Trauma, Substance Use, and HIV: Examining the Intersection

Missouri & Illinois Behavioral Health Conference
Nick Brady, MA – ChildWorks Consultants
Friday, October 25, 2019
Learning Objectives

• Define psychological trauma, substance use, and HIV.

• Describe how psychological trauma, substance use, and HIV all intersect and mediate each other.

• List at least three trauma-informed interventions and/or resources.
Defining Psychological Trauma

“Individual trauma results from an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”
Serious Effects of Trauma

Trauma impacts the pre-frontal cortex, the amygdala, and more.
Early Adversity has Lasting Impacts

- Traumatic Brain Injury
- Fractures
- Burns
- Depression
- Anxiety
- Suicide
- PTSD
- Unintended pregnancy
- Pregnancy complications
- Fetal death
- Alcohol & Drug Abuse
- Unsafe Sex
- HIV
- STDs
- Cancer
- Diabetes
- Chronic Disease
- Infectious Disease
- Mental Health
- Maternal Health
- Risky Behaviors
- Opportunities
- Education
- Occupation
- Income

Adverse Childhood Experiences
ACEs Statistics

- Illinois 2013 Behavioral Risk Factor Surveillance Survey

- Measured prevalence of ACEs among adults in Illinois

- 38.3% of adults in Illinois reported experiencing zero ACEs and 61.7% reported experiencing one or more ACEs
What About Substance Misuse?

• “Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.” (And tobacco).
Associations between ACEs and Substance Use

Research has demonstrated a strong graded (i.e., dose-response) relationship between ACEs and a variety of substance-related behaviors, including:

- Early initiation of alcohol use. For states, tribes, and jurisdictions focusing on underage drinking, these results suggest the importance of addressing ACEs as one component of preventing underage drinking, as responses to underage drinking may not be effective unless they help youth recognize and cope with stressors of abuse, domestic violence and other adverse experiences (Dube et al, 2006)
- Problem drinking behavior into adulthood (Dube et al, 2002)
- Increased likelihood of early smoking initiation (Anda et al, 1999))
- Continued smoking, heavy smoking during adulthood (Ford et al, 2011)
- Prescription drug use (Anda et al, 2008)
- Lifetime illicit drug use, ever having a drug problem, and self-reported addiction (Dube et al, 2003)
Human Immunodeficiency Virus

WHAT IS HIV?

Human Immunodeficiency Virus (HIV) is a virus that attacks cells that help the body fight infection.

There’s no cure, but it is treatable with medicine.

What are the most common acquisition and transmission modes?
Trauma and HIV Intersection

- Which populations are known to be the most impacted by HIV?

### Table 2

<table>
<thead>
<tr>
<th>Adverse childhood experience (ACE) prevalence of 536 black men who have sex with men (B-ME Study)</th>
<th>ACE score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>0</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>1</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>2</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>3</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>4</td>
</tr>
<tr>
<td>Household mental illness</td>
<td>5</td>
</tr>
<tr>
<td>Incarcerated household member</td>
<td>6</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>7</td>
</tr>
<tr>
<td>Household substance abuse</td>
<td>8</td>
</tr>
<tr>
<td>Parental separation/divorce</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>
Associations between Exposure to Different Types of ACEs and Engaging in HIV Risk Behaviors

<table>
<thead>
<tr>
<th>Type of ACEs</th>
<th>OR (95% CI)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>2.98 (2.37-3.74)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Lived with substance abuser</td>
<td>2.53 (2.04-3.14)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>2.25 (1.81-2.81)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Family member incarceration</td>
<td>2.14 (1.66-2.75)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>1.94 (1.54-2.44)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Living with someone depressed, mentally ill, or suicidal</td>
<td>1.67 (1.33-2.10)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Interpersonal violence</td>
<td>1.41 (1.12-1.77)</td>
<td>.004</td>
</tr>
<tr>
<td>Parents divorced</td>
<td>1.00 (0.80-1.25)</td>
<td>.999</td>
</tr>
</tbody>
</table>
Associations between Exposure to Different Types of ACEs and Engaging in HIV Risk Behaviors

- Sexual abuse: OR (95% CI) = 2.23 (1.70-2.93), p < .0001
- Interpersonal violence: OR = 1.91 (1.55-2.36), p < .0001
- Lived with substance abuser: OR = 1.81 (1.49-2.19), p < .0001
- Physical abuse: OR = 1.78 (1.44-2.21), p < .0001
- Verbal abuse: OR = 1.73 (1.43-2.09), p < .0001
- Parents divorced: OR = 1.62 (1.33-1.96), p < .0001
- Family member incarceration: OR = 1.33 (1.03-1.70), p = .026
- Living with someone depressed, mentally ill, or suicidal: OR = 1.23 (0.98-1.55), p = .082
## Associations between Number of ACEs and HIV Risk Behaviors

Table 3

Adult HIV risk behaviors by exposure to number of ACEs by gender.

<table>
<thead>
<tr>
<th>Male</th>
<th>OR</th>
<th>95% CI</th>
<th>p</th>
<th>Female</th>
<th>OR</th>
<th>95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1.00</td>
<td>Referent</td>
<td></td>
<td>1.00</td>
<td>Referent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1.94</td>
<td>1.42–2.53</td>
<td>&lt; 0.0001</td>
<td>0.88</td>
<td>0.59–1.32</td>
<td>0.534</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2.29</td>
<td>1.64–3.19</td>
<td>&lt; 0.0001</td>
<td>1.62</td>
<td>1.08–2.44</td>
<td>0.021</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3.30</td>
<td>2.32–4.59</td>
<td>&lt; 0.0001</td>
<td>2.26</td>
<td>1.52–3.35</td>
<td>&lt; 0.0001</td>
<td></td>
</tr>
<tr>
<td>4+</td>
<td>3.95</td>
<td>2.91–5.35</td>
<td>&lt; 0.0001</td>
<td>3.27</td>
<td>2.36–4.51</td>
<td>&lt; 0.0001</td>
<td></td>
</tr>
</tbody>
</table>

Note. Both models are adjusted for participant age, race, income, educational level, marital status, current alcohol use, cigarette use, and history of depressive disorder. The Bonferroni-corrected p value is set at less than 0.0056.
Understanding How Trauma May Fuel the HIV Epidemic via Emotional Dysregulation

• “The experiences of trauma and enacted stigma that MSM experience across the life course (1, 21) may result in difficulties with emotional regulation that, in turn, lead to great frequency of sexual thoughts and urges as well as perceptions that one’s sexual behaviors are difficult to control.”

• The authors’ research results indicated “that difficulties with emotion regulation may be important psychological antecedents to sexual compulsivity.”
Trauma and HIV Intersection

HIV- HIV+

No/Low Trauma Levels

Low Priority Medium Priority

Moderate/High Trauma Levels

Medium Priority High Priority

Highest Priority for Intervention

Should the priority paradigm look more like this?
Trauma-Informed Approaches

• A Trauma-Informed Approach:
  • **Realizes** the widespread impact of trauma and understands potential paths for recovery.
  • **Recognizes** signs and symptoms in clients, families, staff, others involved with the organization.
  • **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
  • **Resists** the re-traumatization of clients and staff.

• The Four Rs of the trauma-informed approach!
  • See handouts for practical examples.
SAMHSA TIP 57 & TIP 59


Seeking Safety EB Counseling Model

The key principles of Seeking Safety
1) **Safety** as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
2) **Integrated** treatment (working on both trauma and substance abuse at the same time)
3) **A focus on ideals** to counteract the loss of ideals in both trauma and substance abuse
4) **Four content areas**: cognitive, behavioral, interpersonal, case management
5) **Attention to clinician processes** (clinicians' emotional responses, self-care, etc.)

Homepage: [https://www.treatment-innovations.org/seeking-safety.html](https://www.treatment-innovations.org/seeking-safety.html)
Evidence Base of Support for Seeking Safety

Seeking Safety (Adult version)

<table>
<thead>
<tr>
<th>Topic Areas</th>
<th>Scientific Rating</th>
<th>Child Welfare Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Treatment (Adult)</td>
<td>2 — Supported by Research Evidence</td>
<td>Medium</td>
</tr>
<tr>
<td>Trauma Treatment (Adult)</td>
<td>2 — Supported by Research Evidence</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**More Information:**
https://www.cebc4cw.org/program/seeking-safety-for-adults/detailed
Community Model

• **The Pledge for Life Partnership** is a volunteer-driven coalition of concerned citizens working to improve the quality of life in Kankakee and Iroquois counties in east central Illinois. Members work to find solutions to the causes of school failure, substance abuse, juvenile delinquency and other life-compromising behaviors.

• **Homepage:** [http://pledgeforlife.org/](http://pledgeforlife.org/)
Kankakee and Iroquois Cares:
https://www.acesconnection.com/g/kankakee-iroquois-cares
Other Resources

• Trauma-Informed Care Implementation Resource Center
  • https://www.traumainformedcare.chcs.org/trauma-informed-care-in-action/

• NASTAD Trauma-Informed Approaches Toolkit
What is Society Really Facing?
Contact Me with Questions

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- For a complete list of references for this presentation, please email at my email address above.
SUPER THANK YOU!