Trauma-Informed Approaches (TIA) to RWHAP ADAP and Part B Program

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OVERVIEW

- Introductions
- What is Trauma?
  - Trauma and the HIV Continuum
- Trauma-informed Approaches (TIA) Toolkit
- State Example: New Jersey Department of Health
- Activity
- Discussion/Q&A
**WHAT IS TRAUMA?**

**TRAUMA** is broadly defined as experiences that produce intense emotional pain, fear, or distress, often resulting in long-term physiological and psychological consequences. Experiences of trauma, especially in childhood, can change a person’s brain structure, contributing to long-term physical and behavioral health problems.

**TRAUMA-INFORMED:** Being trauma-informed is an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients’ lives, and that those traumas can manifest physically, mentally, and/or behaviorally.

**TIC vs TIA:** trauma-informed care is one type of trauma-informed approach. There is SO much more you can do outside of the direct care you and/or your sub-recipients provide.
NEAR SCIENCE
Near Science - Neurobiology

- **Prefrontal Cortex**: Thinking/Logic/What to do/evaluation
- **Hippocampus**: Regulates memory and emotions
- **Amygdala**: Turns on flight or fight, and stores memories of the event
ADVERSE CHILDHOOD EXPERIENCES - ACES

What are Adverse Childhood Experiences (ACEs)? ACEs are potentially traumatic events that occur in a child’s life:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Domestic Violence
- Parental Substance Abuse
- Mental Illness
- Suicide or Death
- Crime or Imprisoned Family

Causing lifelong medical, mental & social suffering

American SPCC
The Nation’s Voice for Children
*Center for Disease Control
Racing ACEs
if it’s not racially just, it’s not trauma informed

Adverse Childhood Experiences*  Historical Trauma/Embodiment of Oppression

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviours
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

- Early Death/Quality of Life Loss for POC
- Burden of Disease for POC
- Coping (risk - embodiment and exposure to structural racism and white supremacy)
- Allostatic Load, Disrupted Neurological Development, White Fragility, Grief & Rage of POC
- Social Identity Threat, Micro and Macro Aggressions, Complex Trauma, ACEs
- Structural Racism, White Supremacy
- Social Devaluation of People of Color
- Intergenerational Transmission of Trauma
- Historical Traumas

Trauma and Social Location

*https://www.aur.org/scienceprevention/acesstudy/
Adapted by RYSE, 2016
NEAR SCIENCE – ACEs: IOWA DATA

Adverse Childhood Experiences Score

- 2016 Consumer Needs Survey
- Iowa Behavioral Risk Factor Surveillance System

0  1  2 to 3  4 to 5  6 to 8
20% 17% 27% 20% 16% 5%
44%
Racing ACEs
if it’s not racially just, it’s not trauma informed

Adverse Childhood Experiences*

Disease, Disability, and Social Problems
Adoption of Health-risk Behaviours
Social, Emotional, & Cognitive Impairment
Adverse Childhood Experiences

Historical Trauma/Embodiment of Oppression

Early Death/Quality of Life Loss for POC
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Intergenerational Transmission of Trauma
Historical Trauma

*https://www.nclrc.gov/violenceprevention/acesstudy/
Adapted by RYSE, 2016
There is no single accepted set of components of resilience, but this set of characteristics and contributing factors can provide a useful guide:

- OPTIMISM
- ALTRUISM
- MORAL COMPASS
- FAITH & SPIRITUALITY
- HUMOR
- HAVING A ROLE MODEL
- SOCIAL SUPPORTS
- FACING FEAR
- PURPOSE IN LIFE
- TRAINING
Intersectionality is a theory that the overlap of various social identities, such as race, gender, sexual identity, disability, and class, contribute to systemic oppression and discrimination experienced by an individual.

GENDER IDENTITY
SEXUAL ORIENTATION
RACE
ADDICTION & MENTAL HEALTH
POVERTY & HOMELESSNESS
TRAUMA IN HIV CONTINUUM

HIV Care Continuum & Trauma

- HIV Care (invasive procedures, staff)
- Systemic abuse and/or insensitivity
- Cost of care and benefits navigation
- Obstacles to care
- Hypervigilance of labs, diet, etc.
- Medications for life — sometimes many pills
- Anniversary dates
Vicarious trauma can occur in providers as a result of bearing witness to the experience of trauma in others. Providers are exposed to trauma through hearing about traumatic experiences or being witness to symptoms of trauma in their clients (e.g., aggression or anger).

Vicarious trauma can lead to various levels of burnout and compassion fatigue, impacting high rates of turnover in many organizations that serve PLWH.

Furthermore, many persons in helping professions are drawn to the work based on their own personal experiences, thus increasing risk for vicarious trauma.
Dr. Edward Machtinger, UCSF
TIA MODULES

- Gather Information & Identify Opportunities
- Prioritize & Create a Work Plan
- Implement & Monitor
- Celebrate & Maintain
- Recognition & Awareness
- Foundational Knowledge
- Agency Readiness
- Process & Infrastructure
Trauma is prevalent among social service recipients and those providing services. This can affect an individual’s ability and willingness to engage with programs either as a service recipient or as part of the workforce. Further, the service setting has often been a source for re-traumatization. This awareness or trauma sensitivity is an important first step in becoming trauma-informed.

**Competencies:**

- Understand that services can be re-traumatizing for both the service recipient and the workforce. Learn to recognize when and how services are activating.
- Understand the prevalence of trauma within the population served by your agency.
- Understand the prevalence of trauma and work-related stress within the workforce.
  - A number of instruments are available to measure work related stress, including burnout, vicarious trauma, and secondary traumatic stress.
MODULE: RECOGNITION & AWARENESS

Actions:

• Add trauma-related topics to agency newsletters, board meetings, trainings, conferences, and as a standing agenda item at staff meetings.

• Gather data on prevalence of ACEs. Inquire about use of ACEs in your state’s Behavioral Risk Factor Surveillance Study. Consider adding the ACEs and resilience scales in consumer needs assessment or other surveillance projects (such as the Medical Monitoring Project or National HIV Behavioral Surveillance). If using an ACEs scale in surveys, provide reasoning and explanation of how information will be used and referral and resource information.

• Assess for burnout and vicarious trauma within the workforce, using instruments such as the Professional Quality of Life scale. Ensure supervision is trauma-informed and that self-care is regularly being discussed in staff supervision.
Foundational Knowledge

All staff benefit from having fundamental knowledge in trauma-informed approaches. Training involving all staff helps form a common language within an organization and demonstrates a commitment to creating a sensitive, safe, and welcoming environment for service recipients and the workforce.

SECTION TITLE

Provide all stakeholders and staff with a fundamental knowledge in trauma-informed approaches to form a common language and unified commitment. Knowledge can be gained through trainings, webinars and videos, or books and discussion groups and should include the following content:

- The ACEs study
- The prevalence and impact of trauma among PLWHA
- A basic understanding of the neurobiology of trauma
- Issues of power, oppression, and micro-aggression
- Historical, collective, and intergenerational trauma
- Principles of TIC
- Role and benefit of peer support services
- Trauma in the HIV workforce and vicarious trauma
- Motivational interviewing techniques

All levels of the organization should receive training and education. This includes reception, billing, management, support staff, volunteers, board members, and direct providers. Frequency and availability of foundational training and education should reflect the needs of the agency

- New employees should receive education as part of the hiring and onboarding process.
- Ongoing training should be updated and offered annually.

EXAMPLE

Iowa's RWHAP Part B Program requires all case management providers to complete the Trauma-Informed Excellence (TIE) Series offered by the ColdSpring Center. They incorporated this requirement into agency sub-contracts. Through use of discussion guides, and online and in-person trainings, the TIE Series gives organizations the knowledge and skills needed to fully integrate the trauma-informed approaches into day to day operations.

ACTIONS

- Provide a kick-off training for all staff within your continuum or agency. There are many people across the country who provide trauma related trainings – ask other agencies who are implementing trauma-informed approaches for recommendations.

- Incorporate trauma related content into ongoing training, especially considering needs of new staff. Consider existing webinars, videos, and Ted Talks (see resources).

- Start a monthly lunch-time book club with staff. Consider books such as: The Body Keeps the Score by Bessel van der Kolk, Destroying Sanctuary; The Crisis In Human Service Delivery Systems by Dr. Sandra L. Bloom, or Trauma Stewardship by Laura van Dernoot Lipsky

- Build knowledge among clients. Distribute posters, infographics, and other client specific information about impact of trauma on health outcomes.
STATE EXAMPLE
New Jersey HIV Trauma Informed Care (TIC) Project

National HIV and Hepatitis Technical Assistance Meeting
Building Integrated Programs to Address Stigma
NASTAD Baltimore Maryland, October 10-12, 2018
Establishing a Culture of Trauma Informed Care (TIC)

- The Why: ending the HIV epidemic in New Jersey.
- Unaddressed trauma has profound impact on health outcomes, esp. for PLWH.
- Recognizing trauma and HIV as two intersecting epidemics- trauma is pervasive among PLWH.
- Acknowledging the intersection of trauma and mental and behavioral health, addiction, high-risk behaviors, & homelessness, which are major barriers to linkage and retention in HIV care.
- NJ-TIC is one among many major initiatives rolled out concurrently in NJ:
  - Integration of primary HIV Care and Mental and behavioral health (B-HIP), statewide housing initiative, therapeutic clinically-based housing for young gay men w/histories of trauma, and minority women who experienced childhood abuse or intimate partner violence, Community Health Worker project.
Establishing a Culture of Trauma Informed Care (TIC)

- TIC is: “A strength-based service delivery approach, grounded in the understanding of and responsiveness to trauma and traumatic stress.”
  - It requires a system approach.
  - System/culture change requires long-term commitment & the right expertise to have lasting impact (5-year project).
- NJDOH partnered w/CAI Global, a leader in the field to assist AIDS services organizations in New Jersey become trauma aware and recognize the impact of trauma in the lives of individuals, families and communities.
- The goal is to ensure HIV Care and Treatment funded agencies have the capacity to integrate trauma TIC into the culture, environment, and delivery of HIV care and support services.
Planning & Implementation

- NJ-TIC initiative is a multi-year project & designed to be delivered in phases.
- The first two years are dedicated to establishing the groundwork for integrating TIC throughout the system of care in each funded site. CAI key tasks are to work with sites within their existing system to:
  - Integrate trauma informed care into policies and procedures.
  - Integrate trauma screening and education into agency workflow.
  - Establish or enhance referrals for trauma and tracking system (establish referral networks and data collection and tracking systems).
  - Provide psychoeducational support services for clients with active trauma.
- Years 3-5: sustainability- evaluation and continuous improvement and support through a learning collaborative model.
Implementation- Process

- Regional Leadership meetings held in Jan to assure buy-in & commitment.
- On-site and virtual TA started in April, 2018 (TA has been designed to be delivered in two phases, intensive- as often as bi-weekly, and on-going.
  - Implementation plans are site-specific & individualized- based on org assessment.
  - Each site is assigned a coach to work with the staff one-on-one (coaches are crosscutting).
  - Coaches provide training and TA re general education around trauma, establishing protocols for screening clients, defining staff roles, etc.
  - Provide screening tools and assist w/their application (readiness assessment, physical environment, culture.)
  - Knowledge and skills-building trainings, including specialized topics.
  - Actively engaging consumers in the process from planning thru delivery & evaluation.
Successes & Lessons Learned

- Knowledge and the skills learned in training empower staff and clients; heighten self-awareness; increase staff self-efficacy to recognize and address trauma w/out retraumatizing the client.
- Being trauma aware increases consumers’ and staff satisfaction.
- Small incremental changes can be impactful (rearrange seating in waiting areas, non-uniformed guards, rebranding & using emblems to make the environment inclusive & welcoming).
- Consumers are integral to the process their participation in development, delivery and evaluation of TIC services is vital.
- Everyone has a role.
- Taking ownership of the project is impactful.
- Having true TIC champions w/in the organization extremely helpful.
TRAUMA-INFORMED ACTIVITY
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<tr>
<th>HOTSPOTS FOR RETRAUMATIZATION or ACTIVATION FOR PARTICIPANTS</th>
<th>IS THERE A REASON WE DO THIS?</th>
<th>IS THIS RELATED TO SAFETY, POWER, VALUE OR A COMBINATION?</th>
<th>IDEAS TO BE LESS RETRAUMATIZING?</th>
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<td>Hearing “I need to see you”</td>
<td>Need to share information privately.</td>
<td>Safety? Feels they will get in trouble</td>
<td>Say “I need to see you to tell you about an update about your case”</td>
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Q&A & DISCUSSION
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