



HIV and Aging: Trauma Informed Care and Resilience



The Center for
LGBTQ Health Equity

A Chase Brexton Health Care 
Center of Excellence

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Monte Ephraim, LCSW-C Mgr. Psychosocial Services and ELDERPRIDE Program

- An LGBTQ Elder
- Expertise in working with LGBTQ+ populations, ELDERS, HIV/AIDS and Trauma
- Behavioral Health Care and Services
- Presentations and Panels
- Over 30 years in Human Service



Mission

To create health equity for LGBTQ patients in our communities and around the world through better health care services, education, and advocacy.



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Our Focus

- Ending LGBTQ discrimination, stigma, bias, and misinformation in our health care systems through health care provider training and education
- Reducing fear and mistrust of health care systems within the LGBTQ community through affirming and informed health care services
- Improving health benefits for LGBTQ people through workplace training and public advocacy
- Promoting the health care needs and rights of LGBTQ people



Who we serve

- LGBTQ people seeking competent, affirming health care and the people who love and support them
- Our Chase Brexton team members, enterprise wide
- Healthcare providers seeking training and education on informed and affirming health care for LGBTQ people
- Employers seeking to create more equitable workplace cultures
- Regional and national policy makers & organizations that serve LGBTQ people



Learning Objectives

- Participants will consider the three E's –Events, Experience and Effect as it relates to HIV, Aging in a Trauma Informed way
- Participants will explore the impact of stigma associated with healing
- Participants will learn how Resilience is a predictor of emotional well-being and psychological adjustment for people aging living and thriving with HIV



What is Trauma?

- Individual trauma results from an event, series of events, or set of circumstances 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
- Trauma can impact our relationships



Prevalence and Impact of Trauma

- Over the course of their lives, many elders have experienced one or more traumatic events and the impact of that earlier trauma does not disappear with age.
- Elders are subjected to these events in the present as well as the past, and so may have more recent or current traumas of these kinds with which to contend
- For the LGBTQ community these traumas are often compounded and rooted in stigma, rejection

Karen Heller Key, Foundations of Trauma-Informed Care: (Baltimore, MD: LeadingAge Maryland/ Resilience for All Ages, 2018)



The Three E's in Trauma

Events

Events/circumstances
cause trauma.

Experience

An individual's *experience*
of the event determines
whether it is traumatic.

Effects

Effects of trauma include
adverse physical, social,
emotional, or spiritual
consequences

The Social-Ecological Model: A Framework for Prevention



<https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Things to Remember

- Underlying question = “What happened to this person?”
- What are called behavioral health “symptoms” may be adaptations to traumatic events
- Behaviors have meaning and purpose
- Healing happens in relationships

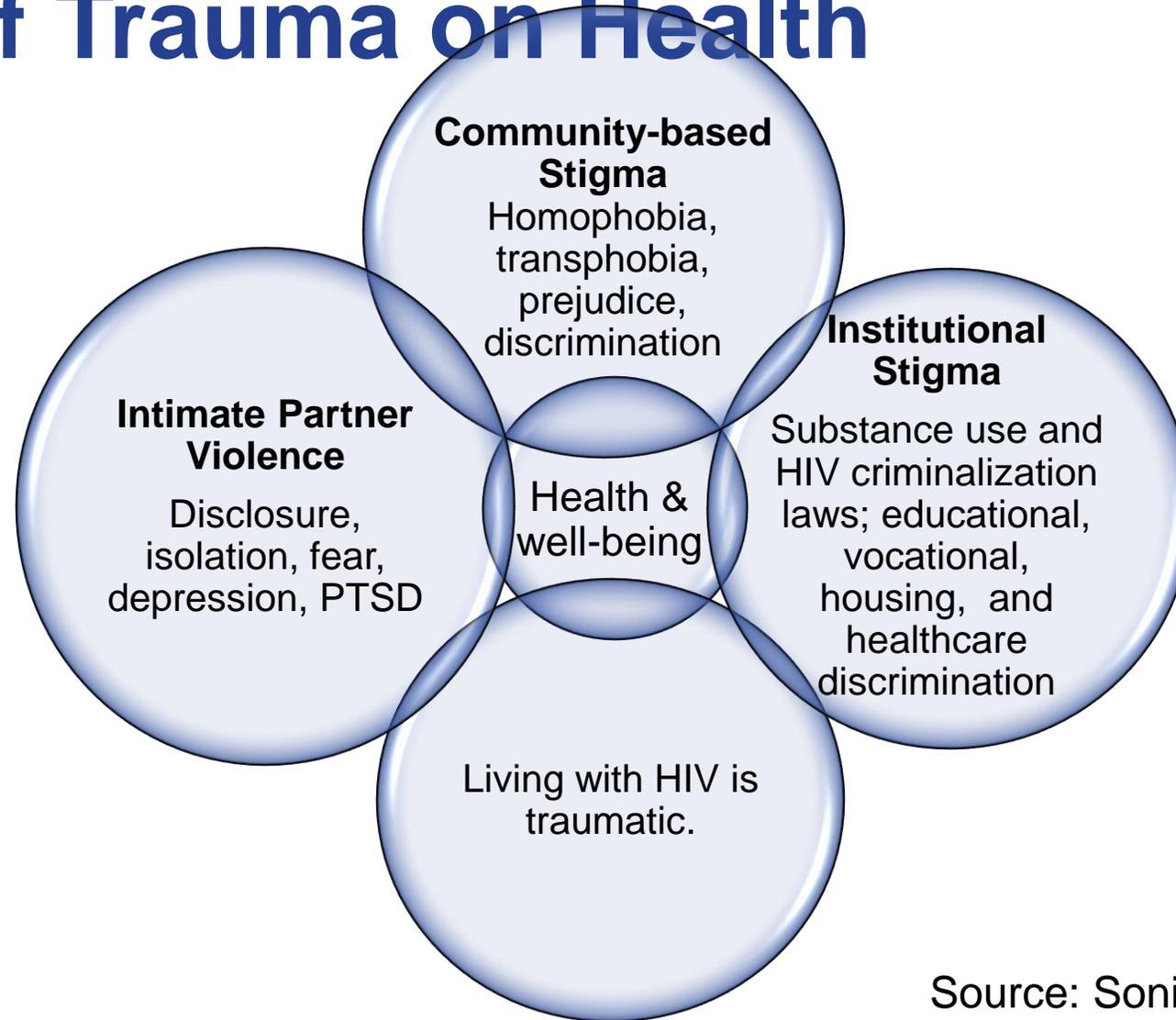


Promoting Healing and Well-being

- People often use the terms “healing” or “wellness” instead of “recovery” when talking about trauma and HIV, but the basic message is the same:
- Everyone has the possibility of living a satisfying and meaningful life, regardless of what happened to them or what health challenges they are living with
- Healing happens in relationships



Impacts of Trauma on Health



Source: Sonia Rastogi, Positive Women's Network



Abuse

- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying/cyberbullying
- Institutional

Loss

- Death/loss
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism/war

Chronic Stressors

- Prejudice/discrimination
- Racism, homophobia, transphobia, misogyny
- Invasive medical procedure
- Disability
- Poverty
- Community/historical trauma
- Health conditions

Trauma Linked to Health Challenges Over the Lifespan

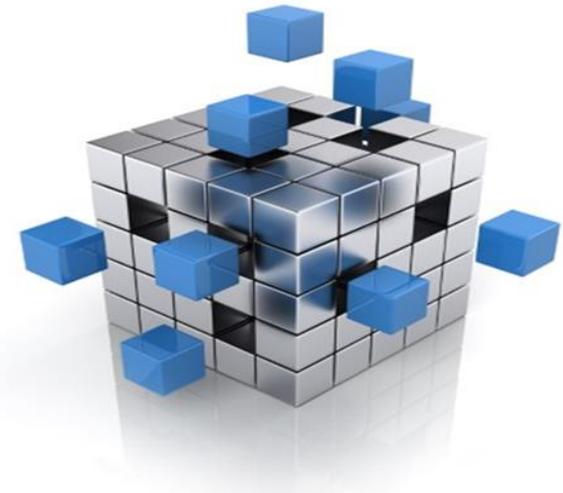
Adverse Childhood Experiences	Biological Impacts and Health Risks	Long-term Health and Social Problems
The more types of adverse childhood experiences...	The greater the biological impact and health risks, and...	The more serious the life-long consequences to health and well-being.

Felitti et al., 1998



Trauma Affects the Brain

- Trauma at any age can affect the brain and result in changes in behavior and responses to life experiences
- Our brains are “neuroplastic,” meaning that they can change and adapt based on our environments and experiences



“Providers recognize that patients may have past trauma, but what few realize is how prevalent it is and how much it affects patients’ health.”

—Michael Mugavero, researcher, Coping With HIV/AIDS in the Southeast (CHASE) Study



The Denver Principles

- The Denver Principles were the foundation for the self-empowerment and self-determination for PWA (people with AIDS).
- In 1983, when the principles were written, HIV was a death sentence that was too often used as an excuse to deny housing, healthcare, even funeral services.
- **RECOMMENDATIONS FOR ALL PEOPLE**
 1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
 2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.



THE DENVER PRINCIPLES

(Statement from the advisory committee of the People with AIDS)

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others.

We are "People With AIDS."



What is stigma in aging?

- Ageism refers to the stereotypes (**how we think**), prejudice (**how we feel**) and discrimination (**how we act**) towards others or oneself based on age
- Who does ageism affect? Ageism affects everyone
- Alongside intersectional stigmas, people ageing with HIV face specific challenges that are distinct from those faced by people with HIV at younger ages
- Chronic comorbidities, which become more common as people age, can be more prevalent in people with HIV than in those without, and are major determinants of poor HRQOL.9
- Biomedical complications of ageing with HIV are beginning to be well described, the psychosocial stressors that older people with HIV have, and the consequences of these stressors on physical and mental health

STAND UP TO STIGMA



- ✓ **Talk openly** about HIV and stigma
- ✓ Choose **supportive language** that is not stigmatizing
- ✓ Speak out to **correct myths** and **stereotypes**
- ✓ **Educate** yourself and others



LTS, long-term ~~survivors~~ thrivers

- Studies have found that older adults with HIV, particularly long-term survivors, have experienced deep psychological effects of the HIV/AIDS epidemic
- The effects include higher rates of depression and anxiety, increased substance use, social isolation, and cognitive impairment
- There has been a focus on post-traumatic stress disorders (PTSD) in long-term survivors (LTS)



LTS, long-term ~~survivors~~ thrivers

- PTSD in LTS often have their origins in the traumas associated with an HIV/AIDS diagnosis when there were no treatments, and a diagnosis was a “death-sentence”. They woke up each day waiting for a treatment
- LTS also faced losses of entire networks of friends. These stresses were compounded by the rejection of family, friends, and society as a whole that exhibited homophobia and fear of HIV/AIDS



Risk and Protective Factors

- Risk and protective factors are like two sides of the same coin
- Both can have a powerful influence on our mental, physical, and behavioral well-being
- But neither have the final say when it comes to your health

A **risk factor** is something that increases a person's risk of illness, injury, or harm. Experiences like abuse or violence in the home are risk factors. These can lead to harmful behaviors, substance use, and chronic disease.

A **protective factor** lowers a person's risk of negative health outcomes. For example, growing up in a safe and stable neighborhood often leads to better health.



Risk/Protective Factors

Common risk factors

Our behaviors: Substance use, unhealthy diet, physical inactivity, or risky sexual behaviors

Our physical body and genetics:

Age, gender, high blood pressure, diabetes, or family medical history

Environment and culture: Poor/no housing, limited access to health care, isolation, stigma, or institutional racism that limits opportunities to certain races through unfair policies or laws

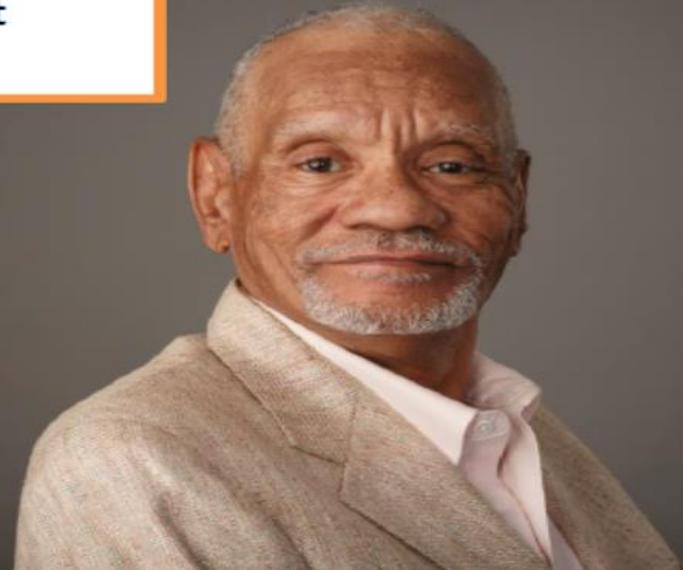
Important protective factors

- Access to good health care
- Supportive relationships
- Healthy coping strategies
- A sense of purpose
- Housing
- Emotional self-awareness
- Safe environments and stable finances
- The willingness to seek help
- Problem-solving skills



Practice and Reflection – Case 3

Terrence is a 70 year old gay man who makes an appointment to see a new doctor after his previous doctor moves to a different practice. The new doctor thinks that homosexuality is a sin, but wants to provide care to all of his patients equally. During the exam, the doctor is polite, but avoids making eye contact with Terrence and rushes through the physical exam. He decides to skip questions about Terrence's family and sexual history, assuming that a 70 year old is at low risk for STIs. The doctor congratulates himself for treating a patient he had moral objections to, but Terrence leaves the appointment feeling hurt and shaken.



Constructs of Cultural Humility

Definition

Cultural awareness

- Self-examination and in-depth exploration of one's own cultural and professional background

Cultural knowledge

- Process of seeking and obtaining a sound educational foundation about diverse cultural and ethnic groups

Cultural skill

- Ability to collect relevant cultural data regarding the client's problem as well as accurately performing a culturally based physical assessment

Cultural encounters

- Encourages the health care provider to directly engage in cross-cultural interactions with clients from culturally diverse backgrounds

Cultural desire

- Motivation of the health care provider to want to, rather than have to, engage in the process of being culturally aware



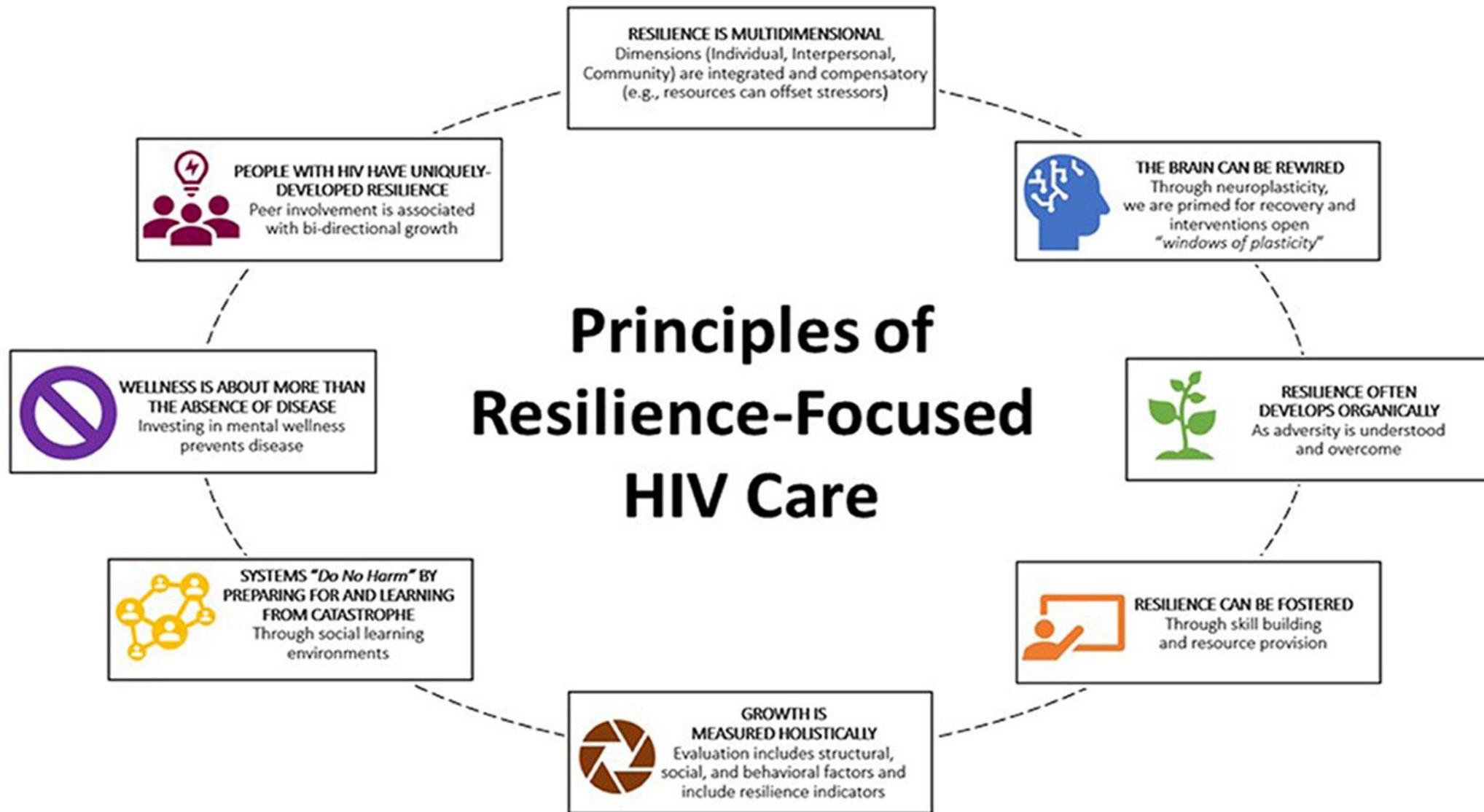
Cultural Humility

- Cultural humility involves an awareness of one's limitations to understanding an individual's cultural background and experience
- Cultural humility also involves an interpersonal stance that is other oriented rather than self-focused in regard to the cultural background and experience of the individual



Clinicians can promote Resilience and Behavioral Health

- Acknowledge the role of minority stress in creating or exacerbating behavioral health disorders
- Ask about sources of functional, social, and emotional support
- Promote positive self-perception of LGBTQ identity
- Recognize and validate unmarried partners and chosen families, regardless of legal or biological relationships
- Value the loss of a partner, friend, or pet; and provide support and referrals as needed



Citation: Brown LL, Martin EG, Knudsen HK, Gotham HJ and Garner BR (2021) Resilience-Focused HIV Care to Promote Psychological Well-Being During COVID-19 and Other Catastrophes. *Front. Public Health* 9:705573. doi: 10.3389/fpubh.2021.705573

What is resilience, why is it so important?

- Resilience refers to both the process and the outcome of successfully adapting to difficult or challenging life experiences, according to the definition from the American Psychological Association (APA)
- It's having the mental, emotional, and behavioral flexibility and ability to adjust to both internal and external demands, per APA

Resilience

Resilience is defined as “The ability of an individual, family, or community to cope with adversity and trauma and adapt to challenges or change.”
—The Substance Abuse and Mental Health Services Administration (SAMHSA)

Resilience is promoted in part by supportive relationships and social connectedness, as well as addressing sources of adversity.



Resilience

- Resilience requires a skill set that you can work on and grow over time
- Building resilience takes time, strength, and help from people around you; you'll likely experience setbacks along the way
- It depends on personal behaviors and skills (like self-esteem and communication skills), as well as external things (like social support and resources available to you)
- Being resilient does not mean that people don't experience stress, emotional upheaval, and suffering
- Demonstrating resilience includes working through emotional pain and suffering

Resilience

- Resilience theory tells us that resilience isn't a fixed trait (you can grow your capacity to practice resilience)
- We are not born with or without resilience
- It's not constant, in that you might demonstrate a lot of resilience when it comes to one challenge, you're faced with but struggle more with being resilient when it comes to another stressor you're up against

RIGHTS OF PEOPLE WITH HIV/AIDS

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die--and to LIVE--in dignity

THE DENVER PRINCIPLES

Now What?

- ✓ What can we Start Doing?
- ✓ What can we Stop Doing?
- ✓ What can we Keep Doing?
- ✓ What can we Change Doing?



Questions/Thoughts?



To learn how to bring an equity and inclusion training program to your team or organization, please e-mail **The Center for LGBTQ Health Equity** or call us at 410-837-2050 x1049.