Welcome!

California ACEs Learning and Quality Improvement Collaborative (CALQIC)
Virtual Session #4
February 18, 2021

While we’re waiting, please:

Rename yourself

1. Click the Participants icon
2. Hover over your name & click Rename
3. Add your name, pronouns and organization’s name
4. Click OK

If you called in, please be sure to link your video with your phone.
Session Goals

1. To provide a greater understanding of the connection between ACES screening and Trauma Informed Systems.

2. To offer teams role play scenarios of ways to connect with both patients and other staff members through relational healing practices.

3. To foster conversation and reflection among participants to reflect on where they can implement relational care.
Agenda

- Moment to Arrive
- TIC from Theory to Practice
- Patient Community Advisory Board Overview
- TRIADS from Theory to Practice Role Play
- Adopt, Adapt, Align Reflection
- March 16 Session Info and Closing
Life happens.

Moment to Arrive

"When pain is met with caring presence, something magical happens. The pain eases. It opens and unfolds like a bud in spring."

-Den Jay Bogue
Trauma-Informed Systems (TIS)
Healing Ourselves, Our Communities

ACES SCREENING, REFLECTION, RESPONSE AND CULTURE CHANGE

Understanding Trauma & Stress
Safety & Stability
Cultural Humility & Equity
Compassion & Dependability
Collaboration & Empowerment
Resilience & Recovery
TRIAD of Adversity, Distress, and Strengths

Three core ingredients:

1) **Understanding Trauma**: Empathic interest in the patient's experiences of adversity and trauma

2) **Recognizing Distress**: Asking supportively how ACES impacted patient's health, feelings and behavior

3) **Connecting w Strengths**: Affirming dignity, promoting resilience with focus on resources and supports
TRAUMA-REACTIVE
- Fragmented
- Reactive
- No felt safety
- Overwhelmed
- Fear-driven
- Rigid
- Numb

TRAUMA-INFORMED
- **Resists** re-traumatizing
- **Recognizes** socio-cultural trauma
- **Realizes** widespread impact
- **Recognizes** effects
- **Responds** by shifting practice

HEALING ORGANIZATION
- Integrated
- Reflective
- Collaborative
- Relationship-centered
- Growth and Prevention-Oriented
- Flexible & adaptable
- Equitable & inclusive

TRAUMA INDUCING ➔ TO ➔ TRAUMA REDUCING
Connection

- Check in meetings
- Greet everyone you see at work with “how are you holding up”
- Put up a gratitude board or shout out board virtually or at the site
- Have structured brief check ins with colleagues- especially after heavy moments
- Establish rituals: gratitude huddles, celebrations, checking in with a colleague after tough cases, etc.

Coherence

- Focus on physical safety
- Lean into difference and difficulty (speak the unspeakable)
- Repeat what someone has said to make sure you got it
- Self-disclose when relevant
- Address difference and facilitate healing

Collaboration

- Reflect on data together, invite staff member to reflect and share insights and experiences
- Theme days: Mindful Mondays, Teaching Tuesdays, Wellness Wednesdays, Thankful Thursdays, Fun Fact Fridays
- Develop a Staff Support Outreach team
“A resilient organization is able to adapt and thrive in times of uncertainty, pressure and ambiguity. Succeeding as an organization is much more likely when we build resilience into our strategy, culture and day-day practices. A resilient organization enables individual resilience.”

–From The Resilience Institute
Additional Resources

Resources for Trainings and Models for TIC:

https://healsanfrancisco.org/
Traumatransformed.org.

Reading:

• *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*
  Laura van Dernoot Lipsky with Connie Burk

• *Healing the Hidden Wounds of Racial Trauma*

• *Implementing a Trauma Informed Public Health System In San Francisco*
Overview of the Patient Community Advisory Board (PCAB)

CALQIC Virtual Session #4 February 18, 2021

Marguerita Lightfoot, Anda Kuo, Renyea Colvin, Sarah Ismail, Genesis Regalado, Nana Geodzhayeva, Roberto Vargas
Importance of Patient and Family Input

• The burden of success or failure rests disproportionately on the patients and families we seek to serve

• Inform us more deeply about their needs and how our collective expertise can help them

• Can help develop culturally sensitive materials & education

• Assist in translating findings into interventions/policies that benefit our relevant communities

• Address distrust in communities
## CALQIC PCAB Participant Information

<table>
<thead>
<tr>
<th>Location</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area (5)</td>
<td>Latina (3)</td>
</tr>
<tr>
<td>Central Coast (1)</td>
<td>Native American – Chumash/Tongva, Lakota/Pomo (2)</td>
</tr>
<tr>
<td>Central Valley (1)</td>
<td>Chicana (2)</td>
</tr>
<tr>
<td>San Diego (1)</td>
<td>African American-Black (1)</td>
</tr>
<tr>
<td>LA County (3)</td>
<td>Mexican (3)</td>
</tr>
</tbody>
</table>
Some Examples:

• **Patient Experience of Clinic Screening for ACES and Resilience (Virtual or in Person)**
  - Participants asked if they could be provided screening tool before the visit, and complete on their own time, and give a total ACE score to the provider during the visit
  - Participants suggest maybe a video could work for presenting screening and other content
  - Appreciated resiliency questions to counterbalance. Suggest beneficial to ask about resiliency before ACES

• **“Understanding ACES” Flyer and “Coping with Stress” Flyer**
  - Appreciated images of people of color and the inclusion of a man of color because their mental health is stigmatized. Image of broken heart helps explain that it is inside that is hurting.
Engaging the CALQIC PCAB

• Contact your coach
• Contact PCAB chair, Roberto Vargas - Roberto.Vargas@ucsf.edu
• Contact CALQIC content lead, Sarah Ismail - Sarah.Ismail@ucsf.edu
• PCAB can review materials, flyers, workflows, documents, assessments, and more
• Patients who are interested in participating in PCAB? Please contact Roberto Vargas.
Taking TRIADS from Theory to Practice
Dr. Alicia Lieberman and Dr. Christina Bradley
The Triad of Adversity, Distress, and Strengths

Relational Healing: To Be Understood and To Understand
TRIADS Roleplays

**Roleplay Goal**: To Illustrate Relational Healing (to be understood and to understand) through triadic screening (screening for adversity, distress, and strengths)

**Roleplay 1** – Between Two Healthcare Team Members

- Alicia is an MA who will be doing her first ACEs screen later in the day. Chris is her supervisor.

**Roleplay 2** – Between a Healthcare Team Member and a Patient

- Alicia is the Healthcare Team Member who will be going over screening results (screening previously done by an MA), Chris is an established patient
# Elements of Relational Triadic Screening

<table>
<thead>
<tr>
<th>Element</th>
<th>Inquiry Questions</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adversity</td>
<td>What happened to you? What is happening to you?</td>
<td>ACEs/PEARLS or other adversity screener</td>
</tr>
<tr>
<td>Distress</td>
<td>How is your health? How are you feeling? How are you holding up?</td>
<td>PHQ-9, GAD-7, Labs, Imaging, Diagnostic tests</td>
</tr>
<tr>
<td>Strengths</td>
<td>Who helps you? What helps you? What has helped in the past?</td>
<td>Benevolent Childhood Experiences (BCEs), other resilience screener</td>
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TRIADS
Creating the Emotional Climate

Eye contact
Tone of voice
Body language
Showing interest
Active listening
TRIADS
Examples of Relational Language

Provide simple rationale without judgment

• “We’re learning that difficult experiences that happen to children can affect their health later in life, just like positive experiences can.

• “Your answers can help us understand your health better and make decisions together.”

Normalize adversity

• “ACEs are really common, so we’re starting to screen everyone.”

Ask permission, giving the patient the power

• “Would it be OK if I asked you some questions about your childhood?”

• “You don’t have to answer any questions that make you uncomfortable.”
TRIADS
Examples of Relational Language

Acknowledge with empathy – *Sometimes this is all you need to do!*
- “Wow, that sounds like it was really difficult. Thank you for telling me.”
- “We’re finding these things happen to a lot of people, and there is a connection between what happened to them and their health. Does that resonate with you?”

Ask about distress/AAHC, stay curious without judgment
- “How are you holding up? How are you feeling?”

Ask about strengths/resilience
- “What has helped you in the past? Who has helped you? What/Who is helps you now?”
TRIADS
Examples of Relational Language

Collaborate

• “Given everything you’ve told me today, what do you think would be the most helpful for you?” or “What can I do today to help you?”

Follow up: This is a way to not only monitor progress but to stay connected to your patient.

• “Is it OK if I give you a call in a couple weeks to see how you are doing?”
• “Why don’t we schedule a follow up appointment for you.”
• “Since we don’t have any local behavioral health resources or therapists, I have this list of online resources and referrals that might help, can we take a look together at what might be helpful?”
Bringing it All Together

• We hope we have demystified “relational healing.” You have been healing in the context of relationships! **Remember, you already HAVE these skills, you do this all the time!**

• There are many ways for these conversations to happen. **The main idea is communicating a sense of interest, connectedness, compassion, and empathy; that adversity is universal, you are finding ways of coping, and this is manageable.**

• **We don’t have to FIX patient’s feelings – we show them we SEE and CARE about them.**

• “At the end of the day people won't remember what you said or did, they will remember how you made them feel.” Maya Angelou

• Compassion that doesn’t include YOU is incomplete!
Questions for our speakers?

- Understanding Trauma & Stress
- Cultural Humility & Equity
- Compassion & Dependability
- Safety & Stability
- Collaboration & Empowerment
- Resilience & Recovery
Reflection Prompts

• What TIC and TRIADS practices can you adopt into your current frameworks?

• What can you adapt into your context that may support staff and patients?

• What other initiatives can you align into this work?
CALQIC Midpoint
CALQIC Midpoint

1. Complete storyboard in preparation for March 16th peer learning session (template will be sent after today’s session)

2. Complete CCHE’s midpoint survey (coming in early March)
Midpoint Peer Learning Session

• You will have the opportunity to connect with other CALQIC teams and support staff.
• You will hear about the CALQIC midpoint evaluation reflections and celebrate the accomplishments of the program teams.
• You will learn about your peers’ work, lessons learned, opportunities, and next steps with regards to implementing ACEs screening and response.

When: March 16, 2021 @11am-2pm
Who: Your CALQIC Team
Tip: If you register early, you’ll receive a midpoint gift in the mail.
Storyboard Tips

• During the March 16th midpoint virtual session, all teams will be asked to share parts of your storyboards. These slides are a template to structure your storyboard. Feel free to adapt as you see fit (add additional slides, include extra pictures, use your own organization’s slide template, etc.).

• Tips:
  • Use pictures of real team members/staff/patients when possible.
  • Use different color font and bold to highlight important points.
  • Feel free to reuse or build on your slides 2-4 from our July program kickoff.
  • Take a look at the guiding questions in the Notes section of each slide.
  • While we hope to hear multiple team voices, designate 1 point person to lead the sharing your storyboard during the session.

• Due March 11, 2021 to nikki@careinnovations.org.
Additional Support Reminders

CALQIC Listserv
calqic@googlegroups.com

Karissa Luckett
QI/Data/EHR Consultant Support

TRIADS Framework
https://cthc.ucsf.edu/triads/
Important Dates & Timelines

- Peer Learning Session: March 16
- Quarterly Data Report #3: April 15
- Optional Office Hours: April 22
Poll

Experience
On a scale of 1-5, please select the number below that best represents your overall experience with today's session:

(Single Choice)

5 - Excellent
4 - Very Good
3 - Good
2 - Fair
1 - Poor

Use of Time
Please select the number below that best represents your response to the statement: Today's session was a valuable use of my time.

(Single Choice)

5 - Excellent
4 - Very Good
3 - Good
2 - Fair
1 - Poor
Chat Box: How did today go?
I like... I wish... I wonder...
Thank you!

For questions contact:

Megan O’Brien
(she/her/hers)
Senior Program Manager
mobrien@careinnovations.org

Nikki Navarrete
(she/her/hers)
Senior Program Coordinator
nikki@careinnovations.org

Jackie Nuila
(she/her/hers)
Program Manager
jacqueline@careinnovations.org