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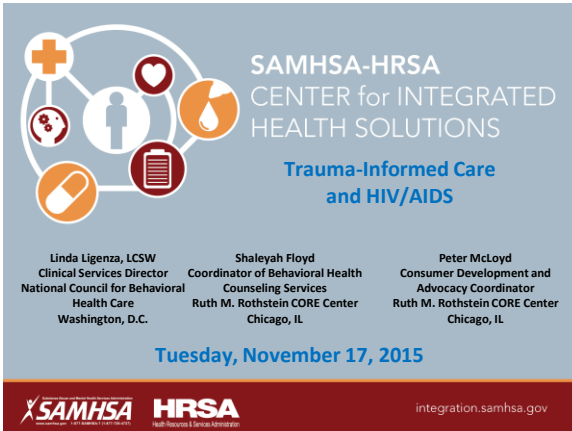
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**Slides for today's webinar are available on the CIHS website at:**

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>

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## How to ask a question during the webinar



Please type your questions into the question box and we will address your questions. (right)

Type questions or comments at any time during the webinar.



This webinar is being recorded.






### SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Trauma-Informed Care and HIV/AIDS

Linda Ligenza, LCSW  
Clinical Services Director  
Center for Integrated Health Solutions (CIHS)  
National Council for Behavioral Health Care


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## Learning Objectives

At the end of this session, grantees will be able to:

- Identify how trauma history is associated with increased risk for populations impacted by HIV and behavioral health disorders
- Discuss SAMHSA's definition of 'trauma informed principles', practices and approaches to care
- Discuss approaches to transforming agency policies and procedures and building a trauma informed organization



## Association Between a Trauma History and HIV/AIDS



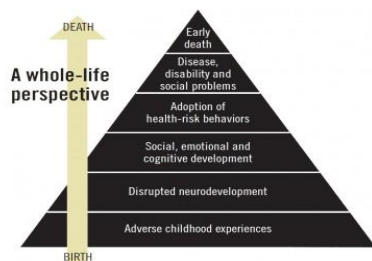
### National Minority AIDS Council - Pam Hyde, JD

- CDC estimates: half of all Americans will meet criteria for mental illness at some point in their lives; half of us know someone in recovery from substance abuse
- 7 percent of the adult population (34 million people), have co-morbid mental/physical conditions w/in a given year
- People with M/SUDs are nearly 2x as likely as general population to die prematurely, (8.2 years younger) often of preventable/treatable medical causes (95.4 percent)
- Violence and trauma are significantly associated with ↑ risk for health, BH & HIV
  - Lifetime history of sexual abuse among women: 15 to 25 percent
  - 30 to 57 percent of female substance abusers meet criteria for PTSD, with elevated risk related to higher incidence of childhood physical and sexual abuse – 2 or 3 times ↑ than males
  - Almost all women in MH/SUD treatment settings have history of trauma
- Untreated MH/SUDs among top 5 predictors of poor adherence to HIV/AIDS treatment

BEHAVIORAL HEALTH: CHALLENGES AND OPPORTUNITIES IN HELPING TO END THE HIV/AIDS EPIDEMIC by Pam Hyde, JD at the National Minority AIDS Council, Sept 2012



## Adverse Childhood Experiences (ACES) Study



### ACEs increase the risk of:

- Heart disease
- Chronic Lung disease
- Liver disease
- Suicide
- Injuries
- HIV and STDs
- Other risks for the leading causes of death

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### Child Sexual Abuse (CSA) and HIV in Women - Prevalence

- 27% - 33% of women in the general population experience CSA
- 32% - 76% of women with HIV have experienced CSA
- Higher prevalence of HIV/AIDS is associated with higher rate of health risk behaviors
- CSA is associated with earlier first consensual intercourse, higher rates of unprotected intercourse, multiple sex partners, engagement in sex work, and higher rates of substance abuse

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3569722/>

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### CSA in Women - Impact

- Higher rates of risk-taking behavior due to: depression, denial, low self-esteem, avoidant coping styles and sensation-seeking behaviors
- Poorer medical outcomes
- Documented lower CD4 to CD8 ratios
- More disease complications and poorer medication adherence
- Women with HIV are often coping with multiple stressors
  - Preexisting and associated stressors: poverty, low social support, caregiving responsibilities, and relationship difficulties

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### Child Sexual Abuse in Men Who Have Sex with Men (MSM) and HIV - Prevalence

- Few studies have focused on HIV-infected MSM population
- 1991 study ( $n = 52$ ) found 65% of participants reported CSA
- Larger study in six cities ( $n = 593$ ) found 47% had a history of at least one lifetime experience with CSA
- CSA exposure in MSM with HIV has been compared with exposure in HIV-infected women - similar prevalence rate of 25%–38% ( $n = 611$ , 2006)
- Prevalence of HIV may be up to two times higher in males who experienced CSA compared with non-abused males

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### CSA in Men - Impact

- Higher rates of alcohol and other substance abuse
- High-risk sex
- Depression
- Suicidal ideation and behavior
- Chronic fatigue syndrome
- Thyroid disease
- Obesity
- Heart disease

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### Trauma and HIV/AIDS - Conclusions

- Trauma is the root cause of high percentage of HIV/AIDS
- Trauma history leads to low adherence with medical and self care
- Trauma increases risk of co-occurring medical conditions
- Recent trauma is significant predictor of anti-retroviral (ART) failure (Machtinger's Study)
- High levels of PTSD and traumatic stress in HIV population go untreated

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## Key Implications

- Routine screening for CSA and other trauma exposure
- Screening for substance abuse, mental health, suicide and other physical health problems
- Written materials related to trauma should be available in waiting rooms
- Services should be offered to address trauma, PTSD, suicidal behaviors, mental health and substance abuse disorders and co-morbid physical health conditions
- Trauma-Informed Care (TIC) principles and practices should be universally adopted

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## What is Trauma?

Definition includes three elements:

Individual trauma results from an **event** or series of events, or set of circumstances that is **experienced** by an individual as overwhelming or life-changing and that has profound **effects** on the individual's psychological development or well being, often involving a physiological, social, and/or spiritual impact

(SAMHSA Panel of Experts 2012)



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## Levels of Trauma

- Individual/Relationship Trauma – child sexual, physical abuse or neglect, current or recent stress/trauma/violence, IPV
- Historical Trauma – being a part of community of oppressed people
- Intergenerational Trauma – trauma passed down through generations
- Community Trauma – racism, poverty, homelessness, homophobia, violence
- Societal Trauma – bias, prejudice, discrimination
- Healthcare Trauma – unintentional bias, discrimination, disrespect

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## Trauma Can Shape Us



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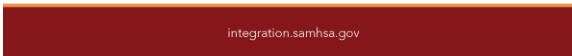
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Therefore, we need to exercise...



...for Trauma



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## Trauma-Informed Principles, Practices and Services



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**NATIONAL HIV/AIDS STRATEGY  
for the UNITED STATES:  
UPDATED TO 2020, July 2015**

**VISION**

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

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**Paradigm Shift**



We begin to ask,  
“What happened to  
you?”  
rather than  
“What is wrong with  
you?”

We have to ask,  
“What’s strong?”  
rather than  
“What’s wrong?”

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**SAMHSA Principles of TIC**

- *Safety*
- *Trustworthiness and transparency*
- *Peer support*
- *Collaboration and mutuality*
- *Empowerment, Voice and Choice*
- *Respect for culture, historical perspective, and gender*

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## Defining a Trauma-Informed Approach - SAMHSA's Four R's

**Realizes** the prevalence of trauma

**Recognizes** how trauma affects all individuals involved with the program, organization, or system, including its own workforce

**Resists** re-traumatization

**Responds** by fully integrating knowledge about trauma into policies, procedures, practices and settings

(SAMHSA, 2012)

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## Benefits of Adopting Trauma-Informed Approaches

- Increases safety for everyone in the system
- Improves the social environment
- Cares for the caregivers
- Improves the quality of services
- Reduces negative encounters and events
- Creates a community of hope, healing and recovery
- Increases success and satisfaction at work
- Promotes organizational wellness

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## Transforming Agency Policies and Procedures and Building a Trauma-Informed Organization

### The National Council's 7 Domains of TIC

- Domain 1: Early Screening & Comprehensive Assessment of Trauma
- Domain 2: Consumer Driven Care & Services
- Domain 3: Trauma-Informed, Educated & Responsive Workforce
- Domain 4: Trauma-Informed, Evidence-Based and Emerging Best Practices
- Domain 5: Safe and Secure Environment
- Domain 6: Community Outreach and Partnership Building
- Domain 7: Ongoing Performance Improvement

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### Updating Policies & Procedures (TIC Domains)

- **Screening and Assessment** – routine screening and assessment of CSA and current stressors or trauma (IPV)
- **Consumer Driven Care and Services** – engagement in meaningful roles; emphasis on empowerment, trust, strengths
- **Workforce Development** – training and education of all staff and new hires on connection between trauma/CSA and HIV and how to provide TIC; emphasis on hiring peers; staff self care
- **Evidence Based Practices** - screening and assessment leads to client involvement in TX planning and connection to trauma-specific services

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### Updating Policies & Procedures (TIC Domains)

- **Safe and Secure Environment** – insuring that physical, social and emotional environment is safe, comfortable, respectful and welcoming by all
- **Community Outreach** – inclusion of family, social and treatment support network
- **Data Collection** – tracking rates/types of trauma, adherence with treatment/referrals/specialty appointments, health outcomes, satisfaction with care and progress toward TIC

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### What Can I Do Next?

- What Do I/We Need to....
  - ✓ Stop Doing
  - ✓ Start Doing
  - ✓ Do More of
- Ask what helps and what hurts
- See things through a trauma-informed lens

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## THANK YOU

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### RMR CORE CENTER TRAUMA INFORMED CARE PRACTICES ACTION PLAN

A Large Urban HIV Primary Care Clinic

**Peter McLoyd**

Consumer Development and Advocacy Coordinator

**Shaleyah Floyd**

Coordinator of Behavioral Health Counseling Services

### Ruth M. Rothstein CORE Center, Chicago, IL

- Cook County Health and Hospital Systems (CCHHS) Facility - Public Health "Safety-Net"
- 5,500 patients, 30,000 primary care visits annually
- Primarily a minority population
- 80% have incomes less than 200% FPL
- Frequent history of drug use, incarceration




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## The Evolution of HIV

- From a death sentence to chronic disease
- 1995: The Year Everything Changed advent of Highly Active Antiretroviral Therapy (HAART)
- A person living with HIV who is on treatment in the U.S. or Canada can expect to live almost a normal life span, according to a study presented at IAS 2013. The study, conducted by the NA-ACCORD (North American AIDS Cohort Collaboration on Research and Design), estimated the average life span to be 71.4 years in 2006-2007, an increase of 15 years from 56.1 in 2000-2002.
- Primary challenges, include leveling the HIV care continuum, maintaining federal funding of HIV services, and meeting the goals of the National HIV AIDS Strategy (NHAS).

<http://www.thebodypro.com/content/72340/life-expectancy-for-people-living-with-hiv-increases.html>




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## Federal Response

- Ryan White Care Act (Care, Treatment)
- Center's for Disease Control (Prevention)
- SAMHSA (Substance Abuse Mental Health Services Administration)
- NIH (Research)
- Medicare/ Medicaid
- National HIV/AIDS Strategy (NHAS)
- Affordable Care Act (ACA)




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## CORE Center Model

- One stop- shop Inter-disciplinary approach for HIV care
- Out patient ambulatory medical services with a 24 hour/7 day a week Call Center (312) 572-4500 Press #1
- Case Management
- Mental Health - Psychiatry
- Substance Use - Abuse Counseling
- Research
- Pharmacy
- Nutrition
- Patient Navigation and Outreach
- Peer Services and Support Groups
- PrEP Clinic
- HIV/STI Counseling and Testing




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## Peer Staffing

- 11-Part- time Peer Educators - Outpatient
- 3 - Early Intervention Services (Patient Navigators, PN)
- 1-Outreach Worker
- 3-Stroger Hospital In-Patient (PN)




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## Trauma-HIV/AIDS

- Affects both psychological and physical functioning
- PTSD may manifest in increased risk-taking behavior, such as substance use, poor eating habits, or unsafe sexual activity
- Clients with PTSD may suffer from depression, social isolation, impairments in trust and attachments, and feelings of anger
- PLWH/A'S may be affected by past trauma to the point that it manifests in problems with disease management
- *The prevalence of PTSD in HIV-infected individuals may be as high as 42%*




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**Trauma Drives HIV Epidemic in Women**  
**High Rate of Trauma Among American Women with HIV/AIDS**  
**and Its Public Health Consequences Revealed in Two 2012 UCSF Studies**

- 50 percent of all people living with HIV/AIDS worldwide are women
- 27 percent of all U.S. HIV/AIDS diagnoses today are in women
- 77 percent of all U.S. women with HIV/AIDS are black or Latina
- No. 3 cause of death for U.S. Black women, age 30 to 44 is HIV/AIDS
- 30 percent of American women with HIV/AIDS suffer PTSD (five times national rate)
- 55.3 percent of American women with HIV/AIDS suffer intimate partner violence (more than twice the national rate)

<http://www.ucsf.edu/news/2012/03/11726/trauma-drives-hiv-epidemic-women>




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**Many HIV-positive gay men have post-traumatic stress disorder**

- A third of HIV-positive gay men have post-traumatic stress disorder
- Events including starting treatment,
- HIV-related illness
- Witnessing an HIV-related death
- Emotional responses to such events - rather than actual physical threat - were associated with the development of symptoms of posttraumatic stress.

<http://www.aidsmap.com/Many-HIV-positive-gay-men-have-post-traumatic-stress-disorder/page/1506783/>




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**STRATEGIC ACTION PLAN TO ACHIEVE Trauma Informed Care (TIC)**

▣ PRINCIPLE OF:



Peer Support/Empowerment, Voice & Choice/Collaboration & Mutuality

▣ GOAL 1, GOAL 2 and GOAL 3

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**PRINCIPLE OF:**  
**Peer Support/Empowerment, Voice & Choice/Collaboration & Mutuality**  
**Goal: 1**

**Provide Supportive On-Site TIC Resources for Patients**

Action Steps	Agency Lead	Resources Needed	Begin Date	End Date	Proof of Completion
1) Train staff/peers on TAMAR Model	S. Floyd	SAMHSA Technical Assistance	October 2014		
2) Identify patients to engage in TAMAR group	K. Howe	Screening tools/assessment process	November 2014		
3) Facilitate 15 week group intervention	P. Willis	Instruments and tools for group	January 2015		




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**Goal: 2**

**Increase Staff Knowledge of TIC Practices Within Our New Patient Center Medical Home Model (PCMHHM)**

Strategies	Action Steps	Agency Lead	Resources Needed	Begin Date	End Date
TIC Practices- training for ALL staff using the Adverse Childhood Experiences Study (ACE)	1) Obtain support from executive team for dedicated training availability for staff	P. McLoyd	None	October 2014	
	2) Coordinate training schedule	S. Floyd	None	October 2014	
	3) Training of staff	K. Howe	SAMHSA Technical Assistance	February 2014	
	4) Define peers' role on multidisciplinary team	P. Willis	Handouts	January 2015	
	5) Educate staff on peers' involvement in service delivery	P. McLoyd	SAMHSA Technical Assistance	January 2015	




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**Goal: 3**

\*All organizations must provide at least one goal for its participation in the Virtual Learning Network. At least one goal should be stated as a measurable outcome (e.g., reduce the use of seclusion and restraint by 90 percent). Additional goals may include organizational or process changes (e.g., train all staff in trauma-informed practices or establish a trauma-informed peer support group).

\*\*Resources needed may include SAMHSA-supported technical assistance.

Strategies	Action Steps	Agency Lead	Resources Needed	Begin Date	End Date
Create a single assessment tool for the social service department implementing TIC Practices	Review current multidisciplinary assessment tools	K. Howe	None	January 2015	
	Create a draft assessment for review & submission to Director of Social Services for Exec Team review	K. Howe/ S. Floyd	SAMHSA Technical Assistance	Feb. 2015	




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## Activities Implemented

- ▣ Trauma, Addiction, Mental Health, and Recovery Intervention Training (TAMAR)--- Completed February 2015
- ▣ Molding our eXperience Into Excellence (MOXIE) Application for additional Funding--- Received Funding February 2015
- ▣ Patient Survey--- Utilized PCL-C PTSD survey
- ▣ Focus Group--- June 2015
- ▣ High Risk Clinic --- New Clinic in Process/Pending
- ▣ Data Gathering/Evaluating--- Completed 256 surveys (surpassed goal of 250)




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## Next Steps

- ▣ Adverse Childhood Experiences Study(ACE) Utilization
- ▣ TAMAR- Group Facilitation & Screenings for PEERS/Co-facilitators
- ▣ Criteria for Facilitators & Co-facilitators
- ▣ Additional Trainings/Education as New Employee Orientation
- ▣ Clinical Supervision for PEERS
- ▣ Translation of Trauma Informed Care Practices for Multi-lingual Participation Seeking Future Funding Opportunities!!!!




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## Summary

- ▣ CORE Center leadership and staff eager to move towards organizational Trauma Informed approach.
- ▣ SAMHSA Technical assistance on TAMAR provided groundwork for training administrative, clerks and direct service providers.
- ▣ Must pursue additional funding streams to support such as future trainings such as Molding our eXperience Into Excellence (MOXIE).




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## Questions?

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### Additional Questions

Linda Ligenza  
[linda@thenationalcouncil.org](mailto:linda@thenationalcouncil.org)

Shaleyah Floyd  
[sfloyd@cookcountyhhs.org](mailto:sfloyd@cookcountyhhs.org)

Peter McLoyd  
[pmcloyd@cookcountyhhs.org](mailto:pmcloyd@cookcountyhhs.org)



### Additional Comments?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions  
[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org) or [MAI-COC-TA@mayatech.com](mailto:MAI-COC-TA@mayatech.com)

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## For More Information & Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

Trauma Resources:

<http://www.integration.samhsa.gov/clinical-practice/trauma>



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