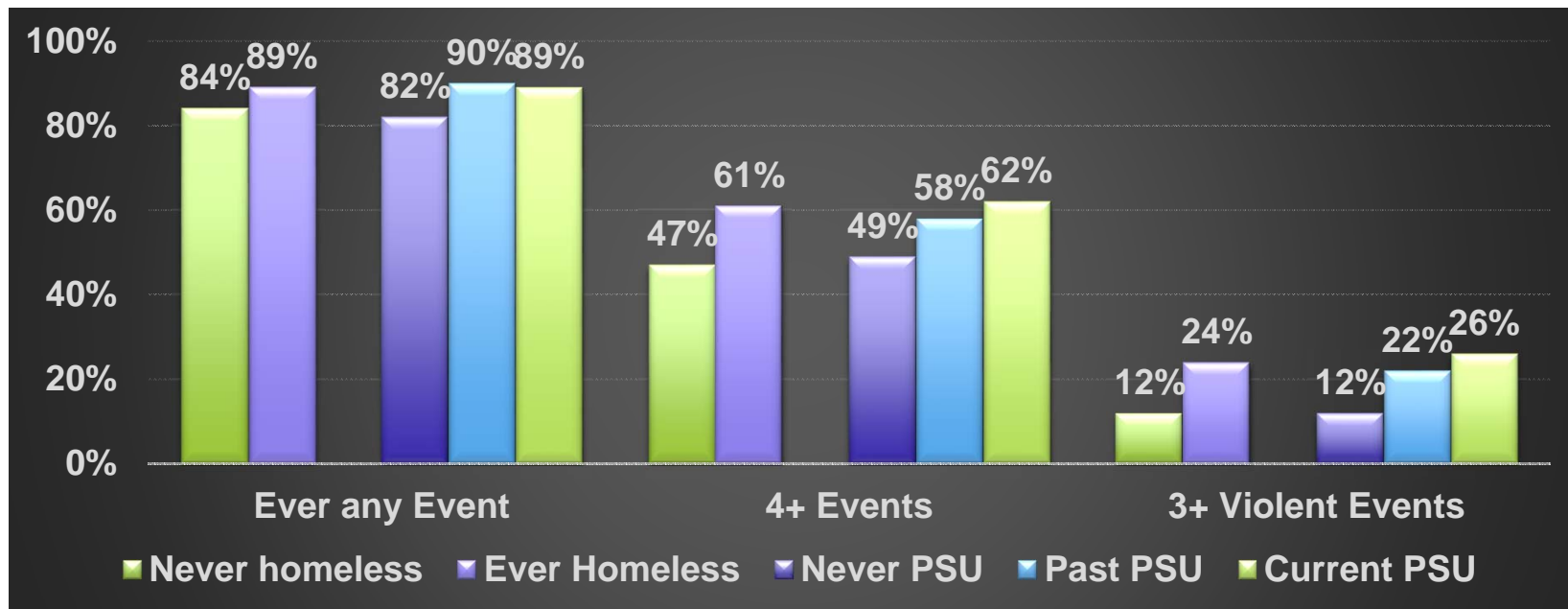
	Childhood Physical	Childhood Sexual	Childhood Loss	Adulthood Violence	Adulthood Sexual	Witnessing Violence	Adulthood Loss	Other
Dropped Out of HIV Primary Care								
Yes	56%*	39%	28%	44%	22%	72%	72%	56%†
No	32%	26%	30%	36%	17%	68%	68%	34%
Missed Appointments								
2+ appointments	45%*	35%*	34%	44%†	22%	75%	77%*	46%*
1 or less appointments	30%	25%	29%	34%	16%	67%	65%	32%

Trauma Exposure and HIV Outcomes

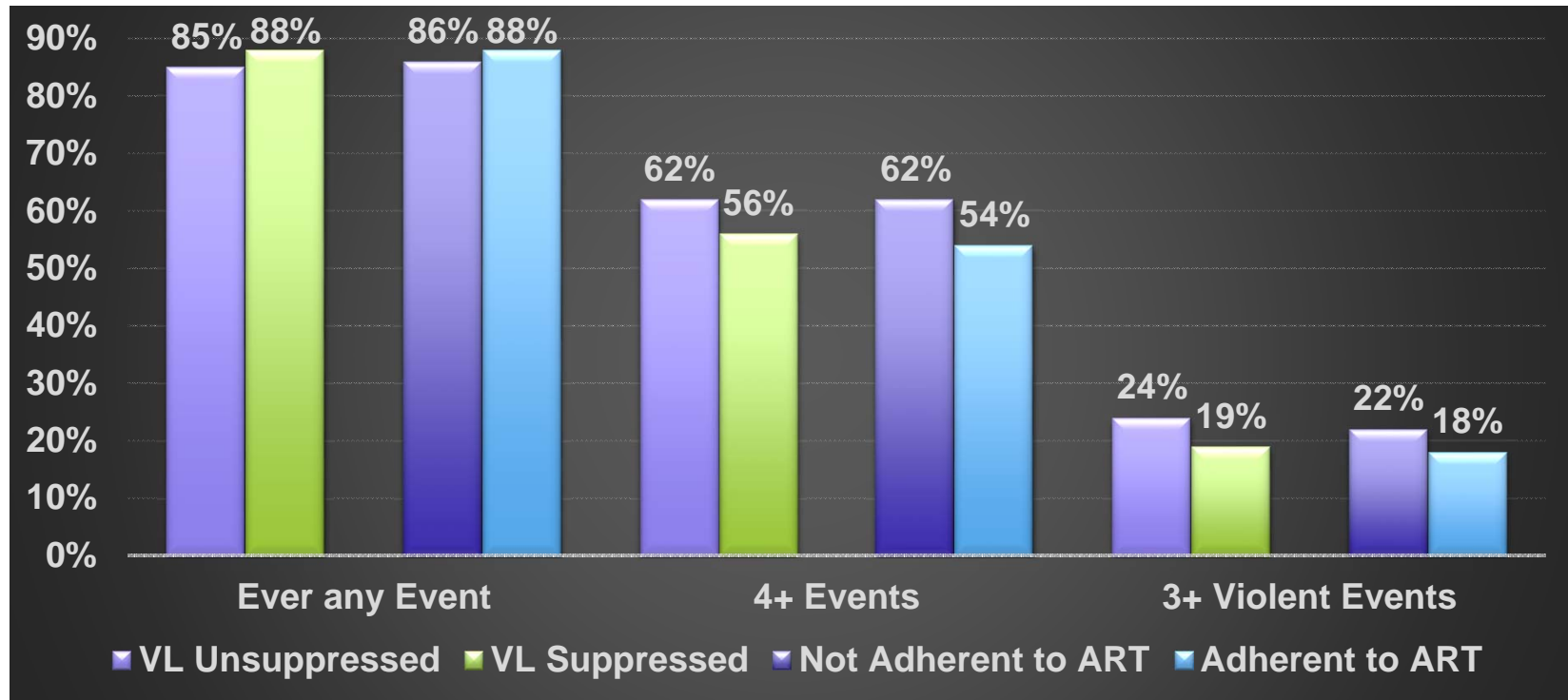
	Childhood Physical	Childhood Sexual	Childhood Loss	Adulthood Violence	Adulthood Sexual	Witnessing Violence	Adulthood Loss	Other
ART Adherence								
Not Adherent	37%	24%	33%	39%	16%	76%*	70%	43%*
Adherent	31%	28%	29%	35%	18%	66%	67%	33%
Viral Suppression								
Suppressed	31%	26%	29%*	36%	17%	68%	68%	33%
Unsuppressed	40%	32%	43%	40%	15%	74%	65%	42%

*p<.05; Statistical Significance

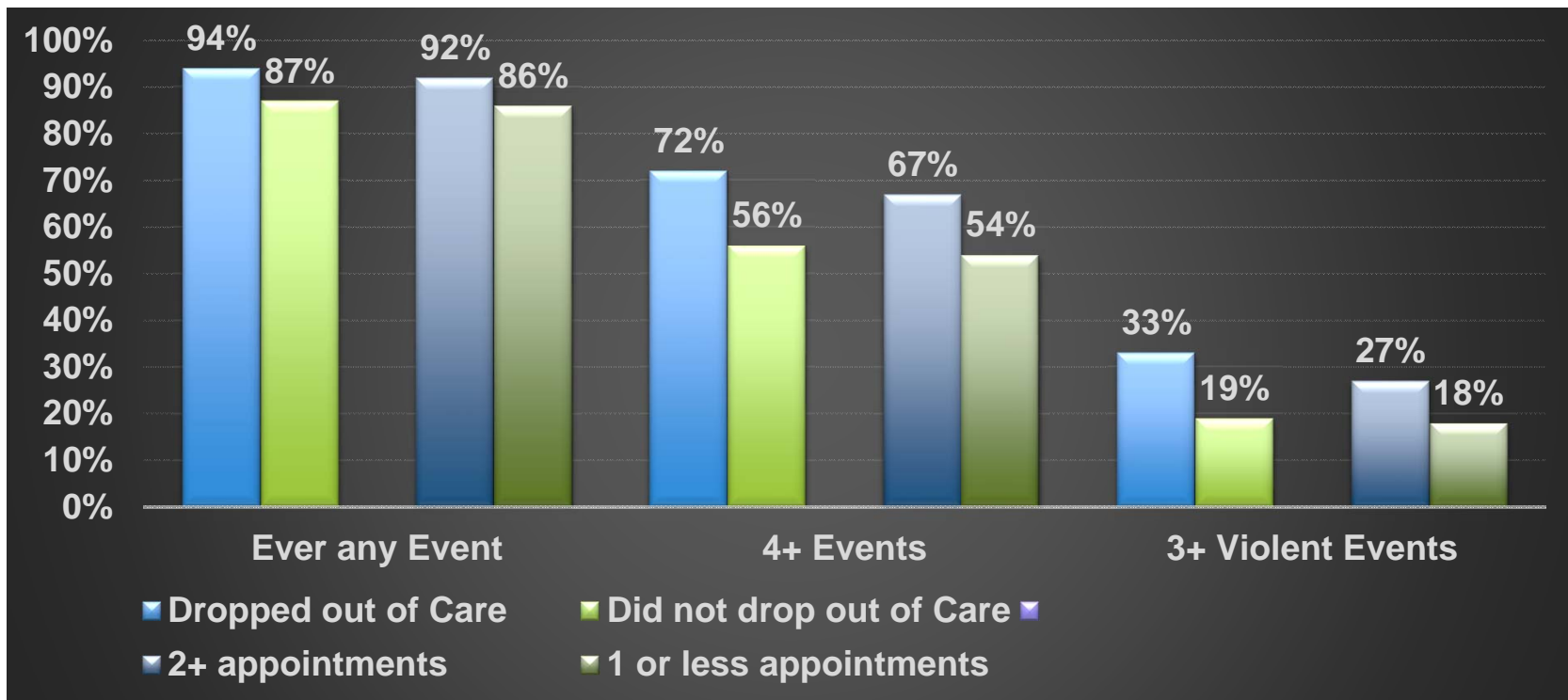
Multiple Exposures & Homelessness/Substance Abuse



Multiple Exposures & HIV Outcomes



Multiple Exposures & HIV Outcomes



Females

Were more often than males to have been a victim of violence

MSM

Were more often than non-MSM to have been a victim of sexual violence

Exposure to trauma and violence

Are associated with differences in indicators of engagement with HIV care and outcomes

Current problem substance use

Is correlated with both childhood trauma and exposure to violence in adulthood

PLWH with history of homelessness

Report exposure to all types of trauma more often than PLWH without homeless experience

**Trauma
Informed
Care Model for
RWPA
Programs**

The 4 “R’s” of trauma



- ▣ All people at all levels of the organization have a basic realization about trauma and understand how trauma can affect individuals

- ▣ Understanding that trauma plays a role in mental health and substance use disorders

- ▣ People in the organization are able to recognize the signs of trauma

- ▣ Conducting trauma screening and assessment to recognize trauma symptoms

(SAMHSA, 2014)

The 4 “R’s” of trauma



- ▣ The organization responds by applying the principles of a trauma-informed approach to all areas of functioning.
- Integrating an understanding that traumatic events impacts all people
- Universal precautions approach
- ▣ Seeks to resist re-traumatization of clients as well as staff.
- Recognizing how organizational practices may trigger painful memories and re-traumatize the person

(SAMHSA, 2014)

6 Key Principles of TIC



- 1) Safety
- 2) Trustworthiness
- 3) Peer Support
- 4) Collaboration
- 5) Empowerment & Choice
- 6) Cultural, Historical & Gender issues

(SAMHSA, 2014)

Examples of Trauma Informed Approaches

- ▣ Asking permission from the individual
 - *“Is it okay if I give you a hug?”*
- ▣ Demonstrating empathy and compassion
 - *“Would you like to share what happened?”*
- ▣ Informing the individual what you are going to do before you do
 - *“In order to ensure confidentiality during our session, I will be closing the office door. Is this okay with you?”*

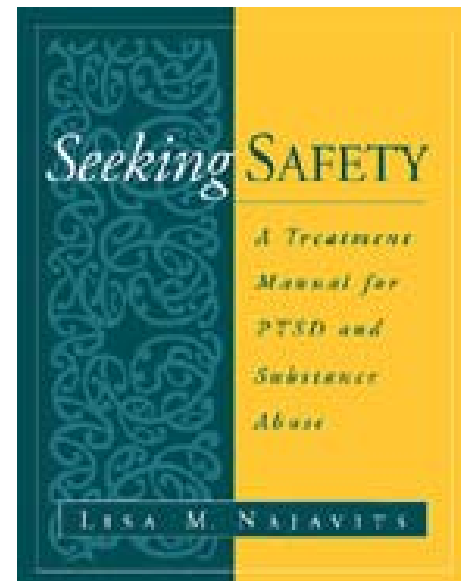
**Strategies Implemented by DOHMH
Bureau of HIV/AIDS Prevention and Control
Care and Treatment Program
for RWPA programs**



Seeking Safety

▣ Present-focused intervention:

- Helps individuals attain safety from post-traumatic stress, triggering and substance use
- Consists of 25 topics
 - Individual format
 - Group format
- Available in English, Spanish and other languages



Source: <http://www.treatment-innovations.org/seeking-safety.html>

Seeking Safety: Philosophy & Priorities

- ▣ Reduce Substance Use and PTSD symptoms
- ▣ Increase **Safety** (physical, emotional and interpersonal) – the overarching goal
- ▣ Address trauma within four content areas:
 - Cognitive
 - Behavioral
 - Interpersonal
 - Case Management

Source: <http://www.treatment-innovations.org/seeking-safety.html>

Seeking Safety: Session Format

Each session includes 4 major components:

▣ Check In

- Set questions to help assess where participants are/what they may need from session

▣ Quotation

- Inspirational quote to help engage participants and connect to the session topic

▣ Session Topic

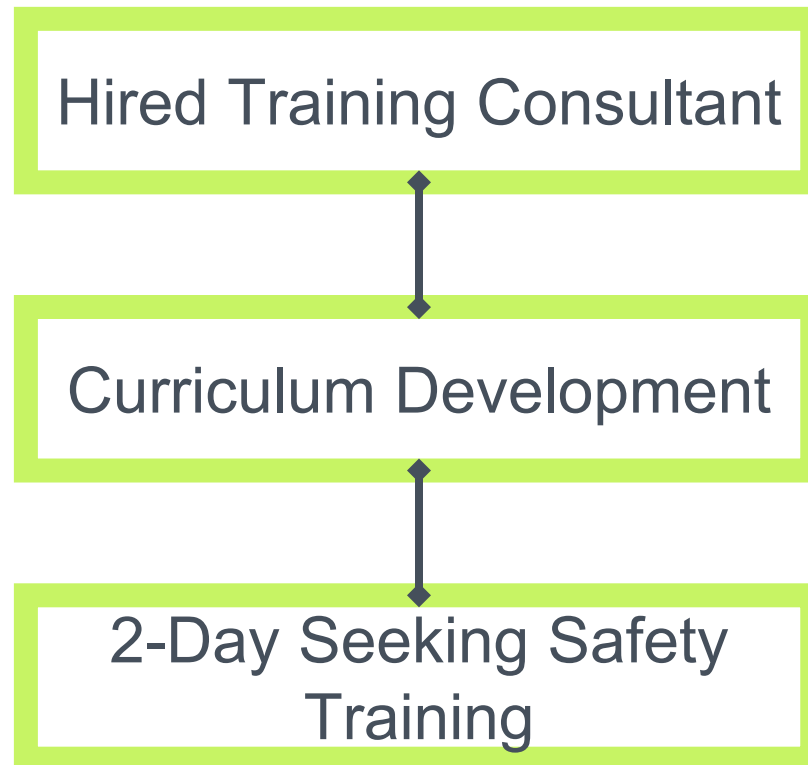
- Educational and skill building component with handouts and exercises

▣ Check Out

- Set questions to reinforce learning solicit skill practice in the community

Source: <http://www.treatment-innovations.org/seeking-safety.html>

Phase 1: Seeking Safety training



Trauma Informed Care Training

Training components include:

- ▣ A brief overview of trauma (prevalence, key symptoms, and impact on functioning)
- ▣ The principles of Trauma Informed Care
- ▣ Best practices for providing trauma informed care/services



Integrating Peers

Shared Experience

NY State Department of Health AIDS Institute Peer Worker Certification

- PLWHA
- Hepatitis C
- Experience accessing harm reduction and mental health services

Training Requirements

- 90 hours of training
- Specialized training in TIC for peers (**Core**)



Integrated into RWPA

- Harm Reduction
- Mental Health
- And other programs

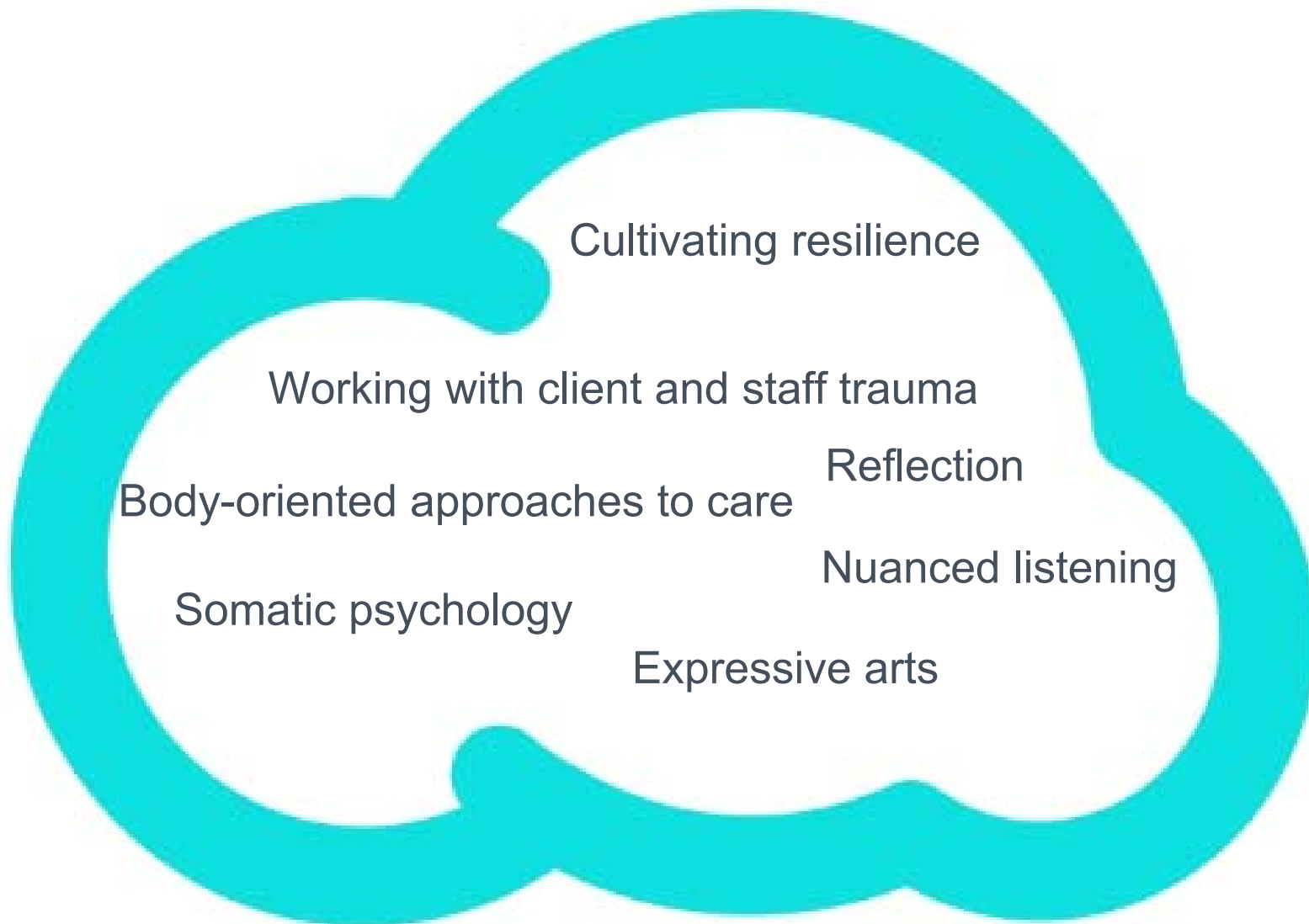
Clinical Supervision Training

Core topics

- Essentials of clinical supervision
- Managing triggers
- Psycho-education: Trauma recovery
- Reflection
- Self awareness
- Identifying and processing feelings
- Stress management
- Work/life balance
- Supervising peers



Clinical Supervision Learning Group



Clinical Supervision Coaching

Coaching:

- ▣ Real time observation
- ▣ Individualized
- ▣ Real time feedback
- ▣ Coaching report



Results of Implementation of TIC in RWPA Programs

Uptake of Training and Coaching

March 1, 2016 to Feb 28, 2017

Training	Number of participants
Seeking Safety	87
Trauma Informed Care	130
Clinical Supervision Training	35
Clinical Supervision Learning Group	47
Clinical Supervision Coaching	

Seeking Safety Training Evaluation Results

- Total number of evaluations reviewed n=87
- Participant ratings of confidence in skill

	Before Training	After Training
1 –Not at all confident 2 –Not very confident 3 –Somewhat confident 4 –Confident 5 –Very Confident		
Identify 1-2 principles of Trauma Informed Care	Mean: 2.0	Mean 4.3
Practice safe and appropriate grounding skills	Mean: 2.2	Mean 4.4

Seeking Safety Training Evaluation Results

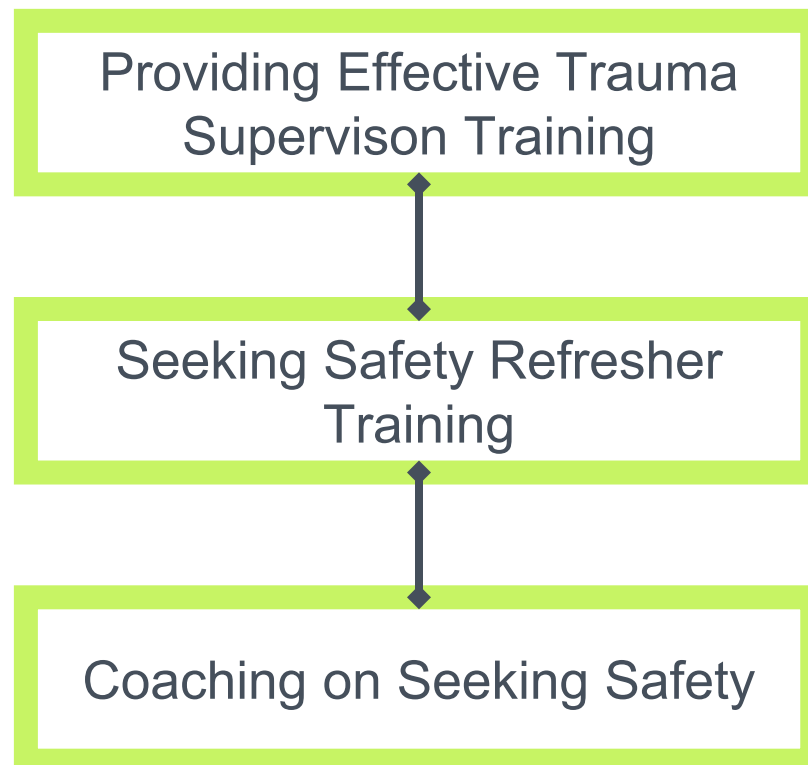
What barriers may affect your ability to provide the Seeking Safety intervention in your work setting?

- Lack of practice/not having enough practice
- No proper supervision/lack of supervision
- Best practices for co-facilitation
- A safe space to facilitate the intervention

What supports and/or resources would positively impact your ability to provide the Seeking Safety intervention in your work setting?

- Consistent supervision
- Booster session/Refresher training
- Need for group facilitation/Never facilitated groups
- Booster training/Conference calls

Phase 2: TIC Implementation



Key Takeaways



Trauma Informed Care Training

As of March 2017, We have expanded the availability of training and made it required for all RWPA staff providing direct services



Hiring Peers

We are evaluating the utility of hiring peers across the RWPA portfolio



Clinical Supervision

We are developing guidelines and providing support for the delivery of clinical supervision



Organizational Capacity

We are developing a TIC tool box (i.e., organizational assessment, tools, resources)

Thanks!

Any questions?



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