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Trauma-informed Care + a Ryan White Model of Delivery

Essential ingredients to address SUD and mental illness

Forum on Mental Health and Substance Use Disorders
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We know what effective care looks like

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Case: Pebbles



We know what effective care looks like

Values

**Provider-level
Interventions**

**Systems-Level
Interventions**

We know what effective care looks like

Values	Provider-level Interventions	Systems-Level Interventions
Safety		
Trustworthiness/ transparency		
Collaboration		
Peer Support		
Empowerment		
Cultural Humility & Responsiveness		

We know what effective care looks like

Values	Provider-level Interventions	Systems-Level Interventions
Safety	Understand impact of trauma on health and behavior	
Trustworthiness/ transparency	See most substance use as self-medication	
Collaboration	Compassion, patience	
Peer Support	Prescribe buprenorphine	
Empowerment	Screen for other addictions and mental health conditions	
Cultural Humility & Responsiveness	Motivational Interviewing	

We know what effective care looks like

Values	Provider-level Interventions	Systems-Level Interventions
Safety	Understand impact of trauma on health	Interdisciplinary team-based care
Trustworthiness/ transparency	See most substance use as self-medication	Peers and community/peer organizations integrated into care
Collaboration	Compassion, patience	30-45 minute visit lengths; long-term relationships
Peer Support	Prescribe buprenorphine	Integrated behavioral health services (e.g., groups, MAT)
Empowerment	Screen and refer for other addictions and mental illness	Partner agencies in community
Cultural Humility & Responsiveness	Motivational Interviewing	Leadership support and funding for comprehensive care

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Values and Provider-level Interventions: Trauma-informed Health Care



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Values and Provider-level Interventions: Trauma-informed Health Care

Three tenets



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Values and Provider-level Interventions: Trauma-informed Health Care

Three tenets

1. Substance abuse and mental illness are strongly correlated with individual, family, and community-level trauma



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Trauma

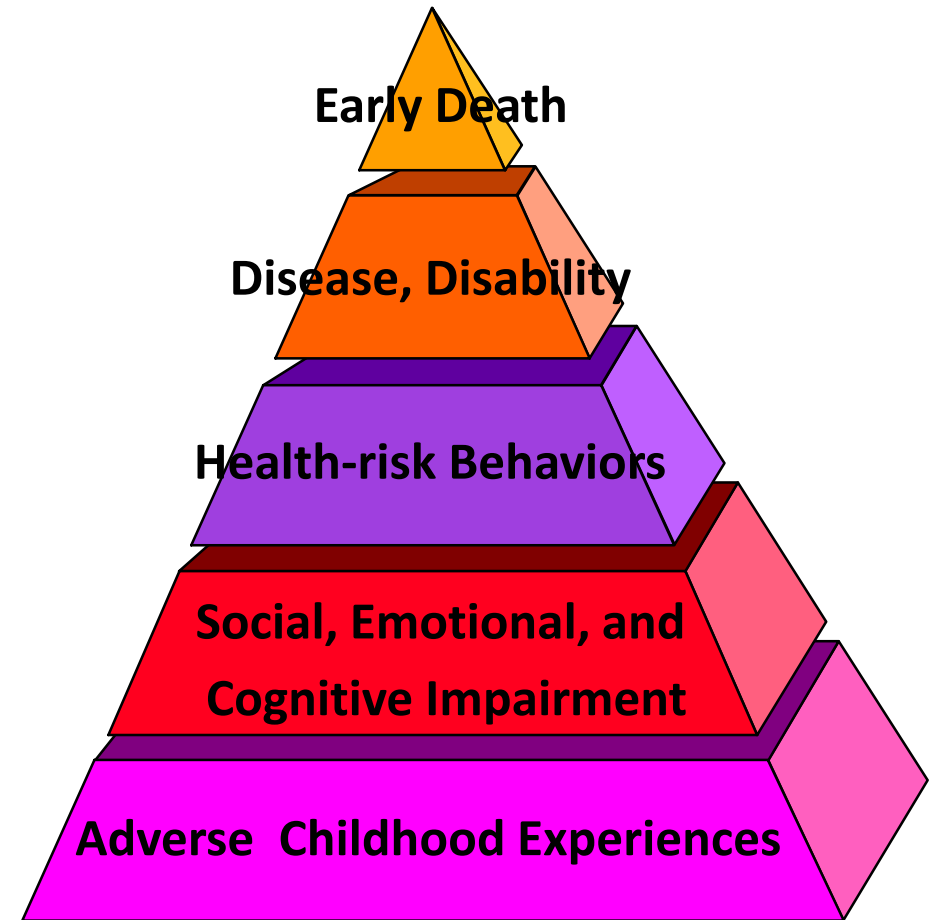
... an event, series of events, or set of circumstances [e.g., physical, emotional and sexual abuse; neglect; loss; IPV, community violence, structural violence] that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects

<http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

Trauma and Health: its not just HIV

The ACE Study

- 17,000 patients completed surveys about 10 categories of childhood abuse, neglect and family dysfunction
- Compared answers to an array of current health behaviors and conditions
- Conclusion: ACEs are common; and are strong predictors of later health risks and disease



Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. 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. 1998 May;14(4):245-58.

Center for Disease Control and Prevention. Injury Center. Violence Prevention. The Adverse Childhood Experiences Study. <https://www.cdc.gov/violenceprevention/acestudy/index.html>. Accessed October 4, 2018

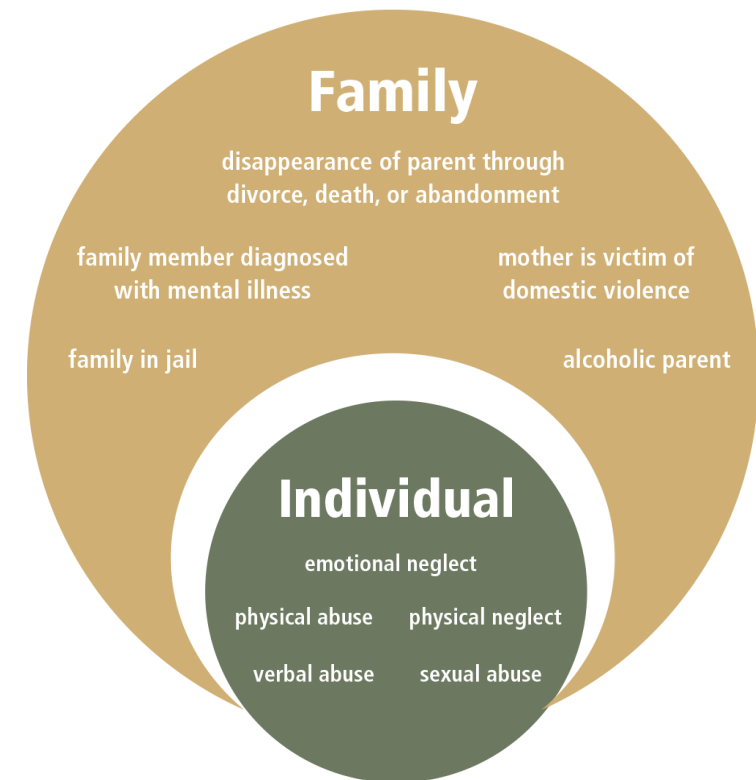
The ACE Study: Key Findings

- 64% reported at least one ACE category
- 12.5% (one in six) reported four or more
- 25% of women and 16% of men reported having experienced childhood sexual abuse

Individuals who reported four or more ACE categories had:

- 1.6x the rate of obesity
- Almost 2x the rate of heart and liver disease
- 2x the rate of COPD and stroke
- **>2x rate of smoking**
- **>3x the rate of depression**
- **6x the rate of attempting suicide**
- **7x times the rate of alcoholism**
- **10 times the rate of intravenous drug use**

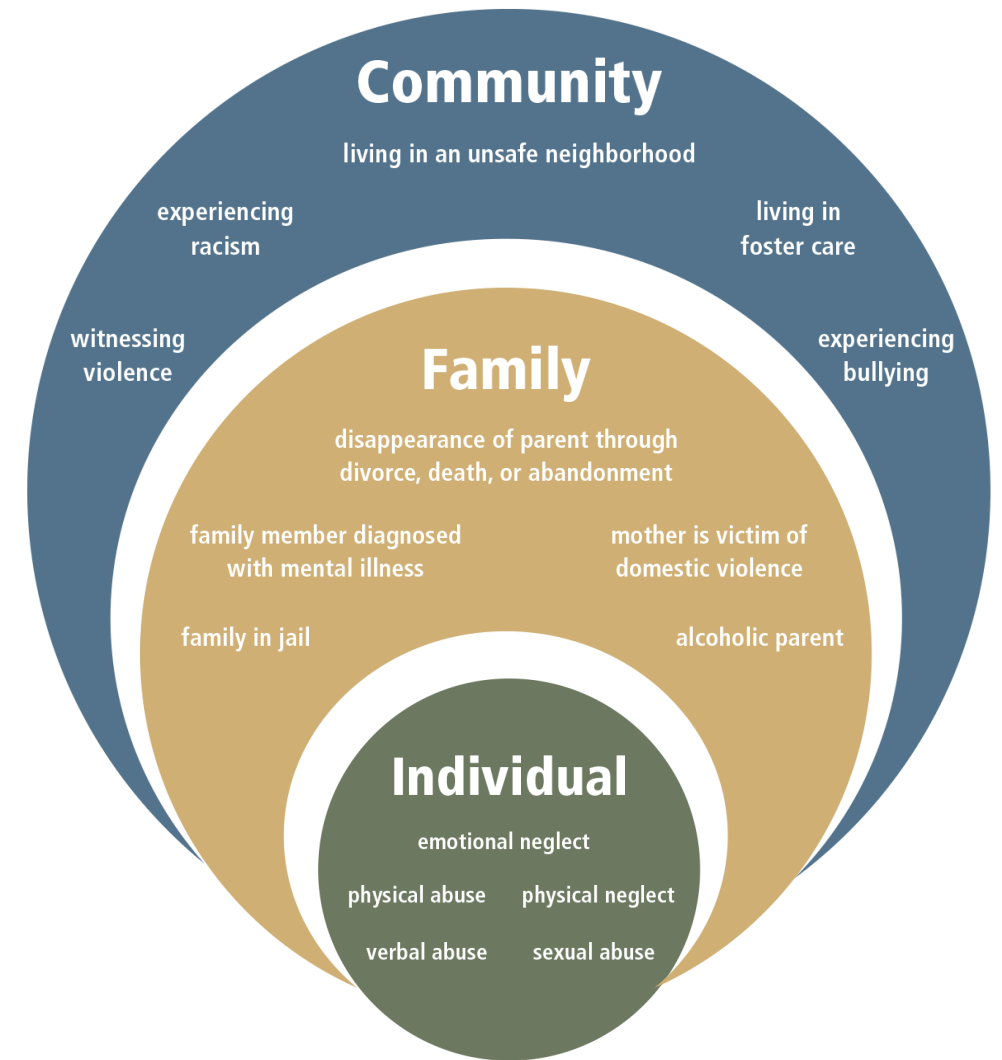
ACE Study



Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. 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. 1998 May;14(4):245-58.

Center for Disease Control and Prevention. Injury Center. Violence Prevention. The Adverse Childhood Experiences Study. <https://www.cdc.gov/violenceprevention/acestudy/index.html>. Accessed October 4, 2018

The Urban ACE Study



Wade, R., Cronholm, P. F., Fein, J. A., Forke, C. M., Davis, M. B., Harkins-Schwarz, M., . . . Bair-Merritt, M. H. (2016). Household and community-level Adverse Childhood Experiences and adult health outcomes in a diverse urban population. *Child Abuse & Neglect*, 52, 135-145.

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., . . . Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. *American Journal of Preventive Medicine*, 49(3), 354-361.

The Urban Ace Study

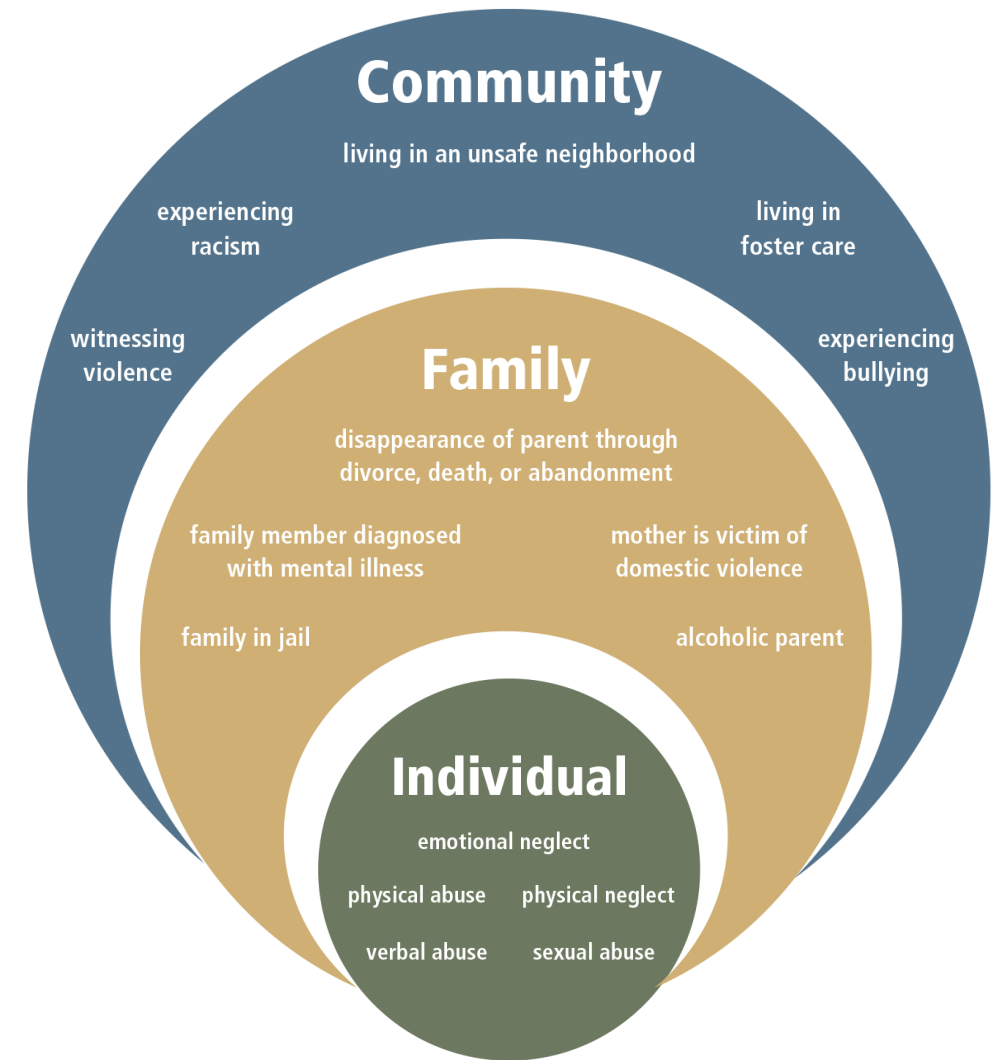
Individuals who reported ≥ 3 Adverse Community Environments had:

>2x rate of smoking

>2x rate of depression

>3x rate of substance abuse problems

4x rates of STDs



Wade, R., Cronholm, P. F., Fein, J. A., Forke, C. M., Davis, M. B., Harkins-Schwarz, M., . . . Bair-Merritt, M. H. (2016). Household and community-level Adverse Childhood Experiences and adult health outcomes in a diverse urban population. *Child Abuse & Neglect*, 52, 135-145.

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., . . . Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. *American Journal of Preventive Medicine*, 49(3), 354-361.

Values and Provider-level Interventions: Trauma-informed Health Care

Three tenets

1. Substance abuse and mental illness are strongly correlated with individual, family, and community-level trauma
2. Unaddressed trauma and PTSD continue to be an obstacle to successful treatment of substance use and mental illness

Roberts, N. P., Roberts, P. A., Jones, N., & Bisson, J. I. (2015). Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis. *Clinical psychology review*, 38, 25-38.



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Values and Provider-level Interventions: Trauma-informed Health Care

Three tenets

1. Substance abuse and mental illness are strongly correlated with individual and community-level trauma
2. Unaddressed trauma and PTSD continues to be an obstacle to successful treatment of substance use and mental illness
3. Clinics and environments of care often mirror the trauma experienced by our patients



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Four “Rs” of Trauma-informed Health Care

Realizes

- Realizes widespread impact of trauma and understands effective paths for recovery

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved

Responds

- Responds by integrating understanding and response to trauma in interactions, care, policy

Resists

- Seeks to actively resist re-traumatization

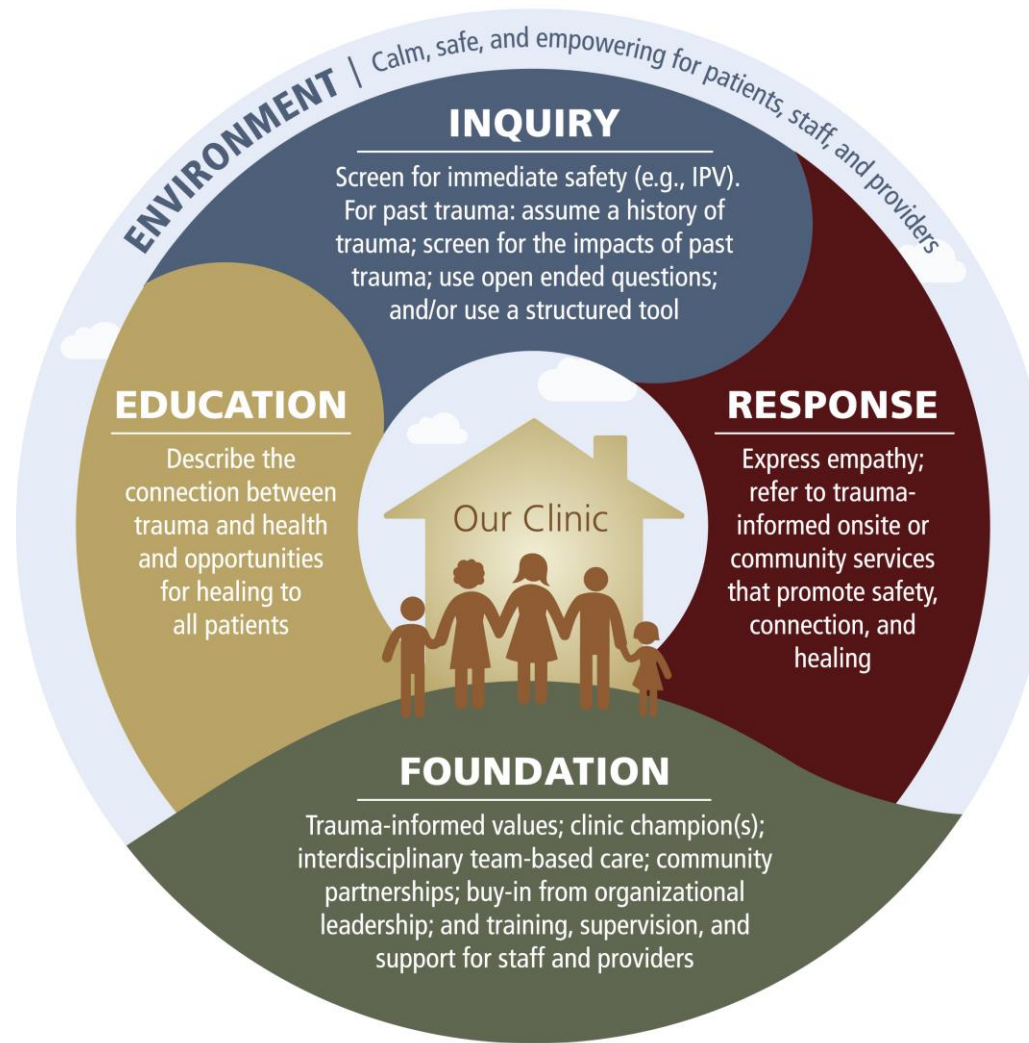
Adapted from: SAMHSA’s concept of trauma and guidance for a trauma-informed approach.

<https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf>



SAMHSA
Substance Abuse and Mental Health
Services Administration

Trauma-informed Health Care



Links: Practical Models and Toolkits

Machtinger, E. L., Davis, K. B., Kimberg, L. S., Khanna, N., Cuca, Y. P., Dawson-Rose, C., ... & McCaw, B (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues*. Mar - Apr;29(2):97-102.

[https://www.whijournal.com/article/S1049-3867\(18\)30550-4/fulltext](https://www.whijournal.com/article/S1049-3867(18)30550-4/fulltext)

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

<https://store.samhsa.gov/system/files/sma14-4884.pdf>

National Council for Behavioral Health: Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care (release Fall 2019)

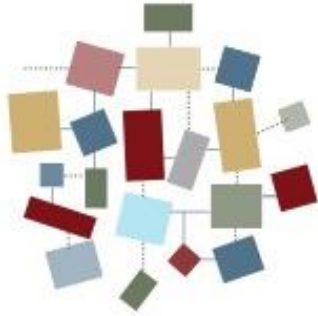
<https://www.thenationalcouncil.org/topics/trauma-informed-care/>



POSITIVE WOMEN'S NETWORK

UCSF

University of California
San Francisco



Trauma Affected

Organizations impacted by stress, operating in silos, avoidant of issues and isolated in their practices or service delivery. These organizations can be trauma inducing.

- Reactive
- Reliving/retelling
- Avoiding/numbing
- Fragmented
- Authoritarian leadership



Trauma Informed

These are organizations that develop a shared understanding and language to define, normalize, and address the impact of trauma on clients and workforce.

- Understanding of trauma and healing
- Shared language
- Trauma-informed skills to use with patients and each other



Trauma Responsive

Organizations where policies, procedures, services and treatment all include an understanding of and response to trauma.

- Reflective
- Collaborative
- Growth- and prevention-oriented
- Trauma-specific therapies
- Relational leadership

Trauma Inducing

TO

Trauma Reducing

Trauma Transformed. <http://traumatransformed.org>

The Missouri Model: A Developmental Framework for Trauma-Informed
<https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf>

Systems-level Interventions: Lessons from the AIDS Crisis



Systems-level Interventions:

Before the Ryan White HIV/AIDS Program

- No effective treatments; HIV morbidity and mortality were high
- People with HIV faced discrimination and stigma in general health care system and many were effectively locked out of insurance coverage
- Hospitalization was common; outpatient care not yet routine
- Strain on state and local budgets
- Models of care being developed at local level
- Limited understanding of HIV care and treatment needs



Kaiser Family Foundation Fact Sheet. The Ryan White HIV/AIDS Program. February, 2019.
<http://files.kff.org/attachment/Fact-Sheet-The-Ryan-White-HIV-AIDS-Program-The-Basics>

J Kates, PhD. IAS-USA. Washington, DC: April 15, 2016.

Systems-level Interventions:

The Ryan White HIV/AIDS Program

- Enacted in 1990, serves over ½ people diagnosed with HIV/AIDS
- Largest HIV-specific federal grant program in U.S. and one of only disease-specific programs in country
- Nation's safety net for people with HIV, providing outpatient HIV care and treatment to those without health insurance and fills coverage gaps for those with insurance
- Third largest source of federal funding for HIV care in the US, following Medicare and Medicaid, funded at \$2.3 billion in 2019
- Funding distributed to states/territories, cities, and HIV care and support organization in the form of grants



Systems-level Interventions:

The Ryan White HIV/AIDS Program...

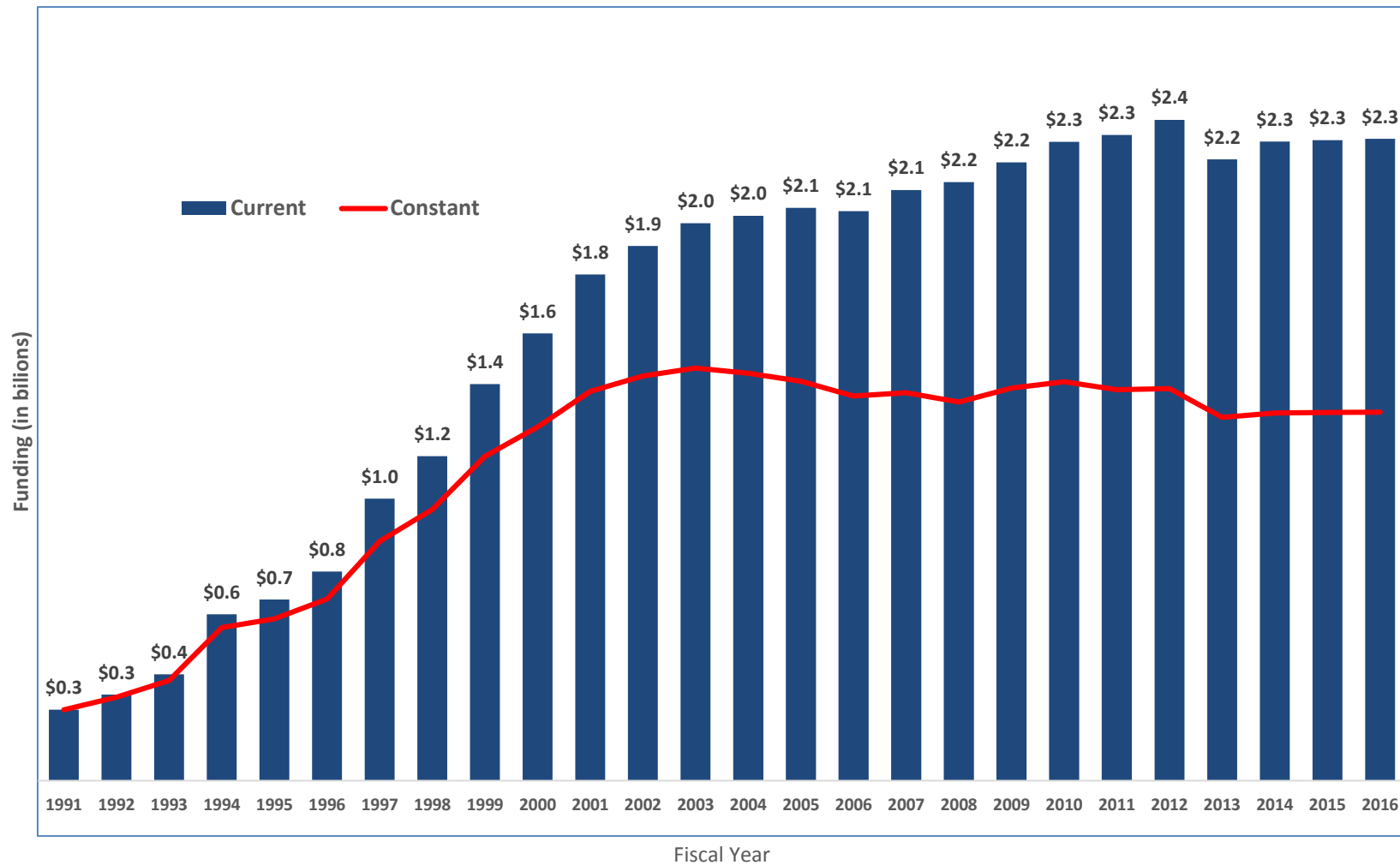
- Funds outpatient treatment and integrated team-based primary care, with an emphasis on “wrap around” services (e.g., social work, case management, therapy, medication adherence...)
- Requires involvement of people living with HIV
- Supports integration of community organizations and peers into care delivery through shared funding
- Predominately low income people of color but key outcomes of care superior to any other form of insurance without Ryan White



Kaiser Family Foundation Fact Sheet. The Ryan White HIV/AIDS Program. February, 2019. <http://files.kff.org/attachment/Fact-Sheet-The-Ryan-White-HIV-AIDS-Program-The-Basics>

Bradley H, Viali AH, Wortley PM, Dempsey A, Hauck H, Skarbinski J. “Ryan White HIV/AIDS Program Assistance and HIV Treatment Outcomes”, *Clinical Infectious Diseases*, First published online: August 30, 2015.

Ryan White Funding



Kaiser Family Foundation analysis of data provided by the Office of Management and Budget. See also: Kaiser Family Foundation. U.S. Federal Funding for HIV/AIDS: Trends Over Time. June 2016. Available at: <http://kff.org/global-health-policy/factsheet/u-s-federal-funding-for-hiv-aids-trends-over-time/>. 9 Kaiser Family Foundation analysis of FY18 HHS omnibus spend

In conclusion:

- We know what effective care for SUD and mental illness looks like; we need to start there instead of trying to adapt to a profoundly inadequate system.
- **Trauma-informed care** provides the values and provider-level guidance.
- **The Ryan White model** provides the crucial systems-level platform.
- **The combination is necessary (and possible).**
- *Warning:* beware of getting mesmerized by purely biomedical solutions to problems that are fundamentally relational.



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Thank you

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