

# 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.



 **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**

# Agenda







# 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."  
- Oren Jay Sofer





# 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

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



### 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



# Trauma Informed Care from Theory to Practice

## 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](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

Location	Race/Ethnicity
Bay Area (5)	Latina (3)
Central Coast (1)	Native American – Chumash/Tongva, Lakota/Pomo (2)
Central Valley (1)	Chicana (2)
San Diego (1)	African American-Black (1)
LA County (3)	Mexican (3)

# 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](mailto:Roberto.Vargas@ucsf.edu)
- Contact CALQIC content lead, [Sarah Ismail](#) - [Sarah.Ismail@ucsf.edu](mailto: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

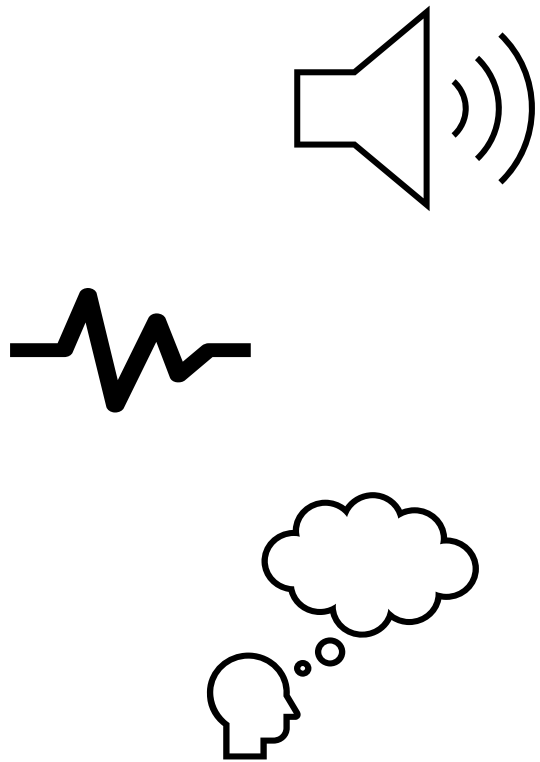
# Elements of Relational Triadic Screening



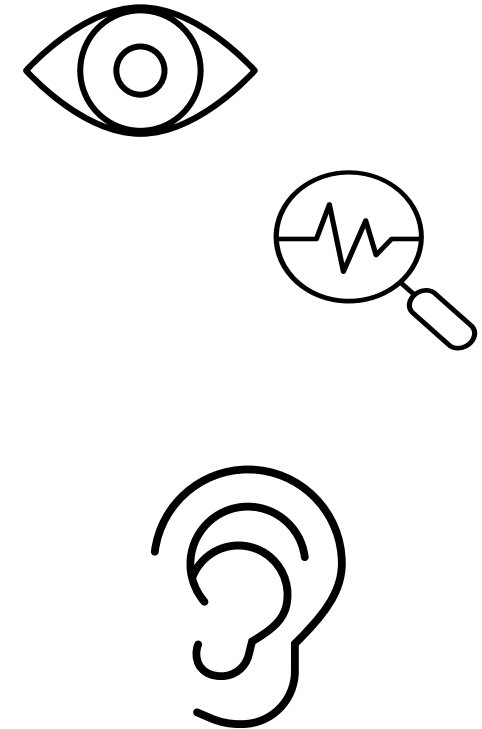
Element	Inquiry Questions	Tools
<b>Adversity</b>	What happened to you? What is happening to you?	ACEs/PEARLS or other adversity screener
<b>Distress</b>	How is your health? How are you feeling? How are you holding up?	PHQ-9, GAD-7 Labs, Imaging, Diagnostic tests
<b>Strengths</b>	Who helps you? What helps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

# 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

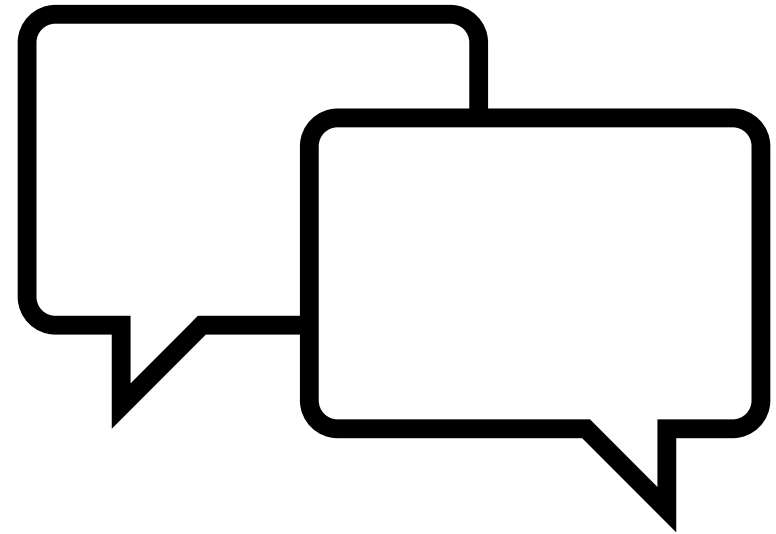
Safety & Stability

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?



The background of the slide is a solid black field densely populated with numerous small, glowing golden-yellow circles of varying sizes, creating a starry or particle-like effect. These particles are more concentrated on the right side of the image.

**CALQIC Midpoint**

# CALQIC Midpoint

- 1 Complete storyboard in preparation for March 16<sup>th</sup> 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 16<sup>th</sup> 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](mailto:nikki@careinnovations.org).



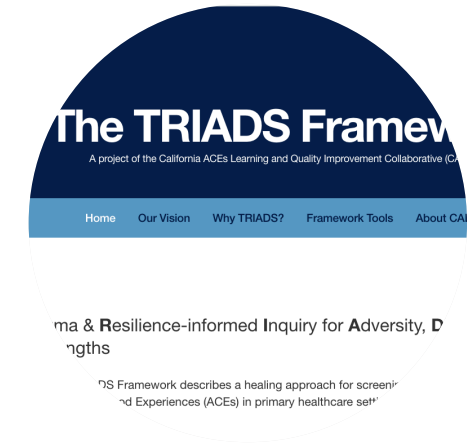
# Additional Support Reminders



CALQIC Listserv  
[calqic@googlegroups.com](mailto: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](mailto:mobrien@careinnovations.org)



**Nikki Navarrete**

(she/her/hers)

**Senior Program Coordinator**

[nikki@careinnovations.org](mailto:nikki@careinnovations.org)



**Jackie Nuila**

(she/her/hers)

**Program Manager**

[jacqueline@careinnovations.org](mailto:jacqueline@careinnovations.org)

