WISCONSIN AIDS/HIV PROGRAM NOTES

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Trauma-Informed Care: Responding to Trauma and Adversity

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Experiencing trauma can change or affect the way individuals perceive themselves, others, and the world around them. This often results in symptoms and behaviors that are attempts to cope with accumulated emotional pain, anxiety, fear, and hopelessness. For persons living with HIV infection, the effect of adverse experiences often results in chronic health problems, mental illness, and an increase in risk behaviors.[1] Trauma also negatively affects the ability of people living with HIV to stay engaged in medical care and achieve viral suppression. Wisconsin mental health advocates and consumers have led efforts to create service delivery systems where staff have a greater understanding of the role of trauma in individual lives.[2,3] These approaches, collectively recognized as trauma-informed care, should be incorporated into HIV service delivery systems as a strategy to reduce new HIV infections and support positive health outcomes for those living with HIV.

Definition and types of trauma

Trauma can be defined as extreme stress (e.g., threat to life, bodily integrity or sanity) that overwhelms a person's ability to cope and disrupts the person's nervous system. This often interferes with the ability to establish healthy relationships and can alter fundamental beliefs about oneself, others, and one's place in the world. Individuals who experienced trauma often develop:

- Basic mistrust of others,
- Belief that the world is an unsafe place,
- Negative self-worth,
- Fear and pessimism about the future, and
- Feelings of powerlessness and hopelessness.

In addition to an individual's experience of trauma, family members may be collectively affected by trauma as a result of violence, abuse, neglect, disaster, terrorism, and war.

[1] O'Connor C, Finkbiner C, Watson L. Adverse childhood experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey. 2012. Madison WI: Children's Trust Fund and Child Abuse Prevention Fund of Children's Hospital and Health System.

[2] Trauma Informed Care. Wisconsin First Lady Tonette Walker. Available at http://firstlady.wi.gov/initiative/trauma-informed-care

[3] Children's Trust Fund. Creating trauma-informed and developmentally appropriate systems of care in child abuse and neglect prevention. Available at www.dhs.wisconsin.gov/tic/docs/PreventionGuidingPrinciples.pdf

Trauma is becoming better understood and, as a result, several categories of trauma have been defined.

- Acute trauma refers to a single event, usually occurring in adulthood.
- Post Traumatic Stress Disorder (PTSD) is a mental health diagnosis in the Diagnostic and Statistical Manual of Mental Disorders that outlines a set of trauma reactions.[4]
- Complex trauma refers to a series of events occurring over time, with an early life onset. It is marked by disturbances in an individual's ability to regulate emotions, behavior, cognitive functioning, and interpersonal skills.
- Historical trauma is the cumulative exposure to traumatic events that not only affect the individual exposed, but continue to affect subsequent generations.
- Sanctuary trauma refers to events that occur in settings normally expected to be safe, such as schools, mental health facilities, correctional facilities, and places of worship.

These types of trauma may overlap. For example, a Native American person may experience physical and sexual abuse as a child and then endure restraint and seclusion in a mental health institution. In this case, the person may have experienced historical, complex and sanctuary trauma.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are a significant source of trauma. Research continues to show the negative impact ACEs have on individual health outcomes in later life. ACEs are generally defined in three categories:

- Neglect (emotional and physical),
- Abuse (sexual, physical, and emotional), and
- Household dysfunction (household substance abuse, parental divorce, household mental illness, mother treated violently, and incarcerated household member).[5]

In 1995, the Centers for Disease Control and Prevention (CDC) partnered with Kaiser Permanente's Department of Preventive Medicine in San Diego to examine the long-term impact of early childhood trauma (childhood abuse and serious forms of household dysfunction) on health. The Kaiser-CDC study tracked 17,000 people from 1995-1997 who offered detailed information on personal traumatic experiences. The study demonstrated a clear association between various traumatic childhood experiences and poor physical and mental health, work continuity, and relationships experienced later in life.

A similar study was recently conducted in Wisconsin. The Wisconsin ACEs study drew data from the Behavioral Risk Factor Survey (BRFS), which incorporated questions

[4] http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp
[5] Centers for Disease Control and Prevention. Adverse childhood experiences study. Available at http://www.cdc.gov/ace/data.htm

about ACEs in 2010 and 2011. Based on weighted results from this study of more than 4,000 randomly selected Wisconsin adults, 56% of the adult population reported experiencing at least one ACE, similar to the rate found in the adult population in national studies. Because of the high prevalence of ACEs in the adult population, many clients seeking social services will have at least one ACE. This has important implications for service providers.[6]

The relationship between trauma and HIV

Exposure to trauma, in both childhood and adulthood, can put individuals at greater risk of acquiring HIV. National and local studies have documented links between ACEs and negative adult health outcomes, including increased likelihood of engaging in risk behaviors that may lead to HIV infection. The Wisconsin ACE report notes that a variety of studies (the Kaiser ACE study and those from other states) demonstrate a powerful relationship between ACE scores and various risk behaviors, including smoking, drinking, drug use, sexual activity, and suicidality.[7] In a recent study, Chicago men who have sex with men (MSM) who had four or more ACEs were twice as likely to have unprotected sex with a casual partner and were twice as likely to report being afraid to find out their current HIV status.[8] As the number of ACEs increases from zero to four, prevalence of injection drug use dramatically increases. For those surveyed in the original Kaiser study, prevalence of injection drug use rose from 0.3% for those with 0 ACEs to 3.4% for those with four ACEs.[6]

Trauma can also affect health outcomes for those living with HIV. Recent studies report that people living with HIV have experienced higher levels of childhood and adulthood trauma than the general population. This includes higher rates of physical and sexual childhood abuse as well as greater exposure to trauma as a result of racism, homophobia, and transphobia.[9] Among people living with HIV, a trauma history has been associated with higher all-cause death rates, more likely progression to AIDS, impairment in daily functioning, anti-retroviral (ART) failure, lower condom usage, and development of opportunistic infections.

Trauma-Informed Care

Trauma-informed care (TIC) recognizes the impact of trauma on health and the importance of delivering services and creating service delivery settings and systems that facilitate healing and avoid the experience of unintended trauma. Trauma-

[6] Children's Trust Fund. Creating trauma-informed and developmentally appropriate systems of care in child abuse and neglect prevention. Available at www.dhs.wisconsin.gov/tic/docs/PreventionGuidingPrinciples.pdf

[7] O'Connor C, Finkbiner C, Watson L. Adverse childhood experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey. 2012. Madison WI: Children's Trust Fund and Child Abuse Prevention Fund of Children's Hospital and Health System.

[8] Prachand N. Adverse childhood experiences and HIV risk behaviors among men who have sex with men. Healthy Chicago 2011; December, 1-2. Available at http://www.cityofchicago.org/dam/city/depts/cdph/CDPH/ACEBriefDec2011Final.pdf

[9] Khanna N, Madoori S. Untangling the intersection of HIV & trauma: Why it matters and what we can do. GMHC Treatment Issues. June 2013. Available at http://www.poz.com/pdfs/gmhc_treatmentissues_2013_9.pdf

informed staff recognize that many people seeking services have trauma histories. Staff also acknowledge that ACEs are a frequent co-existing condition that contributes to the experience of stress and development of health risk behaviors. TIC shifts the role of the service provider to one of collaborator and empowering clients to be actively engaged in making decisions and choices. TIC includes a cultural shift that supports an organizational climate for clients and service providers that is built on trust and is person-centered, creative, open, and healing.

TIC can be a structural intervention designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to make environmental or societal change.[10] This type of intervention is distinguished from one that directly assists individuals with changing behavior. In some ways, it can be thought of as standard precautions for working with those seeking services.

What to do

Trauma is clearly linked to risk behaviors that lead to HIV infection as well as negative health outcomes for those living with HIV. Knowing this, HIV service providers have a responsibility to address trauma with their clients and develop systems and practices that are trauma-informed. In order to decrease new HIV infections and increase engagement and retention in HIV care among those living with HIV, TIC concepts should be applied in all aspects of HIV prevention, care, and treatment services.

The following information details specific steps providers and organizations can take to implement TIC at various levels within their organizations. It was adapted from *Trauma-Informed Services: A Self-Assessment and Planning Protocol, Community Connections*[11] and reflects characteristics of trauma-informed organizations and programs.

Meaningful Consumer Involvement

Goal: People with past experiences of trauma and subsequent services are involved in organizational management and oversight, program development and evaluation.

Action Steps:

- Create a Consumer Advisory Committee.
- Assess services by holding a consumer focus group.
- Integrate peer support into programming.
- Create a list of 'consumer suggested and approved' mental health resources.
- Create a consumer-led recovery group.
- Create a consumer-run speaker's bureau.
- Pay consumer 'graduates' for involvement in organizational development.

[10] http://www.effectiveinterventions.org/en/HighImpactPrevention/StructuralInterventions.aspx

[11] Fallot RD, Harris M. Trauma-informed services: A self-assessment and planning protocol. Available at http://smchealth.org/sites/default/files/docs/tisapprotocol.pdf.

Environment
Goal: The program/setting ensures client and staff physical and emotional safety. The setting is welcoming, cared for, clean and comfortable. A person walking into the organization for the first time would view the environment as 'healing.'

Action Steps:
- Perform an environmental survey to assess safety and 'healing' aspects of the environment.
- Assess building location for safety and accessibility.
- Remove designated staff/client bathrooms.
- Use sound reducing materials (e.g., carpeting and ceiling tiles).
- Ensure that bathrooms are clean and accessible.
- Create a reception area that is welcoming, clean, quiet and safe.

Direct Services

Safety
Goal: Staff is skilled and knowledgeable. Staff and clients feel valued, supported and empowered. Staff boundaries are ethical. Program boundaries (e.g., length and frequency of contact, dual relationships, rules, schedules) serve as safe 'frame.' Staff uses person-first language. Trauma histories are considered an essential component in learning about a person.

Trustworthiness
Goal: Providers are responsive, on time, attentive and compassionate. Clients understand how information will or will not be shared (e.g., information about harm to self or others).

Choice
Goal: Clients have choice and control over their involvement in activities.

Collaboration
Goal: The client's relationship with service providers is based on mutual respect, shared decision-making, and compromise.

Empowerment
Goal: Clients experience hope with each interaction. Opportunities to build skills and participate in peer-run activities are integrated into agency contact.

Action Steps:
- Implement universal trauma screenings and trauma assessments.
- Hire peer specialists.
- Inform consumers about how the program responds to personal crises, e.g., suicidal and/or homicidal statements, child abuse, medical emergencies.
- Incorporate one or more trauma-specific interventions as a recovery option.

- Incorporate sensory strategies into programming.
- Ensure that every consumer has a wellness/safety/de-escalation plan.

Organizational Leadership
Goal: Leadership endorses and actively supports TIC culture change. Leadership creates inclusive process to develop and implement TIC policies. The organization has a common language to understand TIC.

Action Steps:
- Perform TIC organizational assessment.
- Organize TIC 'kickoff' event.
- Identify and problem-solve staff's concerns regarding TIC transformation.
- Integrate TIC into mission statement.
- Maintain a TIC work group that includes past clients and representatives from all aspects of the organization.
- Develop forums/structures for staff to talk about vicarious trauma.
- Form a TIC study group using TIC books, articles and other resources.
- Consult with leadership from other agencies that have made TIC changes.

Human Resources
Goal: TIC concepts are integrated into Human Resources practices, e.g., hiring, training, supporting, supervising, rewarding staff.

Action Steps:
- Develop basic TIC training for all incoming staff.
- Develop agency train-the-trainers model for sustaining TIC education.
- Provide trainings on self-care, boundaries, and compassion fatigue.
- Designate one or more staff to serve as TIC Champion, who acts as internal TIC consultant on trauma.
- Integrate mastery of TIC skills into hiring process and staff evaluations.
- Incorporate metrics for 'relational' staff behavior into performance evaluations.
- Review critical incidents with the intention of learning and growing vs. blaming and reprimanding.
- Raise trauma topics in staff supervision; offer enhanced supervision for people who are working closely with people who have severe trauma histories.
- Ensure that all staff have a wellness plan.

As the action steps above show, TIC is about supporting not only clients but also staff within the organization. Without adequate training and support, staff may experience vicarious trauma, which can negatively affect the organization's environment and ability to deliver effective services to clients. Vicarious trauma affects people helping those who are sharing stories of their own trauma. Also called compassion fatigue, vicarious trauma is the emotional residue of exposures that counselors have from working with people as they hear their trauma stories and become witnesses to the

pain, fear, and terror that trauma survivors have endured. Vicarious trauma is different from burnout, which can happen over time and can often be resolved with change.[12]

AIDS/HIV Program Activities

Implementation of TIC principles within HIV prevention and care agencies is an important strategy in reducing new HIV infections in Wisconsin and supporting positive health outcomes for people living with HIV, specifically retention in medical care and viral suppression. For these reasons, the AIDS/HIV Program will continue to promote and support TIC-related efforts among HIV care and prevention grantees through a variety of activities.

Recent activities

- In September 2013, Elizabeth Hudson, then TIC Consultant to the Wisconsin Department of Health Services, gave a presentation to the Statewide Action Planning Committee (SAPG) on the impact of trauma on health outcomes and the principles of TIC. The SAPG previously reviewed and approved a focus paper on ACEs and HIV in Wisconsin for addition to the Wisconsin HIV/AIDS Strategy.
- In 2013 contracts, AIDS/HIV Program prevention grantees were required to view webinars on TIC and HIV and on ACEs and HIV. These webinars will also be made available to HIV case managers and other care providers.

Future activities

- The AIDS/HIV Program will host a full-day TIC training for HIV prevention providers in 2014. Training will focus on TIC skills development.
- UW Madison Continuing Studies will offer a self-care workshop for providers in mid-2014.
- The AIDS/HIV Program is working with representatives from case management agencies throughout the state to develop new HIV medical case management practice standards. Standards will be developed using a trauma-informed lens and incorporating direct feedback from clients currently utilizing the service.
- Training requirements for HIV case managers will be revised to include TIC skill development.
- The AIDS/HIV Program will develop formal mechanisms to collect client feedback on funded HIV services, ranging from prevention to care and treatment.
- The AIDS/ HIV Program will continue to increase awareness of trauma, ACEs, and their impact on people at risk for and living with HIV.

Resources

Several state and local resources, listed below, are available in addition to those cited in this paper.

[12] American Counseling Association. Fact Sheet #9 10/11 vicarious trauma. Available at http://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=2.

Wisconsin Resources

DHS on Trauma-Informed Care
http://www.dhs.wisconsin.gov/tic/

DHS TIC logic model
http://www.dhs.wisconsin.gov/tic/docs/TICdiagram.pdf

DHS brochure on TIC
http://www.dhs.wisconsin.gov/publications/P0/p00202.pdf

DHS TIC tips for providers
http://www.dhs.wisconsin.gov/tic/docs/ticActionDHS.pdf

DHS listserv on TIC – research, resources, and trainings
http://www.dhs.wisconsin.gov/tic/signup.htm

National Resources

Untangling the Intersection of HIV & Trauma:
Why It Matters and What We Can Do
http://www.poz.com/pdfs/gmhc_treatmentissues_2013_9.pdf

SAMHSA National Center for Trauma-Informed Care
http://www.samhsa.gov/nctic/

Fact Sheet: Historical Trauma
http://gainscenter.samhsa.gov/cms-assets/documents/93078-842830.historical-trauma.pdf

Additional General Resources

Harris M, Fallot RD (Eds.) (2001). Using trauma theory to design service systems. New Directions for Mental Health Services, Volume 89. San Francisco: Jossey-Bass.

National Association of State Mental Health Program Directors (NASMHPD) (2006). Creating trauma informed systems of care for human services setting: Curriculum. Alexandria, VA. Available at www.nasmhpd.org.