

UNMC HIV ECHO Session 6



Welcome!



UNMC's Specialty Care Center welcomes you to our 6th HIV ECHO (Extension for Community Healthcare Outcomes) session— **“Trauma Informed Care”**

Today's didactic presenter is Mahelet Kebede, MPH

Today's case study will be presented by Jen O'Neill, BSN, RN

HIV ECHO Facilitator: Heather Saarela, BSPH

Sessions are held the first Thursday of every month except July 2025





Disclosures

- Our HIV ECHO Project is made possible through our grant funding from ViiV Healthcare and is a sub-project of our IM-CAPABLE project.



UNMC HIV ECHO Session 6 Agenda



- Mahelet Kebede will be presenting us with didactic information regarding trauma informed care to help improve our TIC 101 knowledge.
- Jen O'Neill will be presenting a case study after Mahelet.
- Announcements to be shared at the end with feedback survey link.



ECHO After Hours!



As scheduling and time allows for our experts, we will offer ECHO After Hours for any extra questions!



Today's After Hours: Mahelet and Jen



Housekeeping Reminders:



We love
discussion!



Please stay
muted unless
you
are speaking.



We love to
see your face!



Sessions will
be recorded
with links
available later.



End of session
surveys will be
available.





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Trauma-Informed Care for HIV

Presenter: Mahelet Kebede, MPH



Objectives

1. Describe NEAR Science.
2. List the six trauma-informed principles.
3. Identify an example in the trauma-informed and healing centered continuum.



Discussion

In the chat box or verbally respond to this question.

What do you think of when you hear the word "trauma?"



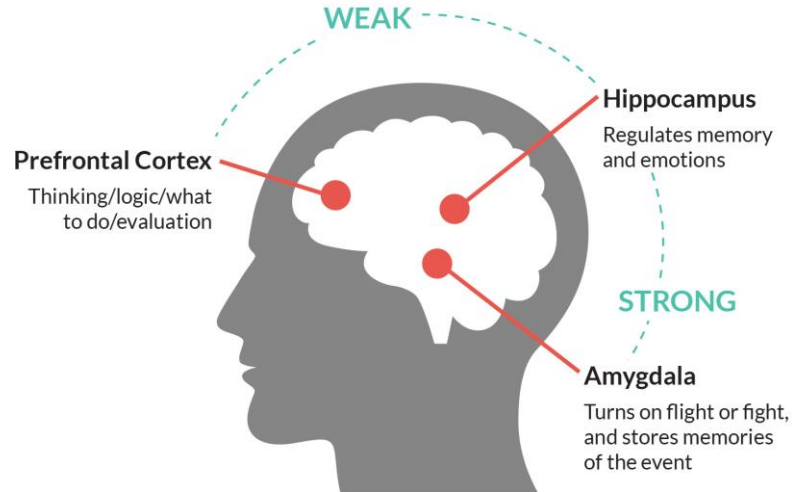
Key Terms

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 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*.



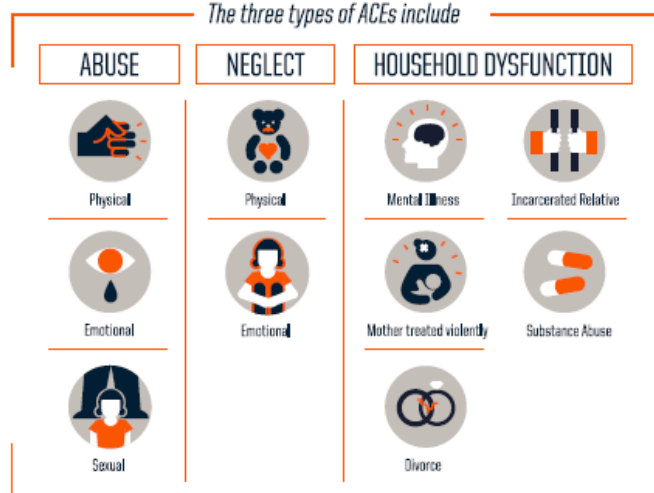
NEAR SCIENCE - Neurobiology



Source: NASTAD

NEAR Science: Adverse Childhood Experiences

The three types of ACEs include



WHAT IMPACT DO ACEs HAVE?

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

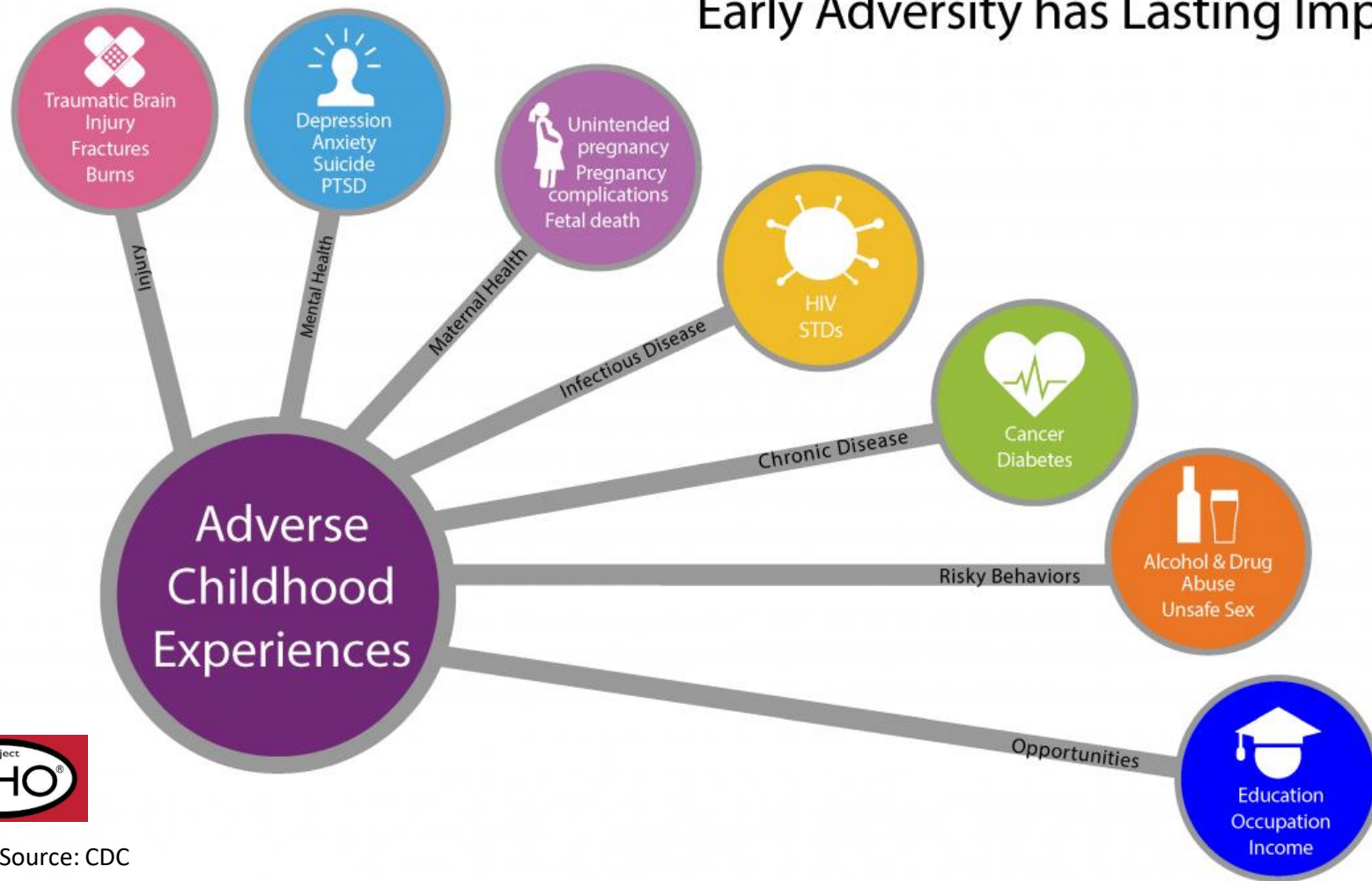


Possible Risk Outcomes:



Source: RWJF and CDC

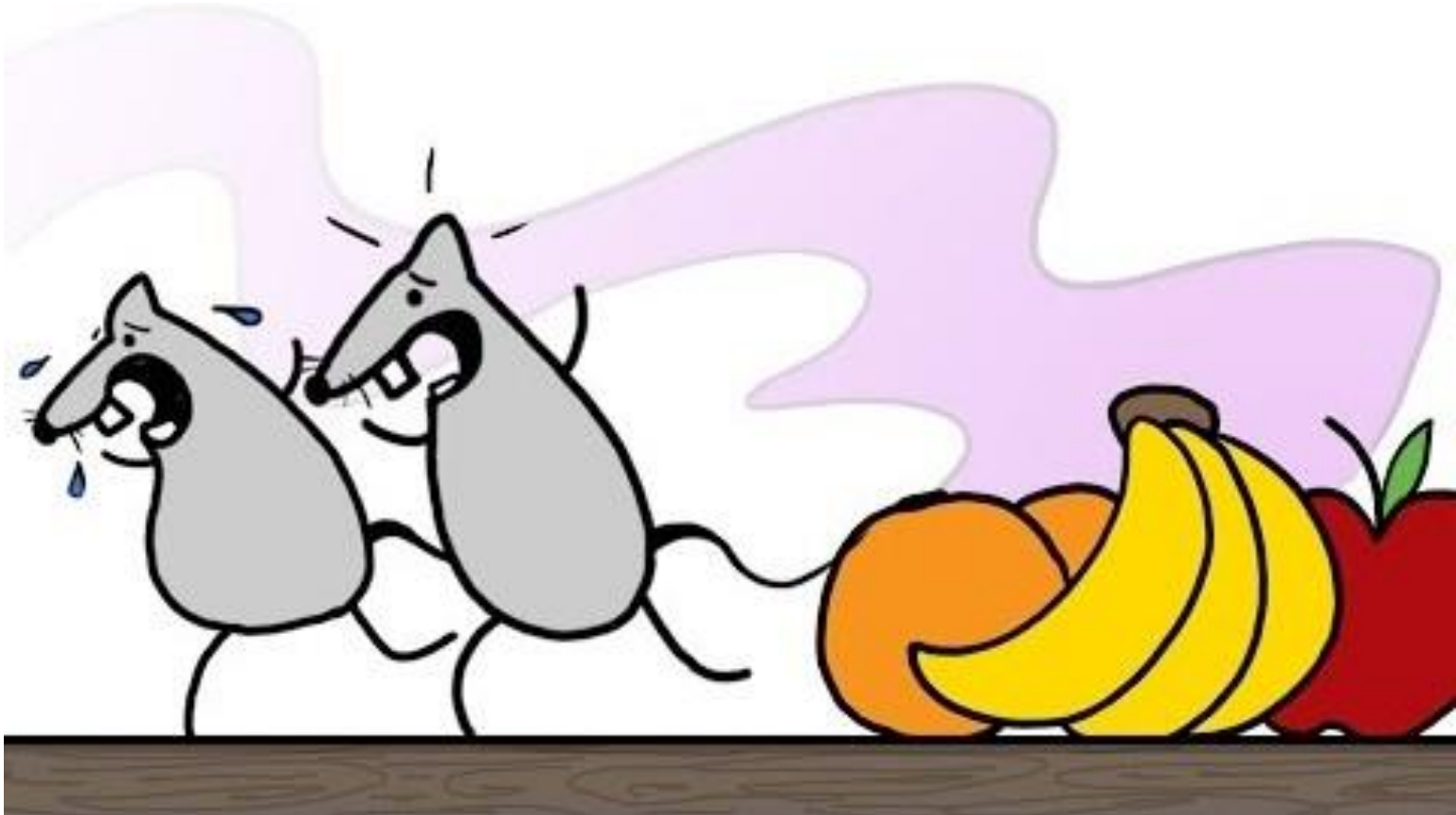
Early Adversity has Lasting Impacts

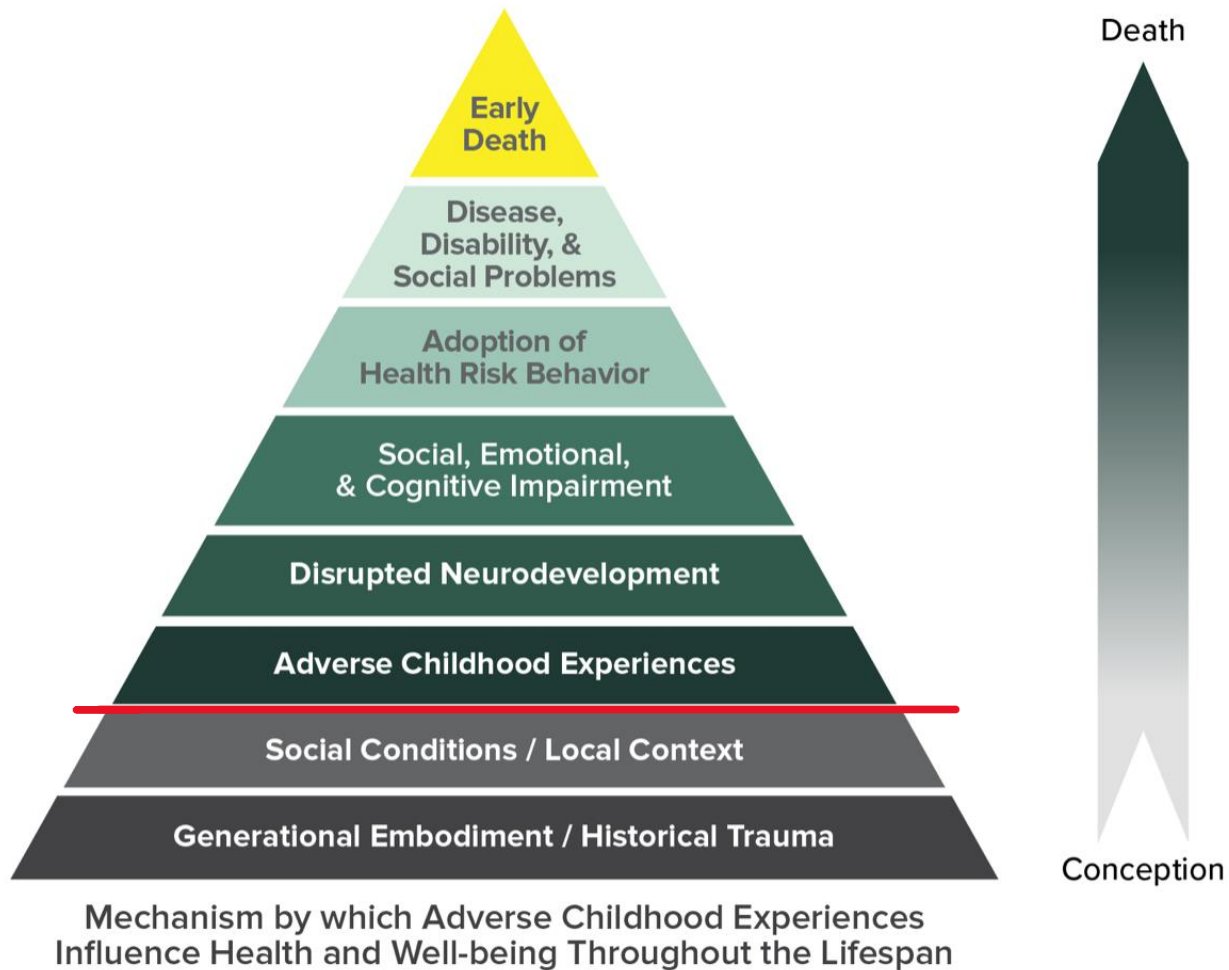


Source: CDC



NEAR SCIENCE – EPIGENETICS





NEAR SCIENCE – Resilience

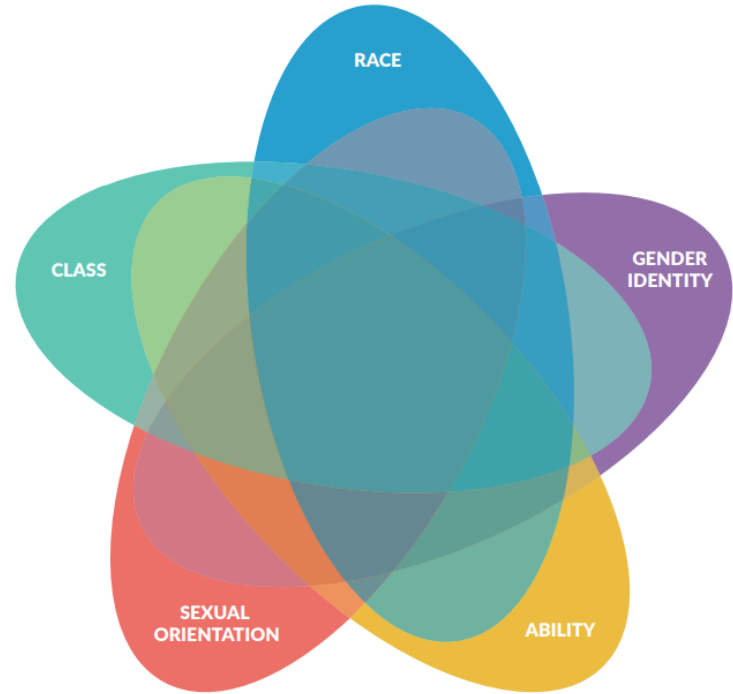
There is no single accepted set of components of resilience, but this set of characteristics and contributing factors can provide a useful guide:

- OPTIMISIM
- ALTRUISM
- MORAL COMPASS
- FAITH & SPIRITUALITY
- HUMOR
- HAVING A ROLE MODEL
- *SOCIAL SUPPORTS
- FACING FEAR
- PURPOSE IN LIFE
- TRAINING



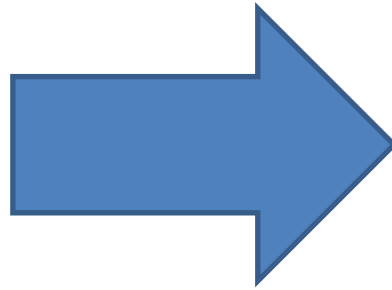
Intersectionality

Intersectionality is a theory that the overlap of various *social identities*, such as race, gender, sexual identity, disability, and class, contribute to *systemic oppression and discrimination* experienced by an individual.



SHIFT THE QUESTION

WHAT'S
WRONG WITH
YOU?



WHAT
HAPPENED TO
YOU?

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Safety

Throughout the clinic/health center, staff/providers and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

Example: Provide trigger warnings when discussing trauma so that patients/staff can opt out of conversations and content that may elicit unwanted emotions for them.



Collaboration & Mutuality

Importance is placed on *partnering* and the leveling of power differences between staff/providers and patients at the clinic/health center.

Healing happens in relationships and in the meaningful sharing of power and decision making

Example: As desired by patients, foster the inclusion of family (chosen and biological), support networks, and community at-large.



Trustworthiness & Transparency

Clinic/health center operations and decisions are conducted with transparency with the goal of building and maintaining trust with the patients and family members, among staff/providers and others involved in the organization.

Example: To the greatest extent possible, reduce and simplify forms, procedures, and policies, including necessary documentation requirements.



Empowerment, Voice & Choice

Decisions are made with, instead of for, people. Patients and staff/provider experiences and choices are honored and respected. Services are customized for the individual and validate strengths and assets. Self-determination is valued and empathy is practiced.

Example: Inform patients of their autonomy during the intake process.



Peer Support

Individuals with lived experience* are a part of all aspects of the clinic/health center (e.g., leadership, administration, and direct services). Inclusion of peers builds trust, establishes safety, and empowers staff/providers and patients. Sharing of lived experience promotes recovery and healing.

Example: Provide peer support programs for patients.



Cultural, Historical & Gender Issues

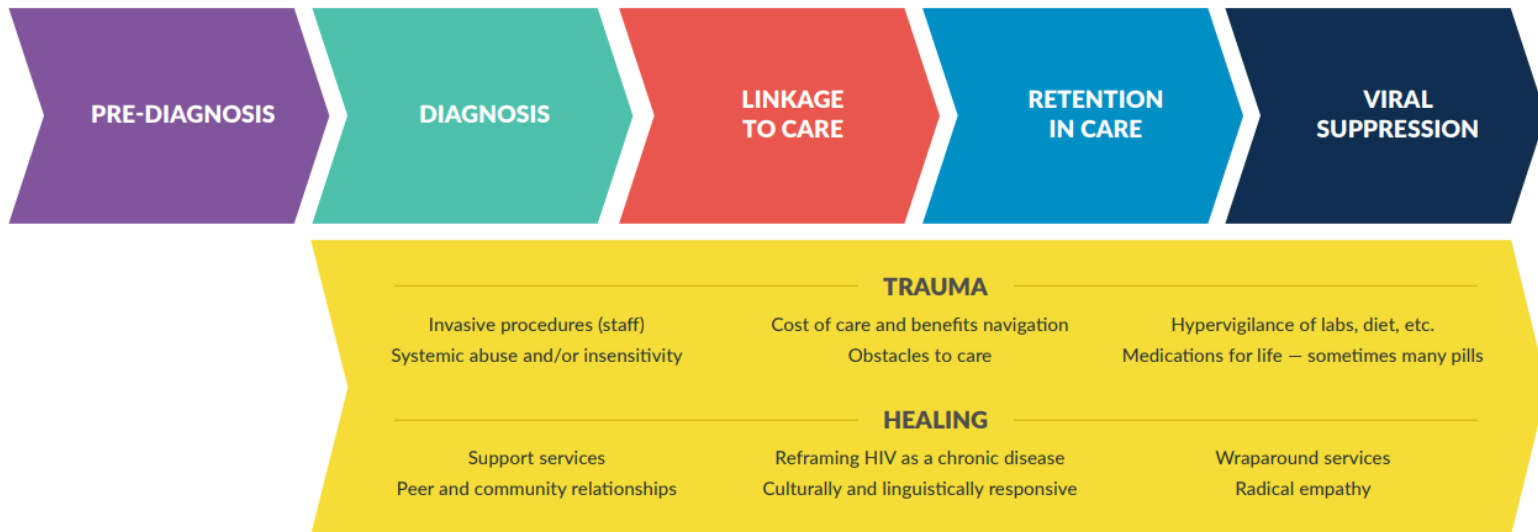
The clinic/health center offers culturally and linguistically responsive services, attends to implicit biases, recognizes and repairs historical (e.g., trans-Atlantic slave trade, Indigenous erasure, Holocaust) and current harms, and celebrates culture. Offers gender-responsive services.

Example: Incorporate pronoun identification into all processes and procedures.



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.



Source: NASTAD



Case Study



Content Warning

This case involves 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 – NO QUESTIONS ASKED.



Initial Presentation to HIV Specialty Care

July 2007

- 29 year-old black AMAB
- Tested HIV + at Nebraska AIDS Project in May 2007
 - HIV RNA 11,000 copies/mL
 - CD4 count: 388 /cmm
 - Risk factor: sex with men and women
 - Past Medical history
 - Gunshot wound to chest in 2000
 - Anal condyloma
- Plan: Follow off Antiretroviral therapy
 - Treatment guidelines-based
 - Plan: follow-up every 3-6 months



Pre-Diagnosis Social History

- Childhood
 - Single mother with active substance use
 - 2nd of 5 siblings
 - Close relationship with grandmother
- High school graduate
- Inconsistent work history
- Incarceration of family member
- Fathered twin sons at age 22 → foster care system



What are some considerations in providing care?

- Potential marginalization within healthcare system due to disparities in social determinants of health
 - Stigma secondary to gender identity and HIV status
 - Economic instability
 - Housing and transportation instability
 - Racism
- History of adverse experiences increase likelihood of ACE-associated health conditions
- At risk for trauma responses: fight, flight, freeze, fawn



Over the years....

- Through 2022, periods of inconsistent engagement in healthcare
 - Substance abuse (methamphetamine)
 - Brief incarcerations
 - Inconsistent transportation/housing
 - ? mistrust
- Antiretroviral therapy (oral) initiated in 2013
- Non-consented disclosure of HIV Status in 2014
- Renal Cell Carcinoma diagnosed in 2015
 - Treated, possibly cured, outside our health system
- Acute Psychiatric Hospitalization 2016
 - Hallucinations, psychosis
 - Suicidal/homicidal ideation
 - Substance use
- 2017: De-transition
- 2022 onward: engaged and HIV well-controlled



What are some additional considerations now?

- Stigma
 - Mental health
 - Substance use
- Adherence challenges
 - Mental health
 - Substance use
 - Incarceration
- Sense of loss of control due to cancer and above
- Sense of judgement from health care providers



Trauma-informed interventions

- Recognizing potential for trauma responses
 - Loss of control → fight and flight
- Creating safe space
 - Gender-affirming care
 - Consistency with providers to promote trust
 - Listening
- Wrap-around services
- Patient-driven choices
 - Long-Acting Antiretroviral Therapy



LAI-ART

- 2022 onward: engaged and HIV well-controlled
- January 2023: Transitioned to Long-acting injectable antiretroviral therapy
 - Relief of self-stigma
 - Alleviation of privacy concerns
 - Empowerment and control
 - Frequent points-of-contact with healthcare system
 - Consistent providers



Revisiting interventions over time

Recurrence of renal cell carcinoma with metastasis to spine in July 2023



- Widening of “medical circle”
- Multiple medical visits, hospitalizations
- Pain control in setting of past substance use
- Past experiences with marginalization in healthcare system
- Desire to “leave something” for children
- Loss of control, fear → fight, flight



New Interventions

- Advocacy to maintain LAI-ART
 - Creative dosing
 - SCC staff involvement
- Avoid re-traumatization
 - Mindfulness of triggers
- SCC staff visits inpatient
 - Listening
 - Interpreting information/coaching
 - Liaising with providers
- Telephone check-ins
- Wrap-around services



Beautiful things to come from TIC...

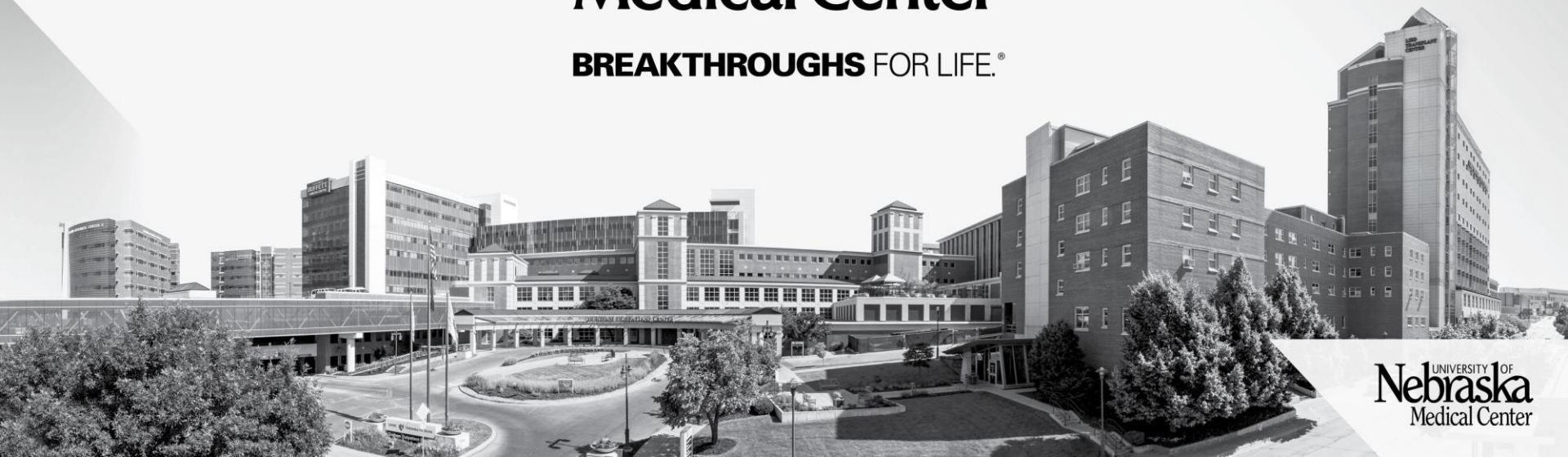
- Space to be vulnerable and process
- Trust
- Time for patient to regroup, reflect and revisit
- Patient Self-Advocacy, Self-awareness, Determination
 - Role-playing
 - Driver of decisions
 - Active role in care in time of terminal illness
- Reconnection with adult children





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Thank you
for joining
our 6th HIV
ECHO
session!

- Our next session on June 5th at 12PM CT will be over Cultural Competency.
- Want to join us as a presenter? Email us at UNMCHIVECHO@unmc.edu and we would love to have you!
- Thank you for joining today's ECHO session!

