From Treatment To Healing

The Promise of Trauma-informed Primary Care

The Medical Management of HIV/AIDS and Hepatitis

Friday, December 9, 2016

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The Wright Institute, Berkeley, California
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Learning Objectives

- Identify the prevalence and impact of trauma/PTSD on women living with HIV
- Discuss a practical model of trauma-informed primary care to facilitate healing from past abuse and preventing re-victimization, appropriate for anyone living with HIV or a history of trauma.

Format for this Session

1. Presentation with videos
   45 minutes

2. Panel discussion with questions from the audience
   45 minutes

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Recent Deaths at WHP

1. Rose murder
2. Amy murder
3. Patricia suicide
4. Regina suicide
5. Vela suicide
6. Iris addiction/overdose
7. Mary addiction/organ failure
8. Nadine addiction/lung failure
9. Lilly pancreatic cancer
10. Pebbles non-adherence
Trauma

“... an event, series of events, or set of circumstances [e.g., physical, emotional and sexual abuse; neglect; loss; community violence, structural violence, war] that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being”.

http://www.cdc.gov/traumaojp/traumadefinitions/definition.htm

A few more important definitions

Complex Trauma: repeated trauma, physically or emotionally (e.g., repeated childhood physical and/or sexual abuse, witnessing ongoing IPV, experiencing long-term IPV)

PTSD: includes 4 types of symptoms: 1) re-experiencing of the traumatic event(s); 2) avoidance of situations that remind you of the event; 3) negative changes in the way you think about yourself, other people or the world, and 4) feeling “keyed up”.

Complex PTSD: Includes all of the symptoms of PTSD + trouble regulating and handling emotions and relationships, and feelings low self-worth and powerlessness

Rates of trauma and PTSD in WLHIV are much higher

Meta-analysis of all studies among US WLHIV

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To estimate the pooled prevalence, including a range of confidence intervals.


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To estimate the pooled prevalence, including a range of confidence intervals.

The HIV Care Continuum in the US, 2011

- 98% of new diagnoses
- 80% of those with an HIV diagnosis
- 40% of those in care
- 37% of those in care who are on ART
- 30% of those on ART

Rates of trauma and PTSD in WLHIV are much higher

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Publication in Journal of the American Medical Association

Recent Trauma → 4x the rate of ART Failure

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<th>Potential Factors</th>
<th>Detectable viral load on ART</th>
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<td>IPV/recent trauma</td>
<td>Odds ratio 4.3 (1.1-10.6; p=.04)</td>
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Publication in Journal of the American Medical Association

Published: November 2014; 19(No. 11):1710–1717

For more information, see http://www.cdc.gov/hiv/library/reports/surveillance/.
Trauma and Health: its not just HIV
The ACE Study

- 17,000 patients completed surveys about 10 categories of childhood abuse, neglect and family dysfunction
- Compared answers to an array of current health behaviors and conditions
- Conclusion: ACEs are common; and are strong predictors of later health risks and disease

The ACE Study: Key Findings

- 64% reported at least one ACE category
- 12.5% (one in six) reported four or more
- 25% of women and 16% of men reported having experienced childhood sexual abuse

Individuals who reported four or more ACE categories had:

- 2x rate of lung and liver disease
- 3x the rate of depression
- > 3x the rate of alcoholism
- > 4x rate of intimate partner violence and >5x rate of rape
- 11 times the rate of intravenous drug use
- 14 times the rate of attempting suicide

Impact of trauma on other HIV-specific outcomes

Recent or lifetime trauma associated with:

- HIV risk factors/HIV incidence

- Faster disease progression

- More hospitalizations

Almost twice the rate of death

Study included both men and women.
SUD and depression more effectively treated if trauma is addressed

Integrative treatment programs for individuals with concurrent substance use disorders and trauma experiences: A systematic review and meta-analysis.


Predictors of Mortality in WLHIV over time

By 2012, ≈17% deaths were AIDS-related.

Women’s HIV Program at UCSF:
- Only 3/19 (16%) deaths over past decade were likely due to HIV/AIDS.
- Others: substance abuse (5), suicide (3), violence (2), cancer (2), lung disease (1), car accident (1), or unknown (2).

Women’s Interagency HIV Study:

- Only 3/19 (16%) deaths over past decade were likely due to HIV/AIDS.
- Others: substance abuse (5), suicide (3), violence (2), cancer (2), lung disease (1), car accident (1), or unknown (2).

The prevalence and impact of trauma/PTSD...in conclusion

WLHIV
- Disproportionately high prevalence of trauma and PTSD
- Direct impacts on each stages of the HIV care continuum and is the underlying factor in most morbidity and mortality

General population of men and women
- High prevalence of trauma and PTSD
- The single most important social determinate of health affecting morbidity, mortality and disability of US men and women
Learning Objectives

- Identify the prevalence and impact of trauma/PTSD on women living with HIV
- Discuss a practical model of trauma-informed primary care to facilitate healing from past abuse and preventing re-victimization, appropriate for anyone living with HIV or a history of trauma.

Interventions exist: lifetime trauma and PTSD

National Registry of Evidence-Based Program and Practices (US):
- 24 interventions for various types of lifetime trauma; 14 for PTSD
- Examples include:
  - Trauma-specific cognitive behavioral therapy (CBT)
  - Prolonged Exposure Therapy for PTSD
  - Trauma-specific social support/expressive therapy
  - Medications
  - Eye Movement and Desensitization and Reprocess (EMDR)
  - Mindfulness/yoga
  - Seeking Safety
  - Skills Training in Affective & Interpersonal Regulation (STAIR)
  - Living in the Face of Trauma (LIFT)

Evidence-based interventions exist: IPV

Screening tools are accurate: fifteen studies evaluated 13 screening instruments, and six instruments were highly accurate;

- Interventions can reduce IPV: four fair- and good-quality RCTs reported reduced IPV and improved birth outcomes for pregnant women, reduced IPV for new mothers, and reduced pregnancy coercion and unsafe relationships for women in family-planning clinics;
- Screening for IPV is safe: fourteen studies indicated minimal adverse effects with screening

"Seeking Safety" for Transgender WLHIV

Participants: 7 transgender WJHIV with recent substance use and recent or past trauma

Content: 12 Seeking Safety modules based on appropriateness for transgender WJHIV

Incentives: $100 for completion of 12 sessions.

Outcome measures: PTSD symptom (PGI-C 17), alcohol and drug use (MAST-22, DAST-20), and HIV stigma (HIV Stigma Scale) scales pre and post-intervention.

<table>
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<th>Post-Intervention</th>
<th>Mean</th>
<th>MAST-20</th>
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12/2/2016
An expressive therapy disclosure intervention for WLHIV


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<th>Five Impact Themes</th>
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<td>1. Formation of deep, honest, and supportive relationships among group members</td>
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<tr>
<td>2. Reduction in the burden of secrecy about HIV, childhood and adult traumas, and other stigmatizing experiences</td>
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<td>3. Cats: Reaffirming the understanding of what it means to be a woman living with HIV, normalizing life with HIV, and rallying members to embrace self-identity</td>
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<td>4. Inter and relationship building skills: honing, authors, and fulfilling one's potential</td>
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<td>5. Setting a sense of purpose and accomplishment as an advocate and activist and the skills and confidence to change the social norms that create trauma, stigma, and other social ills.</td>
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* 4 of 8 initial participants reported leaving or avoiding abusive relationships as a result of the intervention

A nationally recognized issue

Future Research Needs for an Integration of Women’s Health and HIV Care: A Call to Action.
Goal 2, Step C.2:
“Improve outcomes for women in HIV care by addressing violence and trauma and factors that increase risk of violence for women and girls living with HIV”

A model based on evidence and experience

- Expert meeting
- Follow-up consultations
- Literature review
- Identified existing evidence-based strategies to use as building blocks

What are trauma-informed values?

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration instead of hierarchy
5. Empowerment, Voice and Choice
6. Cultural, Historical and Gender Understanding

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014
Conclusions

1. Realize the awareness
2. Embrace trauma
3. Distribute positive resources.
4. Prioritize assessment and screening
5. Practice trauma

1. Prioritizing Safety and Autonomy

**Responding to IPV**

**Prioritizing Safety and Autonomy**

1. Safety Plan
   - Social worker or medical provider uses standardized safety plan including a list of local/national resources. Good plans can be downloaded at: www.ipw.org.
2. Danger Assessment
   - Helps to determine if the level of danger on abused woman has or being killed by her intimate partner. Free Local/DV hotline.
3. Link with legal agencies
   - Local IPV agencies are usually available to speak by phone to facilitate safety planning, danger assessment and need for shelter or legal services; if not, National DV Hotline.
4. Prompts and Standardized documentation in EMR
   - The prompts to remind clinicians to screen, provide a simple script and the screening questions, and for positive screens, include a note template that also provides guidance.
5. Clinic-wide panel management of active IPV cases
   - Social workers maintain list of active IPV cases; all discussed at quarterly IPV interdisciplin ary conferences and mentioned at weekly preclinical meeting to ensure maximal care coordination.

**Healing from Lifelong Trauma: Improving Damaged Connections**

**Improving Connections with Others**

1. Trauma-specific individual and group therapies
   - Trauma-specific cognitive behavioral therapy (CBT), motivational interviewing; prolonged exposure therapy for PTSD; evidence-based multimodal programs including STAR, Narrative Therapy and Seeking Safety for co-occurring substance abuse and PTSD.
2. Peer-led empowerment, support and leadership training.
   - Example: Leadership training by the Positive Women's Network-USA; expressive therapy with theater by the Meida Project; Theater for Incarcerated Women.

**Improving Physiological Connections**

3. Trauma specific psychiatry and physiologic techniques
   - Medications can help with symptoms of PTSD and hyper arousal.
   - Techniques such as Eye Movement Desensitisation and Reprocessing (EMDR).

**Improving Connections with Our Bodies**

4. Body/Mindfulness-focused healing
   - Mindfulness-based stress reduction; yoga, massage, meditation.

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**What Can You Do Tomorrow?**

First know this: the model is aspirational. Very few clinics have these services in place. There is an increasing awareness that trauma is important and treatable. In the meantime, you can:

1. Realize that a lot about who we are and what we do are because of things that happened to us.
2. Embrace trauma-informed values for yourself.
3. Distribute literature in the waiting room about the impact of trauma on health.
4. Get training about the impact of trauma on health, trauma-informed skills, and ways to screen for IPV and the impacts of lifelong trauma.
5. Practice screening your patients for IPV and PTSD.

Over time, a clinic champion can emerge; protocols for screening can be made, and responses to IPV and healing trauma can be developed in partnership with other organizations.

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**Conclusions**

- People can heal; deep cycles of violence can be broken; ACEs in children can be reduced, and entire communities can benefit by addressing trauma in adults.
- The problems faced by most of our patients can be more effectively treated if primary care becomes genuinely trauma-informed.
- TIPC holds the potential to transform the care-giving experience for providers, creating environments and supporting them to be healers.
Thank you for coming!