

Dimension: Substance Use	Trauma-Informed Approaches: Improving Care for People with HIV
This Intervention is Linked to the Following Secondary Drivers: <ul style="list-style-type: none">• Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support• Customized care plan for all clients experiencing substance use issues and/or mental health concerns	
Level of Evidence: Well-Defined Interventions with an evidence-base	

Summary:

According to NASTAD’s Trauma-Informed Approaches Toolkit (see link below), being trauma-informed is an approach to administering services in HIV 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.

Core Components

SAMHSA offers 6 key principles of a trauma-informed approach:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

NASTAD’s Trauma-Informed Approaches Toolkit, discusses and provides guidance on the following components of integrated trauma informed approaches to care:

- Recognition & Awareness
- Foundational Knowledge
- Agency Readiness
- Process & Infrastructure
- Gather Information & Identify Opportunities
- Prioritize & Create a Work Plan
- Implement & Monitor
- Celebrate & Maintain

Tips and Tricks:

- While foundational knowledge can often be obtained through effective training, ensuring that a clinic uses trauma-informed approaches in every aspect of its work, requires changes to culture, processes and systems.
- Implementing effective trauma-informed approaches takes time, testing and refining before going to scale, using continuous improvement methods.

Additional Resources (Existing Guides, Case Studies, etc.):

- NASTAD's [Trauma-Informed Approaches Toolkit](#)
- SAMHSA's [Trauma-Informed Approach: Improving Care for People Living with HIV Curriculum Trainer's Manual](#)
- SAMHSA's [Concept of Trauma and Guidance to a Trauma Informed Approach](#)
- [Attitudes Related to Trauma Informed Care \(ARTIC\) Scale](#)

Suggested Measures:

Process Measures

- % of staff who receive ongoing training on trauma-informed approaches
- Results on the ARTIC Scale or other validated tool to measure the use of trauma-informed approaches
- % of patients who agree or strongly agree with the statement “(Name of Clinic) helps me understand and address trauma”

Outcome Measures

- % of patients that have not achieved viral suppression that demonstrated improved viral suppression rates within 6 months
- % of patients that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Citations and Acknowledgements:

1. Sales, J. M., Swartzendruber, A., & Phillips, A. L. (2016). Trauma-Informed HIV Prevention and Treatment. *Current HIV/AIDS reports*, 13(6), 374–382. <https://doi.org/10.1007/s11904-016-0337-5>
2. Nightingale, V. R., Sher, T. G., Mattson, M., Thilges, S., & Hansen, N. B. (2011). The effects of traumatic stressors and HIV-related trauma symptoms on health and health related quality of life. *AIDS and behavior*, 15(8), 1870–1878. <https://doi.org/10.1007/s10461-011-9980-4>
3. Baker, C. N., Brown, S. M., Wilcox, P. D., Overstreet, S., & Arora, P. (2016). Development and psychometric evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. *School*

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