



Trauma-Informed Care & HIV

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The staff and faculty involved with the planning of today's event **do not** have any conflicts of interest to disclose.



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Speaker Disclosure

Speaker has **no** conflicts of interest to disclose.



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Today's Objectives

By the end of this program, participants will be able to:

- Discuss the current prevalence of trauma in the general population and for persons with HIV.
- Describe ACE scoring and its limitations.
- List signs and symptoms of trauma in adults.
- Delineate the six guiding principles to a trauma-informed approach to care.



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What comes to mind when you hear the word "trauma?"

(i) Start presenting to display the poll results on this slide.





Trauma is

- Subjective
- Individualized
 - Universal





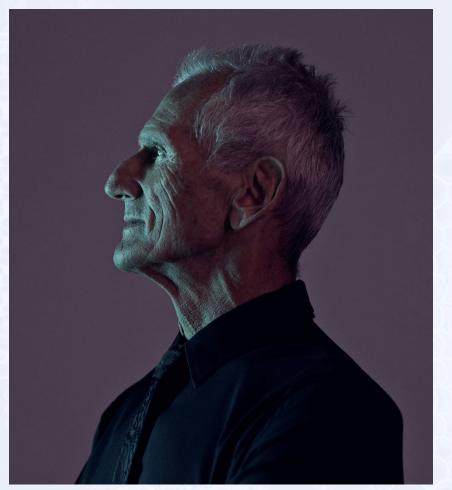
How Prevalent Is Trauma?

- Roughly 1 in 7 American children have experienced abuse or neglect in the last year (CDC, 2023).
- More than 2/3 of children reported at least one traumatic event by age 16 (SAMHSA, 2023).
- About 70% of Americans have experienced at least one traumatic event in their lifetime -- that's about 224 million Americans (National Council for Behavioral Health, 2013).
- More than half of American families have experienced a disaster (SAMHSA, 2023).
- Approximately 1 in 10 Americans over age 60 have experienced some form of elder abuse (National Council on Aging, 2021).



How Prevalent is Trauma Among Folks with HIV?

- People with HIV experience higher rates of posttraumatic stress disorder (PTSD) than the general population (Ontario HIV Treatment Network, 2023).
- Women with a history of physical and/or sexual abuse are more likely to be diagnosed with HIV, especially if that abuse first started during their childhood (The Well Project, 2023).
- Studies have found rates of violent trauma to be up to 90% among people with HIV (LeGrand, 2016).









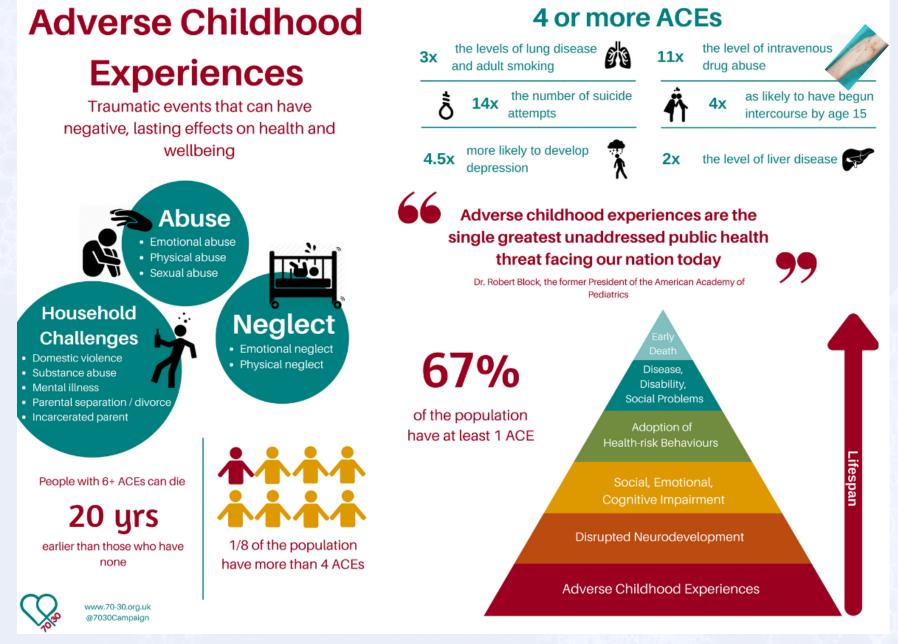


Image credits: <u>https://www.pacesconnection.com/blog/the-70-30-campaign</u> <u>https://www.merckmanuals.com/home/special-subjects/illicit-drugs-and-intoxicants/injection-drug-use</u>

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How Useful Are ACE Scores?

Simple to calculate and understand

Pros

- Easier to engage non-academic audiences
- Acknowledges high level of cooccurrence of difference childhood adversities
- Easy to use quickly in practice to identify at-risk folks

- Assumes each ACE is equally important
- "One size fits all" approach to intervention
 Unclear how and
 - Unclear how and which different adversities interact/co-occur and the effects of this
 - Some adversities are excluded
 - Lack of internationally agreed-upon definitions of adversity



(Lacey & Minnis, 2020)

Trauma: Signs & Symptoms

Emotional & Psychological

- Shock or denial
- Intense fear, anxiety, or panic
- Numbness
- Mood lability
- Anhedonia
- Nightmares
- Intrusive memories or flashbacks
- Distorted thinking
- Hypervigilance or hyperstartle response
- Dissociation or memory impairment
- Guilt, shame, or self-blame
- Poor self-esteem or selfloathing
- Suicidal ideation

Physical

- Pain
- Fatigue
- GI issues
- Muscle aches or tension
- Nausea
- Dizziness
- Rapid heartbeat
- Diaphoresis

Behavioral

- Avoidance or withdrawal
- Substance use
- High-risk behaviors
- Impulsivity
- Changes in eating and sleeping habits
- Relationship difficulties
- Self-harm or suicide

(CDC, 2023; Mayo Clinic, 2023)



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In order to empathize with someone's experience, you must be willing to believe them as they see it, and not how you imagine their experience to be.

Brené Brown



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Trauma-Informed Care – The Four Rs

"A program, organization, or system that is traumainformed <u>realizes</u> the widespread impact of trauma and understands potential paths for recovery; <u>recognizes</u> the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and <u>responds</u> by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively <u>resist re-traumatization</u>."

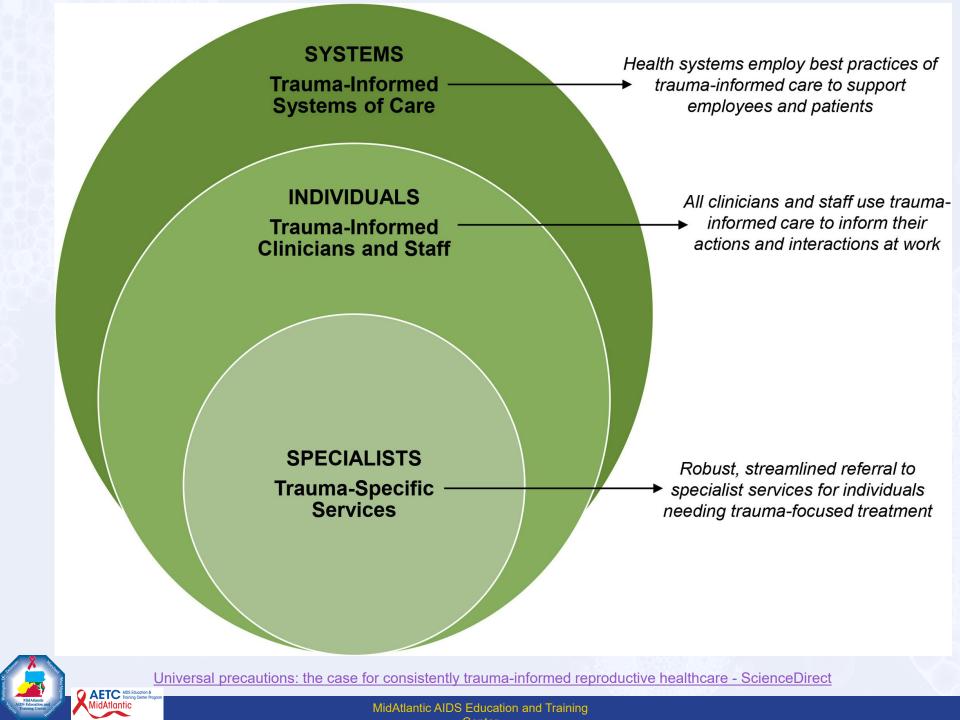
Substance Abuse and Mental Health Services Administration (SAMHSA)



Six Key Principles of a Trauma-Informed Approach

- 1. Safety
- 2. Trustworthiness and transparency
- 3. Peer support
- 4. Collaboration and mutuality
- 5. Empowerment, voice, and choice
- 6. Cultural, historical, and gender issues

Substance Abuse and Mental Health Services Administration (SAMHSA) SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach





Case Studies

Case Study #1

Molly, 21, experienced sex trafficking at the age of 19 and has a prostitution charge on her record. She is working with an attorney to get the charge expunged so she can apply for jobs. Molly disclosed her story to the attorney and used the word, "boyfriend," to describe her trafficker. How should the attorney respond?

- 1. "If he was your boyfriend and really cared for you, he would not exploit you."
- 2. "When you say boyfriend, you mean trafficker?"
- 3. "Sounds like he is not someone to be in a relationship with."
- 4. "Tell me about your experience with your boyfriend."



Source: https://centralusa.salvationarmy.org/stopit/news/trauma-informed-care-in-practice-case-scenarios/

Case Study #2

Zoe, 25, escaped her experience of trafficking and comes to her family nurse practitioner for follow-up appointments related to past injuries. She has used substances after enduring physical and emotional abuse. Zoe wants her pain to go away and asks the doctor to write a prescription. How should the nurse practitioner respond?

- 1. "Considering your history of substance abuse, you might become addicted again."
- 2. "It seems like you need something to help your pain. In the past, it sounds like you used substances to help you survive the pain. Is that what you are looking for now?"
- 3. "Based on my medical experience, this would be a bad idea."
- 4. "I think you need to try other alternatives."



Source: https://centralusa.salvationarmy.org/stopit/news/trauma-informed-care-in-practice-case-scenarios/

Examples of Trauma-Informed Care (TIC)

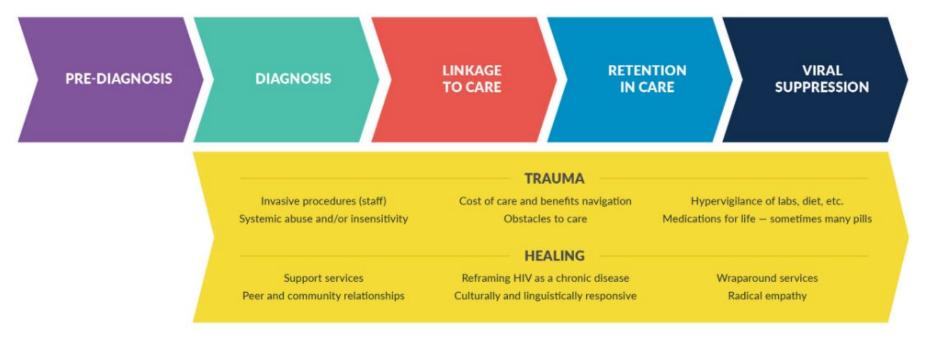
- "What happened to you?" <u>NOT</u> "What's wrong with you?"
- Communication ask, don't assume!
- Screen for trauma and respond sensitively
- Ask about triggers or anticipated difficulties
- Ask what would help patient feel more comfortable
- Ask permission before touching or disrobing patient

- Explain processes and procedures first
- Offer choices when
 possible reduce the
 power imbalance
- Give patient the option to stop or take a break
- Body language and body positioning
- Word choice
- Have resources in waiting rooms and restrooms
- Make referrals as needed
- Debrief

So, what does this mean for folks living with HIV?

TRAUMA AND HEALING ACROSS THE HIV CONTINUUM

This graphic depicts the HIV continuum and illustrates that people can experience trauma and healing when engaging with the health care system to receive treatment for or prevent HIV.





https://nastad.org/trauma-informed-approaches-toolkit/trauma-and-healing-across-hiv-continuum (NASTAD, 2023)





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THANK YOU!

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