



**AETC** AIDS Education & Training Center Program  
**Southeast**

## Trauma-Informed HIV and Primary Care Strengthen Patients, Providers, Organizations and Communities

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### Disclosures

- The activity planners and speaker do not have any financial relationships with commercial entities to disclose.
- The speaker will not discuss any off-label use or investigational product during the program.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.



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### Learning Objectives

After participating in this 1-hour program, participants will be able to:

1. **List and describe two communication skills** that help to promote a feeling of safety for patients receiving in-person and virtual HIV treatment and care.
2. **Briefly discuss** the Adverse Childhood Experiences study and how the study findings have informed current trauma-informed practices.
3. **Describe** how the symptoms of hypervigilance and numbing can negatively impact an individual's ability to link and engage in HIV care.
4. **Discuss** organizational and person-centered strategies that healthcare teams can implement to support whole health outcomes and resilience for people with HIV.



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### Polling Question

On a scale of 0-10, provide a rating of your current level of distress.



**Numerical Rating Scale**

0 1 2 3 4 5 6 7 8 9 10

None Mild Moderate Severe

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### Grounding Intervention



BREATH FEET BODY

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1-minute times for relaxation: UTube video <https://youtu.be/wMFDGcl-p7c>

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### Trauma Informed Organization

A trauma-informed service organization:

- **Realizes** widespread impact of trauma and understands potential paths for recovery
- **Recognizes** signs and symptoms of trauma in clients, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Seeks to actively resist** re-traumatization

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Reference: Substance Abuse and Mental Health Services Administration (SAMHSA, 2014)

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**Polling Question** 

Using the scale of 0-10, with 0 being a clinic/agency having no formal trauma-informed practices, policies, protocols or procedures and 10 being a clinic/agency that has a formal and comprehensive trauma-informed system of care with written practices, policies and procedures, **choose a number that describes your clinic or organization.**

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**Adopting a Trauma Informed Approach to Care**

The Substance Abuse and Mental Health Services Administration (SAMHSA) established the **4 R's of trauma informed care** for organizations and healthcare workers:

- 1. Realize** the impact of trauma
- 2. Recognize** the signs and symptoms of trauma
- 3. Respond** by integrating the principles and knowledge of trauma policies, procedures and practices
- 4. Resist** re-traumatizing individuals

 NASTAD (2018) Trauma Informed Approaches Toolkit 

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**WHAT IS TRAUMA?**

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Those experiences that produce intense emotional pain, fear, or distress; *possibly* having long-term physiological and psychological consequences.

## TRAUMA

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### The Three E's of Trauma

- 1. Event:** May be a single event or a series of events
- 2. Experience:** Everyone's experience will be different
- 3. Effected:** Some people will be effected and some will not

**Stress Meter**  
Rate your stress. Connect with resources.  
Please select the most applicable level of stress, below.

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### Traumatic Event Categories

Abuse	Loss	Chronic
<input type="checkbox"/> Physical	<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Stigma
<input type="checkbox"/> Sexual	<input type="checkbox"/> Death	<input type="checkbox"/> Unstable Housing
<input type="checkbox"/> Emotional	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Food Insecurity
<input type="checkbox"/> Bullying	<input type="checkbox"/> Neglect	<input type="checkbox"/> Disability
<input type="checkbox"/> Witnessing Violence	<input type="checkbox"/> Terrorism/War	<input type="checkbox"/> Poverty
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Accidents	<input type="checkbox"/> Historical Trauma

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### Three Major Structures Within the Brain That Regulate the Stress Response

**Hippocampus**  
"Memory Saver"

**Amygdala**  
"Security Guard"

**Prefrontal Cortex (PFC)**  
"Wise Leader"

AETO Southeast logo and citation: Evans, A. & Coccoma, P. (2014) Trauma-Informed Care: How neuroscience influences practice. New York: Rutledge.

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### Survival: Instinctive Brain Overrides the Conscious Parts

**FIGHT**

**FLIGHT**

**FREEZE**

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### Trauma Response Goal: Survival

- Flop/Fawn
- Friend

**5 TRAUMA RESPONSES**  
PHYSIOLOGICAL REACTIONS: THE 5 F'S

<p><b>AUTONOMIC NERVOUS SYSTEM</b> Hypertactical, alarmed / excited</p> <p>Increases heart rate, blood pressure, breathing</p> <p><b>FIGHT</b> Physical aggression, attack may be smaller / weaker</p> <p>Verbal aggression, e.g. saying "no"</p> <p><b>FLIGHT</b> Running, backing away or hiding</p> <p>If there is nowhere to escape to or hide</p>	<p><b>PARASYMPATHETIC NERVOUS SYSTEM</b> Hypocautious, dissociation</p> <p>Metabolic shutdown, numbing, stalling behaviors</p> <p><b>FREEZE</b> Tonic immobility, involuntary response, less chance of injury</p> <p><b>FLOP / FAWN</b> Collapse and play dead</p> <p>After freeze fails, conserves energy, avoids heat</p> <p><b>FRIEND</b> Trauma bonding (attach) / Stockholm syndrome, social engagement, prolonged or latent trauma</p>
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traumadisociation.com  
source: Schore, 2009; Lodrick, 2007

AETO Southeast logo and slide number 15.

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### Protection, Survival and the Aftermath

-  The memories of the traumatic event can “get stuck” in the body and the limbic system
-  The amygdala or “alarm system” can get jammed
-  Alarm feedback cycle fails to turn off
-  The individual becomes overwhelmed by their symptoms of trauma and may experience “triggers”

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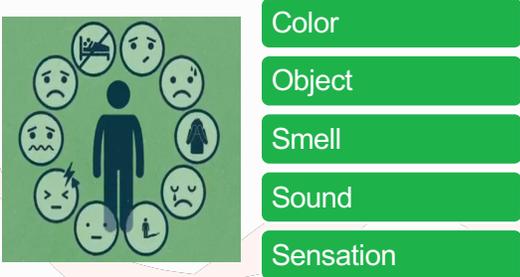
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### Trauma Triggers: Sensory



- Color
- Object
- Smell
- Sound
- Sensation

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### Alarms Gets Set Off: Triggers

- The amygdala’s alarm system cannot tell the difference between a real threat or situation or object that is a reminder of the event(s)



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## The Impact of Trauma on the Human Experience

Over time, these adaptive processes can become maladaptive and interfere with:

EMOTIONAL REGULATION

ATTENTIONAL BEHAVIORS

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## Adverse Childhood Experience (ACE) Study

- 10-items
- Self report
- Abuse and neglect
- ACE Study originated in 1985

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Unconsented Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Social		Divorce	

National Public Radio Article Link: <https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

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## Repeated Trauma During Childhood

Negatively Affects Brain Development

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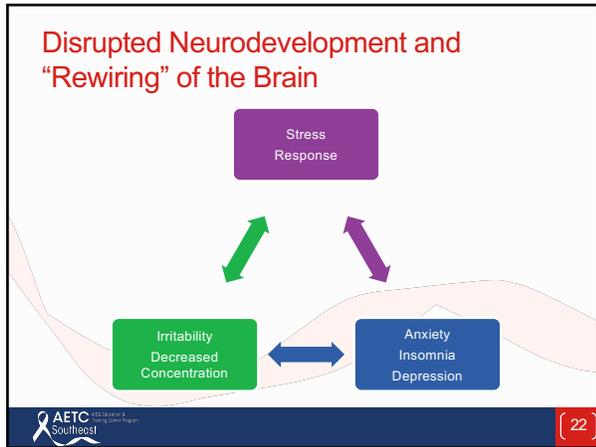
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### Adverse Childhood Events Study

People who had survived being severely maltreated as children showed a

- **1.4-1.6 times greater risk for obesity**
- **1.6-2.9 times greater risk for heart disease, cancer, lung disease, skeletal fractures, hepatitis, stroke, diabetes and liver disease**

Finkelhor, V. J., et al. 1998. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* 14(4): 245-58.

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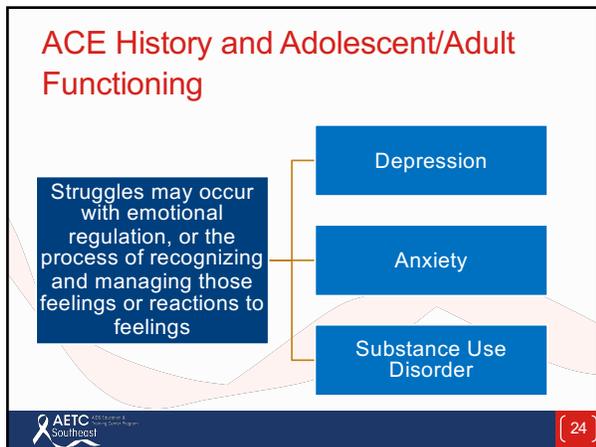
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### Trauma and Health-Seeking Behaviors



**Traumatic events may negatively influence an individual's access and engagement in primary and/or HIV care**

- Avoidance** of medical, dental and behavioral health appointments
- Reduced or lack of adherence** to HIV treatment and care
- Postponement of healthcare services** until condition deteriorates and symptoms progress
- Misuse** of medical treatment services (e.g., emergency department and pain medication usage)

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Image accessed on 6/13/2020 a www.pixabay.com **(25)**

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### Prevalence of Trauma in Persons with HIV

2019 Study Kaiser Permanente in Oakland, California

- N= 584 PWH
- Male 96.9%
- Non-Hispanic White 63%
- Average age= 49 years
- Over 50% had completed some college
- ACEs highly prevalent

**Findings**

- 82.5% ≥ 1 ACE
- 34.2% reporting 1-2 ACES
- 25.0% reporting 3-4 ACES
- 23.3% reporting ≥ 5 ACES

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Young-Wolff, KG, et al. (2019). Adverse childhood experiences, mental health, substance use and HIV-related outcomes among persons with HIV. AIDS Care, <https://doi.org/10.1080/09540121.2019.1567372> **(26)**

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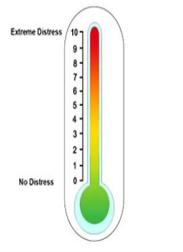
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### Signs and Indicators of a Stress Disorder

- Hyper-aroused
- Avoidance
- Intrusive thoughts or memories
- Emotional numbing
- Withdrawal from friends and family
- Anxiety
- Depression
- Substance use/abuse



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<https://www.adaa.org/screening-posttraumatic-stress-disorder-ptsd> **(27)**

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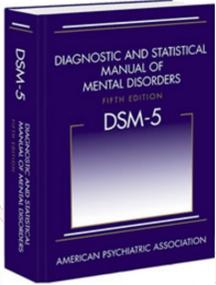
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## Trauma Diagnoses



- Post-traumatic Stress Disorder (PTSD)
- Acute Stress Disorder
- Reactive Attachment Disorder
- Adjustment Disorders
- Disinhibited Social Engagement Disorder
- Other specified Trauma and Stressor-Related Disorder
- Unspecified Trauma and Stressor-Related Disorder

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## Potential Consequence of Distress and Trauma

Self-destructive behaviors are maladaptive measures a person uses to restore inner equilibrium when overwhelmed or unable to cope with stressful life events.

- A person commits suicide every 11.9 minutes
- The strongest risk factor for suicide is depression
- A significant percentage of patients who commit suicide will have seen their primary care clinician in the month before their suicide

AETO Association of Eating Disorder Program <http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015dataggsv1.pdf?ver=2017-01-02-220151-870> ( 29 )

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## National Suicide Prevention Resource

National Suicide Prevention Hotline

1-800-273-8255

24/7 Confidential Support

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## National Domestic Violence Hotline

National  
Domestic  
Violence  
Hotline

1-800-799-  
7233 (SAFE)

24/7  
Confidential  
Support

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## Insecure Attachment Occurs When a Care Giver is Unpredictable

**Disorganized attachment** often occurs when a child is exposed to trauma; child feels unloved or unworthy which often causes difficulties with mood regulation, impulse control and cognitive impairments.

**Preoccupied attachment** is displayed by adults who often see people better off than they, resulted in their becoming overinvolved in relationships and dependent upon others for approval and self-worth.

**Dismissed attachment** is a person who is aloof to emotional relationships, guarded in the display of emotions, states a need to be independent of others and retreats from assistance from others.

**Unresolved attachment** relating to trauma and loss refers to persons who have experienced childhood traumas including sexual, physical and emotional traumas, which may increase their susceptibility to ongoing abuse as an adult.

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Some people who have been traumatized experience:

- Shame
- Insecurity
- Low self-esteem
- Dependency
- Limited ability to trust

**Unresolved Attachment Due to Trauma and Loss**

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**Goal: Help Patients Self-Soothe and Regulate**

- Trauma "hijacks" a person's brain and their body
- "Hole" in their body
- "Lost" their boundaries
- "Feel" the beliefs they have about themselves



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Trauma → Lived Experience → Suffering

**MyHIV Journey**  
www.aaronmlaxton.com



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**Video Debrief- Chat and Open Mic**

What is Aaron feeling?

What feelings come up for you when listening to Aaron speak about his feelings about himself and his past trauma history?



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### Trauma Can Alter Coping Abilities

LOW SELF-ESTEEM

DIFFICULTY ARTICULATING FEELINGS, THOUGHTS AND EMOTIONS

DIFFICULTY IN ADVOCATING FOR SELF

ATTRACT RELATIONSHIPS THAT FEEL FAMILIAR AND COMFORTABLE

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### Trauma Responses

Are NORMAL RESPONSES to ABNORMAL SITUATIONS

[http://www.ncdsv.org/images/ODVN\\_Trauma-and-You\\_May-2013.pdf](http://www.ncdsv.org/images/ODVN_Trauma-and-You_May-2013.pdf)  
and [www.pixabay.com/coronavirus-4991979\\_1920.jpg](http://www.pixabay.com/coronavirus-4991979_1920.jpg)

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### The F.E.A.R Rubric

Fear Extinction	May have difficulties feeling safe and calm even when a threat is not present
Emotional Regulation	May have difficulties controlling anger, impulsivity, anxiety and depression.
Attentional bias and cognitive distortions	May see threat in non-threatening events or situations and hold negative views of themselves and the world
Relational Dysfunction	May struggle with trust and the ability to feel safe in relationships

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Evans, A. & Cocoma, P. (2016). Trauma-Informed Care: How neuroscience influences practice, New York: Routledge.

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### Polling Question

On a scale of 0-10, provide a rating of your current level of distress.



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### Tapping our Natural Place of Calm

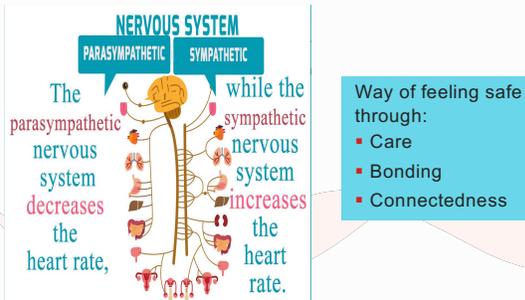


Image source: <https://bodytomy.com/sympathetic-parasympathetic>

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### Trauma-Informed Care

**A strength-based approach** to the delivery of health services that includes an understanding of trauma and its potential impact on individual behavior



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Opioid Clearing Program Image accessed on 6/13/2020 at [www.pixabay.com](http://www.pixabay.com) (43)

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### Trauma Informed Care is Not Trauma-Specific Care

Trauma-specific care are those clinical interventions provided by trauma specialists



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Opioid Clearing Program Image accessed on 4/3/2021 at [www.pixabay.com](http://www.pixabay.com) (44)

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### Trauma Informed Practices



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### Universal Trauma Precautions

-  **Assume** that all people and connected persons with whom you are working are coping with the effects of trauma and modify your practice accordingly.
-  **Recognize** how your organization, your program, your environment, and your practice could potentially act as a trauma trigger.
-  **Recognize** that providers and staff may also have experienced trauma which can result in employees being triggered by client responses and behaviors.

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### Trauma Informed Proficiencies

 **Calm**      **Contain**

 **Care**      **Cope**

4 C's of Providing Trauma Informed Care

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### Tools to Help Patients Feel Safe

When a person has experienced trauma things don't feel safe and usually, no amount of talking helps people feel safe. It is important that patients have tools especially when they are in the clinic, where you and your team can help them feel safe.

We can teach patients to develop a set of tools by teaching them self-care strategies to self-soothe:

1. Hand under and hand over
2. Hand on forehead, hand on chest, hand on belly
3. Butterfly hug with finger tapping

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### Physical and Emotional Safety in the Clinic Setting



**Communication**

- **Ask** about physical comfort (closed ended questions)
- **Provide** choices
- **Ask** open-ended questions
- **Ask** permission
- **Listen** actively

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### Assume Role of Supportive Advisor

“These were terrible things that happened to you. You are not responsible. I would like to help you talk to someone that you can trust to help you figure out what to do, so you can feel better.”

How does this sound to you?

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### Starting a Conversation

“I’ve noticed that you’ve seemed distracted and not very talkative during your visit today. I’m concerned about you.”

- How is this visit going for you today?
- What can I do to make this clinic visit a more helpful experience for you?”

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**TRUST**

Emphasize Choice and Autonomy

- What would you like to talk about first today?
- What do you think may be causing some of the difficult feelings you are having?
- How might speaking with a counselor about these upsetting feelings improve the quality of your life?

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### Empowerment Builds Patient Trust

Empowering a person or group of people is the process of conveying to them power and status (recognition) in a particular situation.

- Strengths
- Resiliency
- Knowledge
- Goals
- Skills
- Leadership
- Lessons learned

 AETC Southeast is a part of the AETC National Learning and Coaching Program.

Source: Modified from the Collins Dictionary accessed pm 8/24/2020

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### Important TIC Tools: Compassion and Empathy



Remember that everyone you meet is afraid of something, loves something and has lost something.

*-H. Jackson Brown, Jr.*

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### Apathy, Sympathy, Compassion and Empathy

- Apathy:** I don't care (Lack of interest, enthusiasm or concern).
- Sympathy:** I see you and feel sorry for you (sympathy drives disconnection)
- Compassion:** I feel with you. I feel your pain and I understand it.
- Empathy:** I feel with you and act skillfully to work with you to relieve your suffering (empathy is compassion with collaboration)

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### Trauma and Healing

Trauma creates change you don't choose. → Healing creates change you do choose. → Building Resiliency

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### Caring for Others AND Caring for Ourselves

Wellbeing and Resiliency

AETO Southeast Image accessed on 10/3/2020 at www.pixabay.com (57)

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## Secondary or Vicarious Trauma



"The cost of caring for others in emotional pain."  
(Figley, 1982)

- A state of tension and preoccupation with the stories/trauma experiences described by clients, family members, friends and colleagues
- The number of patients dying amid a surge in COVID-19 cases is causing health professionals to feel powerless, which can lead to PTSD.



Accessed on 6/13/2020 at <http://www.compassionfatigue.org/>

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## Healthcare Providers May Feel Triggered

- Having a brain makes us all vulnerable to vicarious or secondary trauma
- Healthcare professionals are not immune to trauma



Accessed on 6/13/2020 at <http://www.compassionfatigue.org/>

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## Self-Compassion



The life-changing perspective of showing kindness to ourselves in all situations.



A supportive best friend that lives within us and can be accessed anytime and every day.



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## Summary: Trauma Informed Approach to Care

Create

- opportunities for patients and staff to feel safe.

Teach and Promote

- self-care to everyone.


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## What Can You Do Tomorrow to Start Providing Trauma Informed Care at Your Organization?



**Realize**  
Realize that a lot about who we are and what we do is because of things that happened to us.



**Embrace**  
Embrace trauma-informed values for yourself.



**Distribute**  
Distribute literature in the waiting room about the impact of trauma on health.



**Get**  
Get training (ideally for the entire organization) about the impact of trauma on health, trauma-informed skills, and screening for interpersonal violence and the impacts of lifelong trauma.



**Assemble**  
Assemble a team that is interested in this issue to get educated, collaborate on steps forward, and support one another in the process.



Source: E. Machinger (2017). From Treatment to Healing: The Promise of Trauma-Informed Primary Care Strategies. *Wexner*, October. Accessed at [www.ctrcs.org/resource/implementing-trauma-informed-care-pediatric-adult-primary-care-settings/](http://www.ctrcs.org/resource/implementing-trauma-informed-care-pediatric-adult-primary-care-settings/). Accessed on 9/28/2020.

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## PTSS/PTSD Coaching Applications



**PTSD Family Coach is a free, easy-to-use mobile application.** It was developed by the Department of Veterans Affairs (VA) in 2016 and updated in 2018. The app can help partners and loved ones of people with posttraumatic stress disorder (PTSD). More than **240 family members of Veterans** with PTSD helped create PTSD Family Coach (Owen et al., 2017). The app is an easy way to learn about how PTSD can affect families. It also has tools to help family members manage their well-being.



**PTSD Coach is a free, easy-to-use mobile application.** It was developed by the Department of Veterans Affairs (VA) in 2011. It is a convenient way to learn about the symptoms of posttraumatic stress disorder (PTSD). You can also learn about coping skills and PTSD treatments. Research studies have shown that **PTSD Coach can reduce PTSD symptoms**, especially when used as part of therapy. The app may also help with symptoms of depression. PTSD Coach is not meant to replace professional care.


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### Questions and Conversations



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Alliance for Evidence-Based Cancer Programs

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### Speaker Contact Information

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