



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Adopting a Trauma-Informed
Approach: MAI-CoC
Communities of Practice (CoP)**

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**Slides for today's webinar are
available on the CIHS website at:**

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>

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How to ask a question during the webinar

Please type your questions into the Question box and we will address them at the end of the presentation.

Type questions or comments at any time during the webinar.



This webinar is being recorded.



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Learning Objectives

At the end of this MAI-CoC CoP, participants will have:

- Learned about the impact and prevalence of trauma and correlation with HIV/AIDS
- Become familiar with trauma-informed care (TIC) principles and practices in health settings
- Completed a TIC organizational self-assessment
- Identified one domain/goal
- Developed a plan/steps to achieve this goal
- Identified tools and resources needed to achieve goal

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Polling Question #1

Did you join us for the Trauma-Informed Care and HIV/AIDS webinar?

Yes

No

If yes, did you engage in any steps to implement TIC?

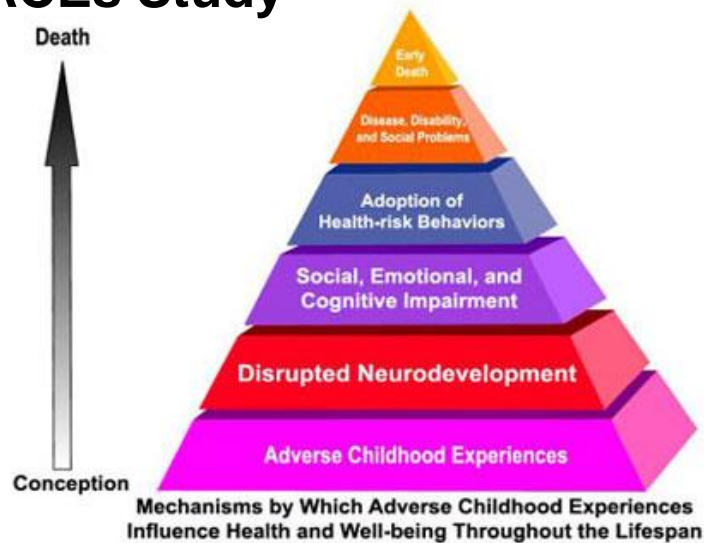
Yes

No

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Association Between Trauma and HIV/AIDS

The ACEs Study



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Impact-outcomes linked to ACEs

- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs, HIV/AIDS, unintended pregnancy
- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury



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Child Sexual Abuse (CSA) and HIV in Women - Prevalence

- 27% - 33% of women in the general population experience CSA
- 32% - 76% of women with HIV have experienced CSA
- Higher prevalence of HIV/AIDS is associated with higher rate of health risk behaviors
- CSA is associated with earlier first consensual intercourse, higher rates of unprotected intercourse, multiple sex partners, engagement in sex work, and higher rates of substance abuse

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3569722/>

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CSA in Women - Impact

- Higher rates of risk-taking behavior due to: depression, denial, low self-esteem, avoidant coping styles and sensation-seeking behaviors
- Poorer medical outcomes
- Documented lower CD4 to CD8 ratios
- More disease complications and poorer medication adherence
- Women with HIV are often coping with multiple stressors
 - Preexisting and associated stressors: poverty, low social support, caregiving responsibilities, and relationship difficulties

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Child Sexual Abuse in Men Who Have Sex with Men (MSM) and HIV - Prevalence

- Few studies have focused on HIV-infected MSM population
- 1991 study ($n = 52$) found 65% of participants reported CSA
- Larger study in six cities ($n = 593$) found 47% had a history of at least one lifetime experience with CSA
- CSA exposure in MSM with HIV has been compared with exposure in HIV-infected women - similar prevalence rate of 25%–38% ($n = 611$, 2006)
- Prevalence of HIV may be up to two times higher in males who experienced CSA compared with non-abused males

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CSA in Men - Impact

- Higher rates of alcohol and other substance abuse
- High-risk sex
- Depression
- Suicidal ideation and behavior
- Chronic fatigue syndrome
- Thyroid disease
- Obesity
- Heart disease

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Trauma and HIV/AIDS - Conclusions

- High prevalence of trauma in persons with HIV/AIDS
- Trauma history leads to low adherence with medical and self care
- Trauma increases risk of co-occurring medical conditions
- Recent trauma is significant predictor of anti-retroviral (ART) failure (Machtinger's Study)
- High levels of PTSD and traumatic stress in HIV population go untreated

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Key Implications

- Routine screening for CSA and other trauma exposure
- Screening for substance abuse, mental health, suicide and other physical health problems
- Written materials related to trauma should be available in waiting rooms
- Services should be offered to address trauma, PTSD, suicidal behaviors, mental health and substance abuse disorders and co-morbid physical health conditions
- Trauma-Informed Care (TIC) principles and practices should be universally adopted by all staff

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What is Trauma?

Definition includes three elements:

Individual trauma results from an **event** or series of events, or set of circumstances that is **experienced** by an individual as overwhelming or life-changing and that has profound **effects** on the individual's psychological development or well being, often involving a physiological, social, and/or spiritual impact

(SAMHSA Panel of Experts 2012)



Trauma Shapes Our...



Trauma-Informed Principles, Practices and Services



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NATIONAL HIV/AIDS STRATEGY for the UNITED STATES: UPDATED TO 2020, July 2015

VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

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Paradigm Shift



We begin to ask,
 “What happened to
 you?”
 rather than
 “What is wrong with
 you?”

We have to ask,
 “What’s strong?”
 rather than
 “What’s wrong?”

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SAMHSA Principles of TIC

- *Safety*
- *Trustworthiness and transparency*
- *Peer support*
- *Collaboration and mutuality*
- *Empowerment, Voice and Choice*
- *Respect for culture, historical perspective, and gender*

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Defining a Trauma-Informed Approach - SAMHSA's Four R's

Realizes the prevalence of trauma

Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce

Resists re-traumatization

Responds by fully integrating knowledge about trauma into policies, procedures, practices and settings

(SAMHSA, 2012)

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Benefits of Adopting Trauma-Informed Approaches

- **Increases safety for everyone in the system**
- **Improves the social environment**
- **Cares for the caregivers**
- **Improves the quality of services**
- **Reduces negative encounters and events**
- **Creates a community of hope, healing and recovery**
- **Increases success and satisfaction at work**
- **Promotes organizational wellness**

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Why medical settings may be distressing for people with trauma histories:

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing or distressing
- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy

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Sensitive Practices in Health Care Settings

Be respectful

Take time

Build rapport

Share information

Share control

Respect boundaries

Foster mutual learning

Understand non-linear healing

Demonstrate awareness and knowledge of trauma

Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse

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Domains of a Trauma-Informed Primary Care Setting

Domain 1: Early Screening & Comprehensive Assessment of Trauma

Domain 2: Patient Voice, Choice and Collaboration

Domain 3: Workforce Development and Best Practices

Domain 4: Safe and Secure Environment

Domain 5: Data Collection and Performance Improvement

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TIC Domains

1. **Screening and Assessment** – routine screening and assessment of trauma, including CSA and current stressors or trauma (IPV)
2. **Consumer Voice, Choice and Collaboration** – engagement in meaningful roles; emphasis on empowerment, trust, strengths, knowledge about connection between trauma and health, MH, SU, social problems
3. **Workforce Development** – training and education of all staff and new hires on connection between trauma/CSA and HIV and how to provide TIC; emphasis on hiring peers; staff self care and **Evidence Based Practices** - screening and assessment leads to client involvement in TX planning and connection to trauma-specific services

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TIC Domains

- 4) **Safe and Secure Environment** – insuring that physical, social and emotional environment is safe, comfortable, respectful and welcoming by all
- 5) **Data Collection** – tracking rates/types of trauma, adherence with treatment/referrals/specialty appointments, health outcomes, satisfaction with care and progress toward TIC

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Building a Trauma-Informed Organization

Lessons Learned – TIC Implementation

- Leadership buy-in and support
- Team to guide implementation and sustainability
- Assess TIC baseline and determine where to start
- Develop goals and plan
- Monitor progress through data collection

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LET'S CHAT

- Have you established a TIC team/committee?
- What did you learn from the OSA?
- What domain/goal would you like to work on?
- Describe your steps/plan to accomplish this?
- What tools/resources do you need?
- How will you monitor progress?

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Questions?

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For More Information & Resources

MAI-CoC Community of Practice Listserv

trauma_informed_approach_mai_coc@nationalcouncilcommunities.org

Trauma Resources:

<http://www.integration.samhsa.gov/clinical-practice/trauma>



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Thank you for joining us today

Please take a moment to provide your
feedback by completing the survey at the
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