SAMHSA’s Trauma-Informed Approaches to HIV Testing

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
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Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (DHHS) leads public health efforts to advance the behavioral health of the nation.

This brief training will provide people doing HIV work, whether in a peer, outreach, or other role, with an understanding of the role of trauma in the lives of persons at risk for HIV and suggestions for how to frame conversations in a way that aligns with SAMHSA’s principles of trauma-informed approaches.
• Describe some forms of trauma
• Explain what makes service and HIV testing approaches harmful or helpful
• Describe how to incorporate trauma-informed approaches into HIV testing protocol
Individual trauma results from "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" (SAMHSA, 2014).
Trauma can affect people of every race, ethnicity, age, sexual orientation, gender, psychosocial background, and geographic region, as well as families, groups, communities, cultures, and generations.
Forms of Trauma

System-Induced and Re-traumatization

Child welfare systems
Abrupt removal from the home, foster placement, sibling separation, or multiple placements can retraumatize children.

Mental health systems
Use of seclusion and restraint on previously traumatized individuals can revive trauma.

Medical systems
Invasive medical procedures on a trauma victim can re-induce traumatic reactions.

Historical

Cumulative emotional and psychological wounding results from group traumatic experiences transmitted across generations within a community.

Unresolved grief and anger often accompany this trauma and contribute to physical and behavioral health disorders.

This form of trauma is associated with racial and ethnic population groups who have suffered major intergenerational losses and assaults on their culture and well-being.

Secondary/Vicarious

Secondary/vicarious trauma affects service providers who are “witnesses” to their clients’ trauma.

Prolonged exposure, such as listening with empathy to clients and “seeing oneself” in clients' trauma, can produce trauma symptoms.

Witnessing violence in the workplace can increase trauma risks.

Source: SAMHSA, 2016
CONSUMERS

Many individuals in behavioral health settings have histories of trauma, but don’t recognize the effects of trauma in their lives.
Neither do they make connections between their trauma histories and presenting problems.

PROVIDERS

Treatment providers may not ask questions that elicit a client’s history of trauma.

They may feel unprepared to address trauma-related issues proactively or struggle to address traumatic stress effectively within parameters of their treatment program or their agency’s directives.

Source: SAMHSA. 2015
The Four Rs

A trauma-informed program, organization, or system:

**REALIZES**
Realizes widespread impact of trauma and understands potential paths for recovery

**RECOGNIZES**
recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

**RESPONDS**
responds by fully integrating knowledge about trauma into policies, procedures, and practices

**RESISTS**
seeks to actively resist re-traumatization

SAMHSA, 2014
SAMHSA’s Six Principles

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice, & Choice
6. Cultural, Historical, & Gender Issues
Principle 1: Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.
Principle 2: Trustworthiness & Transparency

Organizational operations and decisions are conducted with transparency, building trust among clients, staff, and others involved with the organization.
Principle 3: Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.
Principle 4: Collaboration & Mutuality

Partnering and leveling power differences between staff, clients, and direct care to administrators demonstrate that healing happens in relationships and shared decision-making.
Principle 5: Empowerment, Voice, & Choice

• Individuals’ strengths and experiences are recognized and built upon.
• The experience of having a voice and choice is validated and new skills are developed.
• The organization fosters a belief in resilience.
• Clients are supported in developing self-advocacy skills and self-empowerment.
Principle 6: Cultural, Historical, & Gender Issues

The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
Creating a space for healing and forgiveness: The Trauma-Informed Care Initiative at the Women’s Community Correctional Center (WCCC) in Hawaii

In collaboration with SAMHSA, WCCC developed new approaches to trauma evaluation, restraint processes, and community partnerships to curve recidivism due to re-traumatization.

- Trauma screening and assessment were incorporated into a 10-week orientation delivered by peer leaders to ease the adjustment to prison life.
- WCCC staff were trained on Bridging Trauma in a Correctional Environment, which addresses use of trauma-informed practices to reduce and eliminate seclusion and restraint.
- An open-air pavilion with picnic tables constructed by volunteers from the community provides space for mothers to spend quality time with their children.
- A Family Learning Center provides mentoring to children, caregivers, and mothers to prevent the risk of abuse among children of incarcerated parents.

The Women’s HIV Program at the University of California San Francisco is a multidisciplinary clinic that serves 200 women of color living with HIV.

- The organization collaborates with community-based organizations, providing peer support, creative arts therapies, and other supports.
- The clinic piloted trauma-informed interventions, emphasizing cumulative lifetime trauma.

Source: Machtinger, Cuca, Khanna, Dawson Rose, & Kimberg, 2015
TIC within HIV Service Delivery

Trauma and HIV Risk

Factors associated with heightened risk for HIV, such as poverty, race/ethnicity, sexual orientation, and gender, may increase the risk of exposure to potentially traumatic events, thereby compounding HIV risk.

Source: Brief et al., 2004
Importance of Testing for Prevention of HIV Infection

- Approximately 1.1 million people in the United States are living with HIV.
  - More than 160,000 of them are unaware of their status.
- Approximately four out of 10 new HIV infections are transmitted by people who are living with undiagnosed HIV.
- Testing can help maintain a healthy life and reduce the spread of HIV.

Source: Centers for Disease Control and Prevention, n.d.
CDC Recommendations for HIV Screening

• People with HIV who are aware of their status can get HIV treatment (antiretroviral therapy [ART]) and remain healthy for many years.
• Studies show that the sooner people start treatment after diagnosis, the more they benefit from ART.

Source: DiNenno et al., 2017
The CDC recommends:

1. All people between the ages of 13 and 64 get tested for HIV at least once as part of routine health care.

2. People with risk factors get tested more frequently.

3. Clinicians screen asymptomatic sexually active men who have sex with men at least annually.
Harmful Approaches

- Humiliating, harsh, impersonal, disrespectful, critical, demanding, or judgmental interactions
- Noisy, congested areas
- Confusing signage
- Policies and procedures that focus on organizational, rather than client, needs
- Language and cultural barriers
- Questions that suggest something is wrong with the person
HELPFUL APPROACHES

KEEP CALM and don’t be JUDGEMENTAL

- Interacting with kindness, patience, reassurance, calm, acceptance, and attentiveness
- Recognizing that risk behaviors may be a person’s way of coping with trauma or adapting
- Asking questions for the purpose of understanding harmful events that may contribute to current problems
Interpersonal Communication

• Interpersonal interactions should promote a sense of safety.

• In what ways do you ensure interactions promote a sense of safety?
### Trauma-Informed HIV Testing Integration

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<tr>
<th>Cultural Competence</th>
<th>Blood Test Anxiety</th>
<th>Trauma Screening Tools</th>
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<tr>
<td>Cultural competence means being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse population groups. Broadening the knowledge base of trauma as it relates to diverse groups is the key to incorporating TIC into policy and practices.</td>
<td>Practitioners <strong>should be mindful of potential</strong> stressors for test takers. Needle sticks, oral swabs, and the like can serve as tools to re-traumatize persons who have experienced physical, sexual, and other forms of abuse.</td>
<td><strong>Life Event Checklist (LEC)</strong>&lt;br&gt;A brief, 17-item, self-report to screen for potentially traumatic events in a respondent's lifetime&lt;br&gt;&lt;br&gt;<strong>Abbreviated PCL-C</strong>&lt;br&gt;A shortened version of the PTSD Checklist – Civilian (PCL-C) used as a screening instrument in primary care</td>
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*Source: SAMHSA, n.d.*
Organizational Considerations

Incorporating Trauma-Informed Approaches (TIA) into HIV Testing Protocol

- **Comprehensive Assessment of Trauma:** The screening and assessment process is culturally relevant and routinely revisited.
- **Consumer-Driven Services:** Consumers play key roles (paid employee, volunteer, member of decision-making committees) in planning, implementing, and evaluating efforts.
- **Trauma-Informed, Educated, and Responsive Workforce:** The knowledge and skills of the entire workforce are increased to allow delivery of effective and person-centered services, taking into consideration that service providers also have histories of trauma.
Conclusion

Trauma has been largely overlooked in the framework of HIV testing.

A unified working concept of trauma and HIV testing will serve to advance the understanding of the need for a trauma-informed approach, and to develop measurement strategies for successful implementation that will lead to better outcomes for children, youth, families, and communities.
References


References (2)

Resources

GENERAL TRAUMA-INFORMED VALUES AND APPROACHES TO CARE

Adverse Childhood Experiences
http://www.cdc.gov/violenceprevention/acestudy/

Community Connections at http://communityconnectionsdc.org

Danger Assessment at http://www.dangerassessment.org

Futures Without Violence at http://www.futureswithoutviolence.org

Health Cares about IPV: IPV Screening and Counseling Toolkit at http://ipvhealth.org/


Look to End Abuse Permanently (LEAP) at http://www.leapsf.org

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) at https://www.samhsa.gov/nctic

National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) at http://www.nationalcenterdvtraumamh.org

The Trauma Stewardship Institute at http://traumastewardship.com

U.S. Centers for Disease Control and Prevention, Violence Prevention, IPV
http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html

U.S. Department of Veterans Affairs National Center for PTSD at http://www ptsd.va.gov/
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Presenter Contact Information (Optional) – Use 20pt. Calibri typeface set to auto black color

www.samhsa.gov

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