



# HIV/AIDS Bureau Division of Policy and Data Consultation Overview

Executive Summary | December 2015

## TRAUMA AND HIV

### Introduction

The effects of trauma<sup>1</sup> can be broad and impact multiple areas of an individual's life, including their health. While effective treatments for trauma are available, the evidence for improved HIV outcomes linked to treatment for trauma is less well known. The Health Resources and Services Administration (HRSA) and the National Institutes of Health (NIH) held a one-day meeting with experts on trauma treatment and research to review the evidence for implementing care practices that address trauma in HRSA's Ryan White HIV/AIDS Program (RWHAP). The group identified key areas for further research and program implementation based on the intersection of trauma treatment and improved HIV health outcomes. The meeting included a review of current research on trauma treatments in persons living with HIV (PLWH) including gaps for future study. A broad overview of the RWHAP including client demographics, retention in care, and viral load suppression data was also shared. Consultation participants included expert researchers, public health officials, HIV practitioners, and state program administrators.

### Meeting Themes

- 1. Trauma symptoms versus diagnosis** A major theme throughout the meeting was whether the focus should be placed on individuals reporting trauma symptoms (and events such as childhood sexual abuse) or those with a formal diagnosis of trauma. Poor HIV outcomes (e.g., poor engagement in HIV care) have been found in both groups. Meeting participants noted, however, that the needs for treatment are different between the two groups. Individuals with post-traumatic stress

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disorder (PTSD), for example, require one of the more intensive, multi-session evidence-based interventions typically delivered by health service professionals in clinic or counseling settings to improve trauma and HIV outcomes. Comparatively, brief, less intensive interventions may be effective for those reporting acute or chronic symptoms that do not reach the threshold of a formal diagnosis.

- 2. Avoidant coping** Research suggests reducing avoidant coping is key to improvement. Avoidant coping often involves denying, suppressing or blunting painful awareness of traumatic experiences. Many people who report traumatic symptoms (and life events) or who are diagnosed with a trauma-related disorder use avoidance as a coping mechanism. Consequently, it was suggested that missing care appointments, discontinuing treatment, or disengaging from care altogether could be used as an early warning sign to screen for trauma.

<sup>1</sup> Trauma: An extremely distressing experience that causes severe emotional shock and may have long-lasting psychological effects.

**3. Screening and referral** Brief, reliable measures are needed to screen people living with HIV for trauma in order to properly refer them for follow-up testing or evidence-based treatment. Several participants identified various screening measurements (e.g., for interpersonal violence, PTSD, or traumatic events) already being used with the general population; however, several questioned the utility of these tools for priority populations such as minority men who have sex with men (MSM). The issue of whether to screen for traumatic symptoms versus trauma-related diagnosis was raised again. All agreed that screening measurements should—to the degree possible—be culturally appropriate and fit into routine clinical care. Discussion also centered on whether to screen all patients or only those likely at high risk (e.g., members of high-risk sub-groups, those who have missed clinical appointments or are depressed). While screening is important, the steps that come afterward are equally vital. Screening should allow providers to assess level of risk and refer patients to an appropriate level of evidence-based care. Linkage services using client navigators or case managers may be needed to ensure individuals are actively linked to the trauma-based care they require.

**4. Evidence-based interventions (EBIs)** It is important to modify evidence-based interventions to meet the needs of various populations of people living with HIV who experience trauma. Modifications include integration of HIV-related outcomes on the care continuum, such as medication adherence, as well as attention to HIV-related trauma issues such as stigma, discrimination, and psychosocial stress. Several meeting participants identified specific EBIs that have a strong evidence base and could be modified for people living with HIV, including cognitive processing therapy, prolonged exposure, trauma-focused cognitive behavioral therapy, and written emotional disclosure. The role and evidence for delivering EBIs using new technologies (e.g., telephone or internet counseling, mobile health applications) was also discussed; however, several participants pointed out

the limited evidence to date for such endeavors as well as the many barriers. In the end, participants reiterated the importance of modifying EBIs for people living with HIV and integrating outcomes into the HIV care continuum.

**5. Provider training** Whether to train all providers in a clinic to provide screening and referral services or a sub-group of select providers was discussed at length. Meeting participants discussed the pros and cons of both approaches. For example, training all providers is relatively straight-forward and offers the greatest reach, but it is also resource and time intensive, and many providers often fail to adhere to new protocols. Training a few key providers, on the other hand, is more efficient and streamlined, but implementation barriers still exist and patient reach is limited. The extensive research base on provider interventions allows organizations to design reasonable plans to address the known barriers to provider training.

**6. Special populations** Meeting participants were asked to consider any special populations specifically impacted by trauma and discuss the impact on HIV health outcomes and the evidence for specific interventions to address this impact. Several groups identified at high risk for experiencing trauma include youth, minority MSM, minority women, and substance users. The group also identified several factors placing clients at risk for falling out of care, including unstable housing and lack of reliable transportation. Finally, the group agreed that clients with a pattern of avoiding care may have a history of trauma and require additional screening for symptoms.

**7. Life chaos** A brief discussion included the need for co-located services and dedicated behavioral health staff in the medical clinic to engage clients with unstable life patterns. A “warm handoff” or standard referral was identified as insufficient for connecting this population to mental health services.



**8. Out of HIV care** It is estimated that approximately 20 percent of Ryan White HIV/AIDS Program clients have not achieved HIV viral suppression. Research suggests that trauma may play a role in being out of HIV care or not adhering to the HIV treatment regimen. Several participants noted that existing data sets at the CDC and VA could be used to identify the demographic characteristics and factors associated with patients who are not in HIV care or who have not achieved viral suppression. This type of analysis could inform efforts to create targeted outreach and intervention efforts to engage this high-risk group.

**Next Steps** //

- ▶ **Clinical service delivery** Participants discussed how to integrate strategies for addressing trauma into HIV care. The value of adding a trauma screening and referral component to the Ryan White HIV/AIDS Program's existing practices was reiterated, and participants outlined areas for further discussion and clarification. A set of baseline interventions and educational tools were also discussed, including the development of patient-friendly informative documents and strategies for remote access support. It was also noted that there is a need for greater capacity building surrounding screening tools, such as how to administer them and what to do in the case of positive screens.
- ▶ **Research** Meeting participants were asked to think about research gaps and priorities and to offer suggestions for future research. NIH and HRSA will review input and consider co-sponsoring a new funding opportunity.
- ▶ **Current activities** The following active NIH funding announcements may support further clinical research in this area:
  - <http://grants.nih.gov/grants/guide/pa-files/PA-14-132.html>
  - <http://grants.nih.gov/grants/guide/pa-files/PA-15-268.html>
  - <http://grants.nih.gov/grants/guide/pa-files/PA-14-127.html>

▶ **Where do I find out more?**

- To learn more about addressing trauma in healthcare settings, see SAMHSA – HRSA's Center for Integrated Health Solutions' Webinar at: <https://goto.webcasts.com/starthere.jsp?ei=1069399>
- SAMHSA's TIP on Trauma-Informed Care in Behavioral Health Services: Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. It includes patient assessments, treatment planning strategies that support recovery, and information on building a trauma-informed care workforce. [http://www.integration.samhsa.gov/clinical-practice/SAMSA\\_TIP\\_Trauma.pdf](http://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf)
- "SAMHSA – HRSA's Center for Integrated Health Solutions resources on trauma. Features trauma screening tools that can be used to screen for the presence of adverse or traumatic life experiences. <http://www.integration.samhsa.gov/clinical-practice/trauma>
- The American Academy of Pediatrics Trauma Toolbox for Primary Care: A 6-part series designed to assist primary care practices increase understanding of adverse childhood experiences (ACEs) and their impact on health. It provides suggestions for talking with families, identifying ways to prepare the medical home to address ACEs and other traumatic events, and more. The content focuses strongly on trauma during childhood and its impact on health. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx#trauma>

