Change and Inspiration

CAI is a leading mission-driven nonprofit organization, dedicated to improving the health and well-being of underserved populations worldwide.

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Objectives

– Provide a rationale for the integration of trauma informed care

– Discuss Trauma, Trauma Informed Care and other key definitions relevant to project implementation

– Review project’s process for implementation of trauma informed care into the various settings
What is the New Jersey HIV Trauma Informed Care Project?

• Capacity building support to:
  – Integrate trauma informed care into the culture, environment, and delivery of HIV care and support services.
  – Enhance care, service delivery and client outcomes
Project Goal: Implementation of TIC Approach

Multi-year quality improvement initiative:

• Ongoing Training and TA

• Collaborative work with agency leadership and staff to integrate realistic and doable procedures, policies, and practices
Trauma in General Population
Adverse Childhood Experiences Study
(Source: Felitti, V., Anda, R., 1998)

Prevalence of people who experienced ACE

- No Adverse Childhood Experience
- One Adverse Childhood Experience
- More than One Adverse Childhood Experience

More than One Adverse Childhood Experience

- More than one ACE
- Less than one ACE
Trauma in PLWH

Trauma General Population
- None
- One or more severe traumatic stressor

People Living with HIV
- None
- One or more severe traumatic stressor

Impact of Trauma in HIV

“Substantial and consistent evidence that chronic depression, stressful events, and trauma may negatively affect HIV disease progression in terms of decreases in CD4 T lymphocytes, increases in viral load, and greater risk for clinical decline and mortality”.

Source: https://www.ncbi.nlm.nih.gov/pubmed/18519880 Role of depression, stress, and trauma in HIV disease progression. Leserman J¹ Departments of Psychiatry and Medicine, University of North Carolina at Chapel Hill
People who have experienced trauma are more likely to:

- Attempt suicide 15x
- Develop an STD 4x
- Alcohol addiction 4x
- Inject drugs
- Depression 3x
Traumatic stress adversely impacts the immune system and overall physical and mental well-being (McEwan and Seeman, 1999).

Association Between Trauma and Certain Behavioral and Health Outcomes among PLWHA (Pence et al., 2012)
Trauma is associated with higher incidence of HIV transmission
Young (20-29 years) HIV-positive MSM with PTSD are over 12x more likely to report engaging in risky sexual behaviors (compared to their counterparts without PTSD) (O’Cleirigh et al., 2013)
HIV-uninfected women with a history of adult physical abuse were five times less likely to report consistent condom use at 1-year follow-up than uninfected women without a history of abuse while holding control variables constant.

Brezing and Freudenreich, 2015.
Trauma and ART Adherence

HIV-positive women with recent trauma are four times more likely to experience ART failure

(Machtinger et al., 2012b).
WHAT IS TRAUMA?
What is Trauma? The Three E’s

An *event*, series of events, or set of circumstances that is *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.

- SAMSHA, Trauma Informed Care Initiative
Hardwired

• Fight, Flight, and Freeze happens outside of conscious thought – it is “hardwired”
• It is a brain-body response designed by evolution to keep us alive
We don’t have to worry about wild animals anymore...
When most people think about traumatic events they think about:

- Natural disasters
- Accidents
- War
- Terrorism
- Loss of significant others
IMPACT OF TRAUMA
Does everyone who is exposed to a traumatic event develop post-traumatic stress?

What’s traumatic for one person may not be traumatic for another person.

You can’t compare one client with another.
Traumatic Stress

“Traumatic stress occurs when a [person] is unable to regulate emotional states, and in certain moments experiences his or her current environment as extremely threatening even when it is relatively safe.”

- Trauma Systems Therapy: Saxe, Ellis, Brown 2015
The Trauma Lens

“What’s wrong with this person?”

to

“What happened to this person?”
Trauma Informed Care (TIC) is an organizational structure and treatment [intervention] framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

It emphasizes physical, psychological, and emotional safety for both clients and providers, and helps survivors rebuild a sense of control and empowerment.

- Hopper, Bassuk, & Olivet, 2010
Trauma informed care includes three core trauma-sensitive skill-based services:

1. Screening for trauma exposure and symptoms
2. Education about why we are asking about trauma
3. Referrals appropriate for clients exposed to trauma

- Providing psychoeducation about trauma and the impact of trauma also helps
Reframing our approach

My client is so angry all the time!

My client is easily triggered
Project Roll-Out
In Order to Operationalize TIC

- Identification of trauma informed culture and service delivery that already exists within the agency
- Identification of priorities for advancing TIC
- Training and technical assistance will be provided to both managers and staff over an extended period of time to help you grow in knowledge and skills
Key Project Elements

• Technical Assistance
  – Integration of TIC into day-to-day service delivery
  – Help to develop an assessment process for internal TIC benchmarks
Key Project Elements

• Training
  – Acquisition of fundamental trauma knowledge for **all** staff
  – Specialized knowledge for different levels of staff
  – Role-specific skill building in areas (i.e. engagement, de-escalation, non-violent communication, screening and inquiry, referral making)
Agencies will be divided into 2 groups

- Group 1: CHW partnered agencies
  - January through June

- Group 2: Everyone else
  - Begins mid-late spring
Establishing a Culture of Trauma Informed Care and Offering Skill-Based Trauma Informed Services

**PROCESS OF IMPLEMENTING TRAUMA INFORMED CARE - Group One**

**ESTABLISHING A CULTURE**
- Leadership Engagement
- Staff Engagement
- Culture & Policy

**SKILL-BASED SERVICES**
- Screening
- Consumer Education
- Referring
- Psychoeducational Services to Reduce High-Risk Behavior

**EXPLORATION**

**Regional Meetings**
- Goal: Obtain buy-in to participate in trauma informed care project
- Engage leadership
- Educate leadership on trauma informed care (TIC)
- Provide overview of NJ DOH TIC project and required commitments
- Elicit input suggestions
- Finalize project implementation plan

**JANUARY 2018**

**Group One: Provide Technical Assistance (TA) & On-site Education**
- Goal 1: Work with leadership and appropriate staff to establish integration of TIC through a system approach
- Goal 2: Establish openness to providing trauma informed services
- Goal 3: Assist clinical and CEO partners to define roles and responsibilities, coordinate services, and structure meetings to achieve a culture & environment of TIC
- Meet with leadership and agency point persons
- Provide education to all staff about TIC
- Provide overview of project including establishing a trauma informed culture and providing psychoeducation skill-based services
- Identify importance of multi-disciplinary team
- Develop key benchmarks for implementation

**JANUARY - MAY 2018**

**Second Series of Regional Meeting**
- Goal 1: Finalize the plan and preparation for implementation
- Goal 2: Peer sharing with each other
- Finalize measures and elements of a trauma informed culture
- Identify integration of TIC into policy & protocols
- Develop protocol for screening trauma
- Strengthen referrals for trauma
- Role of multi-disciplinary teams to include CHW or other staff
- Finalize a plan to include consumers for input, involvement and feedback

**JUNE 2018**

**Provide Skills-Based Training & TA**
- Finalize the strategic implementation plan
- Share strategic implementation plans and support for each other
- Share how-to’s working in partnerships
- Identify potential gaps and challenges
- Identity ongoing technical assistance support

**Implementation of TIC for Group One**
- Goal: Initiation of trauma informed services to clients
- Implement screening and patient education
- Initiate referrals
- Provide psychoeducational services on individual or group level for reducing high-risk behaviors related to trauma
- Track - monitor - coach - supervise
KEY STEPS IN PROJECT ROLL OUT

Step 1
Leadership meeting

Step 2
Onsite TA

Step 3
Skills based training for staff

Step 4
Implementation
Leadership Kick Off Meetings

• Three regional meetings January 9-11th

• Over 80 CBO and clinic leaders

• Meeting agenda included:
  – Trauma 101 educational session and brainstorming session
  – Planning for TA / Training implementation
  – Identification of key staff members
Leadership Meeting Evals

I will use what I learned from this training in my work (4.6)

I learned something new as a result of this training (4.5)

The training was engaging (4.9)

Conduct a project overview and obtain feedback (4.7)

Define Trauma Informed Care and how it benefits clients (4.8)

Describe the importance of addressing trauma at your agencies (4.9)
Leadership Meeting Evals – Sample Quotes

• As a result of the training, I plan to:
  – “Continue and encourage trauma informed approach”
  – “Introduce TIC to staff to get staff knowledgeable and excited for TIC”
  – “Work collectively with my team to help implement TIC at our site”
  – “Review my patient interactions with this “view””
  – “Implement TIC in the standardization of care”
Questions