Cooperative Agreement Award # U69HA33964

Who We Are

Strengthen & support implementation of jurisdiction Ending the HIV Epidemic (EHE) Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025

Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org

TAP-in Partnership Structure

Introductions

Tony Jimenez, MD, MA,
Vice President, CAI

Mary Dino, LCSW,
Director, Mental Health
and Trauma

Eric Reyes, LMSW,
Deputy Director, Mental
Health and Trauma

Caroline Waterman, MA,
CRC, LRC, Director of SUD
Training and TA

William Murphy, Project
Director of TAP-In

Overview

- Why Trauma Informed Care?

- Trauma: Its Prevalence and Impact

- The Importance of Addressing Trauma in Primary Care Settings

- CAI's Trauma Informed Care Implementation Model

- How to Receive Support for Your Jurisdiction

Why Trauma Informed Care?

What is Trauma?

An **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or 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.

- SAMSHA, Trauma Informed Care Initiative, 2014
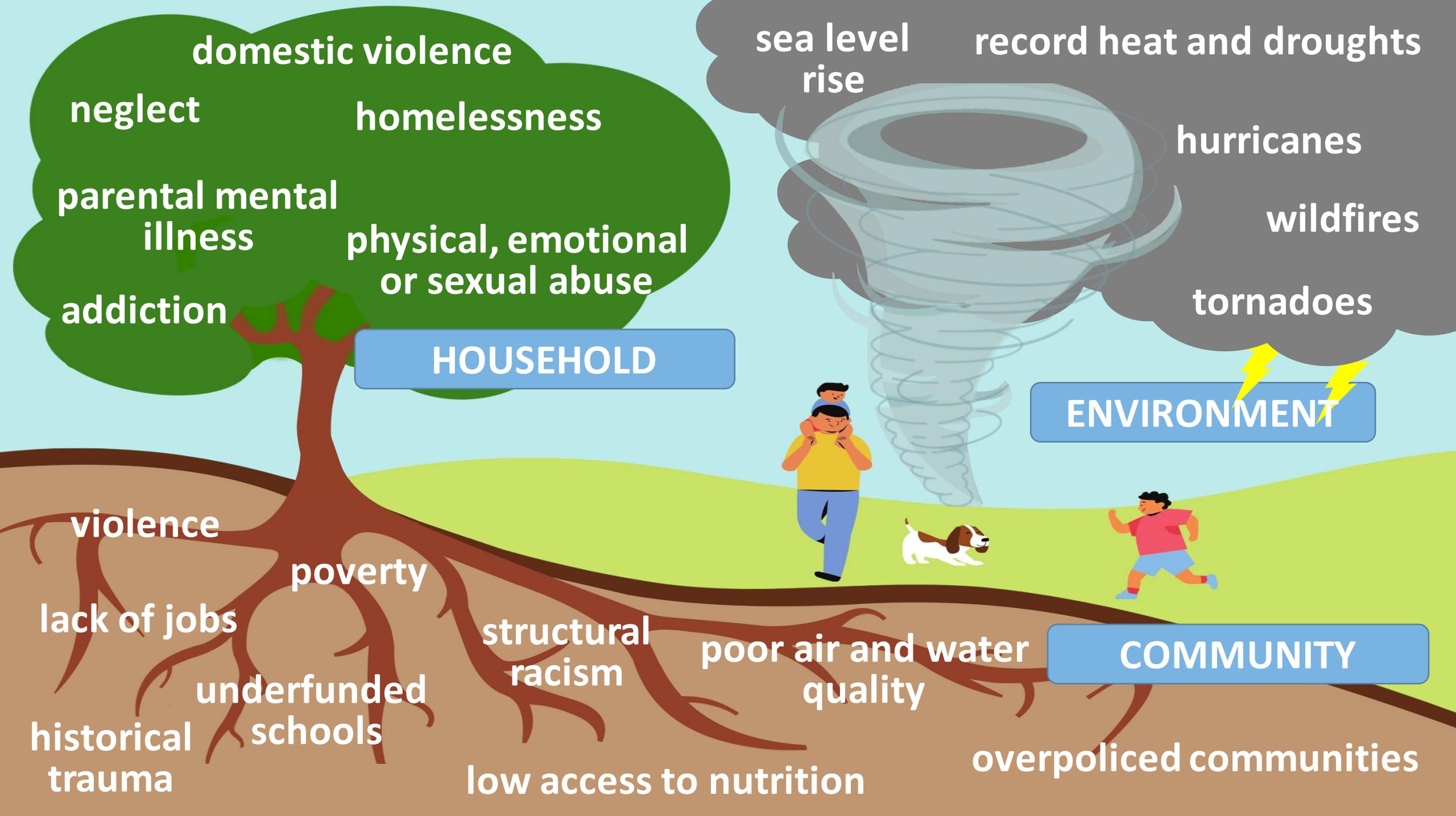
The ACE Study

CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study

17,000+ adult participants

Mostly white, older, middle or upper-middle class, 75% had some college level education

Asked about their history with 10 specific adverse childhood experiences

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	
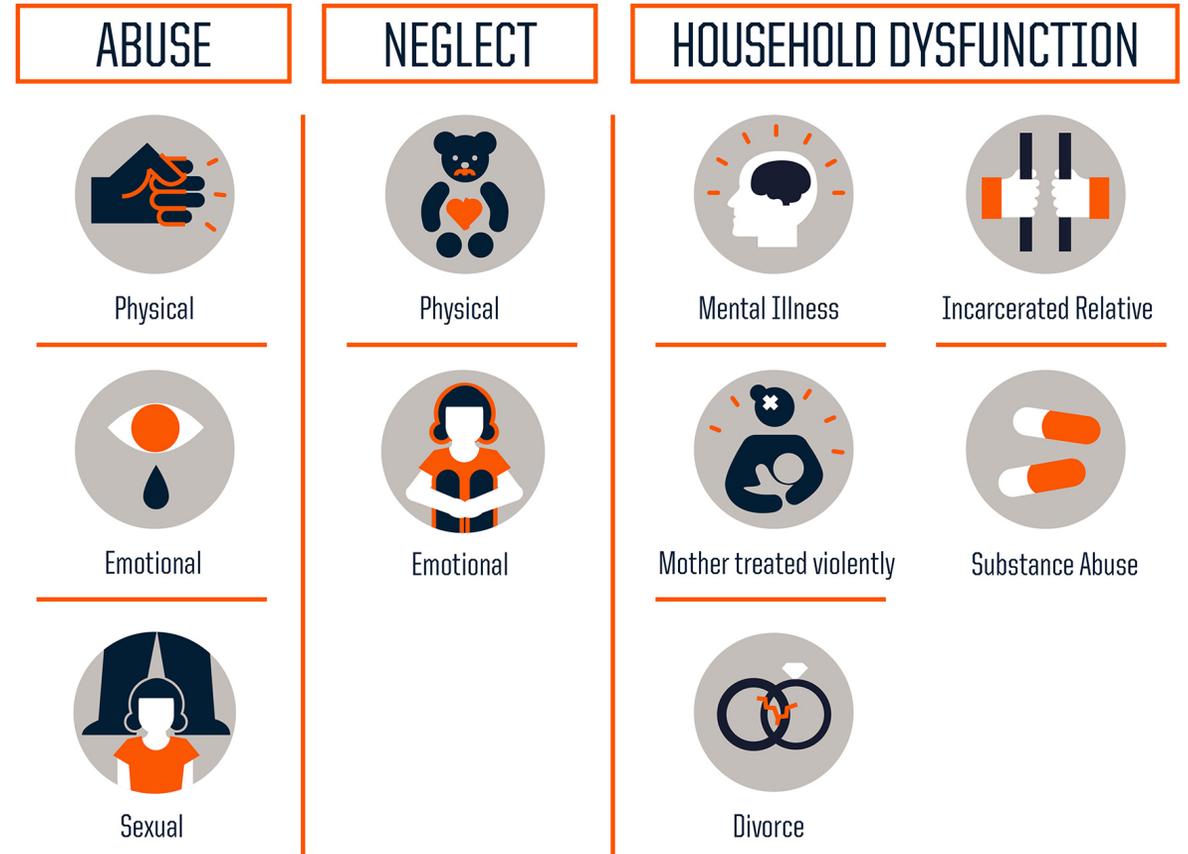
(Felitti, V., Anda, R., 1998)

Prevalence of Trauma – Overall Population

63.9%
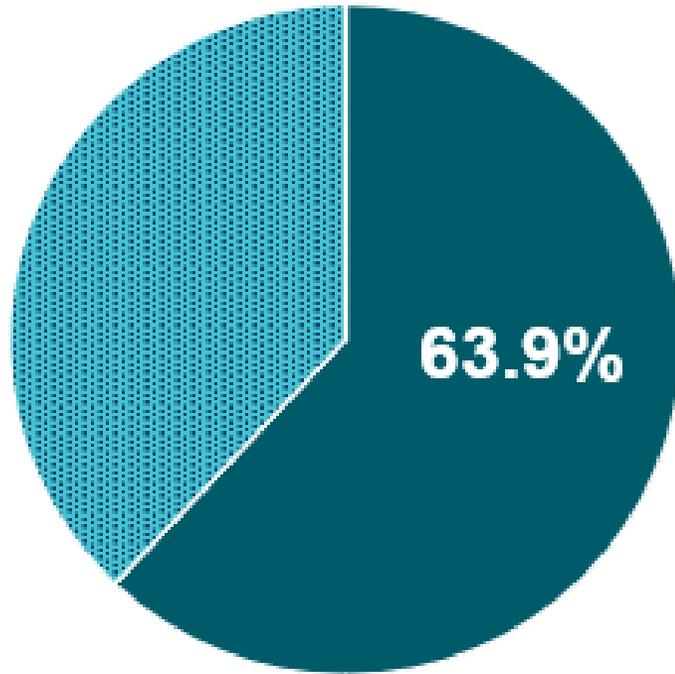
Reported at least 1 adverse childhood experience

(Felitti, V., Anda, R., 1998)

As the number of ACEs increases, so does the risk for negative health outcomes

RISK

0 ACEs   1 ACE   2 ACEs   3 ACEs   4+ ACEs
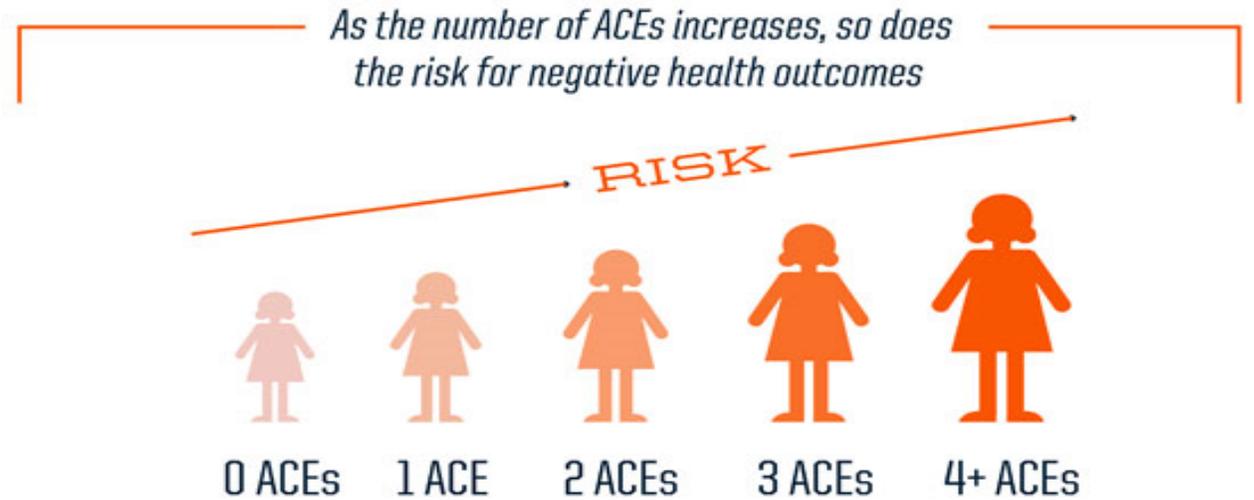
Prevalence of Trauma – HIV and SUD

95%
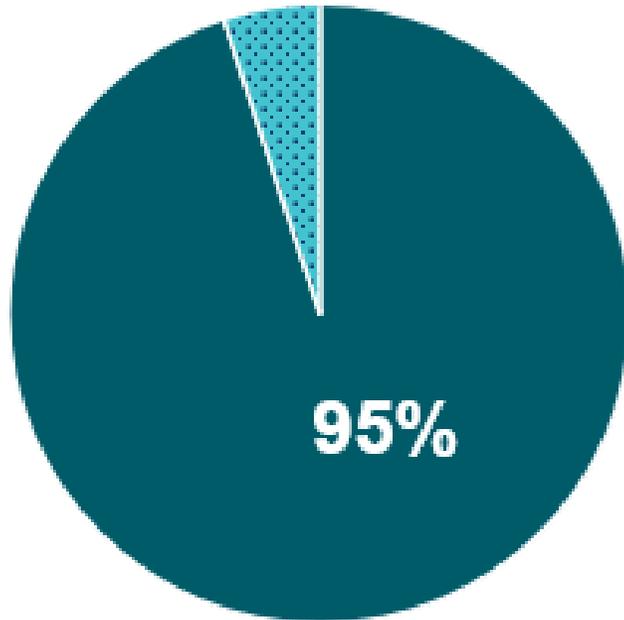
People living with HIV who report 1+ traumatic event

Pence, et al, 2007; Kalichman, et al, 2004

96.5%
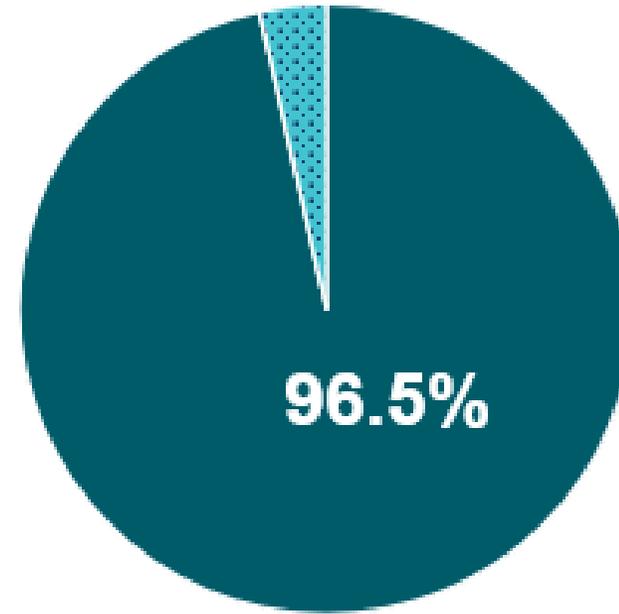
People living with SUD who report 1+ traumatic event

Lawson, et al, 2013

The Impact of Trauma – Overall Population

Alcoholism — 4X

Drug use — 3.8X

Heart disease — 2.2X

Diabetes — 1.6X

Depression — 4.6X

Suicide attempts — 12.2X

Those who experienced 2 adverse childhood experiences

Those who experienced 4+ adverse childhood experiences
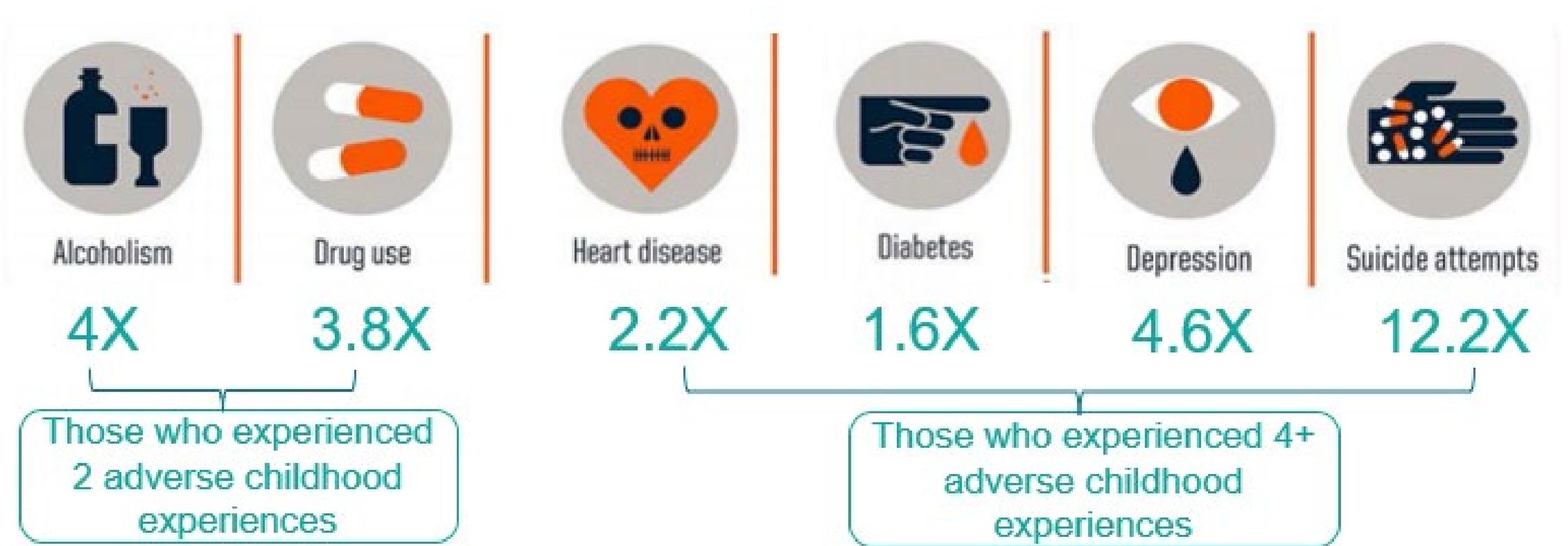
(Felitti, V., Anda, R., 1998)

The Impact of Trauma – HIV

People who experience trauma are more likely to engage in risk behaviors that increase their risk of HIV:

- Early onset of sexual activity

- High risk sexual activity

- Poor relationships with others

- Higher rates of isolation

- Alcohol and drug use

Women who experience adult physical abuse: Likelihood of reporting inconsistent condom use
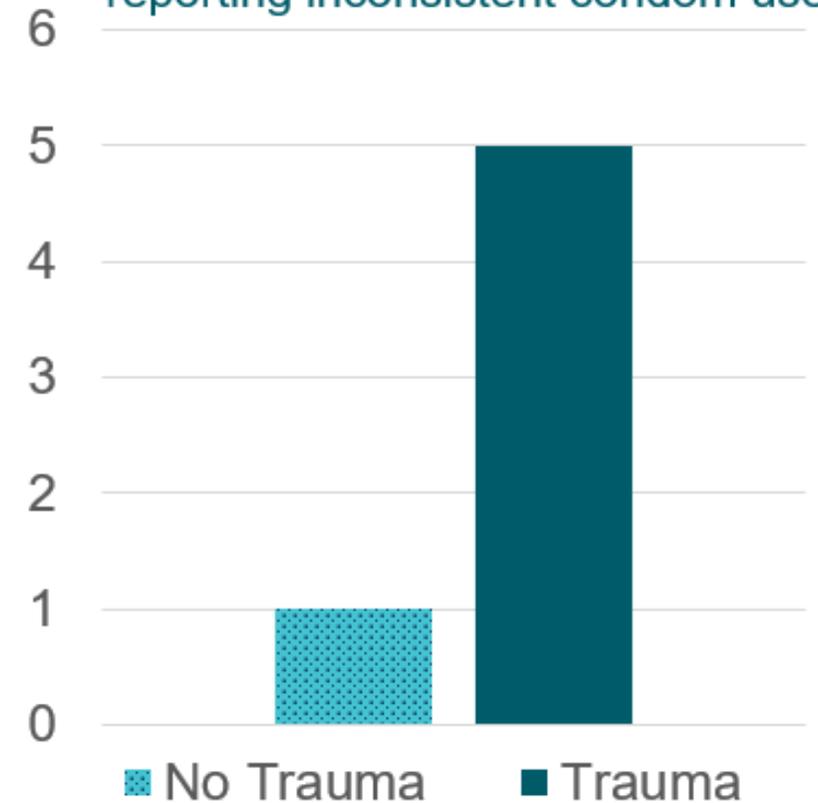
(Machtinger et al., 2012).

Sequelae of Trauma & HIV

Young (20-29 years) HIV-positive MSM with PTSD are

Over
12x
more likely to

Engage in risky sexual behaviors
(compared to their counterparts without PTSD)

(O'Cleirigh et al., 2013)

The Impact of Trauma – HIV Disease Progression

"Substantial and consistent evidence that chronic depression, stressful events, and **trauma** may negatively affect HIV disease progression in terms of decreases in CD4 T lymphocytes, increases in viral load, and greater risk for clinical decline and mortality."

(Leserman, J. 2008)

The Impact of Trauma – HIV Self-Management

Among HIV+ individuals, experiences of trauma are associated with:

- Poor mental health

- Diminished adherence to HIV care and antiretroviral therapy

- More frequent opportunistic infections

- Higher risk of AIDS-related mortality

Association Between Trauma and ART Adherence and HIV Progression among PLWHA (Pence et al., 2012)
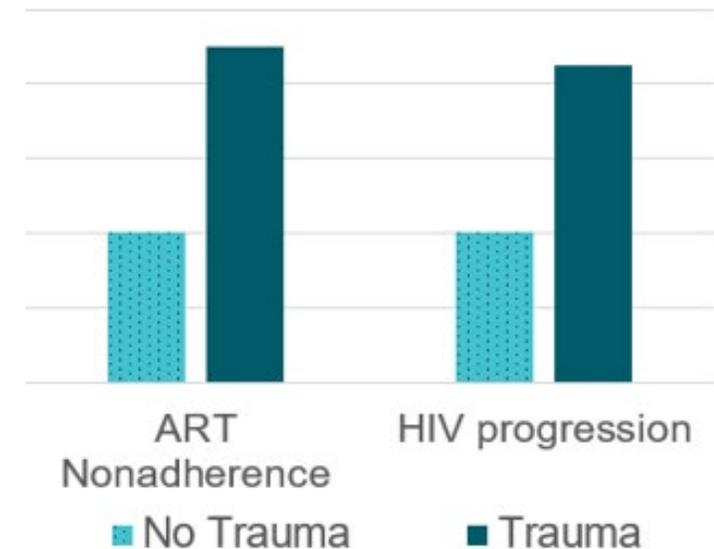
The Impact of Trauma – HIV Treatment Failure

HIV-positive women
with recent trauma are
**four times more likely
to experience ART
failure**

(Machtinger et al., 2012)

Odds of Treatment Failure

Legend: No Trauma, Trauma
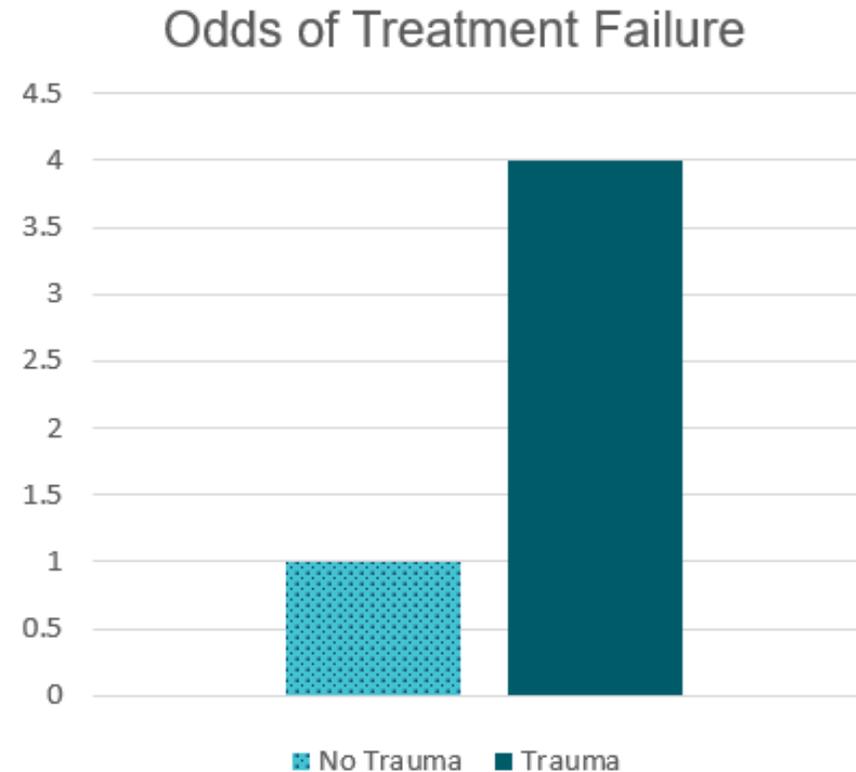
The Impact of Trauma – Emotional Dysregulation

Reactivity to Stress

Explosive

Shut down
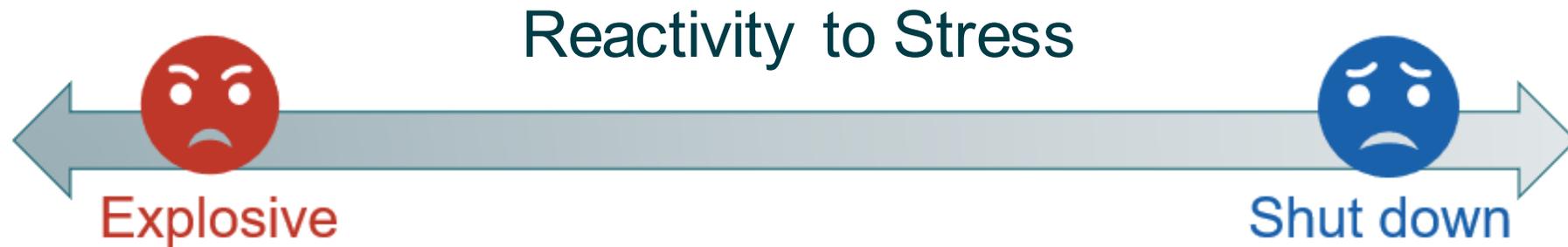
- Trauma can impact a person's reactivity to everyday stress

- Individuals can be extremely sensitive to stress and situations that are perceived as threatening or disrespectful

CAI's Model of Trauma Informed Care Implementation

The Three Phases of Trauma Healing

| Safety and Stabilization | Psychotherapy | Reconnection |
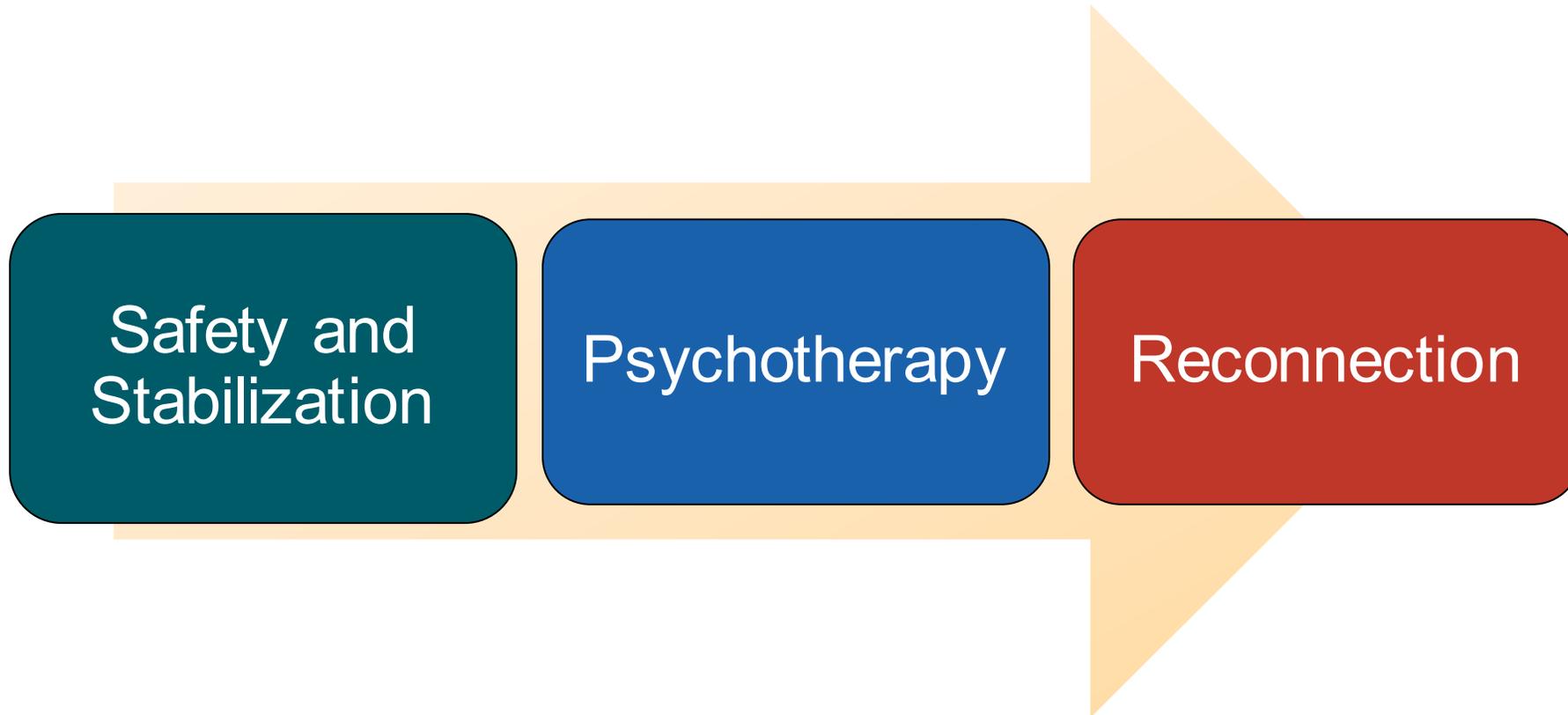
ISTSS, 2012; Herman, J., 1992; Ford, J., Courtois, C, et al, 2005, Saxe, G., Ellis, B.H., 2006, 2017

Multi-disciplinary Teams Work With the Individual and Social Environments

Safety and Stabilization

(Cloitre, Courtois, Ford, et al, Int'l Society for Traumatic Stress Studies, Expert Consensus Guidelines for Complex PTSD, 2012)

TASKS:

Protect from Harm

Reduce Risk

Increase Health Behaviors

TOOLS

Screening and Assessment

Awareness of symptoms and impact

Education

Self-Regulation Skill Building Safety Planning

Establishing a Culture of Trauma Informed Care and Offering Skill-Based Trauma Informed Services
PROCESS OF IMPLEMENTING TRAUMA INFORMED CARE

ESTABLISHING A CULTURE
- Leadership Engagement
- Staff Engagement
- Culture & Policy
- Consumer & Community Engagement
- Information Systems

SKILL-BASED SERVICES
- Screening
- Consumer Education
- Referring
- Pyschoeducational Services to Reduce High-Risk Behavior

EXPLORATION   **PLANNING & PREPARATION**   **INITIAL IMPLEMENTATION**

Leadership Meetings

Goal: Obtain buy-in to participate in trauma informed care project

- Engage leadership
- Educate leadership on trauma informed care (TIC)
- Provide overview of TIC project and required commitments
- Elicit input suggestions
- Finalize project implementation plan

Provide Technical Assistance (TA) & On-site Education

Goal 1. Work with leadership and appropriate staff to establish integration of TIC through a systems approach

Goal 2. Establish openness to providing trauma informed services

Goal 3. Assist FQHC sites to define roles and responsibilities, coordinate services, and structure meetings to achieve a culture & environment of TIC

- Meet with leadership and agency point persons
- Provide education to all staff about TIC
- Provide overview of project including establishing a trauma informed culture and providing psychoeducation skill-based services
- Identify importance of multi-disciplinary team
- Develop key benchmarks for implementation
- Revenue

- Finalize measures and elements of a trauma informed culture
- Identify integration of TIC into policy & protocols
- Create real-time database
- Develop trauma screening protocol
- Strengthen referrals for trauma
- Role of multi-disciplinary team to include peer/navigators or other staff
- Finalize a plan to include consumers for input, involvement and feedback

Second Leadership Meeting

Goal: 1. Finalize the plan and preparation for implementation

Goal 2. Peer to peer sharing with each other

- Finalize the strategic implementation plan
- Share strategic implementation plans and support for each other
- Identify potential gaps and challenges
- Identify ongoing technical assistance support needs

Provide Skills-Based Training & TA

Goal: Establish compentencies to provide trauma informed services

- Develop skills to screen and educate patients on trauma
- Skill-based psychoeducational TIC (individual) for reduction of high-risk behaviors
- Follow-up to training to support utilization of skills
- Role of navigations/peers for referrals, other tasks
- Training for supervision of TIC services

Implementation of TIC

Goal: Initiation of trauma informed services to clients

- Implement screening and brief patient education
- Initiate referrals
- Provide psychoeducation services on individual or group level for managing symptoms of trauma and developing safety plans
- Track - monitor - coach - supervise

MAY 2019   **JUNE 2019 - FEBRUARY 2020**   **APRIL 2020**

A project of CAI in collaboration with AMIDA CARE *Above and beyond for you* funded by NEW YORK STATE Department of Health AIDS Institute

Measurable Benefits of Trauma Informed Care

Disparities

Costs

Alcohol and drug use

Risk of hospitalization

Workplace participation

Client engagement

(NASMHPD Quantitative Benefits of Trauma-Informed Care – 2017)

CAI's Model of Trauma Informed Care Implementation

Establishing a Culture of Trauma Informed Care and Offering Skill-Based Trauma Informed Services

PROCESS OF IMPLEMENTING TRAUMA INFORMED CARE

1

ESTABLISHING A CULTURE

- Leadership Engagement
- Staff Engagement
- Culture & Policy
- Consumer & Community Engagement
- Information Systems

2

SKILL-BASED SERVICES

- ...ning
- ...mer Education
- ...ning
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EXPLORATION → PLANNING & PREPARATION → INITIAL IMPLEMENTATION

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A project of **CAI** in collaboration with **AMIDA CARE** ABOVE AND BEYOND FOR YOU funded by **NEW YORK STATE Department of Health** AIDS Institute

Establishing a Trauma Informed Care Culture

1 Leadership Engagement

2 TIC Culture, Organization, Environment Assessments

3 Policies and Procedures

4 Staff Trainings

5 Implementation of Services, Targets, Real-time Data

Trauma Informed/Trauma Responsive: Skills-Based Services

Trauma Screening **+** Brief Trauma Education **+** Referrals **→** Psychoeducation Services
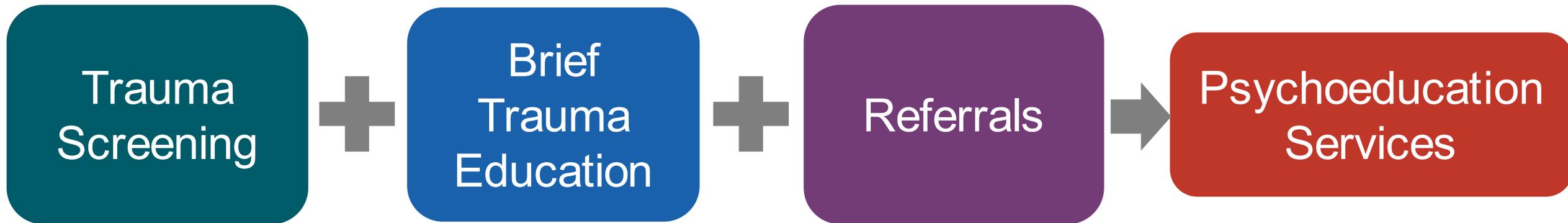
Organizations We've Worked on TIC Implementation

Who Have We Reached with Training and TA?

To date…

🏪 23 agencies have participated in technical assistance

👥 581 in-person, phone, and virtual TA meetings

👨‍🏫 121 trainings

👥 2459 individuals have participated

New Jersey, 2018 to present

Trauma Informed Care Assessments

596 staff and clients at 20 agencies have completed **32** TIC Cultural Assessments and Reassessments

178 staff and clients at 20 agencies have completed **23** TIC Physical Facility Assessments and Reassessments

Results Reports are created at the conclusion of each assessment, which then inform the **Key Action Plans** agencies complete to determine their next steps for integrating TIC into their culture and environment

New Jersey, 2018 to present

Emerging Results From CAI's TIC Implementation Model - Clients

2,670 clients

3,747 encounters

88%
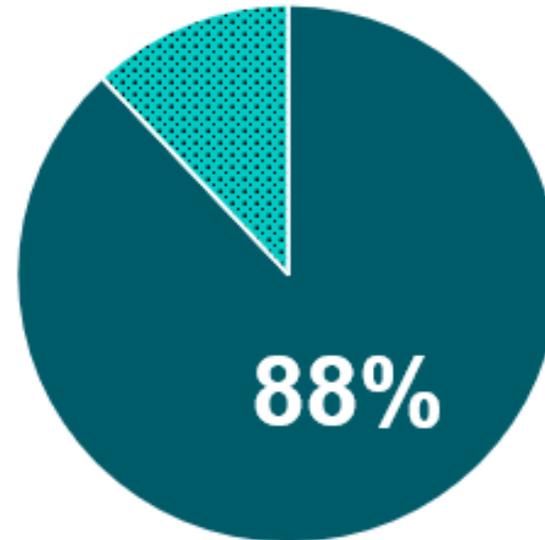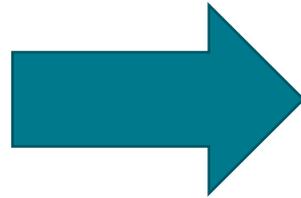
Maintained viral suppression

80%
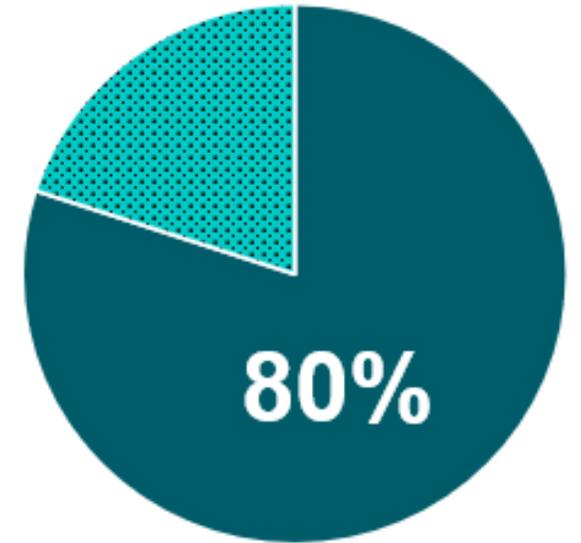
Retained in medical care

New Jersey, 2018 to 2021

More Emerging Results of CAI's TIC Implementation Model – Clinic Staff
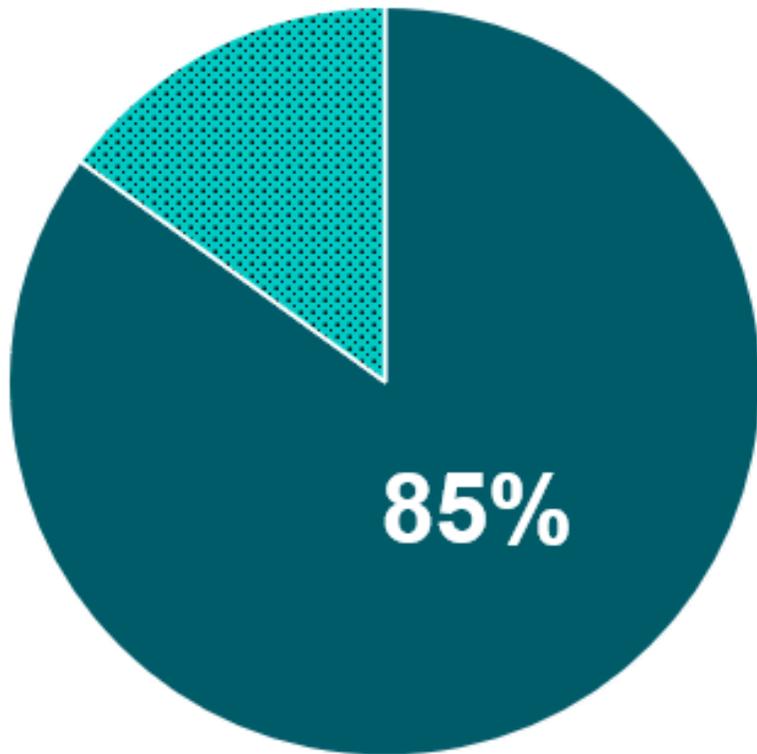
85% Staff who <u>agreed</u> or <u>strongly agreed</u> that the trauma training series increased their knowledge of TIC

23% Increase in self-efficacy (confidence) in staff to integrate TIC

New Jersey and New York, 2018 to 2021

Leveraging TIC Skills During COVID-19

Take 5 (brief webinars) reminded staff to use and leverage their TIC skills. Some topics covered include:

GRIEF

COVID FATIGUE

HELPFUL SELF-TALK

SUBSTANCE USE

SAFER SEX DURING COVID

DE-ESCALATION

SOCIAL ISOLATION

GROUNDING EXERCISES

THE TRAUMA LENS

VICARIOUS TRAUMA

Ingredients for Success

Leadership buy-in

Consistent technical assistance

Multi-disciplinary team

Flexibility

Training

Real-time Data

TIC Model in Services Other Than HIV Primary Care

- Harm Reduction
- Emergency Medical Services (EMS)
- Overdose Fatality Review (OFR) Teams
- Health Homes

- Substance Use Providers
- Family Justice Centers
- Outpatient Mental Health
- Maternal Mortality Review Teams
- Maternity Health Workers

Implementing TIC in Your Jurisdictions

TAP-in Can Help You Integrate a Trauma Informed Care Approach

- Provision of TA for integration of TIC into your EHE plans

- Our TA may include:

  - Providing training and tools to increase staff's trauma knowledge and skills

  - Sharing best practices for integrating trauma informed services into current practices, including client screening and education

  - Assessing readiness of HIV provider networks to integrate TIC

- Trauma Informed Care Learning Collaboratives

Virtual Learning Collaborative

Trauma Informed Care
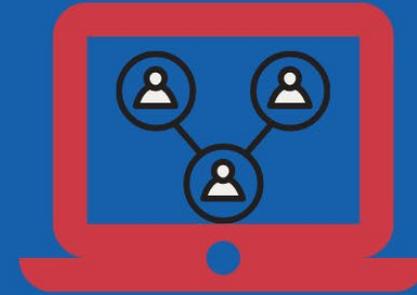
Technical Assistance Provider innovation network

How to Request TA

Email: tap-in@caiglobal.org

Questions?

Closing and Evaluation

WE WANT TO HEAR FROM YOU!

In order to complete our evaluation, you must be registered for this webinar. If you have not registered, please register using the link in the chat. Thank you!