Trauma-Informed Care for Women Living with HIV

ACTHIV Conference
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Learning Objectives

- Identify the prevalence and impact of trauma/PTSD on women living with HIV
- Review approaches to facilitate healing from past abuse and preventing re-victimization

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### Recent Deaths at WHP

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<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Rose</td>
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<tr>
<td>2.</td>
<td>Amy</td>
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<td>3.</td>
<td>Patricia</td>
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<td>4.</td>
<td>Regina</td>
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<td>5.</td>
<td>Vela</td>
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<td>Iris</td>
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<td>7.</td>
<td>Mary</td>
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<td>Nadine</td>
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<td>9.</td>
<td>Lilly</td>
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<td>10.</td>
<td>Pebbles</td>
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*Photo by Lynnly Labovitz; used with artist and patient permission*
Trauma

“... an event, series of events, or set of circumstances [e.g., physical, emotional and sexual abuse; neglect; loss; community violence, structural violence] that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being”.

Complex PTSD

**Complex Trauma:** serial trauma, physically or emotionally (e.g., repeated childhood physical and/or sexual abuse, witnessing ongoing IPV, experiencing long-term IPV ..)

**CPTSD:** includes “the core symptoms of PTSD (re-experiencing of the traumatic event(s), avoidance/numbing, negative changes in mood or cognition and hyper-arousal) in conjunction with disturbances in a range of self regulatory capacities”

Symptoms include: trouble regulating and handling emotions and relationships, and feelings low self-worth and low self-efficacy.

Compared to the general population of US women, the rate of PTSD among women living with HIV is:

a. The same
b. Twice the rate
c. Four times the rate
d. Six times the rate
e. Eight times the rate
Rates of trauma and PTSD in WLHIV are much higher

Meta-analysis of all studies among US WLHIV

<table>
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<tr>
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29 studies met our inclusion criteria, resulting in a sample of 5,930 individuals.

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Recent Trauma ➔ 4x the rate of ART Failure

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<th>Potential factors</th>
<th>Detectable viral load on ART</th>
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<tr>
<td>Age (increase of one year)</td>
<td>OR 1.0 (0.93-1.1; p=.96)</td>
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<tr>
<td>African-American</td>
<td>OR 1.8 (0.6-6.1; p=.32)</td>
</tr>
<tr>
<td>Transgender</td>
<td>OR 0.9 (0.2-3.2; p=.84)</td>
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<tr>
<td>CD4 count &lt;200 cells/ l</td>
<td>OR 2.1 (0.7-6.5; p=.20)</td>
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<td>&lt;90% ART adherence</td>
<td>OR 1.0 (0.3-3.6; p=.97)</td>
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<td>Depression</td>
<td>OR 0.8 (0.3-2.7; p=.78)</td>
</tr>
<tr>
<td>Low self-efficacy</td>
<td>OR 1.7 (0.4-8.1; p=.50)</td>
</tr>
<tr>
<td>Low social support</td>
<td>OR 2.2 (0.6-6.9; p=.18)</td>
</tr>
<tr>
<td>Drug use</td>
<td>OR 1.1 (0.4-3.4; p=.88)</td>
</tr>
<tr>
<td>Lifetime coerced sex</td>
<td>OR 1.2 (0.4-3.8; p=.78)</td>
</tr>
<tr>
<td>Recent coerced sex</td>
<td>OR 1.8 (0.3-12.0; p=.53)</td>
</tr>
<tr>
<td>Lifetime trauma</td>
<td>OR 1.2 (0.3-4.5; p=.77)</td>
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<td><strong>Recent trauma</strong></td>
<td><strong>Odds ratio 4.3</strong></td>
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<td><strong>(1.1-16.6; p=.04)</strong></td>
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The HIV Care Continuum in the United States, 2011

- **86%** of all People Living with HIV have been diagnosed.
- **80%** are linked to care.
- **40%** are engaged in care.
- **37%** are prescribed ART.
- **30%** are virally suppressed.

IPV/recent trauma

- 3x more likely to wait >90 days*
- ≈ 2x rate of lost-to-follow
- ≈ 2X missed gyn appts
- ½ as likely on ART*
- ½ as likely on ART
- 2-3x non-adherence*
- 2x non-adherence*
- >2x rate of failure
- >4x rate of failure

* Includes men and women

Siemieniuk RA, et al. AIDS Patient Care STDs. 2010*
Kalokhe, A.S., et al. AIDS Patient Care and STDs. 2012*
Lesserman, J. et al. AIDS Patient Care STDs. 2008*
Machtinger EL, et al. AIDS Behav. 2012
Lifetime trauma

1.7 greater odds of not being on HAART when medically indicated

Significant association of numbers of lifetime traumas and ART nonadherence:
OR 1.14, (95% CI 1.05, 1.25)]
OR 1.13 (95% CI 1.03, 1.24) 

* Viral suppression 76.4% versus 93.3% without trauma, p < 0.05

Mugavero M, et al. AIDS Patient Care STDs. 2006
Espino SR, et al. AIDS patient care and STDs. 2015

* Includes men and women
+ Bivariate data; association also significant on multivariate analysis
Impact of trauma on other HIV-specific outcomes

Recent or lifetime trauma associated with:

• **HIV risk factors/HIV incidence**
  
  

• **Faster disease progression**
  
  
  Mugavero, MJ, et al. AIDS Patient Care STDS 2007 Sep;21(9):681-90.] *
  

• **More hospitalizations**
  

• **Almost twice the rate of death among women** *
  

* Study included both men and women
Other determinates of poor outcomes

- Substance use
- Depression
- Stigma
- Social support
- Homelessness
- Poverty
- Uninsured
- Youth
- Minority Race
- Food insecurity
- Health literacy

Pink = associated with trauma and PTSD

Valdiserri RO. Improving outcomes along the HIV care continuum: paying careful attention to the non-biologic determinants of health. Public Health Reports. 2014.
In 2014, what percentage of deaths among WLHIV were from HIV-related causes?

a. 25%
b. 40%
c. 65%
d. 70%
e. 85%
Predictors of Mortality in WLHIV over time

Kathleen Weber, Personal Communication, 2015 (Regarding estimates for 2014)
The prevalence and impact of trauma/PTSD...in conclusion

- Very high prevalence of trauma and PTSD among WLHIV
- Both recent and lifetime trauma have direct impacts on most stages of the care continuum for both men and women, and on HIV morbidity and mortality
- Both recent and lifetime trauma and PTSD predispose men and women to the other key mutable determinates of poor outcomes on the care continuum
- Beyond the continuum, unaddressed trauma and PTSD are associated with the most common causes of suffering and death for WLHIV
Learning Objectives

- Identify the prevalence and impact of trauma/PTSD on women living with HIV
- Review approaches to facilitate healing from past abuse and preventing re-victimization

Photo by Lynnly Labovitz; used with artist and patient permission
Evidence-based interventions exist: IPV

1. Screening tools are accurate
2. Interventions can reduce IPV
3. Screening for IPV is safe
4. Screening alone without an intervention does not appear to be better than usual care

Interventions exist: lifetime trauma and PTSD

National Registry of Evidence-Based Program and Practices:
24 interventions for various types lifetime trauma; 14 for PTSD

Examples Include:
Seeking Safety
Living in the Face of Trauma (LIFT)
Skills Training in Affective & Interpersonal Regulation (STAIR)
Eye Movement and Desensitization and Reprocessing
Prolonged Exposure Therapy for PTSD

* = not comprehensive; some listed are not included on SAMHSA site
A nationally recognized issue
Now specifically recognized in WLHIV

Recommended Action 2.2:

“Develop, implement, and evaluate models that integrate trauma-informed care into services for women living with HIV”.

Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, & Gender-Related Health Disparities

Interagency Federal Working Group Report

September 2013
A model based on evidence and experience

- To develop a model of TIPC for women living with HIV
- Expert meeting
- Follow-up consultations
- Literature review
Trauma-informed Primary Care

SCREENING
Inquiry about current & lifelong abuse, PTSD, depression and substance use.

ENVIRONMENT
Calm, safe, empowering for both patients and staff.

FOUNDATION
Trauma-informed values, robust partnerships, clinic champions, support for providers and ongoing monitoring and evaluation.

RESPONSE
Onsite and community-based programs that promote safety and healing.

Machtinger, E, Cuca, Y, Khanna, N, Kimberg, L. From Treatment to Healing: The Promise of Trauma-informed Primary Care. Women’s Health Issues. Accepted, publication pending May 2015.
Serious effort, but doable and necessary

• The model is aspirational

• Change can be implemented incrementally

• Clear first step: clinic-wide training to increase knowledge and skills around TIC

• Over time: a clinic champion can be identified; partnerships can be made with local organizations; and protocols for screening and responses can be developed.

• Improvement in experience and efficacy of all components of care for both patients and providers.
Thank you!

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ACTHIV 2015: A State-of-the-Science Conference for Frontline Health Professionals

Activity Code SM232