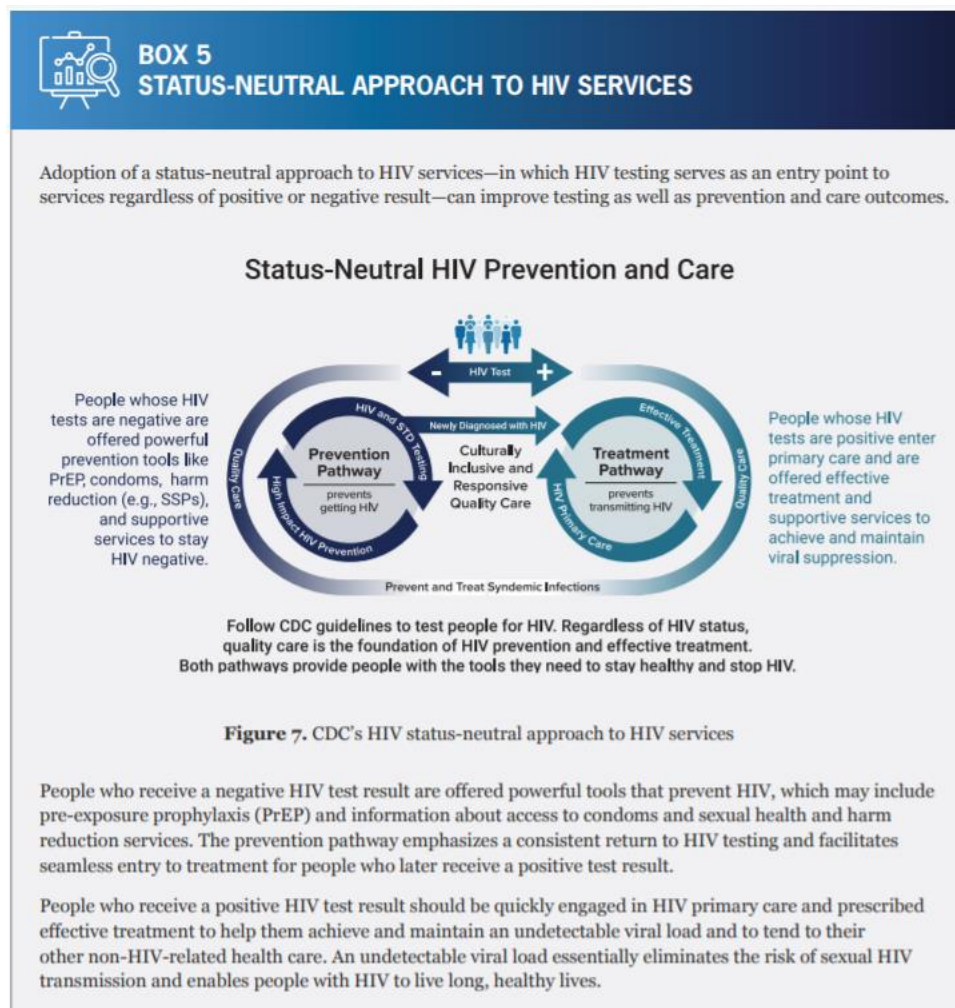# Employing Status-Neutral Approaches to End the HIV Epidemic

Webinar 2:

Trauma-Informed Approaches to HIV Services

January 12, 2022 | 2:00 – 3:30 PM

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Status-Neutral Approach Guidance

- NHAS: Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.

- Integrated Plan Guidance: Implement innovative program models that integrate HIV prevention and care with other services and other service organizations as a means to address comorbid conditions and to promote a status neutral approach to care.

BOX 5
STATUS-NEUTRAL APPROACH TO HIV SERVICES

Adoption of a status-neutral approach to HIV services—in which HIV testing serves as an entry point to services regardless of positive or negative result—can improve testing as well as prevention and care outcomes.

Status-Neutral HIV Prevention and Care

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g., SSPs), and supportive services to stay HIV negative.

People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Figure 7. CDC's HIV status-neutral approach to HIV services

People who receive a negative HIV test result are offered powerful tools that prevent HIV, which may include pre-exposure prophylaxis (PrEP) and information about access to condoms and sexual health and harm reduction services. The prevention pathway emphasizes a consistent return to HIV testing and facilitates seamless entry to treatment for people who later receive a positive test result.

People who receive a positive HIV test result should be quickly engaged in HIV primary care and prescribed effective treatment to help them achieve and maintain an undetectable viral load and to tend to their other non-HIV-related health care. An undetectable viral load essentially eliminates the risk of sexual HIV transmission and enables people with HIV to live long, healthy lives.

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Status-Neutral & Trauma-Informed

Both status-neutral and trauma-informed approaches consider:

- Whole person / person-first
- Impact of life experiences on behavior and decision making
- Impact of intersectionality on behavior and decision making
- Use of services and place on HIV continuum is not linear

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Agenda

❖ **NASTAD**
- ❖ Mahelet Kebede, MPH
  Senior Manager, Health Care Access

❖ **Virginia Department of Health**
- ❖ Imani Butler, MPH
  Trauma-Informed Care Coordinator

❖ **Q&A/Discussion**

❖ **Wrap Up**

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Trigger Warning

CONTENT WARNING

This presentation might involve exploring trauma and its impact in our lives and communities. Please try to maintain an awareness of material that feels overwhelming and ALWAYS feel free to excuse yourself or refrain from participating.

TAKE CARE OF YOURSELF.

TRIGGER WARNING

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Key Terms

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.

HEALING-CENTERED: non-clinical strength-based approach that advances a holistic view of healing and recenters culture and identity as a central feature in well being.
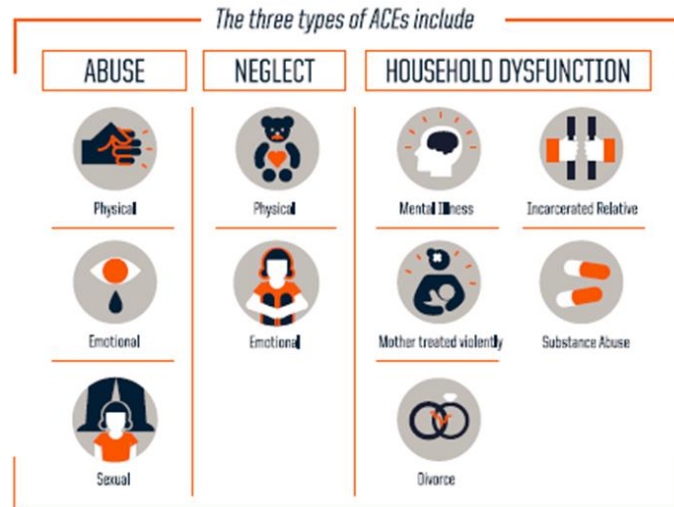
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NEAR Science: **Neurobiology**

NEUROBIOLOGY - NEAR SCIENCE

This graphic depicts the three parts of the brain – prefrontal cortex, hippocampus, and amygdala – most relevant to understanding the impact of trauma on the brain. In the traumatized brain, the prefrontal cortex and hippocampus regions are weakened, meanwhile, the amygdala is on high alert.

WEAK

Hippocampus
"Emotion Regulation Center"
Regulates memories and emotions

Prefrontal Cortex
"Thinking Center"
Logic, what to do, evaluation

STRONG

Amygdala
"Fear Center"
Turns on fight, flight, freeze, or fawn response, and stores memories of the event

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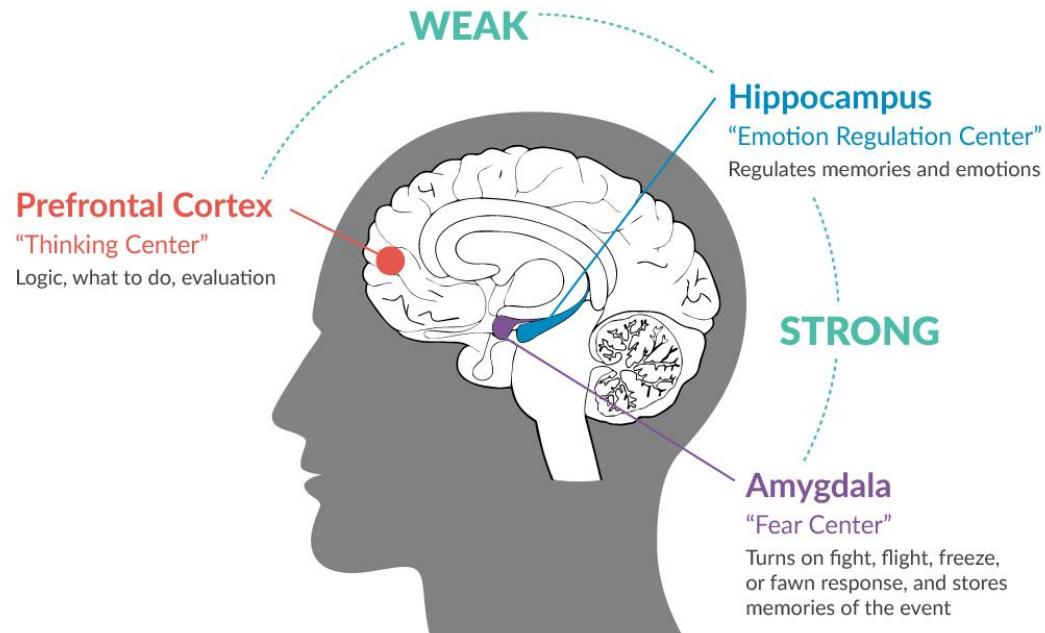
NE**A**R Science: Adverse Childhood Experiences (ACEs)

The three types of ACEs include

ABUSE | **NEGLECT** | **HOUSEHOLD DYSFUNCTION**

Abuse: Physical, Emotional, Sexual

Neglect: Physical, Emotional

Household Dysfunction: Mental Illness, Incarcerated Relative, Mother treated violently, Substance Abuse, Divorce

WHAT IMPACT DO ACEs HAVE?

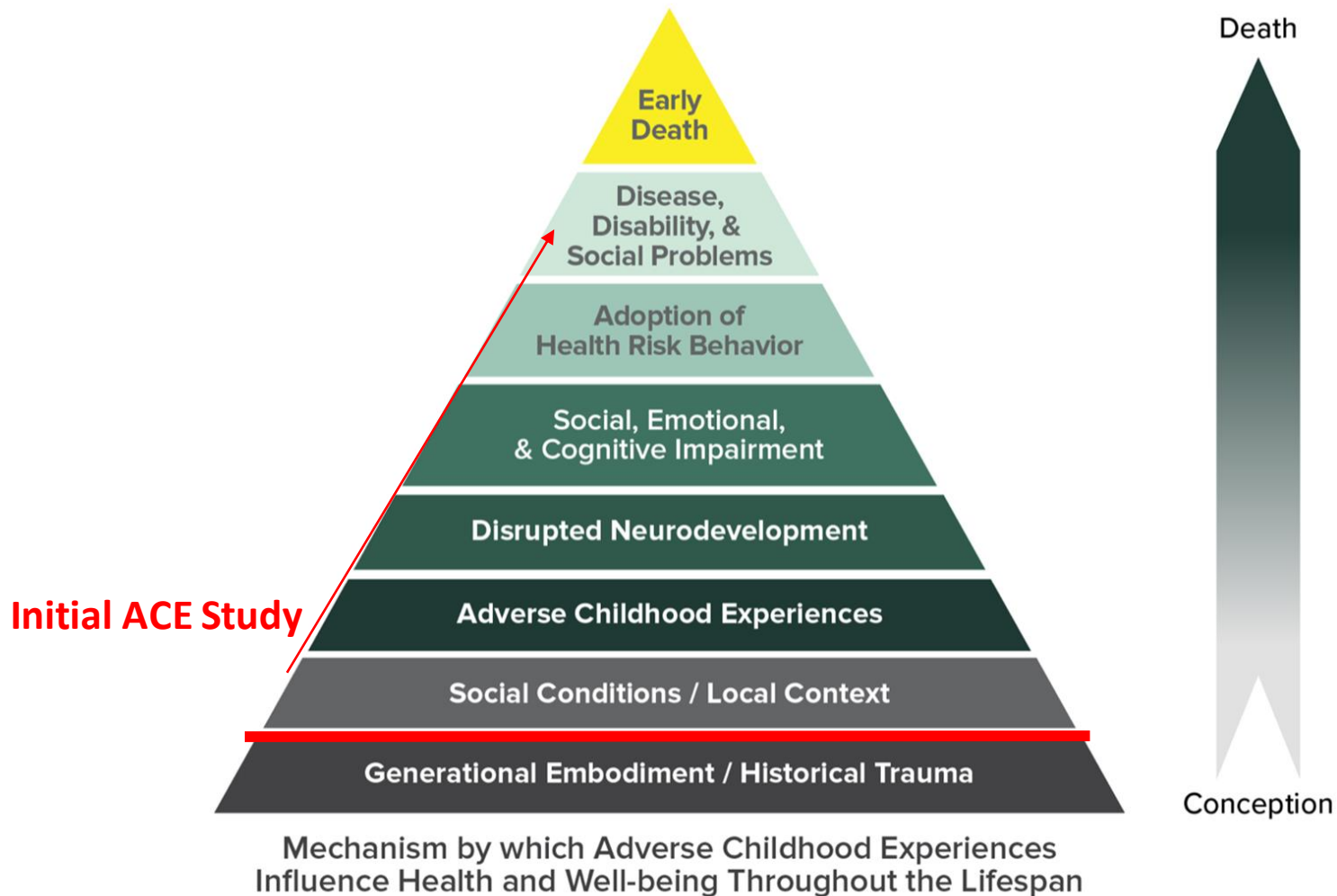As the number of ACEs increases, so does the risk for negative health outcomes

RISK

0 ACEs   1 ACE   2 ACEs   3 ACEs   4+ ACEs

Possible Risk Outcomes:

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NEAR Science: Epigenetics

YouTube: https://www.youtube.com/watch?v=AvB0q3mg4sQ

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Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source: CDC-Kaiser Adverse Childhood Experiences (ACE) Study

NEA**R** Science: Resilience

- Comprises inner strengths of mind and character – both genetic and developed – that enable one to respond well to adversity (AKA PROTECTIVE factors).

- Less about fighting problems --> more about responding well to problems.

- There is no single accepted set of components of resilience, but this set of characteristics and contributing factors can provide a useful guide:

- OPTIMISIM
- ALTRUISM
- MORAL COMPASS
- FAITH & SPIRITUALITY
- HUMOR

- HAVING A ROLE MODEL
- SOCIAL SUPPORTS
- FACING FEAR
- PURPOSE IN LIFE
- TRAINING

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TRAUMA-INFORMED & EQUITY AND SOCIAL JUSTICE INTERSECTIONS

This infographic illustrates the intersection of trauma-informed approaches and equity and social justice initiatives. It uses a modified ecological model to show examples of factors that perpetuate inequity, induce trauma, and create poor health outcomes or conversely promote equity, healing, and well being.
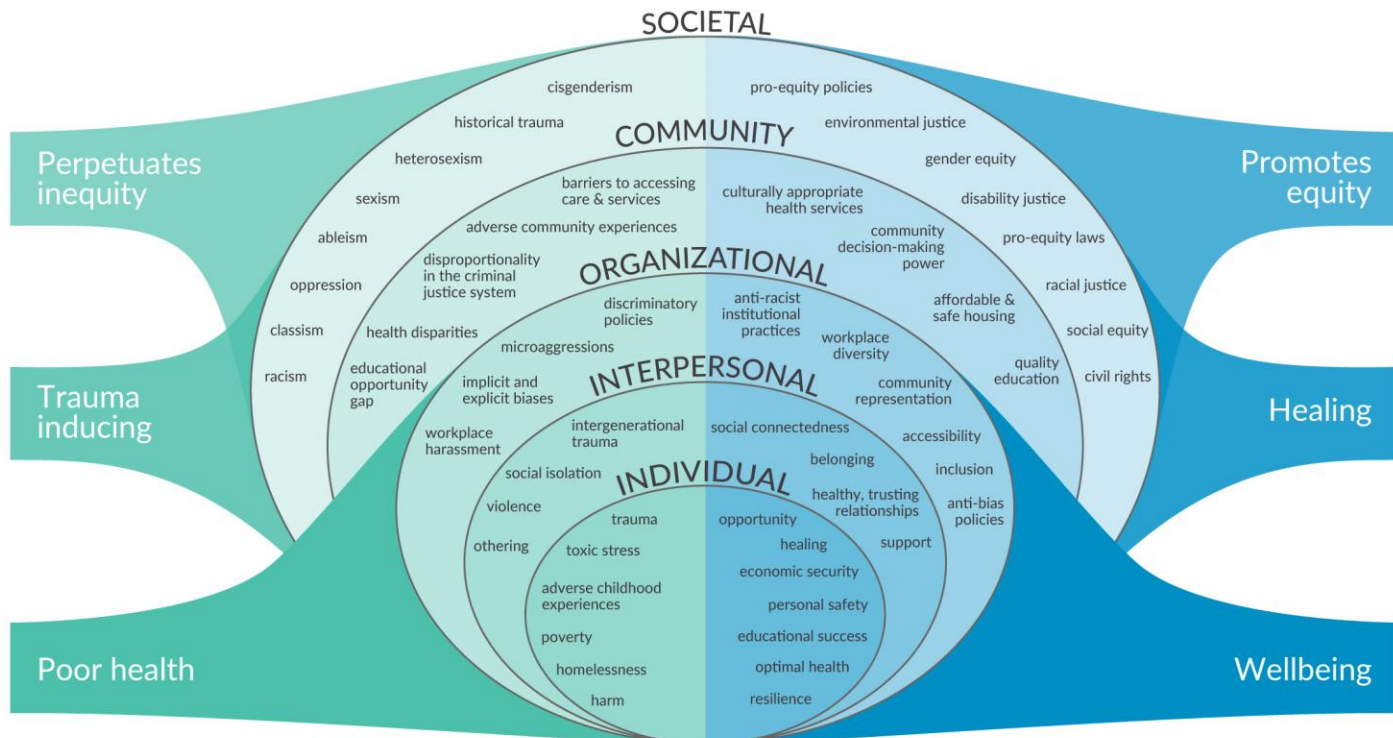
Source: Washington State Department of Health

TRAUMA AND HEALING ACROSS THE HIV CONTINUUM

This graphic depicts the HIV continuum and illustrates that people can experience trauma and healing when engaging with the health care system to receive treatment for or prevent HIV.

PRE-DIAGNOSIS	DIAGNOSIS	EVER LINKED	RETAINED	VIRALLY SUPPRESSED

DIAGNOSIS -> VIRAL SUPPRESSION

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

HEALING

Support services
Peer services
Destigmatizing chronic disease
Culturally and linguistically responsive
Wraparound services
Radical empathy

Source: NASTAD

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Vicarious Trauma vs Burnout

VICARIOUS TRAUMA	BURNOUT
Affects people who work with trauma survivors	Affects anyone
Reaction to the trauma experienced by clients	Reaction to overload
Can have an abrupt and sudden onset	Progressive onset
Results in changes in expression of empathy	Results in detachment and depression

Source: American Counseling Association

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Organizational Trauma & Resilience

Organizational Trauma

- Organizational amnesia
- Unrecognized wounding
- Stress contagion
- Unproductive relationships between organizations and environment
- Depression, despair, and loss of hope

Organizational Resilience

- Recognize/acknowledge existence of organizational trauma
- Contain anxiety
- Act as an example
- Remember history and interrupt amnesia
- Strengthen organizational identity and esteem

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Guiding Principles of Trauma Informed Care

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

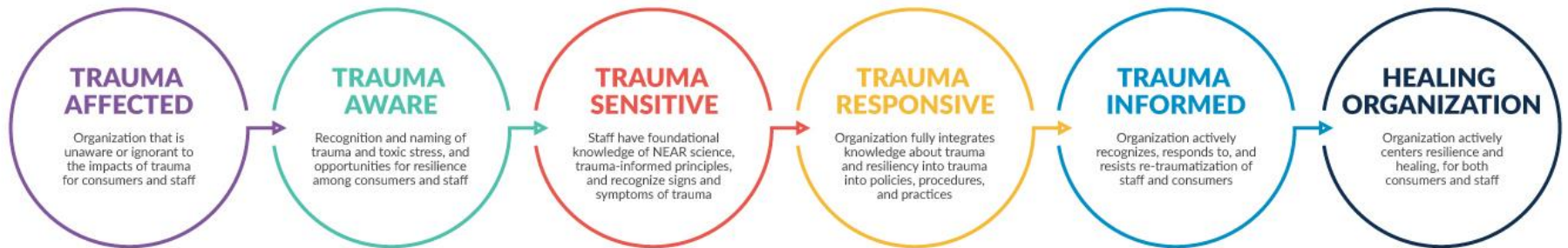| Safety	Trustworthiness and transparency	Peer support and mutual self-help	Collaboration and mutuality	Empowerment, voice, and choice	Cultural, historical, and gender issues
Throughout the organization, staff and the people they serve feel physically and psychologically safe.	Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.	These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.	There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.	Organization aims to strengthen the staff, client, and family members's experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.	The organization actively moves past cultural stereotypes and biases , offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

trauma informed oregon

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Trauma-Informed Approaches Toolkit

ROADMAP TO RESILIENCE

TRAUMA AFFECTED
Organization that is unaware or ignorant to the impacts of trauma for consumers and staff

TRAUMA AWARE
Recognition and naming of trauma and toxic stress, and opportunities for resilience among consumers and staff

TRAUMA SENSITIVE
Staff have foundational knowledge of NEAR science, trauma-informed principles, and recognize signs and symptoms of trauma

TRAUMA RESPONSIVE
Organization fully integrates knowledge about trauma and resiliency into trauma into policies, procedures, and practices

TRAUMA INFORMED
Organization actively recognizes, responds to, and resists re-traumatization of staff and consumers

HEALING ORGANIZATION
Organization actively centers resilience and healing, for both consumers and staff

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TIA Toolkit (cont.)

- Tools and Assessments
  - Vicarious Trauma Assessment & Prevention
  - Division/Bureau Readiness Assessment
  - Workplace Wellness
  - TI-Principles in Practice
  - Intake Facilitation Guide

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Strategies & Action Steps

- Host a TIA/healing-centered training for all staff.

- Audit your policies and procedures for TI and healing-centered practices.

- Incorporate TI/healing-centered activities into your RFPs and sub-recipient contracts.

- Co-create treatment and prevention plans with your clients.

- Require de-escalation, motivational interviewing, and conflict resolution training for all staff regularly engaging with clients.

- Provide staff a space to check-in with and support one another.

- Complete the Division/Bureau Readiness Assessment.

- Provider agencies: incorporate trauma-informed design into your space.

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Welcome! From Your Presenter

- Imani Butler, Trauma Informed Care Coordinator

DDP Activities Trauma Informed Practices

- In 2016:
  - Began providing Mental Health First Aid training to both internal staff members and external stakeholders/providers.

  - Created an annual Mind, Body and Soul conference for Gay and Bi-Sexual men, as well as transgender persons who live in Virginia.

  - Person First language workshop for external stakeholders/providers

DDP Activities Trauma Informed Practices

- In 2019, VDH began working with Holly Hanson, the Director of the Ryan White HIV/AIDS Part B (RWHAP B) in Iowa.
  - Integrated Trauma Informed Approaches into our HIV Services portfolio

  - Created Resilience Warriors, which is a group that meets monthly to further VDH's work in Trauma Informed Practices

DDP Activities around Trauma Informed Practices

Integrated HIV Prevention and Care Plan 2017-2021 and in the 2nd iteration of that plan in 2022-2026

- Implement "Trauma Informed Care" strategies to enhance retention in care and prevention activities

- Include motivational interviewing, cultural competency and trauma informed care in required trainings for DIS and case management educational curriculum

- Initiate trauma informed care practices to reduce the impact of past traumatic events on current and future individual health outcomes.

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Harm Reduction Program Activities around Trauma Informed Practices

- Utilization of healing-centered language in forms and educational materials (non-stigmatizing)

- Peer-Recovery specialists at two local HD sites and all funded community sites
  - Provides support for individuals that may be ready for recovery services

- Substance Abuse and Addition Recovery Alliance (SAARA) will provide peer-recovery specialists and peers in training to be peer specialist at all new sites applying to be a syringe exchange site

Internal Activities around Trauma Informed Practices

- Trauma Informed Practices 101 training for all DDP staff

- Developed a Knowledge, Attitudes, and Beliefs (KAB) Survey around Trauma Informed Practices that was distributed to the entire DDP unit

- Hired a Trauma Informed Care Coordinator to focus solely on this work

Internal Activities around Trauma Informed Practices

- Daily motivational emails to staff includes self-care tips/videos/activities.

- Creation of Equity and Inclusion Action Counsel to serve as an internal group for health equity and trauma informed practices within our Office of Epidemiology

Next Steps in Virginia

- Additional, Trauma Informed Practices 101 and Work Place Wellness training for all DDP staff

- Second iteration of KAB survey around Trauma Informed Practices for internal DDP staff.

- The KAB survey for external partners/stakeholders to determine additional training needs

- VDH is also working to develop a monthly Trauma Informed Practices newsletter that is distributed throughout the DDP unit.

Contact Us:

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Q&A/Discussion

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To Learn More or Request CDC CBA/TA services on this content area
and other TA needs:
https://www.cdc.gov/hiv/programresources/capacitybuilding/

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