Addressing Substance Use within a Trauma-Informed Primary Care Framework

UCSF Women’s HIV Program

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Outline

- Introduction
- Background
- Trauma-Informed Primary Care (TIPC) Model
- Health Empowerment and Recovery Services (HERS)

WHP (Study Population)

- 51 years old (range 20-76)
- 49% African American / Black
- 20% White
- 61% food insecure in the past year
- 87% currently on ART
- 64% undetectable viral load
- 65% on prescribed opiates (~40% chronic)

Trauma

- Adverse Childhood Experiences (10 items)
  - Mean 4.2, 58% had 4+ ACES

- Trauma History Screen (14 items)
  - Mean 6.2, 73% had 4+ THSs

- Current Trauma (past 30 days)
  - 4% coerced to have sex
  - 16% abused, threatened, or victim of violence
Substance Use

- 44% smoke cigarettes
- 41% used illicit substances in the past 3 months
  - 17% cocaine, 9% amphetamines, 9% opioids
- 23% at moderate/substantial/severe risk on the DAST-10
- 22% positive AUD screen

Qualitative Data

- Degree of trust in the clinic
- Impact of patient trauma, illicit substance use, and prescription medication use in clinic
  - “When you [clinic staff] ask us about substance use we think you will call the police and report us”
  - “All of us in this group were diagnosed when we were locked up”

Summary Results

- High levels of trauma in WLHIV
- High levels of substance use, prescribed and illicit
- Trauma is associated with drug abuse (DAST)
- A lot of energy around these issues in clinic
Response

Phases of Trauma Recovery
1. Safety and stabilization
2. Remembrance and mourning
3. Reconnection and integration

Response (cont.)

Challenges
- Clinical/peer interventions (STAIR, TILI) effective for a narrow portion of patient population.
- Substance use not specifically targeted or addressed by current interventions.
- Some patients triggered by trauma-focused content.
- Substance using patients were less likely to engage and more likely to drop out.

Challenges (cont.)
- Need for lower threshold interventions—less commitment, less trauma-specific (initially)
- Need treatments that specifically address substance use in a trauma-informed way

Healing from Lifelong Trauma: Improving Damaged Connections

Improving Connections with Others
1. Trauma-informed and trauma-specific individual and group therapies
2. Peer-led empowerment, support and leadership training.

Improving Physiological Connections
3. Trauma specific psychiatry and physiologic techniques

Improving Connections with Our Bodies
4. Body/Mindfulness-Focused Healing
Trauma Informed Care & Addressing substance use: HERS

HERS Health Empowerment & Recovery Services

### Health Empowerment Recovery Services: HERS

<table>
<thead>
<tr>
<th>Stages of change</th>
<th>Phases of trauma treatment</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>Engagement (pre-phase 1)</td>
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<tr>
<td>Contemplation</td>
<td>Clinic based behavioral health treatment (phase 1)</td>
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<tr>
<td>Preparation</td>
<td>Clinic based behavioral health treatment (phase 2)</td>
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<tr>
<td>Action</td>
<td>Intensive trauma processing and behavioral health support (phase 2)</td>
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<tr>
<td>Recovery</td>
<td>Reintegration, empowerment, post-traumatic growth (phase 3)</td>
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### HERS Clinic-Based Behavioral Health Services & Trauma Recovery Matrix

<table>
<thead>
<tr>
<th>Stages of Change</th>
<th>Phases of Trauma Treatment</th>
<th>Intervention Elements</th>
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</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td></td>
<td>Ongoing Screening and Assessment / Treatment Promotion / Social Support</td>
</tr>
<tr>
<td>Contemplation</td>
<td></td>
<td>1. Case Management and Linkage Services</td>
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<tr>
<td>Preparation</td>
<td></td>
<td>2. Motivational Interviewing &amp; Harm Reduction Counseling</td>
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<tr>
<td>Action</td>
<td>Clinic-Based Behavioral Health Treatment</td>
<td>3. Drop-in Support and WRAP Groups</td>
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<td>Enrollment / Engagement in Behavioral Health Services (30%) of Enrolled Clients</td>
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<tr>
<td></td>
<td>Phase 1</td>
<td>1. Psychiatric Evaluation with Medication Assisted Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Motivational Enhancement Therapy</td>
</tr>
</tbody>
</table>
|                  |                             | 3. Seeking Safety Groups (12 weeks per group / twice)
|                  | Phase 2                     | 4. Skills Training in Affective and Interpersonal Regulation (STAIR) (12 weeks per group / closed or individual sessions) |
|                  | Maintenance / Recovery      | 5. Medea Project & Butterfly Rising (peer led) |

### Next steps

- **Funding Models: Ryan White**
  - Address social drivers together with the medical model – bridging the medical clinic with the community
- **Holistic approach** that addresses SU and MH issues in the context of chronic disease management
Questions????

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