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

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Quality Management and Technical Assistance Unit
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:

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

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

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.

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
Angela Aidala, PhD
Columbia University
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

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

- **Female**
  - Childhood Physical Abuse: 37%
  - Childhood Sexual Abuse: 37%
  - Adulthood Physical Assault: 48%
  - Adulthood Sexual Assault: 30%
  - Adulthood Loss: 74%

- **Male non-MSM**
  - Childhood Physical Abuse: 12%
  - Childhood Sexual Abuse: 26%
  - Adulthood Physical Assault: 24%
  - Adulthood Sexual Assault: 1%
  - Adulthood Loss: 66%

- **Male MSM**
  - Childhood Physical Abuse: 28%
  - Childhood Sexual Abuse: 27%
  - Adulthood Physical Assault: 34%
  - Adulthood Sexual Assault: 14%
  - Adulthood Loss: 56%

- **Transgender**
  - Childhood Physical Abuse: 1%
  - Childhood Sexual Abuse: 1%
  - Adulthood Physical Assault: 28%
  - Adulthood Sexual Assault: 27%
  - Adulthood Loss: 78%
## Homelessness & Substance Use

<table>
<thead>
<tr>
<th></th>
<th>Childhood Physical</th>
<th>Childhood Sexual</th>
<th>Childhood Loss</th>
<th>Adulthood Violence</th>
<th>Adulthood Sexual</th>
<th>Witnessing Violence</th>
<th>Other</th>
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<td><strong>Homelessness Experience</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Never homeless</td>
<td>24%*</td>
<td>22%*</td>
<td>20%*</td>
<td>31%*</td>
<td>12%*</td>
<td>60%*</td>
<td>25%*</td>
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<tr>
<td>Ever Homeless</td>
<td>37%</td>
<td>30%</td>
<td>36%</td>
<td>40%</td>
<td>21%</td>
<td>73%</td>
<td>41%</td>
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<td><strong>Problem Substance Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Never</td>
<td>23%*</td>
<td>21%†</td>
<td>25%</td>
<td>29%†</td>
<td>14%</td>
<td>55%*</td>
<td>34%</td>
</tr>
<tr>
<td>Past</td>
<td>36%</td>
<td>30%</td>
<td>33%</td>
<td>38%</td>
<td>19%</td>
<td>74%</td>
<td>36%</td>
</tr>
<tr>
<td>Current</td>
<td>39%</td>
<td>26%</td>
<td>31%</td>
<td>40%</td>
<td>18%</td>
<td>77%</td>
<td>33%</td>
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*p<.05, † p<.10; Statistical Significance
## Trauma Exposure and HIV Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Childhood Physical</th>
<th>Childhood Sexual</th>
<th>Childhood Loss</th>
<th>Adulthood Violence</th>
<th>Adulthood Sexual</th>
<th>Witnessing Violence</th>
<th>Adulthood Loss</th>
<th>Other</th>
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<tbody>
<tr>
<td><strong>Dropped Out of HIV Primary Care</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>56%*</td>
<td>39%</td>
<td>28%</td>
<td>44%</td>
<td>22%</td>
<td>72%</td>
<td>72%</td>
<td>56%†</td>
</tr>
<tr>
<td>No</td>
<td>32%</td>
<td>26%</td>
<td>30%</td>
<td>36%</td>
<td>17%</td>
<td>68%</td>
<td>68%</td>
<td>34%</td>
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<tr>
<td><strong>Missed Appointments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2+ appointments</td>
<td>45%*</td>
<td>35%*</td>
<td>34%</td>
<td>44%†</td>
<td>22%</td>
<td>75%</td>
<td>77%*</td>
<td>46%*</td>
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<tr>
<td>1 or less appointments</td>
<td>30%</td>
<td>25%</td>
<td>29%</td>
<td>34%</td>
<td>16%</td>
<td>67%</td>
<td>65%</td>
<td>32%</td>
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</table>
# Trauma Exposure and HIV Outcomes

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Childhood Physical</th>
<th>Childhood Sexual</th>
<th>Childhood Loss</th>
<th>Adulthood Violence</th>
<th>Adulthood Sexual</th>
<th>Witnessing Violence</th>
<th>Adulthood Loss</th>
<th>Other</th>
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<td>ART Adherence</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Not Adherent</td>
<td>37%</td>
<td>24%</td>
<td>33%</td>
<td>39%</td>
<td>16%</td>
<td>76%*</td>
<td>70%</td>
<td>43%*</td>
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<tr>
<td>Adherent</td>
<td>31%</td>
<td>28%</td>
<td>29%</td>
<td>35%</td>
<td>18%</td>
<td>66%</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Viral Suppression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suppressed</td>
<td>31%</td>
<td>26%</td>
<td>29%*</td>
<td>36%</td>
<td>17%</td>
<td>68%</td>
<td>68%</td>
<td>33%</td>
</tr>
<tr>
<td>Unsuppressed</td>
<td>40%</td>
<td>32%</td>
<td>43%</td>
<td>40%</td>
<td>15%</td>
<td>74%</td>
<td>65%</td>
<td>42%</td>
</tr>
</tbody>
</table>

*p<.05; Statistical Significance
Multiple Exposures & Homelessness/Substance Abuse
Multiple Exposures & HIV Outcomes

Ever any Event: 85% 88% 86% 88%

4+ Events: 62% 56% 62% 54%

3+ Violent Events: 24% 19% 22% 18%

Legend:
- VL Unsuppressed
- VL Suppressed
- Not Adherent to ART
- Adherent to ART
Multiple Exposures & HIV Outcomes

- **Ever any Event**
  - Dropped out of Care: 94%
  - Did not drop out of Care: 87%
  - 2+ appointments: 92%
  - 1 or less appointments: 86%

- **4+ Events**
  - Dropped out of Care: 72%
  - Did not drop out of Care: 56%
  - 2+ appointments: 67%
  - 1 or less appointments: 54%

- **3+ Violent Events**
  - Dropped out of Care: 33%
  - Did not drop out of Care: 19%
  - 2+ appointments: 27%
  - 1 or less appointments: 18%
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 & Trauma Informed Care Training
- Integration of Peers
- Clinical Supervision
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

- Hired Training Consultant
- Curriculum Development
- 2-Day 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

- Cultivating resilience
- Working with client and staff trauma
- Body-oriented approaches to care
- Reflection
- Somatic psychology
- Nuanced listening
- Expressive arts
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

<table>
<thead>
<tr>
<th>Training</th>
<th>Number of participants</th>
</tr>
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<tbody>
<tr>
<td>Seeking Safety</td>
<td>87</td>
</tr>
<tr>
<td>Trauma Informed Care</td>
<td>130</td>
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<tr>
<td>Clinical Supervision Training</td>
<td>35</td>
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<tr>
<td>Clinical Supervision Learning Group</td>
<td>47</td>
</tr>
<tr>
<td>Clinical Supervision Coaching</td>
<td></td>
</tr>
</tbody>
</table>
Seeking Safety Training Evaluation Results

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

<table>
<thead>
<tr>
<th></th>
<th>Before Training</th>
<th>After Training</th>
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</thead>
<tbody>
<tr>
<td>Identify 1-2 principles of Trauma Informed Care</td>
<td>Mean: 2.0</td>
<td>Mean 4.3</td>
</tr>
<tr>
<td>Practice safe and appropriate grounding skills</td>
<td>Mean: 2.2</td>
<td>Mean 4.4</td>
</tr>
</tbody>
</table>
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

- Providing Effective Trauma Supervision Training
- Seeking Safety Refresher Training
- Coaching on Seeking Safety
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 toolbox (i.e., organizational assessment, tools, resources).
Any questions?

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